

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 not required.

2.1 PRESENT AND APOLOGIES:

Board Members:

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

Via Skype/Teleconference:

Mr Pat Grier (from 9am-10am)

In Attendance:

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

Leave of Absence:

Dr John Moran

Apologies:

Nil for this meeting

In Attendance part of meeting:

Dr Richard Buss, Director Workforce
Ms Diedre Robinson, Director Mental Health & Alcohol and Other Drugs Services
Ms Karen Wickham, Manager Organisational Development and Learning Unit
Mr Ian Hatton, General Manager LBH
Ms Narelle Gleeson, Director Nursing and Midwifery LBH
Dr Katharine Willis-Sullivan, Director Medical Services, LBH

Declaration of Pecuniary and/or Conflicts of Interest

Ms Susan Nancarrow declared a conflict of interest regarding a new business relationship with a landowner adjacent to the TVH site.

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 28 April 2021 as circulated were **ENDORSED** as a true and accurate copy with the following amendment:
page 2, paragraph 7 to now read ".....with Ms Vicki Rose, Director of Integrated Care..."
page 10, paragraph 1 to now read ".....committee on new iCare pricing..."

Moved: Dr Allan Tyson

Seconded: Mr Mark Humphries

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 30 June 2021 Board meeting.

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 Ged May, Community Manager 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.

The Board noted this will now be provided to the 30 June 2021 Board meeting.

ACTION:

Mr Ged May, Community Manager to survey all Board members for their input concerning the Board Development Plan and provide the draft document to the 30 June 2021 Board meeting.

2.3.2.3 Mr Jones to provide an update brief on Patient Transport activity including NSW Ambulance LHD patient transport vehicle activity across the LHD for the past 2 years to the 26 May 2021 Board meeting.

The Board noted this will be provided to the 30 June 2021 Board meeting.

ACTION:

Mr Jones to provide an update brief on Patient Transport activity including NSW Ambulance LHD patient transport vehicle activity across the LHD for the past 2 years to the 30 June 2021 Board meeting.

2.3.2.4 Mr Jones is to provide advice on how the planning process for GBH Redevelopment ensures the role delineation reflects the scope of a B class hospital. This would more appropriately reflect the role the hospital is rapidly developing.

The Board noted this will be provided to the 30 June 2021 Board meeting.

ACTION:

Mr Jones is to provide advice on how the planning process for GBH Redevelopment ensures the role delineation reflects the scope of a B class hospital. This would more appropriately reflect the role the hospital is rapidly developing.

2.3.2.5 Mr Jones to correspond with Mr Dominic Morgan, CE NSW Ambulance regarding procedures around policy directives in transferring patients to certain trauma/stroke receiving hospitals and by-passing other hospitals.

Mr Jones advised following his correspondence with Mr Morgan on the 12 May 2021 a meeting has been scheduled for next week and will provide feedback in due course.

2.3.2.7 Mr Jones is to draft a letter of appreciation to Ms Weir, Director Clinical Operations thanking her for her commitment and dedication in establishing the COVID testing clinics at such short notice across the LHD during the recent potential outbreak.

The Board noted a letter of appreciation was forward to Ms Weir on 14 May 2021.

2.3.2.8 Mr Jones to consult NSW LHD internal legal advice regarding the terminology used on patient forms around next of kin and person responsible and report back to the 26 May 2021 Board meeting.

The Board noted this will be provided to the 30 June 2021 Board meeting.

ACTION:

Mr Jones to consult NSW LHD internal legal advice regarding the terminology used on patient forms around next of kin and person responsible and report back to a future Board meeting.

2.3.3 Other Matters Arising from the Minutes

2.3.2.4 Mr Jones advised he will circulate the reply from Ms Elizabeth Koff, Secretary NSW Health regarding the response on early intervention for school children requiring a mental health assessment.

2.3.2.7 Mr Jones advised Mr Matt Long, Director Corporate Services is in the process of drafting a position description for the Climate Sustainability Officer.

