

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 24 FEBRUARY 2021 COMMENCING AT 9.00AM AT MURWILLUMBAH HOSPITAL, EWING STREET, MURWILLUMBAH

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The Chair opened the meeting and acknowledged the Traditional Owners of this Land. He also paid his respects to the Elders both past and present. He extended his respect to other Aboriginal people and colleagues present today.

1. In-camera Session

An in-camera session was held to the progress of Regional Commissioning.

2.1 PRESENT AND APOLOGIES:

Board Members:

Dr Brian Pezzutti (Chair), Mr Mark Humphries, Ms Carolyn Byrne, Dr Alasdair Arthur, Mr Peter Carter, Mr Michael Carter, Dr Allan Tyson, Ms Deb Monaghan, Mr Pat Grier, Professor Susan Nancarrow, Dr John Moran, Ms Naree Hancock, Dr John Griffin

Via Skype/Teleconference:

Nil

In Attendance:

Mr Wayne Jones, Chief Executive,
Ms Jennifer Cleaver, Manager Chief Executive Office
Mr Ged May, Community Engagement Manager
Ms Kate Greenwood, Board Secretariat

In Attendance part of meeting:

Dr Rob Davies, Director Emergency Department, The Tweed Hospital
Dr Abhay Daniel, Head of Department General Medicine, The Tweed Hospital
Mr Joe McDonald, General Manager, The Tweed Hospital
Mr Adam Reid, Director Nursing and Midwifery, The Tweed Hospital
Dr Grant Rogers, Director Medical Services, The Tweed Hospital

Apologies:

Nil

Declaration of Pecuniary and/or Conflicts of Interest

Mr Michael Carter declared a conflict of interest advising his he is a third-tier community housing provider registered in his other role.

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 27 January 2021 as circulated were **ENDORSED** as a true and accurate copy with the following amendments:

- *Page 1 to now read, ".....Professor Nancarrow: NED of Aspire 4 Life"*
- *Page 2 Item 2.3.2.3 to now read ".....The Climate Sustainability and Healthcare Working Party through the office of Mr Matt Long, Director Corporate Services, a member of the working party....."*

Moved: Mr Mark Humphries

Seconded: Ms Naree Hancock

CARRIED

2.3.2 Business Arising from the Minutes:

2.3.2.1 Mr Jones to provide a brief on the COVID-19 Changes Executive Action Plan to the 24 February 2021 Board meeting.

Due to the result of competing demands, the Board noted this will be provided to the 30 June 2021 Board meeting.

ACTION:

Mr Jones to provide a brief on the COVID-19 Changes Executive Action Plan to the 30 June 2021 Board meeting.

2.3.2.2 Mr Jones to request Mr Matthew Long, Director Corporate Services to provide an update brief on the Education, Training and Research Partnership Strategy for Tweed Valley Hospital to the 24 February 2021 Board meeting.

Refer to CE Report Item 5.1.8.

2.3.2.3 Mr Jones to request Mr Matthew Long, Director Corporate Services to provide a presentation on the current eHealth strategic direction, noting major challenges and achievements to the 31 March 2021.

The Board noted this presentation will now be provided to the 28 April 2021 Board meeting.

ACTION:

Mr Jones to request Mr Matthew Long, Director Corporate Services to provide a presentation on the current eHealth strategic direction, noting major challenges and achievements to the 28 April 2021.

2.3.2.4 Mr Jones to discuss the development of a NNSW LHD Board Development Plan from the recommendations of the NOUS Group Board Governance Workshop Summary with Mr Ged May, Community Engagement Manager.

Mr Jones advised he has discussed the progression of the Board Development Plan with Mr May who has developed a draft document. Mr May will survey each Board member to for their input and report back to the 26 May 2021 Board meeting.

ACTION:

Mr Ged May, Community Manger to survey all Board members for their input concerning the Board Development Plan and provide the draft document to the 26 May 2021 Board meeting.

2.3.2.5 Mr Jones to discuss the long-term, sustainable service provision of an out-of-hours interventional radiologist with the LBH Medical Staff Council and provide an update to the 24 February 2021 Board meeting.

Mr Jones provided an update on the concerns raised by the LBH MSC representatives at the January 2021 Board meeting.

2.3.2.6 Mr Jones is to draft a formal response on the issues raised by Dr Ingall and Dr Prodger on behalf of the LBH MSC and CHODs and report back to the Board on the actions undertaken to the 24 February 2021 Board meeting.

The Board noted a formal response from the Board Chair was emailed to LBH MSC and CHOD's on 17 February 2021.

