

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, Dr Alasdair Arthur, Mr Peter Carter, Mr Michael Carter, Dr Allan Tyson, Ms Deb Monaghan, Mr Pat Grier, Professor Susan Nancarrow, Dr John Moran, Ms Naree Hancock

Via Skype/Teleconference:

Dr John Griffin
Mr Ged May, Community Engagement Manager

In Attendance:

Mr Wayne Jones, Chief Executive,
Ms Jennifer Cleaver, Manager Chief Executive Office
Ms Kate Greenwood, Board Secretariat

In Attendance part of meeting:

Dr Chris Ingall, Chair, Clinical Heads of Department, Lismore Base Hospital
Dr Shane Prodger, Chair, Medical Staff Council, Lismore Base Hospital

Apologies:

Nil

Declaration of Pecuniary and/or Conflicts of Interest

The following annual conflicts of interest were declared:

- Mr Michael Carter: CFO and Company Secretary at Social Futures
- Mr Mark Humphries: Regional Advisory Committee on Westpac Rescue Helicopter Service, TAFE NSW, Sourdough Business Practices and Board Member of Cudgen Life Surfing Inc.
- Mr Pat Grier: Board Chair of Social Futures
- Professor Susan Nancarrow: NED of ASPIREALIFE
- Ms Carolyn Byrne: Partner is employed by NNSW LHD.
- Ms Naree Hancock: Ceased Board membership with NCPHN on 08/12/2020 and ceased employment with UCRH 31/12/2020.
- Dr John Moran: Current Board member of NCPHN and Senior Practitioner at King Street Medical Centre Murwillumbah

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 25 November 2020 as circulated were **ENDORSED** as a true and accurate copy with the following amendments:

- a) Header to now read "*.....Wednesday 25 November 2020...*"
- b) Page 8 paragraph 7 to now read "*.....approximately 12 900, with 220 in Juvenile...*"

c) Page 1 remove "Ms Hancock joined the meeting at 11.13am".

Moved: Ms Naree Hancock

Seconded: Ms Carolyn Byrne

CARRIED

2.3.1(a) The Minutes of the 2020 Annual General Meeting held on 1 December 2020 as circulated were **ENDORSED** as a true and accurate copy.

Moved: Mr Mark Humphries

Seconded: Dr John Moran

CARRIED

The Board agreed holding the AGM as a zoom meeting was a very successful with staff and community feedback indicating this could be a preferred option for future AGMs.

2.3.2 Business Arising from the Minutes:

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

The Board noted this will be provided to the 24 February 2021 Board meeting.

ACTION:

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

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

The Board noted this be provided to the 24 February 2021 Board meeting.

ACTION:

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

2.3.2.3 The Climate and Sustainability Working Group and Mr Matt Long, Director of Corporate Services are to explore the opportunity to meet with The Hon Matt Keen MP, Minister for Energy and Environment to discuss the initiatives regarding climate sustainability measures for the Tweed Valley Hospital.

The Board noted Mr Peter Carter is in the process of moving forward with this and progress updates will continue to be provided to be Board.

2.3.2.4 Invitations are to be extended to the Executive teams of Grafton, Lismore and Tweed Hospitals to present to the Board on their recent achievements and expected challenges during 2021.

The Board noted these presentations will be scheduled as the year progresses and the Board meets at these sites across the LHD.

2.3.3 Other Matters Arising from the Minutes

2.3.1 Following a query as to the conciseness of the Board Minutes, the Board agreed with the amount of content in the minutes. Mr Jones advised that he is having ongoing communication with Mr Gary Forest, Chief Executive, Justice Health and Forensic Mental Health Network regarding the Grafton Correctional Centre.

5.1.11 Discussion ensued around variations of length of stay for joint replacements across the LHD. Mr Jones advised that the LHD is reviewing variation in practice such as this example as part of the Value Based Care and Choosing Wisely programs.

The Chair suggested the new Research and Innovation Committee could also undertake a review of the process on variations on average length of stays.

