
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

Via Skype/Teleconference: Ms Susan Nancarrow, Ms Carolyn Byrne, Mr Michael Carter, Mr Pat Grier, Dr John Moran, Mr Wayne Jones (MOH) (part of meeting)

The Tweed Hospital: Mr Peter Carter, Dr John Griffin, Ms Naree Hancock, Dr Alasdair Arthur Mr Ged May

Grafton Base Hospital: Dr Allan Tyson and Ms Deb Monaghan

In Attendance:

Ms Lynne Weir, Acting Chief Executive,
Ms Jennifer Cleaver, Manager Chief Executive Office

Apologies:

Nil for this meeting

In Attendance part of meeting:

Ms Katharine Duffy, Director Nursing, Midwifery and Aboriginal Health
Ms Karen Bowen, Nurse Manager Clinical Practice

Declaration of Pecuniary and/or Conflicts of Interest

Nil

The Board viewed a short video of the Tweed Valley Hospital Fly through.

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 26 May 2021 as circulated were **ENDORSED** as a true and accurate copy with the following amendments Page 7 third dot point to read "Ms Katharine Duffy" and Page 12 last paragraph last sentence to read "inpatient wards was for cardiology, general medicine and general surgery."

Moved: Dr Allan Tyson

Seconded: Mr Mark Humphries

CARRIED

2.3.1(a) The Minutes of the Healthy North Coast and NNSW LHD Combined Board Meeting held on 27 April 2021 as circulated were **ENDORSED** as a true and accurate copy.

Moved: Mr Mark Humphries

Seconded: Dr John Griffin

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 that due to the current implementation of the vaccination roll-out, the COVID-19 Executive Action Plan will be submitted to a future meeting. This item can be removed from the Agenda until the Action Plan is available to be submitted to the Board.

2.3.2.2 Mr Ged May, Community Engagement 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.

The Board noted this will now be provided to a future Board meeting.

ACTION:

Following a survey of all Board members for their input concerning the Board Development Plan, Mr Ged May, Community Manager will provide the draft document to a future Board meeting for consideration.

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

Ms Weir referred to the information in the Brief and noted the LHD patient transport vehicles are well utilised. The Royal Flying Doctor Service (RFDS) has been engaged for six months commencing in April 2021 to provide higher level care including cardiac monitoring. During April and May this service has shown a net saving of \$65,269 in ambulance charges. This service will be evaluated, and a determination made as to whether the RFDS will continue in NNSWLHD.

An additional patient transport vehicle will be available in Clarence based in Maclean on Saturdays and Sundays during the winter months.

NNSWLHD is in consultation with NSW Ambulance to discuss the introduction of alternate models of care to determine where appropriate to prevent the transfer of patients to hospital with Hospital in the Home or Palliative Care Services providing care.

The Patient Flow and Virtual Care Hub is expected to be operational in the second quarter of 2022 financial year and will co-ordinate interfacility transfers which will enhance the clinical review and choice of transport.

Ms Weir advised that analysis is underway on the usage of Ambulance compared to patient transport vehicles and a paper will be provided to the Chief Executive with options for additional patient transport vehicles.

The Board Chair suggested the Chief Executive contact the Chief Executive HealthShare to gain support for the LHD in terms of providing funding for transport vehicles.

Mr Jones indicated there may be some industrial reaction around the proposal to increase the RFDS Service from one to two and to continue beyond the trial period.

The Board noted the information in the Brief.

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.

Mr Jones spoke to the information in the Brief and referred to the comparators of the different hospital role delineations and the explanation of why GBH is a peer group C1 facility.

Work will be undertaken by the Planning Unit to develop an Action Plan on where the LHD needs to develop for GBH to enhance relevant services based on clinical demand to more appropriately reflect progress to a B1 peer grouping.

The Board noted the information in the Brief.

2.3.2.5 Mr Jones to consult NNSW 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.

The Board noted the information in the Brief and acknowledged the work undertaken by Mr Tim Lawson, Legal Advisor.

2.3.2.6 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.

Ms Weir reported Mr Dan Madden, General Manager, GBH has undertaken work on presentations to GBH from the Clarence Correctional Centre including the number of inpatients prior to the Correctional Centre opening, length of stay, number of emergency department presentations and imaging undertaken. The data indicates that the activity is stable however a report on the total activity impact for GBH will be provided to the July 2021 Board Meeting.