2.3.3 Other Matters Arising from the Minutes

- Item 5.1.8 Mr Jones advised progression is underway to embed a social worker in Emergency Departments across the LHD.

3. Matters for Decision

The Board noted there was no matters for decision.

4. Chairman's Update

4.1 Chairman's Calendar

The Board noted the Chairman's Calendar.

5. Matters for Discussion

5.1 Chief Executive's Report

Mr Jones referred to the issues that were covered in the Chief Executive's Report including:

5.1.1 Current and Significant Issues

- Clinician Engagement
- Coronavirus Update
 - Victorian Hotel Cluster update
 - Vaccination - process of vaccination continues to be on a prioritisation basis. Production has commenced on the AstraZeneca vaccination. Mr Jones gave a brief overview on the plans for the LHD rollout of the vaccination due to commence soon.
 - Staff/Community Communication - Community COVID Forum 4 February 2021.
 - Personal Protective Equipment - Fit testing program commenced this week.
 - Budget and Activity Performance - NNSW LHD is forecasting a budget overrun of approximately \$5M as at end of January 2021.
- Vale Dr David McMasters in recent Northern Exposure
- Vaccine update and the logistical requirements in the rollout
- Parliamentary Inquiry into health outcomes and access to health and hospital services in rural and regional and remote NSW. Mr Jones will continue to update the Board weekly on each submission relevant to the LHD.

5.1.2 Update on Strategic Issues

- **NNSW LHD Strategic Directions:** Document has been created to ensure our services are developed in a manner that ensures we are focused on our strategic priorities and retain a strong service development and delivery focus. Following a discussion regarding the Strategic Directions, the Board agreed the addition of a further dot point to the second group on page 5 as follows:

“Recognise and plan for changing disease patterns resulting from climate change.”

The Board APPROVED the NNSW LHD Strategic Directions with the above mentioned amendment.

Mr Jones advised the NNSW LHD Strategic Directions will be presented to the community groups and will be used as part of staff consultation throughout the LHD.

The Board asked to receive a draft framework around the Elevating the Human Experience work being undertaken by Mr Ged May, Community Manager.

ACTION:

Mr Ged May, Community Manager, to provide the draft framework for Elevating the Human Experience to the 31 March 2021 Board meeting.

- **Strategic Priority: Champions of Innovation and Research:** Mr Jones referred to the NNSW LHD Strategy for Value Based Healthcare presentation to the NSW VBHC Steering Committee recently. The presentation was well received and confirmed the LHD's position as a leader in this area.
- **Strategic Priority: Effective Clinical and Corporate Accountability:** The Climate Sustainability and Healthcare Working Party have drafted a Climate and Sustainability Action Plan that will be presented to the 31 March 2021 Board meeting after some finalisation details to the document.

5.1.3 Matters for Approval

Nil for this meeting

5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during January 2021, NNSW LHD did not meet the ETP target of 50% (admitted) with a result of 35.7%.
- Elective Surgery overdue numbers for January 2021 were Category 1 – 0, Category 2 – 219, Category 3 – 238.
- Triage – NNSW LHD met triage Category 1 target, Category 2 for January 2021 result was 90% with a target of 97% and Category 3 January 2021 result was 86% against a target of 97%.
- Transfer of Care target for January 2021 was 90% with a result of 88%.

5.1.5 Security, Risk and Compliance Update

- Anderson Report into public hospital security was released by the NSW Government on 15 February 2021. Ms Yvette Mansfield, Manager Work Health Safety and Insurable Risk has been seconded to lead the NNSW LHD response to the report.

5.1.6 Governance Update

- NNSW LHD Performance Review: The NNSW LHD received positive feedback on several performance issues. Following discussion on a range of Key Performance Indicators and programs, the NNSW LHD Performance Status remains at Zero.

5.1.7 eHealth Update

- Achievements:
 - The QR code system has been implemented in all LHD Fever Clinics.
 - The bar-coded patient ID label has commenced being used at TTH.
 - The Enhancing the eMR project team have commenced their roles.
- Issues:
 - Work continues with the Scanning Project with non-standard forms continuing to be identified and the impact being assessed.
 - The MOSAIQ (Cancer services eMR) hardware refresh is delayed with the view of obtaining three quotes from various vendors due to the size of the purchase.

- Due to the unsuccessful attempts to recruit to the radiology equipment and software replacement project, the LHD and eHealth NSW recruitment are joining together to find project staff. These staff may be based in Sydney and when required, will travel to the LHD for specific bodies of work and for “go-lives”.
- Consultant work continues to advise on the best roll-out approach and development of a detailed plan for scanning of remaining paper records. Anaesthetic records will be prioritised within this plan.

