

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 31 MARCH 2021 COMMENCING AT 9.00AM AT GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON

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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 John Moran, Ms Naree Hancock

Via Skype/Teleconference:

Dr Alasdair Arthur
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:

Mr Dan Madden, General Manager, Grafton Base Hospital
Ms Sharon Wright, Director Nursing and Midwifery, Grafton Base Hospital
Mr Tony Crayton, Senior Business Manager, Grafton Base Hospital
Ms Jane Wear, Community and Allied Health Manager, Grafton Base Hospital
Dr Ross Duncan, Acting Director Medical Services, Grafton Base Hospital
Dr Andrew White, Director ICU, Chair Grafton Base Hospital Medical Staff Council
Dr Will Davies, Director Emergency Department, Grafton Base Hospital
Dr Sam Martin, Director Orthopaedics, Grafton Base Hospital

Apologies:

Ms Deb Monaghan

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 24 February 2021 as circulated were **ENDORSED** as a true and accurate copy.

Moved: Dr Allan Tyson
Seconded: Ms Carolyn Byrne
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.

The Board noted this presentation will occur at the 28 April 2021 Board meeting.

ACTION:

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.

2.3.2.3 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.

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 Ged May, Community Manager, to provide the draft framework for Elevating the Human Experience to the 31 March 2021 Board meeting.

A lengthy discussion followed around the information provided in the new state-wide strategy, Elevating the Human Experience (ETHE) which requires NNSW LHD participation and governance.

The Board noted the document provides framework and direction for NSW Health in improving patient, carer and staff experience over the next 3-5 years and is being led by Ms Susan Pearce, Deputy Secretary, Patient Experience and System Performance.

A discussion followed on the importance of the seven "Enabler Working Groups" which will identify and recommend state-wide initiatives.

Mr Jones indicated that while the document is for information only, the ETHE ultimately serves two purposes, being that the patient feels valued as an individual with their needs being met and the staff have contributed to that journey.

The Board noted the information in the brief.

2.3.2.5 Mr Jones to provide a brief on the development of a NNSW LHD Child and Adolescent Mental Health Service to the 31 March 2021 Board meeting.

The Board noted the information in the brief on the proposed development of a Child and Adolescent Mental Health Service Stream.

Discussion followed on the frustration and blockages in the process concerning availability of mental health assessments for children in schools.

Dr Moran suggested that if a child is identified as needing intervention, follow up should occur with a GP or referral to Mental Health Services for further assessment. The importance of this data being readily available would help identify and assess those students requiring further intervention that may have a positive bearing on their future mental health.

ACTION:

Mr Jones is to draft a letter for the Board Chair 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.

2.3.2.6 Mr Jones to follow up on the difference between surgical separations and surgical attendances and report back to the 31 March 2021 Board meeting.

Mr Jones advised he has emailed the relevant department at the MOH and will provide an update to the 28 April 2021 Board meeting.

ACTION:

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

2.3.2.7 Mr Jones to provide a brief updating the Board on progress being made on the NNSW LHD Service Directions to the January 2022 Board meeting.

The Board noted this will be provided to the January 2022 Board meeting.

2.3.2.8 Mr Jones is to draft a letter of thanks concerning the ARC Chair Annual Report for the Board Chair's signature to Mr David Frazer, Chair Audit and Risk Committee.

The Board noted the letter of thanks was posted to Mr David Frazer on 29 March 2021.

2.3.2.9 Mr Jones is to draft a formal response on the issues raised by Dr Daniel and Dr Davies on behalf of the TTH MSC and report back to the Board on the actions undertaken to the 31 March 2021 Board meeting.

The Board noted a formal response to the TTH MSC from the Board Chair was emailed to on 30 March 2021.

2.3.3 Other Matters Arising from the Minutes

Item 5.1 Mr Jones advised Dr Ian Cappe has been appointed to support the out-of-hours roster for interventional radiology services whilst the LBH works through the logistics of organising a roster that is a sustainable model moving forward.

Item 5.1 Mr Jones gave an update on the in-principle cross border agreement between QLD and NSW Health staff should the border close again due to a COVID outbreak.

Item 5.1.8 Negotiations continue regarding the sale of Laurel Lodge.

Item 5.1.8 Mr Jones advised that at the commissioning of the Tweed Valley Hospital, it was

determined that cardiology and radiation oncology will be available. The LHD is in the process of recruiting a Director of Medicine and a Director of Cancer Services for The Tweed Hospital. Mr Jones advised both these roles will pay a large part in leading the development of services prior to moving into TVH.

3. Matters for Decision

3.1 Climate Sustainability and Healthcare Working Group Action Plan

Mr Peter Carter gave an overview of the information in the brief advising that NNSW LHD is one of the few LHD's in the state who have recognised climate change as a risk and for it to be addressed as a priority.

