

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, Mr Pat Grier, Professor Susan Nancarrow, Dr Alasdair Arthur, Dr John Griffin, Ms Deb Monaghan

**Via Skype/Teleconference:**

Ms Naree Hancock

**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

**In Attendance part of meeting:**

Mr Matt Long, Director Corporate Services

**Apologies:**

Dr John Moran

**Declaration of Pecuniary and/or Conflicts of Interest**

There were no new declarations of pecuniary or conflicts of interest.

**2.3 Previous Minutes:**

**2.3.1** The Minutes of the Board Meeting held on 31 March 2021 as circulated were **ENDORSED** as a true and accurate copy.

**Moved:** Mr Mark Humphries

**Seconded:** Dr Alasdair Arthur

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

Mr Long provided a presentation that included an overview of the work underway with eHealth including an outline of strategic directions and risks, noting major challenges and achievements including the management of COVID vaccinations across the LHD.

The COVID response required Corporate Services to usher in technology around testing clinics, working from home, telehealth expansion, patient-carer conferencing and the roll-out of vaccination clinics. Testing clinics require a process of ensuring test results are back to patients as easy and efficiently as possible. Mr Long spoke on the challenges involved with setting up the Byron Bay pop up testing clinic with 24 - 48 hours' notice.

Patient care conferencing was quite a challenge in ensuring aged care residents at our MPS sites could stay connected with loved ones during strict visitor restrictions during COVID. The LHD introduced iPads across the Residential Aged Care Facilities for Zoom and FaceTime to help keep families connected. Telehealth clinics were set up to help community members access Telehealth clinics, including some specialists in Queensland.

Vaccination roll out clinics saw the challenges of managing the cold-chain and vaccine stock, recording pre-assessments and consent of clients, sending the record to the Australian Immunisation Register and sending the record of the vaccination to VaxTracker for any adverse event monitoring.

Mr Long spoke on the strategic risks including hybrid records, cyber security and RIS-PACS (Radiology Information System Picture Archiving Communication System) The importance for all NSW Health electronic systems needing to span the entire patient journey and not just a small part of their care was discussed.

An overview was provided on strategies to enhance and consolidate the eMR including new radiology information systems, scanning of records into the eMR and single digital patient records.

MyVirtualCare is a virtual outpatient clinic using technology to monitor observations. Patient monitoring will be focused around chronic care patients with Ms Vicki Rose, Director Integrated Car and Allied Health Services taking the lead with this piece of work.

Discussion followed around updating compatible patches as part of our strategic policy and Mr Long advised that applying patches wherever possible is part of the policy. Mr Long will confirm the details around this and report back via the Chief Executive for his report in May 2021.

A query was raised on the possibility of individual patients having a separate QR code for continuity of care to eliminate the possibility of human error in transfer of data. Mr Long advised, that while it would be a welcomed idea across the LHD, it was not an option at the moment with current budget constraints.

Mr Long commended the excellent work of his team who have performed well while

---

working under considerable pressure the last 12 months.

The Board thanked Mr Long for his presentation and acknowledged him and his team in their dedicated efforts in implementing new technologies across the LHD especially as part of the COVID response.

**2.3.2.3 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 be provided to the 26 May 2021 Board meeting.

**ACTION:**

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

**2.3.2.4 Mr Jones is to draft a letter for the Board Chair's signature to Ms Elizabeth Koff, Secretary NSW Health asking that she make representation to her counterpart at the Department of Education on the important issue of early intervention for school children requiring a mental health assessment.**

The Board noted a letter from the Board Chair was emailed to the Secretary's office on 6 April 2021.

**2.3.2.5 Mr Jones to follow up on the difference between surgical separations and surgical attendances and report back to the 28 April 2021 Board meeting.**

Refer CE Report Item 5.1.5

**2.3.2.6 Mr Jones to provide a brief on the cost and details on scope of work to be undertaken by the Climate Sustainability Officer to the 28 April 2021 Board meeting.**

Mr Peter Carter spoke to the brief advising that he acknowledges the excellent contributions by the Executive Leadership Team (ELT) and appreciates the suggestions provided in the brief from ELT and he understands the allocation of limited resources can be difficult when determining competing priorities.

Mr Carter suggested that the consequences of proceeding as the ELT suggested would leave important areas of climate change unaddressed. The first part of the NNSW LHD Board's statement of commitment on Climate Sustainability and Healthcare is the need to understand the impacts of climate change on the health of the population and this will not be done, should the ELT approach, as outlined in the brief, be adopted.

Mr Carter continued advising that reliably anticipated downstream recurrent cost savings of some \$2M are anticipated from climate measures that could be taken now. It is reasonable and not unusual practice, for organisations to invest upfront in important related programs in anticipation of future such cost savings.