3. Matters for Decision

3.1 Instrument of Appointment – Deputy Chair

The Board noted due to the Chair tenure being completed on 30 June 2021 and not 31 December 2020, the signing of the Instrument of Appointment for Deputy Chair had lapsed. Following advice from the Ministry of Health (MOH), an Instrument of Appointment is to be reactivated from 26 May 2021 – 31 December 2022 (when the current Board term for Mr Humphries finishes).

The Board **ENDORSED** the signing of the Instrument of Appointment for Mr Mark Humphries, as Deputy Chair by Dr Brian Pezzutti, Chair, NSW LHD.

3.2 Appointment of Audit and Risk Independent Chair

The Board discussed the information in the brief, noting Mr David Frazer's tenure as the NSW LHD Audit and Risk Chair is due to expire on 19 July 2021. Following an Expression of Interest and due process Mr Mark McCoy has been selected as the new NSW LHD Audit and Risk Chair.

The Board **ENDORSED** the appointment of Mr Mark McCoy as the Independent Chair of the NSW LHD Audit and Risk Committee for a term of three years effective from 20 July 2021.

3.3 Leave of absence for Board member

The Board endorsed a leave of absence for Dr John Moran from 26 May – 30 June 2021.

The Chair noted an extension to this leave period would need to be approved through the new Chair after 1 July 2021.

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 – update provided on The Tweed Hospital Medical Staff Council. The Chief Executive also attended a meeting with the GBH Medical Staff Council on 18 May 2021.
- Vaccination Update – NNSW LHD established a Pfizer Vaccination Clinic at LBH on 3 May 2021 followed by TTH on the 4 May 2021 and GBH on the 5 May 2021. Staff numbers remain low for registration for AstraZeneca following negative media attention regarding the small number of cases developing a rare blood clotting disorder. Pfizer registration also remains low. Partnering with external agencies has commenced to offer both vaccinations to several different sectors across the community. Mr Jones provided an update on the NSW Governments recently released figures for vaccinations across the state. Updates were provided on the publicly available AstraZeneca vaccination clinics that have been established across the LHD recently.
- Grafton Base Hospital – Two steriliser units, 2 batch washers and 1 RO water filtration system have been ordered. The sterilisers have arrived in Australia and are undergoing quarantining. Several interim actions have been taken to sustain elective surgery at GBH including the purchase of over \$200k of additional orthopaedic instruments, sterilising GBH instruments at LBH and purchase of a delivery van and appointment of a dedicated driver. A mobile sterilisation unit has been leased for a period of 6 months and will be placed onsite at Grafton and will be operational in approximately 5-6 weeks.
- Murwillumbah Water Treatment – remedial work is underway to remedy the thermostatic missing valves after routine water testing at Murwillumbah Hospital detected higher than acceptable microbial counts. The Maternity Unit remains closed until remedial work is complete.
- Pottsville HealthOne Water Treatment – due to higher than acceptable microbial counts detected in the toilets, a risk assessment was undertaken, and the toilets have been temporarily closed. Portable toilets have been installed in the undercover carpark.
- Budget & Activity Performance – NNSW LHD is forecasting an on-budget end of year result as at end of April 2021 with the NWAU remaining slightly ahead of target. Mr Jones explained how project funding work is incorporated into budget planning.

5.1.2 Update on Strategic Issues

Nil for this meeting

5.1.3 Matters for Approval

Nil for this meeting

5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during April 2021, NNSW LHD did not meet the ETP target of 50% (admitted) with a result of 34.8%.
- Elective Surgery Access Performance during April 2021 was Category 1 98% against a target of 100%, Category 2 83% against a target of 97% and Category 3 was

85% against a target of 97%.

- Elective Surgery overdue numbers for April 2021 were Category 1 – 0, Category 2 – 210, Category 3 – 209.
- Triage – NNSW LHD met triage Category 1 target, Category 2 for April 2021 result was 82% with a target of 95% and Category 3, January 2021 result was 73% against a target of 85%.
- Transfer of Care target for April 2021 was 90% with a result of 84%.