Mr Carter advised Mr Long, Director Corporate Services is a member of the working group, however, he has been seconded as the lead in implementing the COVID-19 Vaccination roll-out, therefore the full costings of the action items will be available to a future Board meeting.

General discussion followed on the importance of the need to recruit a Climate Sustainability Officer to oversee the implementation of action plan.

Following a discussion on the need for an audit to measure the baseline of carbon emissions for the LHD, the Board supported Mr Jones suggestion that the audit to measure the LHD baseline carbon emissions be undertaken.

The Board also requested it receive a brief on the cost and scope of work to be undertaken by the Climate Sustainability Officer for consideration.

ACTION:

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.

Ms Byrne spoke of the possibility of a community garden at the TVH. Mr Carter advised he will raise this issue at the next Climate Sustainability & Healthcare Working Group and Mr Ged May, Community Engagement Manager advised he will also raise this at his meeting with Health Infrastructure's communication and engagement team on 1 April 2021.

4. Chairman's Update

4.1 Chairman's Calendar

The Board noted the Chairman's Calendar.

5. Matters for Discussion

5.1 Chief Executive's Report

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

5.1.1 Current and Significant Issues

- Clinician Engagement
- Coronavirus Update
 - Vaccination – NNSW LHD commenced local vaccination programs on the following dates: 17 March 2021 LBH, 19 March 2021 TTH and 22 March 2021 GBH.

- Staff/Community Communication – routine communication continues with a virtual staff forum held on Tuesday 16 March providing staff with current information on the vaccine rollout.
- Personal Protective Equipment – local fit testing continues with over 600 high risk staff undergoing fit testing.
- Budget and Activity Performance – NNSW LHD is forecasting a budget overrun of approximately \$5M as at the end of February 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.
- Access to Gold Coast Hospital & Health Services: Mr Jones provided an update on the correspondence regarding patient transfers for specialised cardiology care between NNSW LHD hospitals and Gold Coast Hospital and Health Service. All LHD referrals will be based on clinical grounds and funded by NSW Health.

5.1.2 Update on Strategic Issues

- **NNSW LHD Strategic Priority: Our Community Values Our Excellent Person-Centred Care:** The Board noted the update brief on the progress of the Patient Reported Measures program roll out across NNSW LHD.
- **NNSW LHD Strategic Priority: Integration Through Partnerships:** Mr Jones gave an update on the discussions still underway between Healthy North Coast, Mid-North Coast LHD and NNSW LHD around the North Coast Collective.

5.1.3 Matters for Approval

Nil for this meeting

5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during February 2021, NNSW LHD did not meet the ETP target of 50% (admitted) with a result of 33.2%.
- Elective Surgery Access Performance during February 2021 was Category 1 100% against a target of 100%, Category 2 83% against a target of 97% and Category 3 was 84% against a target of 97%.
- Elective Surgery overdue numbers for February 2021 were Category 1 – 1, Category 2 – 232, Category 3 – 220.
- Triage – NNSW LHD met triage Category 1 target, Category 2 for February 2021 result was 81% with a target of 95% and Category 3 January 2021 result was 67% against a target of 85%.
- Transfer of Care target for February 2021 was 90% with a result of 83%.

5.1.5 Security, Risk and Compliance Update

- **Anderson Report, Security in Hospitals Review:** Mr Jones advised that the ELT agreed to appoint a senior manager for a 12 month period to work under the guidance of the Director of Workforce to progress consultation, design and implementation of the recommendations noted in the recently released Anderson Report.
- **NNSW LHD Top 10 Risks:** The NNSW LHD Top 10 Risks have been reviewed for the first quarter of 2021.

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

5.1.6 Governance Update

- Nil for this meeting.

5.1.7 eHealth Update

- Update on IT and Clinical Information Systems with teams supporting the roll out of the vaccination clinics through ensuring computers and WI-FI requirements of the clinics are met and establishing bar-code scanning of the vaccine labels for accurate tracking.

5.1.8 Capital Works/Planning Projects

- **Tweed Valley Hospital (TVH)** – a virtual TVH Open Day was held on 24 March 2021 with NNSW LHD senior Executives, Lendlease and Health Infrastructure fielding questions from the community.
- **Grafton Base Hospital** – Mr Brad Hazzard MP, NSW Health Minister for Health and Medical Research will be visiting GBH on 9 April 2021 to tour the new Ambulatory Care Unit.
- **Laurel Lodge Lismore** – negotiations are still underway to transfer the ownership of Laurel Lodge to an alternate Government Agency.
- **New Asset Planning Process** – update provided on the new NSW Government direction for capital planning and investment. LHD's are now required to develop a range of documents that will replace the Annual Asset Strategic Plans that proposed the top five capital investments priorities. Under this new system, Mr Jones requested the support of the Board to progress Preliminary Cost Benefit Analysis (PCBA) for Ballina District Hospital, Grafton Base Hospital and Urbenville MPS.