Action: Mr Jones is to provide a brief total activity impact on Grafton Base Hospital from Clarence Correctional Centre to the 28 July 2021 Board Meeting.

2.3.2.7 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 support the NNSW LHD during COVID and the subsequent rollout of the vaccination program.

The Board noted a letter of appreciation was emailed to Ms Carmen Rechbauer, Chief Executive, HealthShare on the 7 June 2021.

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

The Board noted Ms Fiona Baker, Media Manager is progressing the drafting of a media Statement outlining the excellent results of NSW Health Public Health in the treatment of Hepatitis C.

2.3.3 Other Matters Arising from the Minutes

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- Mr Jones reported on a meeting with Mr Dominic Morgan, Chief Executive, Ambulance Service NSW (ASNSW) that Clarence Network patients experiencing stroke symptoms will be taken to Grafton Base Hospital (GBH) as there is a stroke service available at that facility. For trauma patients the LHD will work with local ASNSW to ensure they are aware of the trauma management capacity available in the GBH ED and surgical teams.
 - Ms Weir reported a meeting was held last week with The Tweed Hospital Urology Medical Officers and a further meeting is occurring on 2 July 2021 and noted one Urologist has tendered his resignation.
 - Mr Jones advised he would undertake discussions with relevant MOH staff around the potential for some NNSWLHD services to be included in a “border bubble” and he will keep the Board apprised of discussions as they occur.
 - The Board congratulated Mr Jones on his presentation at the NSW Inquiry on Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW on 17 June 2021 noting he provided professional and clear responses to the questions asked.

Mr Jones advised that Mr Tim Lawson, Legal Advisor, Ms Kathryn Watson, Associate Director Planning and Ms Lauren Hogarth, Planning Officer were instrumental in preparing him for the Enquiry.

3. Matters for Decision

3.1 Update on NNSW LHD Top 10 Risks

Mr Jones advised it is important for patient flow to be identified as a significant risk in the LHD meeting the expectations outlined in the Performance Framework when Emergency Treatment Performance and Transfers of Care targets are not being achieved. Discussions have taken place with TTH and LBH management around the pressures and impediments as to why the ETP is not being achieved. An Action Plan will be developed to identify and address ETP across the LHD.

Mr Jones indicated in relation to the Climate Sustainability Risk at State level, consideration is being given to establishing a Statewide Steering Committee to manage impacts of climate change on health and NNSWLHD has been identified as being members of that Committee as a result of the work undertaken by the LHD to-date.

In relation to Risk 5 it is proposed to undertake an end to end review of our recruitment processes by an external expert to determine where improvements can be made. Mr Peter Carter suggested that a copy of the NNSWLHD medical workforce framework and plan currently being drafted by Dr Tim Williams, Executive Director Medical Services would be of interest to the Board.

Mr Peter Carter noted Risk 2 COVID-19 Infections and asked when does an inter-hospital transfer become a statewide risk and not a local risk. Mr Jones responded that while COVID-19 and inter-hospital transfers are recognised as Statewide risks and included on statewide risk register; it does not abrogate the LHD responsibility to manage locally.

The Board agreed the recommendation to include a patient flow risk in the LHD Top 10 Strategic Risk Register and **ENDORSED** the NNSW LHD’s Top 10 Risk Strategic Risk Register.

Moved: Mr Mark Humphries
Seconded: Professor Susan Nancarrow
CARRIED

4. Chairman's Update

4.1 Chairman's Calendar

The Board noted the new Chairman's Calendar will be provided when available.