Mr Jones advised the LHD has been requested to present at a state webinar in February on our value-based care program. This presentation will include the NSW LHD Hip & Knee Clinic and the impact on bed days. Mr Jones indicated that he will provide the papers for information in his February CE report.

3. Matters for Decision

3.1 Board sub-committee representative 2021

Following a meeting between the Chair and the Deputy Chair, the Board agreed to the Sub-committee representation for 2021 with the following changes:

- **Finance and Performance Committee**
Mr Mark Humphries, Dr John Moran and Professor Susan Nancarrow
- **Health Care Quality Committee**
Ms Carolyn Byrne (Chair), Mr Peter Carter, Dr Alasdair Arthur, Dr Allan Tyson
(Dr Alasdair Arthur and Dr Allan Tyson advised they will attend the Health Care Quality Committee monthly meeting as their clinical commitments permit.)
- **Research and Innovation Committee**
Mr Peter Carter (Chair), Professor Susan Nancarrow, Mr Pat Grier
- **Medical and Dental Appointments Advisory Committee**
Dr Alasdair Arthur (Chair), (Allan Tyson) Michael Carter
(Dr Alasdair Arthur will Chair the Medical and Dental Appointments Advisory Committee with Dr Allan Tyson providing advice and support as required)
- **Audit and Risk Committee**
Michael Carter (member) Naree Hancock (Observer) Dr John Griffin (Observer)
- **Clinical Planning and Clinician Engagement Committee**
Dr Brian Pezzutti (Chair) Ms Deb Monaghan, Dr Alasdair Arthur
(Mr Michael Carter to become a member of Clinical Planning and Clinician Engagement Committee commencing July 2021 following Ms Deb Monaghan's term as a NSW LHD Board Member being completed.)
- **Community Partnership Advisory Council**
Dr John Griffin, Mr Peter Carter, Ms Naree Hancock, Mr Pat Grier

3.2 Letter from Elizabeth Koff re: 2021 Board refresh

A brief discussion took place concerning the Board refresh. Mr Jones referred to the By-Laws and advised that he would clarify the required process following review of the By-Laws.

A suggestion was made to conduct a NOUS Governance session for new members of the LHD Board who commence in July 2021.

Mr Jones noted that in relation to Board Chair succession planning, current Chairs can provide advice, however, the decision rests with the Minister for Health and Medical Research. It was noted with the June departure of Ms Monaghan, a new Aboriginal Health representative will also need to be appointed.

3.3 Research and Innovation Committee - Terms of Research

General discussion followed around the Terms of Reference, with Mr Peter Carter noting the possibility of the Terms of Reference evolving over time due this being a new Committee. The Board noted the importance of innovation and the correct pathways for new ideas to be raised.

Mr Peter Carter requested an amendment to Objective number 5 and advised the committee will not be undertaking projects but overseeing them. Mr Carter also indicated there were some minor grammatical errors, that he would address these directly with Dr David Hutton, Director Clinical Governance.

The Board **ENDORSED** the current Terms of Reference for a period of 12 months with the above mentioned amendments. Mr Jones indicated that if further amendments need to be made to the TOR before the annual review, these can occur through the Committee.

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
 - Follow-up meeting held with Dr Melissa Goldberg, Director Anaesthetics LBH, Dr David Townend, Director of Surgery LBH and LBH Executive to finalise the surgery plan.
 - Brief update on the recent passing of Dr David McMaster and the undertaking of the LHD in response to support TTH clinicians and staff.
- Coronavirus Update
 - Queensland / NSW Border
 - Sewage Surveillance
 - Staff/Community Communication
 - Budget Performance – significant change in the projected end of year result with a general budget overrun expected to be approximately \$8M (excluding COVID).

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- Parking update around hospital precincts
 - Vaccination update and the logistical requirements in the rollout

5.1.2 Update on Strategic Issues

- **Strategic Priority: Our Community Values Our Excellent Person-Centred Care**
The Board noted the Evaluation of the Community Engagement Framework 2020

5.1.3 Matters for Approval

Nil for this meeting

5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during December 2020, NNSW LHD did not meet the ETP target of 50% (admitted) with a result of 37.4%.
- Elective Surgery overdue numbers for December 2020 were Category 1 – 0, Category 2 – 156, Category 3 - 249.
- Triage – NNSW LHD met triage Category 1 target, Category 2 for December 2020 result was 83% with a target of 95% and Category 3 December 2020 result was 75% against a target of 85%.
- Transfer of Care target for December 2020 was 90% with a result of 87%.