5.1.5 Security, Risk and Compliance Update

- **WHS & Insurable Risk Report** – Mr Jones advised the biggest impact to the NNSW LHD Workers Compensation performance is psychological injuries with time lost. This appears to be the pattern across all LHDs and Government sectors at present. The Board noted the current and enhanced strategies in place to support workers for an early and sustainable return to work.

5.1.6 Governance Update

- **NNSW LHD Performance Review** - 4 May 2021 was the quarterly performance review with the MOH. The Acting Deputy Secretary, Patient Experience and System Performance noted NNSW LHD's performance is the envy of many, and our rating remains at zero. Noting it was the NNSW LHD Board Chair's last Performance Review, the A/Deputy Secretary, on behalf of the MOH, thanked Dr Pezzutti for his commitment and support to the LHD over an extended period of time.

5.1.7 eHealth Update

- **Legacy Systems and timely patching** – work continues to ensure LHD legacy systems have timely patching applied to ensure contemporary applications are available.

5.1.8 Capital Works/Planning Projects

- **Tweed Valley Hospital (TVH)** – Activity Based Working (ABW) - consultations via online surveys, work team forums, walk around interviews and specific targeted interviews continue with staff at TTH regarding ABW. Following consultations, further discussions will occur with the Executive Leadership Team to finalise the ABW scope.
- **Murwillumbah District Hospital (MDH)** – University Centre for Rural Health: Wollongong University has approached the LHD seeking commitment to continue to place a group of undergraduate students at MDH, including accommodation in the UCRH building. Following discussions and agreement to some minor capital works, Dr Tim Williams, Executive Director Medical Services will liaise with Wollongong University to progress the placements.
- **Grafton Goal** – Following consultation with various stakeholders, a decision has been reached on which parts of the 'old' Grafton Goal will be granted to NNSW LHD to support decanting of sections for the GBH when development works commence.
- **Macleay Hospital (MH)** – all consulted groups support the proposal to transfer the current CT scanner at GBH to MH and upgrade the medical imaging services. Formal assessment and cost details will now be progressed and a final brief for endorsement will come to the Board in due course.
- **Ballina District Hospital (BDH)** – consultation on the Clinical Services Plan for BDH continues. Due to staff changes in the planning group, Johnstaff Consulting will now complete this work.

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- ICU LBH – update provided on the move into the ICU at LBH on the 22 June 2021.

5.1.9 Matters for Noting

- The Board noted the Declaration of Potential Conflict of Interest updated by Dr David Hutton, Director Clinical Governance regarding his position as the NSW Ministry of Health representative on the Council of the Australian Council of Healthcare Standards.

5.1.10 Important Meetings/ Diary Commitments

- 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

- Discussion followed on the utilisation of the Maclean Hospital operating theatre.
- Following discussion regarding the Clarence Correctional Centre, the Board requested the Mr Jones provide a status report on the patient activity from Clarence Correctional Centre to GBH and the current relationship between GBH Management and Clarence Correctional Centre Management.

ACTION:

Mr Jones to provide a brief on the status of relationships with the Clarence Correctional Centre and activity with patients from the Correction Centre to GBH for treatment to the 30 June 2021 Board meeting.

- Responding to a query regarding the improved result on 'discharged against medical advice' for Aboriginal patients, Mr Jones advised he will seek clarification on the interchangeable term 'taking own leave' and report back to the 30 June 2021 Board meeting via the CE report.
- An update was provided on the North Coast Collective Governance and the associated challenges with the delay in drafting an MOU.
- Mr Jones provided an update on the opening profile of the Tweed Valley Hospital (TVH). Following a brief regarding the possible use of The Tweed Hospital site following the move to the new facility, Mr Jones advised discussions with the MOH will commence soon regarding staffing for the new facility. Dr Pezzutti enquired on the possibility of a 'border bubble' similar to the one utilised in the Albury- Wodonga being established between Tweed/Gold Coast.
- Accommodation facilities for Junior Medical Officers will be established at the new TVH with discussions still underway on how this will be progressed.
- Negotiations are complete for some areas of the old Grafton Gaol.
- Mr Jones gave an update on the NNSW LHD financial position and noted the discussions with the ELT regarding funding as the end of the financial year approaches.
- Mr Jones advised the NNSW LHD hearing is scheduled for 17 June at the NSW Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW.
- The Board acknowledged the excellent work by NSW HealthShare in supporting the NNSWLHD during COVID.