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 –
 - Meeting held with Dr Rob Davies, Director ED TTH to consider how to more immediately assist LHD EDs to manage patient flow issues and looking for opportunities to move to other facilities. Negotiations are currently underway with John Flynn and Gold Coast Private Hospitals to move some of the overnight surgery from TTH into the private sector for a period. Opportunities in the LHD are also being assessed to move patients from TTH to other LHD facilities.
 - Meetings with Drs Alison Winning and Sarah Coghill around how to ensure TVH is ready for current and future pandemics.
- Vaccination Update
 - Further vaccination clinics have been established at Tweed Heads Mall and Grafton Shopping Town.
 - Vaccination clinics extended to 7 days per week commencing 26 June 2021 in Lismore and Tweed and 6 days per week in Grafton.
 - Staff numbers returning for second AstraZenca dose remain positive.
 - Continuing with partnering with external agencies.
 - The Primary Health Network has advised that 100% of RACF's have been offered their first dose of vaccination and 100% second dose offered by mid-July 2021.
 - RACF workers continue to access vaccination through various channels including NSWLHD clinics.
 - AstraZeneca recommendation age now changed from 49 to 59 based on advice on 17 June 2021 from ATAGI (Australian Technical Advisory Group on Immunisation). LHD have amended the local vaccination program to reflect this change.
 - Looking at opportunities to do vaccination work in our facilities for discharged patients.
 - Recent announcement by Prime Minister on vaccination rollout following for under 40-year olds being able to access AstraZeneca. However, NSW Health advice is that we won't be vaccinating people under 60 with AstraZeneca unless extenuating circumstances and assurance of individuals being fully informed of risks.
 - Still need to continue to work hard to continue the vaccination rollout.

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- **Coronavirus –**
 - Lockdowns now in place in all States except South Australia and Tasmania
 - NSW Government has in place the requirement to complete a declaration to cross from Queensland to NSW.
 - No border zone rule for Queensland/NSW so all LHD staff are required to complete a declaration every day they cross the border.
 - Have had discussions with NSW Deputy Chief Health Officer who advised this will be reviewed and advise if this direction will change.
 - Currently all staff need to be risk assessed who have been in any of the areas of concern. Discussion held with ID Physicians on a matrix for this.
 - If staff have been in Queensland and returned to NSW, they will need to abide by lockdown rules in place in Queensland, the same if staff have been in Sydney locations.
 - Fit testing is progressing well and waiting for advice on staff who have beards and how this is to be managed for fit testing.

 - **NSWNMA/Health Services Union Industrial Action:** wage and condition claim put forward by the NSW NMA and HSU has been rejected by the NSW Government. Both Unions have commenced rolling industrial action across the State with impact on NNSW LHD sites including The Tweed Hospital, Lismore Base Hospital, Ballina Hospital Urbenville MPS, Maclean Hospital and Grafton Base Hospital.
 - **Grafton Base Hospital Steriliser –** the operational date for the mobile sterilisation unit was 24 June 2021. The unit will remain in place pending fit out of the new steriliser, batch washer and RO unit.
 - **Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW -** hearing was held in Lismore on 17 June 2021. Positive feedback from the senior members of MOH on how the NNSW LHD witnesses performed.
 - **Water Treatment Issues -**
 - Murwillumbah Hospital Maternity Unit is open with all water testing within acceptable range for the entire site.
 - Pottsville HealthOne – two sinks returned adverse testing results that have now been flushed and re-tested. These rooms are being utilised with alternate hand hygiene protocols in place. Latest testing results will be available before end of June. The remainder of the site is operational.
 - **Budget & Activity Performance –** NNSW LHD was forecasting an end of year result of \$1M surplus at the end of May 2021. This is now expected to be a neutral result for 2020/21.
 - NWAU performance is 1.3% ahead of target YTD.
 - Lot of activity with higher acuity across LHD especially larger facilities.
 - The 2021/22 Service Agreement has been received and the Director of Finance is analysing the content. It is planned to provide a presentation to the July 2021 Board Meeting.
 - The MOH will continue to fund some of the COVID-19 strategies such as Patient Experience Officers in ED at TTH, LBH and Ballina Hospital and have allocated \$80m across the State to continue a reduction in elective surgery.

5.1.2 Update on Strategic Issues

Strategic Priority: Integration Through Partnership:

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- Budget Boost for Mums and Bubs in the Bush
 - Getting fixed Tresillian centre at Grafton and 2U van at Tweed is an exciting opportunity for residents of NNSWLHD.

Strategic Priority: Effective Clinical and Corporate Accountability:

- Additional 100 Wellbeing Health In-Reach Nurses across NSW and NNSWLHD will receive funding for 6 WHIN positions.