5.1.5 Security, Risk and Compliance Update

- Nil for this meeting

5.1.6 Governance Update

- The 2020-2021 NNSW LHD Service Agreement has been signed.
- NNSW LHD Strategic Risks – MOH no longer requires quarterly reporting of the NNSW LHD Top 10 Risks with new system-wide changes to risk reporting during the year. A brief discussion around Finance being the number one risk took place, with Mr Humphries advising that Mr Brett Skinner, Director Finance continues to monitor this risk.

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

- The Board noted the Governance Workshop Summary November 2020.

5.1.7 eHealth Update

- Significant IT remediation works completed at TTH resulting in 90% of the equipment now updated to new equipment to improve staff experience with better speed and improved responsiveness. The remaining 10% will be completed early in the New Year.
- The Clinical Information Systems Unit has commenced work on the Enhancing the EMR project to ensure the LHD meets its deadlines.
- The new Medical Imaging Systems Projects have commenced with site visits collecting current workflow data and discussing high level project deadlines.

Responding to a query regarding eHealth, Mr Jones indicated he will request Mr Matt Long, to provide an eHealth update to the Board.

ACTION:

Mr Jones to ask Mathew Long, Director Corporate Service to provide a presentation on the current eHealth strategic direction, noting major challenges and achievements to the 24 February 2021 Board meeting.

5.1.8 Capital Works/Planning Projects

- **Tweed Valley Hospital (TVH)** – second sod turning occurred at TVH on 19 January 2021 with The Hon Gladys Berejiklian MP, Premier of NSW and The Hon Brad Hazzard MP, Minister for Health and Medical Research. Mr Jones advised site tours of the TVH will be organised over the next few months for those Board and Executive members who may be interested in viewing the progress being made on site.
- **Clinical Service Planning** - has commenced at GBH and Ballina District Hospital with completion due June 2021.
- **Lismore Base Hospital** – next stage of LBH redevelopment is due to commence on 1 February 2021 which incorporates the refurbishment of two wards, outpatient clinics, an auditorium and a refurbished front entrance.
- **The Buttery** – update on NSW Government grant to fund new pilot program for veterans and emergency workers who experience PTSD and substance abuse. NNSW LHD has administered a one-off funding grant of \$300 000 at the request of the Department of Communities and Justice as part of this new pilot program.

5.1.9 Matters for Noting

- Letter of thanks received from Mr Puplick, Chair Justice Health and Forensic Mental Health Network in appreciation of attendance to 25 November 2020 Board meeting.
- Winners of the 3rd round of Big Ideas were announced on 3 December 2020.
- Jodie's Inspiration – a Lismore based charity recently donated \$80 000 to the LHD to help cancer patients have a better experience through their treatment. The funds have helped purchase additional medical equipment, furnishings and artwork for multiple sites across the LHD.

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

- Dr Moran raised concern around the recent announcement regarding the decision for Medicare consultation fee to be processed for patients receiving the COVID-19 vaccine in GP clinics. General discussion followed around the logistical and financial implications of the vaccination program.
- A lengthy discussion followed concerning the resources available to staff and senior clinicians who may require assistance around mental health. Mr Jones spoke of the importance of the Employee Assistance Program and the recent decision to continue to provide this service to staff for a period of time once ceasing employment with the LHD. Mr Jones spoke on the drafting of a document outlining the "Rules of Engagement" that will apply to all staff, clinicians and management. This draft is being produced in consultation with key Clinician and Management groups.
- Responding to a query regarding mental health first aide, Mr Jones advised he will provide data on LHD staff who have undertaken this training in an upcoming Board meeting.