ACTION:

Mr Jones is to draft a letter of appreciation for the Board Chair's signature to the Chief Executive NSW HealthShare to acknowledge the excellent work undertaken to supporting the NNSW LHD during COVID and the subsequent rollout of the vaccination program.

- Mr Jones advised he will follow up on the outcome of the decision regarding access road around the TVH and report back via the CE report.
- Responding to a query regarding GP (General Practitioner) vaccination rollout alongside the LHD rollout, Mr Jones advised the LHD is working with Healthy North Coast to ensure the LHD vaccination clinics are not in competition with GP's. The LHD welcomes and encourages community members to be vaccinated through their GPs.
- Following discussion around permanent and temporary nursing staff across the LHD, Mr Jones advised he will request Ms Katherine Duffy, Director Nursing, Midwifery and Aboriginal Health Services to provide an update on nursing recruitment challenges as part of her presentation to the 30 June 2021 Board meeting.

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) – 11 May 2021.

Ms Byrne gave a brief overview of HCQC meeting minutes.

Expressions of interest will need to be completed for new committee members, with Ms Byrne reiterating the importance of clinical input into the meeting and the difficulties for some clinicians to meet the designated time slot of the meeting due to clinical commitments.

A patient story and deep dive into the Knee and Hip Arthroplasty Service at GBH was well-received. Mr Jones advised the NSW Health Secretary is opening a Value Based Care Conference in Perth this week and will be using the video produced by the LHD on the Hip and Knee program. Mr Chris Hanna, Manager Community Health Tweed Network is a keynote speaker promoting the excellent team efforts of the Hip and Knee program.

The Deteriorating Patient Taskforce will be providing an update to the July 2021 meeting and a deep dive on Transfer of Care will be presented in the September 2021 meeting.

Across the LHD, 900 staff have completed FIT testing.

The Board noted the unconfirmed HCQC Minutes.

5.2.2 Finance and Performance Committee (F&PC) – 19 May 2021.

Mr Humphries gave an overview of the F&PC minutes advising General Fund \$2M unfavourable (Gen \$0.7M favourable / COVID \$2.7M unfavourable) forecast. The MOH is expected to fund the reported COVID unfavourability by end of financial year.

Mr Humphries advised Own Source Revenue continues to be significantly impacted by various means.

Mr Jones indicated that whilst the current financial position for end of year is better than anticipated, next year will be quite challenging. Next year's budget will not be handed down until July 2021 as Service Agreement meetings continue across the state. Mr Jones advised that recurrent funding for new capital works and allocation funding is incorporated into Service Agreement discussions.

Premium medical workforce costs continue to impact the District representing approximately 24% (excluding VMO locums). This is a consistent issue for all rural LHD's across NSW.

The Board acknowledged the hard work undertaken by the Finance Department and will forward a letter of thanks to the team.

The Board noted the unconfirmed Minutes.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 13 May 2021.

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

The Board noted the unconfirmed MDAAC Minutes.

5.2.4 Audit and Risk Committee (ARC) – *next meeting 2 June 2021.*

The Board noted the next ARC meeting is scheduled on 2 June 2021.

5.2.4(a) Audit and Risk Special Finance meeting – 16 April 2021.

Mr Michael Carter provided a verbal update advising that most of the tasks from the MOH were completed by the due date. The asset stocktake is the only outstanding item for the District and was due for finalisation by the end of April 2021.