General discussion followed on the opportunities of collaborative research projects with Universities and other stakeholders on the impact of climate change on healthcare to

---

gather baseline data.

Consideration of the long-term benefits of the new appointment and the possibility of ensuring the community is aware of the position and the lead that NNSW LHD is taking in this regard was considered to be an important aspect of any work undertaken by the LHD in relation to climate sustainability.

Mr Jones acknowledged that while the ELT and the Board have a different approach to this matter, it is vitally important and is grateful that these robust discussions can occur. At present, budget constraints make it difficult to progress all the actions on the Action Plan and therefore, an alternative pathway has been progressed through to the Board for consideration.

The Board discussed potential alternative pathways that were outlined in the Brief.

A **Motion** put forward that the Board considered the alternatives proposed by the ELT and following a discussion, requested the strategic NNSW LHD Climate Sustainability Action Plan be delivered in full.

Proposed: Alan Tyson  
Seconded: Peter Carter  
CARRIED

**2.3.2.7 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 26 May 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 26 May 2021 Board meeting.**

**2.3.2.8 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 26 May 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.**

**2.3.2.9 Mr Jones is to draft a formal response on the issues raised by Dr White, Dr Davies and Dr Martin on behalf of the GBH MSC and report back to the Board on the actions undertaken to the 28 April 2021 Board meeting.**

The Board noted a formal letter of response was emailed on 23 April 2021.

### 2.3.3 Other Matters Arising from the Minutes

- Mr Jones gave an update on the steriliser situation at Grafton Base Hospital theatres advising the process for a replacement steriliser is underway. The anticipated arrival date will be some time after the 9 May 2021 with the view to it being functional by end of May or early June 2021.
- A lengthy discussion followed around the concerns of delays with Ambulance response times across the state. NSW Ambulance has particular procedures around designated trauma facilities and often lengthy delays can ensue during busy periods.
- Dr Tyson asked that with GBH now being a satellite in the NSW Stroke Service that ASNSW would need to amend the current bypass criteria to ensure GBH was a site where patients with queried strokes could be transported for management.

#### **ACTION:**

**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.**

### 3. Matters for Decision

Nil for this meeting

### 4. Chairman's Update

#### 4.1 Chairman's Calendar

The Board noted the Chairman's Calendar.

### 5. Matters for Discussion

#### 5.1 Chief Executive's Report

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

##### 5.1.1 Current and Significant Issues

- Clinician Engagement
- Coronavirus Update
  - Vaccination – 8 April 2021, concerns were raised over reported blood clotting risks associated with AstraZeneca vaccines. The Australian Technical Advisory Group on Immunisation (ATAGI) amended the vaccination roll out advice to suspend the use of AstraZeneca vaccines in people under the age of 50 years. NNSW LHD paused the vaccination program on the morning of the 9<sup>th</sup> April to review intake processes to ensure alignment with the new advice. The vaccination rollout recommenced for people over the age of 50 using AstraZeneca at 1pm 9 April 2021.
  - The Pfizer rollout for healthcare workers commences on 3 May 2021. This included all HCW under the age of 50 and for patient facing workers over the age of 50 would have the choice between AstraZeneca and Pfizer.
  - Coronavirus – confirmation of a locally acquired positive case in the Ballina LGA saw the LHD put into action previously developed plans associated with testing clinics, accommodation for isolated contacts and the implementation of mask wearing and visitor restrictions to all health facilities. There has been very positive

---

feedback for the LHD from many quarters including Secretary of Health, Chief Health Officer and the Minister of Health on the management of the situation.

- Personal Protective Equipment – local fit testing continues with over 600 high risk staff undergoing fit testing.
- Staff/Community Communication - during the management of the locally acquired case, staff and community were kept updated on the evolving situation via several different means including staff emails, radio and TV interviews, newspaper Articles and engagement with CPAC members.
- Grafton Base Hospital – following the failure of the GBH steriliser on multiple occasions despite significant service/maintenance, quotes for replacement are being sourced. Please refer Item 2.3.3.
- Budget and Activity Performance – NNSW LHD is forecasting a budget overrun of approximately \$2.5M as at the end of March 2021.
- Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW: additional hearings across NSW are scheduled and updates will be provided in due course.

#### 5.1.2 Update on Strategic Issues

- **NNSW LHD Strategic Priority: Integration Through Partnerships** – Mr Jones gave an update on the Collaborative Commissioning with Healthy North Coast. Following lengthy discussion, it was agreed that NNSW LHD remains committed to Collaborative Commissioning and will progress opportunities with key stakeholders including progressing a submission with Mid North Coast LHD and Aboriginal Medical Services for NSW State funding for a range of Mental Health Strategies. In the interim NNSW LHD will continue to work with HNC on collaborative projects as deemed of benefit to our communities and clinicians.
- **NSW LHD Strategic Priority: Effective Clinical and Corporate Accountability** - Mr Jones gave a brief update clarifying how NNSW LHD interprets and applies the terms Next of Kin and Person Responsible.