Strategic Priority: Our Community Values Our Excellent Person-Centred Care:

- The Board noted the correspondence from Ms Hon Bronnie Taylor Minister for Mental Health, Regional Youth and Women noting the reduction in our seclusion and restraint rates.

5.1.3 Matters for Approval

Nil for this meeting

5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during May 2021, NNSW LHD did not meet the ETP target of 50% (admitted) with a result of 33.8%. The MOH has undertaken data analysis across the LHD to look at all aspects of ED and hospitals. The MOH will be presenting its report with additional strategies identified to the ELT shortly.
- Acuity in the larger hospitals has increased and we are now seeing more Categories 1,2 and 3 with Categories 4 and 5 dropping at TTH and LBH.
- Undertaking discussions with Brett Skinner to identify an appropriately skilled officer who will lead a Project Management Office model to be the central contact to progress and report on strategies and targets to meet our efficiency plans.
- Elective Surgery Access Performance during May 2021 was Category 1 100% against a target of 100%, Category 2 83% against a target of 97% and Category 3 was 87% against a target of 97%.
- Elective Surgery overdue numbers for May 2021 were Category 1 – 0, Category 2 –187, Category 3 – 199. We have a plan to do additional ENT procedures when the ENT Surgeon returns from leave at the end of July 2021. There will also be some urology cases over at LBH. Of the 200 joint replacements at LBH there are only 35 joint replacement surgeries that will be over at the end of July 2021 and some cases at GBH due to the steriliser issues. Some ophthalmology cases have gone to Bellingen and Coffs Harbour Day Surgery Unit. St Vincent's Hospital assisted with undertaking a lot of surgery cases for the LHD. When the 2021/22 budget is received funding will be available to reduce some of these surgeries.
- Triage – NNSW LHD met triage Category 1 target, Category 2, for May 2021 result was 85% with a target of 95% and Category 3, April 2021 result was 73% against a target of 85%.
- Transfer of Care target for May 2021 was 90% with a result of 82%.

5.1.5 Security, Risk and Compliance Update

- Nil for this meeting

5.1.6 Governance Update

- The Board noted the Quarterly Board Reports for July – September 2020 and

October – December 2020.

5.1.7 eHealth Update

- Nil for this meeting.

5.1.8 Capital Works/Planning Projects

- **Tweed Valley Hospital (TVH)** – Haulage Road. Advice from HI was noted as a sensitive local community issue.

- **Grafton Base Hospital** – Grafton Accommodation

The Clinical Services Plan is being progressed and discussions have been held with the MOH around bed numbers which were presented to a 29 June 2021 meeting.

The LHD has had the opportunity to lease some accommodation at the St Joseph site with 4-bedroom units and some of the graduate and agency nurses will be located at this accommodation.

Capital works will shortly commence on the current CSSD.

- **Ballina District Hospital (BDH)** – Consultation of the Clinical Services Plan for Ballina District Hospital continues.

5.1.9 Matters for Noting

5.1.10 Important Meetings/ Diary Commitments

- Nil for this meeting

5.1.11 Questions for the Chief Executive without Notice

- Mr Jones reported the Human Factors Program is progressing with Dr Charlotte Hall and Stuart James as the lead consultants.
- Dr Tyson advised the LHD is not paying for the leased GBH Steriliser that was made available while it is not working.
- Moving services and staff to accommodate the vaccination program rollout has been challenging. Nurses from the new graduate program have been made available and additional administration staff have had to be engaged to assist with the vaccination clinics and call centre. The vaccination rollout is the top priority for the LHD.
- The Board Chair expressed disappointment with the Secretary's response to concerns that had been raised on the availability of mental health assessments for children in schools.
- The Board Chair noted the Board Report and the excellent results by the LHD in timeliness and accessibility of services. Mr Jones noted the large piece of work that had been undertaken by Ms Weir in reducing the elective surgery numbers by the end of June 2021.
- The Board Chair noted the good results for NNSWLHD in the Board Report February 2021.
- Dr Arthur noted the LHD is starting to see an increase in nursing home patients in acute facilities waiting for nursing home placement. Mr Jones responded the ELT will need to consider how it will manage these situations going forward.

