
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.

2.1 PRESENT AND APOLOGIES:

Board Members at Crawford House:

Mr Mark Humphries (Chair), Mr Peter Carter

Board Members via Skype/Teleconference:

Ms Naree Hancock, Mr Michael Carter, Dr Allan Tyson, Mr Pat Grier, Professor Susan Nancarrow, Dr John Griffin, Dr John Moran, Ms Carolyn Byrne, Dr Alasdair Arthur

In Attendance:

Mr Wayne Jones, (MOH) (part of meeting 9.00am-9.40am)

Ms Lynne Weir, Acting Chief Executive

Mr Ged May, Community Engagement Manager

Ms Jennifer Cleaver, Manager Chief Executive Office

Ms Kate Greenwood, Board Secretariat

Apologies:

Nil for this meeting

Declaration of Pecuniary and/or Conflicts of Interest

Mr Michael Carter declared a possible conflict of interest regarding a shared tenancy agreement between Social Futures and the LHD.

Professor Nancarrow declared a conflict of interest regarding her business relationship with a land developer in the Kingscliff area.

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 25 August 2021 as circulated were **ENDORSED** as a true and accurate copy with following amendment:

Page 8 paragraph 5 to now read ".....commence roll outs in September"

Moved: Professor Susan Nancarrow

Seconded: Ms Naree Hancock

CARRIED

2.3.2 Business Arising from the minutes:

2.3.2.1 Mr Peter Carter is to form a small Board Development Implementation working party to develop an action plan with key performance indicators that capture workforce, stakeholder engagement, professional development and culture and report back to 24 November 2021 Board meeting.

Mr Peter Carter advised this will now be submitted to the 27 October 2021 Board meeting.

ACTION:

Mr Peter Carter is to form a small Board Development Implementation working party to develop an action plan with key performance indicators that capture workforce, stakeholder engagement, professional development and culture and report back to 27 October 2021 Board meeting.

2.3.2.2 Ms Weir to provide an update Brief that includes a timeline for the implementation of the remaining Anderson Report Recommendations across the LHD to the 27 October 2021 Board meeting.

The Board noted this will be submitted to the 27 October 2021 Board meeting.

ACTION:

Ms Weir to provide an update Brief that includes a timeline for the implementation of the remaining Anderson Report Recommendations across the LHD to the 27 October 2021 Board meeting.

2.3.2.3 Ms Weir is to provide an update on the general NSW LHD Workforce Strategy including culture improvement to the 24 November 2021 Board meeting.

The Board noted this will be submitted to the 24 November 2021 Board meeting.

ACTION:

Ms Weir is to provide an update on the general NSW LHD Workforce Strategy including culture improvement to the 24 November 2021 Board meeting

2.3.2.4 Ms Weir is to review the Tweed Valley Hospital Service Statement and provide an overview of services currently planned for Murwillumbah Hospital to the 27 October 2021 Board meeting.

The Board noted this will be submitted to the 27 October 2021 Board meeting.

ACTION:

Ms Weir is to review the Tweed Valley Hospital Service Statement and provide an overview of services currently planned for Murwillumbah Hospital to the 27 October 2021 Board meeting

2.3.3 Other Matters Arising from the Minutes

Nil for this meeting

3. Matters for Decision

3.1 NSW LHD Top 10 Risks

Ms Byrne spoke briefly on Risk number 6 "Barriers to patient flow" and advised a deep-dive is scheduled around this matter at a future Health Care Quality Committee meeting. The Chair reported the Top 10 Risks have also been discussed at the recent Finance and Performance and Audit and Risk Committees.

The Board **ENDORSED** the NSW LHD Top 10 Risks.

Moved: Mr Peter Carter

Seconded: Dr Alasdair Arthur

CARRIED

3.2 Environmental Sustainability and Healthcare working party

Mr Peter Carter advised the working party is seeking approval from the Board to change the name from Climate Sustainability and Healthcare Working Party to Environmental Sustainability and Healthcare (ESH) working party. The working party considers the change better describes the aims of the group and ESH is consistent with the term chosen by the Ministry of Health for its activities in this area.