#### 5.1.3 Matters for Approval

Nil for this meeting

#### 5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during March 2021, NNSW LHD did not meet the ETP target of 50% (admitted) with a result of 32.5%.
- Elective Surgery Access Performance during March 2021 was Category 1 99% against a target of 100%, Category 2 80% against a target of 97% and Category 3 was 88% against a target of 97%.
- Elective Surgery overdue numbers for March 2021 were Category 1 – 2, Category 2 –224, Category 3 – 210.
- Triage – NNSW LHD met triage Category 1 target, Category 2 for March 2021 result was 79% with a target of 95% and Category 3 January 2021 result was 71% against a target of 85%.
- Transfer of Care target for March 2021 was 90% with a result of 94%.

#### 5.1.5 Security, Risk and Compliance Update

- Surgical Services Taskforce Dashboard Measures – Mr Jones referred to the response from Mr Alan Went, Director Performance Analysis and Reporting, Systems Information

---

and Analytics Branch of the MOH.

#### 5.1.6 Governance Update

- Towards Zero Suicide – reducing the suicide rate by 20% by 2023 is a Premier's Priority. The Board noted the brief that was provided to the MOH detailing NNSW LHD progress to recruitment and commencement of the Towards Zero Suicide program.

#### 5.1.7 eHealth Update

- Refer to Item 2.3.2.2

#### 5.1.8 Capital Works/Planning Projects

- **Tweed Valley Hospital (TVH)** – recruitment for a Director of Medicine and a separate Director of Cancer Services for TTH has commenced. Workforce planning for Tweed Valley Hospital in consultation with senior staff including Chairs of the Medical Staff Council has commenced. Mr Jones referred to the draft opening profile of the TVH which he will discuss with the Secretary of Health in coming weeks.
- **Murwillumbah District Hospital (MDH)** – development of communication/consultation program for MDH staff and community to discuss what the future role will be for the MDH.
- **Grafton Base Hospital (GBH)** – Mr Brad Hazzard, NSW Minister for Health and Medical Research visited GBH 9 April 2021 and toured the new Ambulatory Care Unit. Consultation has commenced for the preliminary work required to develop the GBH Clinical Services Plan.
- **Macleans District Hospital** – Mr Jones referred to NNSW LHD being successful in gaining Commonwealth Cancer Funding for a new CT machine with radiation therapy planning capacity for GBH. The opportunity has arisen to place the current CT machine at GBH into the underutilised operating theatre at Macleans Hospital. This would considerably reduce the Ambulance NSW and local PTV (patient transport vehicles) transports from Macleans to GBH for CT scanning. Further discussion and consultation will occur in the near future regarding this matter.
- **Ballina District Hospital (BDH)** – the required Clinical Services Planning has proceeded for the Ballina redevelopment as committed by the NSW Government at the last NSW State election. Discussions are being held to consider developing BDH as a Centre of Excellence for Elder Care across the LHD. If the proposal gains wider support a detailed paper will be provided to the Board for consideration.

#### Matters for Noting

- Nil for this meeting

#### 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

- Mr Jones spoke on the rollout of the Pfizer vaccination for Phase 1a patient facing staff members under 50 years.
- Mr Jones spoke briefly on the negotiations that are continuing with Healthy North Coast

---

regarding the North Coast Collective, advising he will keep the Board updated on progress as it occurs.

- Mr Jones gave an update on the plans moving forward to reduce the number of overdue surgeries considering the recent interruptions around the steriliser at GBH.
- Mr Jones spoke on the excellent, dedicated work undertaken by Ms Lynne Weir, Director of Clinical Operations in the recent potential COVID outbreak.

**ACTION:**

**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.**

- A brief discussion followed on the Next of Kin and Person Responsible and the different Acts in guiding the drafting of NSW Health documents. Mr Jones advised he will seek legal advice on this matter and report back to the 26 May 2021 Board meeting.

**ACTION:**

**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 the 26 May 2021 Board meeting.**

- The Board acknowledged the productivity of meeting with the Chairs of the Medical Staff Councils across the LHD and looked forward to further engagement during the course of the year.
- A lengthy discussion followed on the Commonwealth roll out of the vaccination program and the logistics of vaccinating an entire population. Mr Jones spoke briefly on some of the challenges arising from the cold-chain requirements around the Pfizer vaccination.

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) – 13 April 2021.**

Ms Byrne gave a brief overview of HCQC meeting minutes.