5.1.8 Capital Works/Planning Projects

- **Tweed Valley Hospital (TVH)** – site visits for all Board and Executive members is being organised by Health Infrastructure.
- **Education, Training & Research Partnership EOI: (Item 2.3.2.2)**
A number of responses have been received to the EOI including several who have indicated a willingness to make a capital contribution to the ‘Learning Hub’ of TVH. EOI responses are currently being evaluated to determine which organisations will be invited to the second phase which may be a Request for Proposal with anticipation these evaluations will occur in mid- 2021.
- **Grafton Base Hospital** – The LHD has recently appointed a Consultant to lead the development of the Clinical Services Plan. The Commonwealth Government has advised funding has been approved for the installation of a Radiotherapy Planning CT Machine under the “Fighting Cancer – Regional Cancer Treatment Centres for Radiation Therapy Grant Opportunity”.
- **Grafton Base Hospital** – EOI has been submitted to Properties NSW to obtain vacant land on the “old” Grafton Goal site with the view to support a range of potential needs including carparking and Redevelopment Project Buildings once capital redevelopment has commenced.
- **Laurel Lodge Lismore** – sale of Laurel Lodge has been placed on hold pending clarification of an EOI from the Department of Communities and Justice and Housing NSW.
- **Casino & District Memorial Hospital** - the LHD has been approached by Ambulance NSW seeking our support in establishing a new Ambulance Station on the grounds of the current hospital. Preliminary discussions have been held with a further site visit to assess options due in late February 2021.
- **Byron Central Hospital** - Mr Jones advised the request for the sale of land at BCH site for development of a private mental health facility was rejected following a full assessment of mental health services, needs and planned expansion.
- **Byron Central Hospital** – Easement access: following a recent letter of response from the civil engineers around the easement access at BCH, Mr Jones advised further discussions are scheduled for late February 2021.

5.1.9 Matters for Noting

- Board refresh - relevant By-Laws indicate Lismore Base Hospital Medical Staff Council are to be asked to nominate a LBH representative to replace Dr Brian Pezzutti as a Board member on the conclusion of his term on the NNSW LHD Board. This advice has also been provided to the LBH MSC.

5.1.10 Important Meetings/ Diary Commitments

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- All meetings/events across NNSW LHD are being critically reviewed with the view to moving back to face-to-face meetings where necessary and based on provision of an agreed COVID safe plan.

5.1.11 Questions for the Chief Executive without Notice

- Lengthy discussion followed on the roll-out of the vaccination program. Mr Jones advised that vaccination clinics initially will be established at Tweed, Lismore and Grafton for administration of Phase 1a staff. Additional sites will be considered when additional phases are introduced.
- Testing rates across the LHD remain robust.
- Mr Jones advised that Healthy North Coast is currently working with General Practice (GP) doctors regarding public vaccination programs.
- Mr Jones responded to a query advising the LHD has commenced discussions with Ambulance NSW and NSW Police Force to formulate a list regarding their priority 1a Staff who will be managed through the LHD vaccination sites.
- Discussion is underway with the Richmond Orthopaedic craft group regarding operating theatre access to manage a growing wait list.
- A brief discussion ensued around the lack of community housing across the LHD footprint. Mr Michael Carter declared a conflict to interest advising his he is a registered third-tier community housing provider in his other role.
- Mr Jones responded to a query around Child and Adolescent Mental Health Services across the LHD, advising a paper has been presented to the ELT on the development of a Child and Adolescent Mental Health Service.

ACTION:

Mr Jones to provide a brief on the development of a NNSW LHD Child and Adolescent Mental Health Service to the 31 March 2021 Board meeting.

- Mr Jones responded to a query advising the ELT has identified the need for succession planning across the LHD and work is underway around particular roles within the organisation.
- Mr Jones responded to a query around ETP figures and explained how the new figures are calculated.
- Following a request from the Board, Mr Jones will provide regular information via the CE Report from July 2021 on work being undertaken with the transition from the TTH to the new TVH.
- Responding to a query Mr Jones advised he will make further enquiries with the MOH on the difference between surgical separations and attendance as reported in the surgical dashboard and report.

ACTION:

Mr Jones to follow up on the difference between surgical separations and surgical attendances and report back to the 31 March 2021 Board meeting.

- Mr Jones advised there is work underway with the Towards Zero Suicides program. He gave a brief overview of the community-based programs.
- The Board requested a brief updating them on progress being made on the NNSW LHD Service Directions to the January 2022 Board meeting.