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- Mr Jones advised he will follow up on any further information received regarding the sale of land to developers around the Byron Central Hospital and report back in the 24 February 2021 CE report.
 - The Emergency Department Concierge service is progressing well across the LHD with positive feedback received.
 - Mr Jones responded to a query regarding scanning of anaesthetic records and reminded the Board the LHD is moving towards single scanning of the anaesthetic record. Mr Jones advised he will provide a date on the commencement of single scanning of anaesthetic records in the 24 February 2021 CE report.
 - Responding to a query, Mr Jones advised he will follow-up with Mr Ged May, Community Engagement Manager regarding the progression of a NSW LHD Board Development Plan.

ACTION:

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

- Mr Jones responded to a query regarding patient transport services advising it is organised from Port Macquarie under the current Hosted and Held Agreement with Mid North Coast Local Health District. The LHD is moving towards developing it's own Patient Flow Unit which will be based at TTH.
- A brief discussion followed on the NOUS Group Board Governance Workshop Summary. The Chair indicated that several of the priorities have been achieved or established with Mr Jones advising that work is still underway to implement the other priorities moving forward. Mr Jones indicated the priorities will be reviewed as part of the NSW LHD Board Development Plan and time will be set aside at a future Board meeting to review them.

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) – 8 December 2020.

Ms Byrne gave a verbal update of the minutes noting the significant change to the agenda with the view of streamlining the meeting where possible. Ms Byrne advised the membership of the Committee will be reviewed in the near future to ensure adequate representation of clinical staff.

The 2020 Big Ideas was a great success and Ms Byrne provided a brief overview of the 2020 winner.

MPSs delivering acute and sub-acute health services must be accredited to the National Safety and Quality Health Service (NSQHS) Standards.

Responding to a query, Ms Byrne advised the reporting of RCA recommendations to the HCQC will still be monthly.

The Board noted the unconfirmed HCQRC Minutes.

**5.2.2 Finance and Performance Committee (F&PC) – 2 page report for December 2020.
No meeting for December 2020.**

Mr Humphries gave an update on the two-page Finance report with general funds YTD \$3.9M unfavourable up until the end of December 2020. The forecast has been amended to \$8M unfavourable. Weighted Activity is returning to normal levels and therefore driving higher costs. In addition, the LHD had significant additional medical locum costs in December during the holiday period.

The Chair suggested there may be opportunities for the Healthcare and Sustainability Committee to identify solutions to improving some expenditure costs, such as savings in electricity costs.

A discussion followed around the work underway by Dr Tim Williams on the Medical Workforce Plan and the restructure of the medical administration services. It is expected these are areas that will produce savings over an extended period of time. Dr Moran noted the importance of encouraging young doctors to apply for ongoing pathway positions within the LHD so to complete their full training across the LHD footprint. Mr Jones advised this process is currently being piloted at two locations across the State.

The Board noted the unconfirmed F&PC 2 page report for December 2020.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 10 December 2020

Dr Tyson gave a verbal update of the MDAAC minutes noting the recent appointments and resignations across the LHD.

Several Staff Specialist Geriatricians have been appointed across the District.

Dr Ben Jones was recently appointed as VMO Anaesthetist Lismore after relocating from private practice in Victoria.

The Board noted the resignation of Dr Stephen White VMO General Surgeon TTH. A letter of appreciation is being drafted for Board Chair's signature by Dr Grant Rogers, DMS TTH.

The Board noted the excellent work undertaken by Dr Allan Tyson as the Chair of MDAAC.

The Board noted the unconfirmed MDAAC Minutes.

5.2.4 Audit and Risk Committee (ARC) – 2 December 2020.

The Board noted the ARC minutes.

Responding to a query regarding the overdue audit recommendation figures, Mr Jones advised this is the response from the quarter and COVID has affected these figures. The LHD Executive have been asked to re-prioritise these overdue recommendations.

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 17 November 2020.

Dr Pezzutti gave a verbal update on the CPCEC minutes. He referred to the well-received presentation from Ms Kathryn Watson, Associate Director Planning on the development of a Clinician Engagement Strategy.

The Board noted the CPCEC minutes.