NNSWLHD has received the expense figures for COVID and it is expected that MOH will fully fund all COVID expenditure by June this year. The LHD is now capturing the costs associated with vaccinations.

A brief discussion followed around parking at the TVH with Mr Jones advising discussions at MOH level continue around this matter.

Mr Jones advised he will organise a media statement in relation to the excellent work undertaken by NSW Health in the treatment and cure of Hepatitis C.

ACTION:

Mr Jones to organise a media statement outlining the excellent results of NSW Health Public Health in the treatment of Hepatitis C.

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 27 April 2021.

The Board noted the CPCEC minutes.

5.2.6 Community Partnership Advisory Council (CPAC) – *next meeting 7 June 2021.*

The Board noted the next CPAC meeting will be held 7 June 2021.

5.2.7 Research and Innovation Committee (RIC) – 5 May 2021.

Mr Peter Carter spoke to the RIC minutes providing a verbal update advising that whilst the committee had research principles, research priorities are not yet articulated with further discussion to follow.

Mr Peter Carter advised a report will be provided to the next RIC meeting on current University engagement arrangements and suggestions for future engagement.

Speaking to the strong position the Board has taken on climate sustainability and healthcare, the RIC was asked to advise on how LHD research efforts might help support the Board's position, given the Chief Executive made it clear that focus on research is by improving clinical outcomes and enhancing patient care. It was agreed that assistance could be provided to any person appointed as Sustainability Officer to scope, analyse and offer suggestions on understanding the impacts of climate change on the health of our population and what steps might be taken to prepare for current and future impacts while not at the expense of the priorities as stated by the Chief Executive.

Mr Jones agreed that the Board has made its position on climate sustainability clear and the ELT are moving forward with that direction. Mr Jones indicated that he will organise for an external partner to provide the support to produce the documents that are required to meet the actions set out in the NNSW LHD Climate Sustainability Action Plan .

The Board **ENDORSED** the Research and Innovation Committee Terms of Reference.

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

The Chair advised The Hon Jillian Skinner, former NSW Minister for Health will be attending the 30 June 2021 Board meeting.

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

30 June 2021

Crawford House

Hunter Street, Lismore

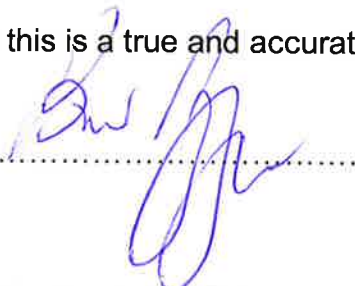
Ms Carolyn Byrne provided a critique of the meeting.

7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 1.16pm.

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

Signed



Date

20/05/21

Dr Brian Pezzutti
Chair

Northern NSW Local Health District Board

9.15am – 10.00am Culture and Well-being Update provided by Dr Richard Buss, Director Workforce, Ms Diedre Robinson, Director Mental Health & Alcohol and Other Drugs (MHAOD) Services and Ms Karen Wickham, Manager Organisational Development and Learning Unit
Ms Wickham gave an update on the work undertaken by the Organisation Development and Learning Workforce Directorate regarding the NNSW LHD Workplace Culture, Staff Wellbeing and Engagement Plan.

Ms Wickham spoke on the strategies, that if sustained over time are successful in improving workplace culture. The Organisational Development Strategies include:

- Leadership and Management Development
- Creating a Respectful and Inclusive Workplace Culture Campaign
- Enhancing Staff Health and Wellbeing in the Workplace
- Improving Organisational Performance and Systems
- Local Workplace Culture Improvement Initiatives

Due to COVID, HETI Management Development Programs were reformatted for the LHDs. At a District level, Management and Development Program initiatives are Human Factors Training pilot and the NOUS Compassionate Leadership Program.