ACTION:

Mr Jones to provide a brief updating the Board on progress being made on the NSW LHD Service Directions to the January 2022 Board meeting.

- Mr Jones advised he has requested Ms Diedre Robinson, Director Mental Health, Alcohol and other Drugs and Dr John Wardell, Clinical Director Mental Health to commence regular meetings with the Emergency Department staff to reinforce effective working relationships.

The Board **ENDORSED** the Chief Executive's Report.

5.2 Committee Minutes (discussed on exception basis, otherwise noted)

5.2.1 Health Care Quality Committee (HCQC) – 9 February 2021.

Ms Byrne advised the meeting is working well under the new agenda format and spoke briefly on the document outlining the sub-committees and timetables that will be reporting to the committee.

Mr May advised the new resources for consumers from the Australian Charter of Healthcare Rights have been distributed to community group members.

Ms Byrne advised the membership and Terms of Reference will be reviewed at the March meeting.

The Board noted the informative information provided by Dr Hutton concerning the Sydney Morning Herald article on the 4 February 2021.

A lengthy discussion followed on the increased number of older patients coming through the Emergency Department and the impact on bed flow in some hospitals.

The Board noted the unconfirmed HCQRC Minutes.

5.2.2 Finance and Performance Committee (F&PC) – 17 February 2021.

Mr Humphries gave an overview of the F&PC Minutes with general funds \$2.6M unfavourable with a forecast \$25.5M unfavourable which is General \$5M and COVID \$20.6M.

Mr Jones advised on the how the state efficient price is calculated by the MOH.

A brief discussion followed on premium workforce costs associated with travel, accommodation and agency fees. Mr Jones gave a brief overview of the initiatives underway to help alleviate these costs moving forward.

The Board noted the unconfirmed Minutes.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 11 February 2021.

Dr Arthur gave a brief outline of recent appointments and resignations across the LHD.

The Board noted a Staff Specialist Clinical Director, Richmond Clarence Mental Health

Service has recently been appointed and several VMO's have moved to staff specialist at LBH to reduce hours.

There have been a number of Healthcare Imaging Services appointments to cover on-call needs.

Mr Jones will follow-up with NSW Health Pathology concerning accessing of anatomical pathology services in Lismore while recruitment is underway.

The Board noted the unconfirmed MDAAC Minutes.

5.2.4 Audit and Risk Committee (ARC) – next meeting 3 March 2021.

The Board noted the next ARC meeting will be held 3 March 2021.

5.2.4(a) Internal Unit Charter and ARC Chair annual report to Board

The Board noted the Internal Unit Charter and the ARC Chair Annual Report to the Board.

The Board noted the changed format of the ARC Chair Annual Report to Board, noting it provides a comprehensive oversight of Audit and Risk issues. The Board requested a letter of thanks be forward to Mr Frazer.

ACTION:

Mr Jones is to draft a letter of thanks concerning the ARC Chair Annual Report for the Board Chair's signature to Mr David Frazer, Chair Audit and Risk Committee.

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 23 February 2021.

The Board noted the CPCEC minutes will be submitted to the 31 March 2021 Board meeting.

5.2.6 Community Partnership Advisory Council (CPAC) – 1 February 2021.

The Board noted the CPAC 1 February 2021 minutes.

Mr May advised Ms Emma Walke, CPAC Chair has resigned her position as Chair.

5.2.7 Research and Innovation Committee – inaugural meeting to be held 10 March 2021.

The Board noted the inaugural RIC meeting will be held 10 March 2021.

6. Matters for Noting/Information (discussed only on exception basis)

Nil matters for noting.

6.1 Major correspondence

Nil major correspondence

6.2 NNSW LHD Seal

There were no items requiring the NNSW LHD Seal to be applied.

6.3 Updated Board Calendar

The Board noted the updated Board Calendar.

6.4 Other matters for noting

Nil for this meeting

6.5 Business without notice

7. Meeting Finalisation

7.1 Next Meeting

31 March 2021
Grafton Base Hospital
Grafton

Dr John Griffin provided a valuable critique of the meeting.

7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 1.21pm

I declare that this is a true and accurate meeting record.

Signed

Date 20/3/21

Dr Brian Pezzutti
Chair
Northern NSW Local Health District Board

9.15am – 9.45am Discussion with Dr Rob Davies, Director TTH Emergency Department and Dr Abhay Daniel, Head of Department General Medicine Medical Staff Council, The Tweed Hospital

The Board welcomed Drs Davies and Daniel to the meeting.