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- Staff performance reviews will now be part of the ELT Performance Agreements for 2021/22 to ensure that all relevant staff appraisals are completed and captured in Stafflink.
 - Mr Jones is to provide an update report on staff culture before December 2021.
 - Board Report February 2021 - Staff Performance management issues including HR performance, position description and HR inventory system that would feed into workforce planning as matter to be discussed at a future meeting.
 - Current border restrictions - noted people can leave home if they are attending an appointment to be vaccinated.
 - Health and wellbeing of staff due to COVID management requirements – is there a change in the annual leave approval process. Ms Weir advised this will be relooked at to allow relevant Managers to be able to approve relevant leave. Ms Weir also raised concern that staff are not going on leave due to the impact of COVID and staff are becoming fatigued or their holiday plans have changed with the COVID restrictions and they want to come back to work.
 - Pottsville HealthOne – the last water test result was negative and more every day flushing is being undertaken

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

Mr Jones referred to this meeting being the last meeting for Dr Pezzutti and Ms Monaghan as their time as Board Members has now been completed.

Mr Jones advised it has been a privilege working with Dr Pezzutti and noted the many achievements that have occurred during his term as Board Chair. The percentage of staff completing the YourSay survey has increased from 17% to 50% with a lot of work being undertaken on staff culture and positive work on clinician engagement, mental health funding and development of services and the increase in total LHD budget.

Mr Jones also noted that during her term on the Board, Ms Monaghan has evolved as a Board member. He noted that when Ms Monaghan speaks people listen as she has the respect of other Board members and raises matters from a clinician perspective and her passion around matters of Aboriginal Health. Ms Monaghan has been able to inform the Board of the importance of engaging with the Aboriginal community, aboriginal culture and has called the Board appropriately to task on a number of occasions.

Mr Jones thanked Ms Monaghan and Dr Pezzutti for their contribution and wished them well in future endeavours.

Mr Jones left the meeting.

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

5.2.1 Health Care Quality Committee (HCQC) – 8 June 2021.

Ms Byrne gave a brief overview of HCQC meeting Minutes of 8 June 2021.

Mr Byrne referred to the information provided in the Towards Zero Suicide in Care presentation by Dr Mim Weber.

An update had been received on the recent issues with the GBH steriliser.

The Terms of Reference for the Health Care Quality Committee were endorsed noting there are still vacancies to be filled for Medical Practitioners, Allied Health and Nursing and Midwifery positions and these are expected to take around three months to be finalised.

The LHD Risk Management Plan Progress Report and inclusion of patient flow in the LHD's Top Ten Risks was also discussed in line with Item 3.1 above.

Mr Peter Carter advised that he had raised the issue of poor-quality data around suicides at the HCQC meeting and the potential to consider whether better data can be accessed.

The Chair queried why all admissions are required to come through the ED and Ms Weir indicated that this is an area that is being considered by the LHD.

The Board noted the unconfirmed HCQC Minutes.

5.2.2 Finance and Performance Committee (F&PC) – 16 June 2021.

Mr Humphries gave an overview of the F&PC Minutes advising General Fund \$0.0M unfavourable (Gen \$0.85M favourable / COVID \$0.85 M unfavourable) forecast. The reported COVID unfavourability is expected to be fully funded with no material variance of end of financial year. Own source revenue at end May 2021 is reported \$0.9m unfavourable with a year-end forecast of \$6.35M unfavourable.

Mr Humphries referred to the reported forecast of \$1m if slippage recruitment challenges continue or there is a spike in activity and further budget adjustments may impact the end of year result. This is due to the MOH enhancements and the inability to recruit to the projects in the required period.

The potential for a \$24m unfavourability for 2021/22 was noted, equating to 3.5K NWAUs and advice will be sought from the Chief Executive and Director of Finance on the plan how this will be managed and it will be presented to the July 20201 Board meeting.

The Chair asked that budget loading occurs by August 2021 to enable Managers to plan their services for the coming year.

The Board Chair noted that funding was announced in the State budget for commissioning of new hospitals that are coming online that will cost more to operate.

The Board noted the unconfirmed Minutes.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 10 June 2021.

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

Temporary appointments were noted.

Ms Weir advised that work is continuing to establish a full interventional service at LBH.

The Board noted the unconfirmed MDAAC Minutes.