Discussion followed on the Creating a Respectful and Inclusive Workplace Culture Campaign which has been quite successful across the LHD with several components including:

- Online module – Better together
- Unacceptable Workplace Behaviour
- Respectful and Inclusive Workplace Cultures for managers
- HETI Management Development Virtual Workshops
- Respecting the Difference (refreshed) Workshops
- Screen-saver promotions

Ms Wickham indicated there has been good engagement from staff across the District and continuation of exposing as many staff as possible to this education, will help create an understanding of the type of culture the LHD is trying to aim for.

Staff Health and Wellbeing initiatives continue to be a priority with COVID Psychological Wellbeing Action Plan, Staff Wellbeing intranet site, NNSW LHD Flexible Working Arrangement Policy and education on mental health first aid and mental health in the workplace.

Speaking on the improvements for Organisational Performance and Systems, Ms Wickham advised the Managing Performance Policy Development and Education Program will run alongside the Performance and Talent (PAT) Tool – implementation and education program rollout. This program provides a guide for managers in managing performance and equity in the same process for all employees, with a focus on identifying a relevant goal in the discussion between a manager and staff. This education program is being rolled out to all managers over the next six months.

Mr Buss advised all job descriptions across the LHD now have a capability framework around each one. When performance and talent is looked via the staff appraisal, it will revolve around what the capabilities are and what sort of person is needed for that position. This will create consistency for that group of workers across the LHD.

Mr Buss introduced Ms Robinson to speak on the work undertaken in MHAOD around improving workplace culture with the strategies outlined from the Organisational and Learning Development Unit.

Ms Robinson tabled the draft document Workplace Culture Strategy 2020-2025 for the MHAOD. Speaking to how the document was created, the journey commenced in 2018 to assess the organisational culture in the MHOAD. Based on the data collected through the 2018 PMES (People Matter Employee Survey) and an internal culture survey, this feedback provided a good indication of where the staff and the teams felt improvement was needed.

A Culture Club was established, which was well attended, to discuss survey findings and nut out the kind of culture the staff were seeking. The next step was with the staff developing the Workplace Culture Strategy (WCS). Ms Robinson gave a brief outline on the new branding that is now being used across the MHOAD Directorate.

From the WCS the four objectives identified for change were:

- Improve communication
- Improve core model valuing by management and staff
- Increase evidence of organisational commitment to the development of all employees including managers
- Improved collaboration and cooperation within and across teams

Ms Robinson spoke on the Programs Growing our Culture which are programs developed to help ensure the improvement of culture within and across the MHOAD unit.

Outlining the Evaluation and Sustainability plan moving forward, Ms Robinson spoke on the following:

- Action Plans being developed by all work units - to choose one or more of the 4 objectives to work on as a team
- Staff and team awards (MHAOD Awards in development)
- PMES and internal surveys

Responding to a query Ms Robinson advised the daily huddle focused on several different factors and whilst some are system focused, they all have an element of patient focus linked into them.

The Board thanked the presenters for their time to update them on the Culture and Wellbeing strategies being implemented across the LHD with particular attention to the work being undertaken in the MHAOD unit.

12.30pm – 1.00pm Lismore Base Hospital Executive – Mr Ian Hatton, General Manager, Ms Narelle Gleeson, Director of Nursing and Midwifery and Dr Katherine Willis-Sullivan, Director of Medical Services.

Mr Hatton introduced the LBH Executive Team to the Board.

Mr Hatton showed several old pictures of the LBH from 1904 through to 1936 to the current building which is now incorporates the NSW Government investment of \$312.75 million dollars in the LBH redevelopment. Mr Hatton advised that when the redevelopment is complete LBH will have:

- C3 (part of old CSSC) becomes staff amenities
- C4 (including old ED, Medical Imaging, Pharmacy Women's Care, Ambulatory Care) becomes new Ambulatory Care Centre
- C5 (old Endoscopy, Theatres) becomes LBH Administration, Library, Education and Auditorium
- C6 (old C6 and A Block) becomes Coronary Care and Cardiac Step Down
- C7 (old C7 and A Block) becomes Acute Dementia/Delirium Unit, Stroke, Medical

Some of the challenges across LBH are access block experienced by the Emergency Department, the increased acuity and complexity of admissions and overall hospital occupancy, inpatient length of stay and discharges. LBH surge beds are constantly in use to meet demand.