Mr Peter Carter also spoke on the development of the KPIs by the working party and requested approval from the Board for the new KPIs.

The Board **ENDORSED** the change of name for the working party to Environmental Sustainability and Healthcare (ESH).

The Board **ENDORSED** the new KPIs for the Environmental Sustainability and Healthcare working party.

Moved: Ms Carolyn Byrne

Seconded: Mr Michael Carter

CARRIED

A brief overview was provided on the items discussed at the recent working party meeting including an update on the request for the tender that has been prepared for the procurement, installation, and maintenance of a large-scale solar panel for Byron Central Hospital.

3.3 2021 Annual Public Meeting

Following a brief discussion on the success of the 2020 NNSW LHD Annual Public Meeting during the pandemic, the Board agreed to again hold the 2021 Annual Public Meeting virtually due to the ongoing COVID-19 restrictions.

The Board **APPROVED** the proposal and format of the 2021 NNSW LHD Annual Public Meeting.

Moved: Ms Carolyn Byrne

Seconded: Professor Susan Nancarrow

CARRIED

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

Ms Weir referred to the issues that were covered in the Chief Executive's Report including:

5.1.1 Current and Significant Issues

- Clinician Engagement
- Director Clinical Governance – Mr Ken Hampson has been appointed as the NNSW

LHD Director of Clinical Governance and will commence on the 1 November 2021.

- Staff Acknowledgement – the Executive Leadership Team are planning to have an Executive Thank You Day to thank and acknowledge staff across the LHD and recognise their hard work and dedication during the current pandemic.
- Bureau of Health Information – April-June 2021 report released on hospital activity and performance with figures showing the volume of patients in our hospitals is almost back to 2019 pre-pandemic levels. More than 53,000 people attended the LHD emergency departments in this quarter, a 28.7% increase compared with the same quarter last year. 72.2% of patient started their treatment on time, above the state average of 67.4% and 73.1% of patient leaving the ED within 4 hours.
- Vaccination Update – Tweed Heads, Lismore and Grafton vaccination clinics. The District received some additional Pfizer allocation in response to the local cases. NNSW LHD is part of the partnership that is providing an outreach mobile vaccination clinic to various Aboriginal communities across the LHD. This program that used Commonwealth supplied Pfizer vaccine, has been operated in conjunction with local Aboriginal Medical Services, NSW Police and the Australian Defence Force. The program will operate over an 8-week period to cover first and second doses and is providing an average of 60 vaccinations a day. To date there has been 1,782 vaccinations in the month since its implementation.

The LHD is also targeting vulnerable groups: the week commencing 27 September 2021 will see the commencement of a mobile clinic aimed at vaccinating rough sleepers. This is being run in partnership with HNC, Department of Communities and Justice and local homelessness service providers.

There has been a significant growth during September in the number of General Practitioners supplied with Pfizer and Pharmacies that have Moderna. This has led to an approximate 5% growth in first dose vaccination rates in the week to 20 September 2021. Work continues for the Health Promotion team in developing a campaign that seeks to support the vaccine-hesitant members of the community with their decisions around vaccination.

- Coronavirus – the Emergency Operation Centre (EOC) has been operationalised and all facilities have reviewed their COVID plans. Emergency Department scenario planning sessions are being conducted at each site and the team includes local medical, nursing, ID Specialist and management. The COVID Community Care model has been enhanced across the LHD to ensure we can care for any potential increased numbers of confirmed cases in the community and this model includes robust medical governance. In relevant locations across the LHD, additional drive through and walk-in testing clinics have been established. As a precaution, at the time of this report, COVID surveillance testing has been undertaken at Cabbage Tree Island.
- Ms Weir provided an update on the recent cases across the District and the pop-up clinics that have been established at short notice for the relevant areas.
- An update was provided on the number of staff vaccinated across the District under the Public Health Order vaccination mandate. Ms Weir advised of the next steps following the deadline and how this may impact services across the District.