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

Mr Michael Carter provided a verbal update on the 2 June 2021 ARC Minutes.

The Committee received a presentation on cyber security and were reassured that it is part of the LHD's top ten risks.

The Committee discussed the requirement for developing an appetite risk statement and Mr David Hutton, Director of Clinical Governance is to review this and submit it to a future ARC for consideration.

Mr Peter Carter queried what was included in a dependency report and what support is provided to staff who have these issues and is this creating an environment of liability and risk for the LHD? Ms Weir responded that advice is offered particularly for medical staff from the Council with strict parameters in place including a risk matrix that the LHD must adhere to prior to staff being reengaged.

The Board requested it receive an update on LHD Security Management.

Ms Weir reported on work being undertaken on auditing of Medicare billing practices by Dr Tim Williams, Executive Director Medical Services and Mr Tim Lawson, Legal Advisor. The Board requested it receive an update on the current status of this work at the July 2021 Board Meeting.

Action: Mr Jones is to provide an update Brief on LHD Security Management for the 28 July 2021 Board Meeting.

Mr Jones is to provide an update Brief on the work being undertaken on Medicare Billing Practices to the 28 July 2021 Board Meeting

The Board noted the unconfirmed ARC minutes.

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 22 June 2021.

The Board noted the 22 June 2021 CPCEC meeting Minutes will be submitted to the 28 July 2021 Board meeting.

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

Mr May provided an overview of the recent CPAC Meeting Minutes of 7 June 2021.

The Chair noted good results from patients in our EDs.

The Board noted the unconfirmed CPAC minutes.

5.2.7 Research and Innovation Committee (RIC) – 4 August 2021.

The Board noted the next RIC meeting will be held 4 August 2021.

The Board Chair thanked the Chairs of all of NNSWLHD Committees on the work they have undertaken over many years.

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

Nil for this meeting

6.1 Major correspondence

Nil major correspondence

6.2 NNSW LHD Seal

There were no items requiring the NNSWLHD 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 Quarterly Consumer Feedback Report for NNSWLHD for Quarter 3 Report 2021.

6.5 Business Without Notice

- Ms Weir advised the Board that Dr David Hutton, Director Clinical Governance is proceeding on leave in August and will then retire. Recruitment to the Director Clinical Governance position has commenced.
- Due to the recent COVID-19 outbreak in NSW, the Tweed Byron Accreditation has been postponed from 12 July 2021 to a date to be advised.
- Dr Allan Tyson presented a Certificate to Ms Deb Monaghan on behalf of the Board noting and thanking her for guidance and support during her term on the Board.
- Mr Mark Humphries, Deputy Chair spoke on behalf of the Board and thanked Dr Pezzutti for his years of service on the NNSWLHD Board. Mr Humphries noted the many changes and improvements to LHD services that have occurred during this time due to the support and advocacy by Dr Pezzutti.

7. Meeting Finalisation

Mr Michael Carter provided a critique of meeting.

Mr Humphries also noted the informative presentations on the Tweed Valley Hospital fly through and the Nursing and Midwifery Excellence Program and Challenges and Opportunities.

7.1 Next Meeting

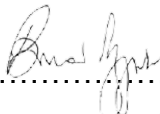
28 July 2021

Murwillumbah District Hospital, Ewing Street, Murwillumbah

7.2 Meeting closed

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

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

Signed 

Date 26/07/21

Dr Brian Pezzutti
Chair
Northern NSW Local Health District Board

1.10pm – 1.50pm Presentation by Ms Katharine Duffy Director Nursing, Midwifery and Aboriginal Health and Ms Karin Bowen, Nurse Manager Clinical Practice

Ms Karen Bowen presented on the Northern NSW Local Health District Nursing and Midwifery Excellence. The program was developed in Sydney Local Health District. It is an aspirational, peer review assessment program with the intention of recognising, encouraging, facilitating and rewarding learning, practice development and innovation in all aspects of nursing and midwifery practice. It provides an opportunity for nurses and midwives to reflect on their practice and how to improve and identify gaps.

The aim of the Programme is to assist in the collation of informed findings about the professional practice of Nursing and Midwifery with the goals of identifying ways to continually deliver outstanding patient care outcomes and exceptional levels of experiences of care by patients, families and staff.