Ms Byrne spoke briefly on the Deteriorating Patient Taskforce presentation by Ms Karen Bowen, Nurse Manage for Clinical Practice.

A deep dive was undertaken on the surgical site infections at GBH, giving a brief overview of the outcome and a final report will provided to the HCQC in June 2021.

The Board **ENDORSED** the Terms of Reference with an amendment on Page 3 paragraph two, to now read....."Board members who...".

A query was raised as to why Dr David Hutton, Director Clinical Governance sits on the Australian Council on Healthcare Standards (ACHS) Council as a NSW Health representative. Mr Jones advised he will follow up and report back via the CE report.



---

A lengthy discussion was raised on the upcoming accreditation process for the LHD. Mr Jones gave a brief outline of the accreditation process.

The Board noted the unconfirmed HCQRC Minutes.

### **5.2.2 Finance and Performance Committee (F&PC) – 21 April 2021.**

Mr Humphries gave an overview of the F&PC minutes.

Expenditure General Fund \$3.7M unfavourable with a forecast of \$23.2M unfavourable (Gen \$2.5M/COVID \$20.7M). These results exclude supplementation for COVID. This is expected to be funded by MOH by the end of the financial year.

Activity is returning to normal level and therefore driving higher costs. The ELT continue to monitor expenditure and strategies to improve the result.

Mr Jones advised that at present, Service Agreement discussions have been placed on hold by the MOH and he will keep the Board informed when the meetings commence.

Mr Jones gave an update on the new LBH Intensive Care Unit. He indicated negotiations with the local LBH NSWNMA branch regarding staffing numbers are continuing. Currently the new ICU is being utilised as part of the COVID vaccination clinic.

Mr Jones advised that the monitoring of all asset maintenance is managed through Corporate Services.

Responding to a query, Mr Jones advised he will forward the dates and times for Respecting the Difference training to Board members.

The Board noted the unconfirmed Minutes.

Mr Humphries left the meeting.

### **5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 8 April 2021.**

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

Dr Arthur advised of the recent approvals to advertise and fill vacant positions including VMO/Staff Specialist Anaesthetist at Lismore, Ballina and Casino, Staff Specialist Community Paediatrician Lismore and Staff Special Head of Unit Paediatrics TTH.

Discussion followed around the practicality concerns of the introduction of Junior Medical Officer (JMO) being recruited through ROB (Recruitment On Boarding).

The Board noted the unconfirmed MDAAC Minutes.

Dr Arthur left the meeting.

### **5.2.4 Audit and Risk Committee (ARC) – 3 March 2021.**

The Board noted a verbal update was provided to the previous Board meeting.

---

Mr Michael Carter indicated that Mr Brett Skinner, Director Finance will provide a presentation to the committee in new iCare pricing methodology.

Mr Michael Carter noted the lapse of ARC papers coming to the Board and that a verbal Update is provided following a meeting with the official Minutes not being submitted to the Board until the following month.

Mr Jones indicated progress is currently underway to recruit a new ARC Chair following the completion of Mr David Frazer in July 2021.

The Board noted the NNSW LHD Charter for the Audit and Risk Committee.

The Board noted the ARC minutes.

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

The Board noted the CPCEC minutes will be submitted to the 28 April 2021 Board meeting.

**5.2.6 Community Partnership Advisory Council (CPAC) – 12 April 2021.**

The Board noted the unconfirmed CPAC minutes and acknowledged the excellent work that Mr Ged May, NNSW LHD Community Manger is doing around community engagement.

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

The Board noted the next RIC meeting will be held 5 May 2021.

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

Nil matters for noting.

**6.1 Major correspondence**

Nil major correspondence

**6.2 NNSW LHD Seal**

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

**6.3 Updated Board Calendar**

The Board noted the updated Board Calendar.

**6.4 Other matters for noting**

Nil for this meeting

**6.5 Business without notice**

**7. Meeting Finalisation**

**7.1 Next Meeting**

26 May 2021

UCRH Ballina Education Centre

Ballina

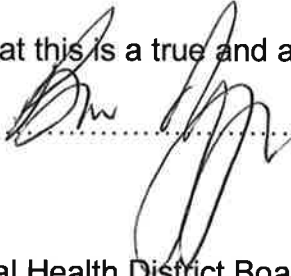
Susan Nancarrow provided a critique of the meeting.

**7.2 Meeting closed**

There being no further official business, the Chair declared the meeting closed at 12.32pm

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

Signed .....



Date ..... 6/6/21 .....

Dr Brian Pezzutti  
Chair  
Northern NSW Local Health District Board

Following the close of the Board meeting, Ms Emma Thompson, Head Physiotherapist Casino Hospital gave a brief presentation and tour of the Harmony Garden which was a 2020 Big Ideas Winner -Staying fit for Life after hospital.