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- Elective Surgery – Finalised arrangements are now in place for Grafton Base Hospital orthopaedic overdue patients to have their procedures at Baringa Private Hospital in Coffs Harbour. Lismore St Vincent’s Hospital continues assisting with overdue surgery on elective patients.
 - Staff/ Community Communication – was held on 3 September with approximately 400 staff in attendance with various items discussed including a public health update, COVID testing and vaccination rates, mandatory vaccination and staff wellbeing. Another staff forum was also held on 24 September with good attendance rates.

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 August 2021, NNSW LHD did not meet the ETP target of 50% (admitted) with a result of 33.6%.
- Elective Surgery Access Performance during August 2021 was Category 1 99% against a target of 100%, Category 2 81% against a target of 97% and Category 3 was 86% against a target of 97%.
- Elective Surgery overdue numbers for August 2021 were Category 1 – 0, Category 2 –172, Category 3 – 279.
- Triage – NNSW LHD met triage Category 1 target, Category 2, August 2021 result was 81% with a target of 95% and Category 3, August 2021 result was 74% against a target of 85%.
- Transfer of Care target for August 2021 was 90% with a result of 84%.

5.1.5 Security, Risk and Compliance Update

- Nil for this meeting

5.1.6 Governance Update

- The quarterly Board Reports April-June 2021 will be delayed due to COVID. It is expected it will be available for the October 2021 Board meeting.

5.1.7 eHealth Update

- Next Cerner code upgrade is on schedule to go live in early October.
- COVID vaccination records are now being managed in the State-wide Vaccination Administration Management system.
- Enhancing the eMR project is on schedule to deliver phase two which includes several additions to the eMR.

5.1.8 Capital Works/Planning Projects

- NNSW Managed Projects
 - Ballina Hospital ED Short Stay & ED Roof - project works completed.
 - Palliative Care Refurbishment - design consultant procurement is being progressed.
 - Rural minor works Grafton Base Hospital and Murwillumbah District Hospital are progressing.

- Health Infrastructure Projects
 - Tweed Valley Hospital - secondary artwork procurement strategy is being finalised. Basement services rough-in has commenced and the lower ground slab services rough-in including drainage and suspended trays have commenced. The following slabs have been poured: 19 of 20 ground floor slabs, 14 of 15 level one slabs and four of 14 level two slabs poured.
- Lismore - Auditorium roof and cladding installation is ongoing with the front entrance move to the demountable now complete.

5.1.9 Matters for Noting

Nil for this meeting

5.1.10 Important Meetings/ Diary Commitments

- The combined Board meeting with Healthy North Coast scheduled for 29 September 2021 has been postponed. A future date will be advised on CE's return from secondment.

5.1.11 Questions for the Chief Executive without Notice

- Dr Moran indicated that the staff acknowledgement day was a wonderful idea and the Chair suggested that prior to the end of the year a video from the Board capturing their thanks to the staff for their hard work over the past 18 months during COVID should be arranged.
- A brief discussion was held on the number of staff across the District who have chosen not to be vaccinated and the need for the message to be consistent across the LHD footprint from all levels of Government and health agencies.
- Responding to a query Ms Weir advised the NSW LHD Patient Flow Unit Manager has been appointed and consultation with various stakeholders has commenced.
- Ms Weir and Dr Arthur responded to a query, both agreeing there has been an increase in the acuity of patients presenting to the ED rather than patients attending who could present at their GP.
- Dr Tyson provided a brief update on the CSSD pod situation at Grafton Base Hospital. Ms Weir indicated discussions around costings with the service provider are continuing.

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) – 14 September 2021.

Ms Byrne provided a brief update on the newly appointed HCQC members and advised the committee was grateful as this will provide more depth and well-rounded viewpoints in future meetings.

The presentation from Ms Kirsty Glanville, Associate Director Aboriginal Health on the NSW LHD Aboriginal Health Program was well received and very informative.

Grafton Base Hospital CSSD continues to be monitored by the Committee and will remain on the agenda until the new equipment is fully installed and operational.

Ms Byrne advised the Sepsis Pathway Report will be provided to the next HCQC meeting.

The Board noted the unconfirmed HCQC minutes.

5.2.2 Finance and Performance Committee (F&PC) – 22 September 2021.

Mr Humphries gave a brief overview of the F&PC minutes.