The program promotes synergies with National standards, patient and staff level data, Practice Development initiatives, person centred care, education and research. It provides a transparent analysis of each clinical unit, identifies excellence and creates opportunities to support clinical areas that are yet able to meet the agreed standards and criteria.

It is expected that the program will significantly increase the reliability and safety of Nursing and Midwifery practice across NNSWLHD by establishing common approaches to evaluation, benchmarking, mutual support, sharing of information and ensuring use of best practice and knowledge translation.

There are six elements: leadership and governance, staff and patient safety, person centred care, research, PD/quality improvement integration of information and technology and Nursing and Midwifery processes and three domains clinical practice, workforce and development and the care environment. The program methodology is complex and is conducted by trained assessors employed by NNSWLHD.

A rewarding part of the program is the work undertaken with consumers to identify the criteria and how to talk and engage with patients, families and community about why this program is important and how it engages them in the process.

The Programme has four levels of achievements, bronze, silver, gold and platinum. Each one of the levels identifies that a clinical unit is working to a standard that can be built on with each level. A decision was made to assess all the LHD clinical units at a bronze level as it was important to make sure that everyone was at a certain level to commence with a solid foundation. Around 59 units

have been assessed and 23 Senior Nursing and Midwifery staff have been trained and utilised to assess the units and 13 units or 22% have achieved a bronze level.

As a result of the assessments, the main areas identified for improvement across the LHD are medication management, communication and documentation and infection prevention and control. Work is underway to address these gaps. New Nursing and Midwifery Governance processes have been developed including relevant Advisory and Policy and Practice Committees and a team-based model of care, research and a NUM and MUM Leadership Academy.

The Board indicated that they were encouraged with the rollout of the Program and noted that the excellent outcomes achieved with the introduction of the program. This will engage staff to become more efficient and stop duplication of processes and to transport to a more sophisticated practice. The Board was also encouraged with community engagement being part of the program.

The Board was advised that Ms Cathy Baker, former Chief Nurse has reviewed and validated the program. The program has been cross referenced with criteria in the National Standards which will assist in meeting accreditation requirements in the future. The Program also meets some of the LHD Strategic Framework as well as linking in the Nursing and Midwifery Priorities and Action Plan.

Ms Duffy advised that planning is underway for clinical units that achieve these levels to be recognised with a small event and plaque and asked the Board to consider having these presented at a future LHD AGM to publicly recognise the nursing staff efforts and achievements.

Ms Duffy then provided an overview on the LHD Nursing and Midwifery workforce noting there are currently 2,143 FTE Registered Nurses, 144 FTE Registered Midwives, 266 FTE Enrolled Nurses and 67 FTE Assistants in Nursing. The average age of the LHD nursing workforce is 36.8 years and the turnover of 13.2% in 2020/21.

Some of the Nursing and Midwifery challenges include the ageing and retiring workforce, LHD geography, cross border issues, recruitment delays, impact of COVID, accommodation, market competition, staff choosing work-life balance needing to be accommodated and some of our remote locations pose challenges in engaging staff to these facilities

Opportunities for nursing staff include increasing transition to practice nurses and midwives, enrolled nurses and assistants in nursing; how we market our services and recruit to positions, expanding permanent and casual pools, centralising casual pool management and creating regional and rural partnership opportunities.

Work is needed around retention including how to develop speciality practice pathways that support career development and to align these to promotional positions; increasing scholarship opportunities, as an organisation understanding how we are meeting the expectations of our staff, recognition and celebration and wellness and supporting our staff in self-care.

Ms Weir advised that to assist in managing nursing casual pool issues, especially around school holidays, the LHD is permanently recruiting to some of the maternity vacancies, which should assist and is looking at the number of people in the permanent pools to increase numbers where appropriate.

Ms Duffy will consider developing a questionnaire to nursing staff on when they intend to retire to enable better recruitment contingency planning.

The Board requested the Chief Executive to provide an update on the general NNSWLHD Workforce Strategy to a future Board Meeting in 2021.

The Board thanked Ms Duffy and Ms Bowen for an interesting and informative presentation.

Action: Mr Jones is to provide an update on the general NNSWLHD Workforce Strategy to a future Board meeting.