Ms Gleeson gave an outline of the challenges associated with complex long stay patients including NDIS patients, patients trying to access a Residential Aged Care Facility or mental health patients with medical issues. Some of these patients have stays in hospital for periods longer than 12 months. Mr Jones advised this is a national problem and numerous state Health Ministers have raised this concern with Mr Greg Hunt MP, Federal Minister Health.

Mr Hatton spoke on the challenges of managing patients with eating disorders in LBH as they usually require 1:1 nursing, putting further strain on the recruitment of nursing staff above the normal staff pool. The average length of stay for adults with eating disorders during the last 12 months was 34.5 days. The Peter Beaumont Unit in Sydney is the LBH tertiary eating disorder unit for LBH with a waitlist of usually 6-8 months. Mr Jones advised funding has been allocated to establish a reasonable sized community-based eating disorders program that will hopefully see a reduction in the number of patients needing long stay hospital treatment.

Mr Hatton spoke on a complex long stay patient story of an aged gentleman with various intensifying behaviours at home. The patient was admitted to hospital for 106 days. At day 27 the medical team recorded he was appropriate for discharge. From day 27, the staff worked continuously to move the patient to an appropriate RACF. Following acceptance of the patient for permanent care by a RACF, a wait of 57 days ensued for a bed to become available.

Mr Hatton spoke on challenges with transfers and the increased delays to network beds, increased inter-facility transfers to LBH from network facilities. The highest proportion of admissions to inpatient wards was for cardiology, general medicine and general surgery.

Ms Gleeson spoke on the nursing changes and challenges across the District. A much younger nurse workforce is coming through now due to an increase in retirement of an ageing workforce when COVID commenced. Managing inter-generational workforce expectations has come with challenges around recruitment and longevity and work is underway to manage these changes across the LHD. Ms Gleeson acknowledged the excellent work undertaken by the LBH nurses in the uncertain times of COVID and the professional and selfless way they went about their roles in looking after COVID positive patients.

Speaking on recent success stories across the LBH footprint, Mr Hatton told of the way all the staff stepped up and handled the challenges posed by COVID. Staff developed systems around being the LHD COVID hospital for the District, developed escalation plans for ED, ICU and hospital wards. E10 was set up as the functional COVID ward and 83 nursing staff were upskilled in critical care. Regular skype updates were held for staff during the initial phase of COVID, initially daily then weekly.

Dr Willis-Sullivan spoke on the training that has been progressed for the Junior Medical Officers since 2012 across the LHD. This year, LBH anticipates receiving over 200 applications for 12 intern positions and will interview 140. LBH has developed strong training pathways with Emergency Medicine Trainees able to do 90% of their training locally now, up from 20% in 2014. 100% of GP training can be undertaken locally alone with 7 GP advanced training skills and 60% of Basic Physician Training undertaken in Lismore.

Dr Willis-Sullivan referred to the 'grow you own' program which trains and retains Senior Medical Staff at the LBH.

Mr Jones left the meeting.

Mr Hatton gave a brief overview of the accreditation process that is due for LBH at the end of the year. He is confident and comfortable that work is underway to ensure the LBH is successful in this process.

Ms Gleeson spoke on the various nursing initiatives across the LHD and the work underway to help support the new graduates who are arriving to help with the vaccination clinics. There has been an increase in the relief pool and permanent employment against Maternity Leave has also helped with staffing shortages.

Responding to a query regarding the cardiac cath lab, Ms Gleeson advised there is currently 8 FTE with some of these working part-time and several working for the cardiologist on their other days. LBH is working on offering this service 7 days a week although issues around staffing are still being resolved.

Mr Hatton finished his presentation referring to a compliment from a patient on the excellent treatment they received whilst in LBH.

The Board thanked the LBH Executive Team for presenting today and congratulated them on their excellent leadership in navigating the LBH during a very difficult period of time.