Dr Davies gave a brief overview of his long working history with the LHD and advised TTH MSC had requested patient flow and clinician engagement as the topics to be discussed with the Board.

Dr Davies advised more work to improve clinician engagement with medical staff and some other areas of the hospital is needed. Discussion followed around the need for clearer instruction and direction on the process for medical staff to raise issues or ideas with Executive. Dr Davies referred to other hospitals having Directors for different medical streams and suggested this clinical governance structure could possibly be implemented at TTH.

Mr Jones indicated he recently met with the TTH MSC and acknowledged the need for clearer and concise clinician engagement in particular areas. He agreed with Dr Davies on the need for Directors of certain services and advised progress is underway to implement this within TTH.

Mr Jones advised work continues with the 'Rules of Engagement' document with a consultant recently appointed to meet with the Executive and the MSC to determine a clear set of guidelines

for communication, function, and structure. Mr Jones spoke on the need to improve the culture across TTH and the strategies being reviewed regarding this.

Discussion followed on the importance of implementing these strategies and improving culture in preparation for the Tweed Valley Hospital as staff and clinicians need to be engaged and feel valued.

Responding to a query on engagement with Visiting Medical Officers (VMO), Dr Davies advised he did not believe there were any issues around engagement with VMO's based on their employment status, as the ED was a highly functioning and high performing unit. The lack of engagement stemmed from culture.

A lengthy discussion followed around each site now managing their own budgets and making decisions at grassroots levels.

Dr Davies discussed the concerns around patient flow noting that this is a whole of hospital approach that needs a unified message or signal from the General Manager, down through the whole clinical structure.

Dr Daniel spoke on the CORE Values of NSW Health and the importance of collaboration needing to be attached to outcomes.

ACTION:

Mr Jones is to draft a formal response on the issues raised by Dr Daniel and Dr Davies on behalf of the TTH MSC and report back to the Board on the actions undertaken to the 31 March 2021 Board meeting.

The doctors thanked the Board for the opportunity to discuss these matters and look forward to further engagement in the future.

12.30am – 1.00pm Discussion with The Tweed Hospital Executive: Mr Joe McDonald, General Manager, Mr Adam Reid, Director Nursing and Midwifery and Dr Grant Rogers, Director Medical Services

The Board welcomed the Executive Team to the meeting and Mr McDonald introduced the team to the Board.

Each Executive spoke of their respective achievements and challenges which included:

General Manager:

Achievements:

- TTH budget performance has improved by \$200k year to date
- Activity is up and surgery is up 1.6% on last year
- Close and collaborative relationship with the CAH services

Challenges:

- TTH already at capacity
- Issues associated with COVID
- Border Closures
- Outlined the attempts to shift culture

Mr McDonald spoke on the various strategies underway to improve culture across the TTH.

Nursing and Midwifery and Support Staff:

Achievements:

- 10% increase in workforce following holding works
- New positions in education and advanced nursing practice
- Recruitment and upskilling of the workforce to prepare for COVID
- Support Research and Innovation
- Nursing and midwifery Excellence Program

Challenges:

- Building further capability in workforce and fostering positive culture
- Growth in workforce to prepare for TVH move
- 23% of workforce are over 55 years old and mitigating the expected attrition heading to TVH
- Increase in patient complexity and aggression towards staff

Mr Jones gave a brief overview on the ongoing cross border consultations around nursing staff should another COVID breakout occur and the QLD border closes again.

Director of Medical Services:

Achievements:

- Stabilise the DMS role
- Building strong relationships with medical staff
- Increasing collaboration with nursing and allied health to improve patient outcome
- Strong relationship with Junior Medical Officers and Junior Medical Officers Unit admit staff
- Shifting some roles where possible and practical for better outcomes

Challenges:

- Medical staff culture.
- Long standing VMO model
- Challenging longstanding negative behaviours
- Fiscal environment often makes it hard to support innovation or try new models, new positions

Mr McDonald spoke on the planning around the TVH advising TVH PUG (Project User Groups) have had 500 meetings over 2.5 years involving over 400 staff (33% of staff). The concept, schematic and detailed design are now complete. This will create a new environment, with new equipment and immediate bed capacity with new services and an opportunity to change culture.

A lengthy discussion followed on some of the strategies to improve culture including the Executive regularly doing high visibility rounds through the hospital with the intent of staff and clinician engagement.

Responding to a query regarding the recruitment to the roles for new services in the TVH, Mr McDonald advised he and Mr Jones have commenced discussions including new Models of Care.

The Chair thanked the TTH Executive for their presentation and time to address the Board.