General Funds YTD \$5.7 million unfavourable with General Funds \$2.0 million unfavourable and COVID related \$3.7 million unfavourable. The District is facing a significant budget deficit in 2021-2022 and activity is forecast to be above target subject to ongoing COVID impacts.

Mr Humphries advised he will continue to support the F&PC, however, Mr Michael Carter will commence as the new Chair of the Committee from October 2021.

The Chair advised ETP continues to be of concern and will be monitored accordingly.

The Board noted the unconfirmed minutes.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 9 September 2021.

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

Dr Arthur advised Dr Martin Duffy has been awarded the ACEM (Australasian College of Emergency Medicine) Teaching Excellence Award for 2021 in acknowledgement of his significant contribution to education in emergency medicine.

ACTION:

The Board Chair to forward a letter recognition and congratulations to Dr Martin Duffy on his receipt of the ACEM (Australasian College of Emergency Medicine) Teaching Excellence Award 2021.

The Board noted the unconfirmed MDAAC minutes.

5.2.4 Audit and Risk Committee (ARC) and Special Finance meeting – 1 September 2021.

Mr Michael Carter spoke on the presentation from Ms Dee Robinson, Director Mental Health, Alcohol and Other Drugs concerning workforce shortages in her directorate.

The Committee spoke on the risk appetite items and the lack of description on the terminology and further discussions will be undertaken to clarify this matter.

Mr Michael Carter indicated that the Financial Statements and the certification of the financial statements will be subject to the deemed appropriation actions that are required.

The Board noted the unconfirmed minutes of the ARC meeting and Special Finance Meeting held of 1 September 2021.

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 24 August 2021.

The Board noted a verbal update was provided to the 25 August 2021 meeting.

The Board noted the unconfirmed CPCEC minutes.

5.2.6 Community Partnership Advisory Council (CPAC) – next meeting 11 October 2021.

The Board noted the next CPAC meeting will be held 11 October 2021.

5.2.7 Research and Innovation Committee (RIC) – 8 September 2021.

Mr Peter Carter provided a brief overview of the minutes.

Mr Carter referred to the NSW LHD Aboriginal Health Progress Report indicating the committee's concern that the research identified in the report had not been brought to the attention of the Research and Innovation Committee.

The Board noted the unconfirmed RIC meeting.

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

Nil for this meeting

6.1 Major correspondence

Nil major correspondence

6.2 NSW LHD Seal

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

6.3 Updated Board Calendar

The Board noted the updated Board Calendar.

6.4 Other matters for noting

6.4.1 Quarterly Consumer Feedback report.

The Board noted the information in the patient feedback summary report April – June 2021.

6.5 Business Without Notice

Nil for this meeting.

7. Meeting Finalisation

Mr Peter Carter provided a critique of meeting.

7.1 Next Meeting

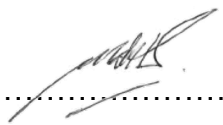
27 October 2021 - Location to be advised.

7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 12.31pm.

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

Signed



Date 27/10/2021

Mr Mark Humphries
Chair
Northern NSW Local Health District Board

9.30-10.00am Telestroke Implementation Presentation

Ms Kelly Anderson - Telestroke Implementation Project Officer

Ms Tara Chambers - Telestroke Project Officer and Nurse Manager

Ms Cecelia Duley - Telestroke Project Officer and ED Registered Nurse

NSW Telestroke Service offers increased access to life-saving diagnosis and treatment by connecting local doctors to specialist stroke Neurologist via video consultation. It is a service offered 24 hours a day, 7 days a week with 13 live sties and 23 by 2022. It has been a collaboration between the Ministry of Health, Agency for Clinical Innovation and eHealth.

Ms Duley provided an overview of the telestroke pathway and the steps involved when a patient has been suspected of having a stroke. Ms Anderson relayed the story of a case study where a young female patient was provided care through the Telestroke Service and the excellent results due to the immediate response of the team.