5.2.6 Community Partnership Advisory Council (CPAC) – 7 December 2020.

Mr May spoke briefly on the CPAC minutes, also advising of the great presentation by Ms Kathryn Watson who will be engaging with CPAC on a regular basis moving forward.

The evaluation of the Community Engagement Framework provided some positive feedback as well as some opportunities for improvement moving forward.

Mr May advised he will meet with Ms Fiona Baker, Media Manager and Mr Pat Grier to follow up on possible strategies on how to implement the feedback in the evaluation on the Community Engagement Framework.

The Board noted the CPAC minutes.

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

Nil matters for noting

6.1 Major correspondence

Nil major correspondence

6.2 NNSW LHD Seal

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

6.3 Updated Board Calendar

The Board noted the updated Board Calendar.

6.4 Other matters for noting

6.4.1 Quarterly Patient Feedback Report

The Board noted the excellent work of Clinical Governance in preparing this report.

6.4.2 Ministerial Complaints update

The Board noted the information in the Ministerial Complaints update.

6.4.3 Update on Leading Borderline Personality Disorder Treatment Program.

The Board noted the excellent work undertaken to implement the program and noted the information in the brief.

6.5 Business without notice

- The Board noted the NCPHN Combined Board meeting will be held virtually on Tuesday 27 April 4pm – 5.30pm and Wednesday 29 September 2021 2pm – 4pm.
- The Board noted the Board Members Conference will be held on Monday 15 March 2021 with location to be advised.

The above dates will be reflected in next month's Board calendar.

7. Meeting Finalisation

7.1 Next Meeting

24 February 2021

Murwillumbah District Hospital
Murwillumbah

Ms Hancock gave a critique of the meeting.

7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 1.00pm

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

Signed



Date 24/2/21

Dr Brian Pezzutti
Chair
Northern NSW Local Health District Board

9.15am – 10.15am Discussion with Dr Chris Ingall, Chair, Clinical Head of Department and Dr Shane Prodger, Medical Staff Council, Lismore Base Hospital

The Board welcomed and introduced themselves to Drs Ingall and Prodger.

Dr Ingall thanked the Board for the opportunity to attend the meeting advising they were representing the doctors groups of the LBH. Dr Ingall spoke of the excellent engagement between the doctors, the LHD Executive and local politicians to achieve a maximum build at LBH to help ensure future-proofing service provision.

Dr Ingall spoke on the opportunity to ensure more transparency of process in relation to delegation of governance when seeking approval or discussion around particular decision-making processes. Mr Jones advised the current process is being reviewed with the goal of developing a transparent, simple and efficient process for all stakeholders. The Medical Staff Councils will be engaged in this development.

Dr Prodger raised the concerns and challenges around the new radiology contract, in particular the lack of out-of-hours interventional radiology. Mr Jones spoke of the current on-call interventional radiologist but acknowledged the importance of a long-term, sustainable practice. Mr Jones agreed to progress this matter and provide further advice back to the Board and MSC.

Mr Jones advised he will provide an update and further discussion on this service provision directly to the LBH Medical Staff Council and report back to the 24 February 2021 Board meeting.

ACTION:

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

Responding to a query around the culture at LBH, Dr Ingall indicated that he felt the culture was generally very positive toward the delivery of quality care at all points. Dr Prodger added that he feels morale is positive especially around clinician engagement.

Mr Jones indicated he would be very interested in working with the LBH MSC on a doctor-led Hospital In The Home program (HITH). Discussion followed around the importance of acuity, trend and the 'buy-in' of the clinicians. Dr Tyson spoke briefly on the success of the HITH program in the Grafton community.

Responding to a query from the MSC, Mr Jones advised he is meeting with the General Managers and Emergency Department Managers of LBH and TTH to discuss the provision of a social worker in Emergency Departments.

A lengthy discussion followed on the efficiency of telehealth in a fracture clinic setting with up to 70% of return visits being monitored this way. Dr Moran indicated the need for more involvement in follow up visits with GP's to help relieve the backlog on the fracture clinic. Mr Jones spoke of the importance of referring back to the GP, when possible, for all out-patient clinics.

ACTION:

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

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