Over the past 12 months, prior to the Telestroke Service implementation, LBH Door to Needle time (DTN) averaged 85 minutes. Since the commencement of this service, the DTN has reduced to 67 minutes. The earlier thrombolysis can be administered equates to more brain cells being saved and reducing patient disability and mortality.

Ms Anderson spoke on the achievement in Lismore including the reduction in CT perfusion scans since the implementation of the services which helps reduce the risk of radiation exposure to the patients. This reduction also saves approximately \$4100/month in Radiologist reporting fees, as well as radiographer time, resources and consumables.

In relation to Tweed, Ms Anderson spoke on the reduction in the unnecessary cross border transfers with 21 cases treated in TTH that did not require transfer to a Queensland health facility. TTH saw a significant improvement in Door to CT times and 10 patients thrombolysed at TTH in 16 weeks with 0% complication rate and DTN time 9 times under 60 minutes.

Ms Chambers referred to the achievements of the Telestroke Service in Grafton. Since April 2021 there has been 26 stroke presentations to GBH ED with 32% of Telestroke calls being out of hours which is an average of 1.1 calls per week. The median time from the patient presenting to the GBH ED to the time of the initial Telestroke call is 21 minutes. An overview was provided on the monthly trend of median door to CT and DTN in the Clarence Valley.

Ms Weir responded to a query regarding funding and advised that the Telestroke Service Co-ordinator roles are a permanent position and following negotiations with Agency of Clinical Innovation and the MOH, the Project Officer positions have been funded until the end of this financial year to support the excellent results in improving stroke patient outcomes.

The Board thanked Ms Chambers, Ms Duley and Ms Anderson for their excellent presentation and commended them on the excellent work across the District in helping with stroke management.

12.00pm - Dr Shane Prodger, Chair, Lismore Medical Staff Executive Council and Dr Chris Ingall, Chair, Clinical Heads of Department, Lismore Base Hospital

Doctors Ingall and Prodger thanked the Board for the opportunity to present to them.

Dr Prodger spoke briefly on the COVID response that will be enacted over the next several months due to the anticipated influx of visitors to the area once the State starts to reopen. He referred to the small pockets of low vaccination rates in the LHD that could be of concern should a bigger outbreak eventuate. Dr Prodger spoke of the medical governance during this crisis and the combined effort of treating COVID positive patients in the home and hospital. While there will be some challenges ahead in caring for these patients, Dr Prodger referred to the important need to ensure the hospital can also manage with the non-COVID patients during this time as well.

Hospital in the Home is an important part of managing a possible outbreak and work continues in this space to ensure the LHD is prepared. Ms Weir provided a further update on the planning and staff resources regarding this.

Dr Ingall advised LBH has grown in service provision and teaching at registrar, resident and undergraduate levels. Securing appropriate real estate for new staff members and VMO's who are wanting to move to the area is proving difficult and this can sometimes cause the ideal candidate to secure work in another LHD. Dr Ingall sought support from the Board in identifying strategies to alleviate the accommodation issue, to enable the sub-specialty teaching and service provision to be continued.

Ms Weir advised that accommodation is a concern across the District and Mr Brett Skinner, Director Finance has already commenced work around this. He is looking at opportunities to address the issue throughout the three valleys in the LHD and will report back to the Executive and Board in due course.

Dr Ingall indicated there are opportunities for improvement with communication between medical service and medical governance at LBH. Further collaboration would be appreciated in the decision-making processes. Dr Ingall spoke of the service being provided by Dr Sarah Coghill, Infectious Diseases Clinician and it was hoped that this position would continue into the future.

General discussion ensued on the increased population growth in the Northern Rivers of late and the projected increase over the next few years. LGAs are also planning for this forecast but housing affordability continues to be a concern.

The Board Chair indicated the Board would be supportive of a joint approach to develop accommodation that would be available to clinicians and staff to support our Health Services. The Board looks forward to the work the Mr Skinner will present to it at a future date.

The Board thanked Drs Ingall and Prodger for again presenting to them on important matters and will issue another invitation to present again in around three months.

ACTION:

Ms Weir to draft a letter of response to Dr Prodger and Dr Ingall outlining the Board responses to the concerns raised. A further invitation is to be extended to a Board meeting in early 2022.