The Board **ENDORSED** the progression of the PCBA's for the above-mentioned facilities noting a Clinical Services Plan will be progressed for Casino District Hospital in 2022.

5.1.9 Matters for Noting

- NSW Health Pathology follow-up from February 2021 Board meeting - concerns were raised regarding access to anatomical pathology services at LBH pending recruitment of two vacant positions. NSW Pathology are implementing contingency plans to ensure there will be no disruption to services whilst the recruitment process is underway.

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 advised the Security Governance updates were agreed to be provided in his report on quarterly basis.
- Responding to a query, Mr Jones provided an update on the progression of the North Coast Collective and advised further updates will be provided to the Board in due course.

Mr Jones tabled a confidential Health Infrastructure document on the proposed building of a new NSW Ambulance Station on the grounds of the Casino District Hospital. The Board

provided in-principle support for the proposed site for the building of the NSW Ambulance Station on the grounds of the Casino District Hospital.

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) – 9 March 2021.

Mr Peter Carter gave a brief update on the HCQC minutes advising the amended Terms of Reference will be submitted to the April 2021 meeting.

Dr Arthur gave a brief update on the potential system wide risk of inter-hospital transfers advising that all parties involved in an inter-hospital transfer have their own system for setting priorities. This risk has a proposed solution of a using a universal priority system. Inter-hospital transfers have no recorded communication, however the risk would be reduced substantially if these calls were recorded.

Mr Jones advised sepsis education and training has occurred in all facilities across the LHD.

Concerns were raised around the Patient Transfer Vehicle (PTV) services based out of Port Macquarie and the need for an increase in service availability for inter-hospital transfers between all LHD hospitals especially Maclean and Grafton. Mr Jones gave an overview of the Patient Transport Vehicles and advised this is a hosted service with Mid North Coast LHD. However, NNSW LHD is in the process of progressing its own patient flow unit which will include patient transport and bed flow and discussions are underway to purchase more PTV.

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.

The Board noted the unconfirmed HCQRC Minutes.

5.2.2 Finance and Performance Committee (F&PC) – 17 March 2021.

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

Expenditure General Fund \$1.7M unfavourable with a forecast of \$25.3M unfavourable (Gen \$5M/COVID \$20.3M). These results exclude supplement for COVID – YTD \$1.3M.

The District's efficiency performance continues to be impacted by premium medical workforce (approximately 24% of medical spend) excluding VMO's.

Mr Jones explained how the state efficient price works in relation to the NWAU value.

The Board noted the unconfirmed Minutes.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 11 March 2021.

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

Two VMO Anaesthetists have recently been appointed at GBH and three Staff Specialist Psychiatrists at LBH.

Dr Tyson informed the Board that the Director of Medical Services has advised there is a slight delay in reporting resignations to the MDAAC meeting. Dr Tyson has requested these matters be dealt with in a more timely fashion.

The Board noted the unconfirmed MDAAC Minutes.

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

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

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 23 February 2021.

The Chair provided an overview of the minutes.

Mr Jones advised the Choosing Wisely – Value Based Healthcare outcomes will be Driven by local site solutions support through LHD oversight.

The Board noted the unconfirmed CPCEC minutes.

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

The Board noted the next CPAC meeting will be held 12 April 2021.

5.2.7 Research and Innovation Committee (RIC) – 10 March 2021.

Mr Peter Carter gave an overview of the inaugural RIC meeting.

Terms of Reference are still being reviewed and will be finalised at the next meeting.

The committee agreed that separating Research from the HCQC agenda has been the correct decision.

The Board noted the unconfirmed RIC 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 Rural, Regional and Remote Clinical Trial Support Units

The Board noted the information in the brief with Mr Jones giving an overview of the information of the recent collaborative EOI bid led by Hunter New England LHD for the clinical trial support unit.

Mr Jones advised he will report back to the Board in due course following the formal EOI process being completed.

6.4.2 Creating a respectful and Inclusive Workplace Culture – ODL Progress Report

The Board noted the information in the brief suggesting the title should be NNSW LHD Anti-bullying Action Plan.

6.5 Business without notice

- Ms Byrne raised a query regarding the hierarchy for decision making and the use of “next of kin” on hospital documents as opposed to enduring guarding or person responsible. Mr Jones advised he will follow this up and report back to the board via the CE Report.
- Dr Arthur advised of the recent achievement by Dr Meg Wilson from the TTH ED in being awarded the Buchanan Medal for the best results in the Emergency Medical Fellowships Specialist Exams for Australia and New Zealand.

He also noted that Dr Hussain Kadim also won a similar award 18 months ago, which was highlighted in an addition of Northern Exposures

The Board agreed to write of letter of Congratulations to Dr Wilson.

7. Meeting Finalisation

7.1 Next Meeting

28 April 2021
Casino Memorial Hospital
Casino

John Moran provided a critique of the meeting.

7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 1.39pm

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

Signed

Date 28/4/21.....

Dr Brian Pezzutti
Chair
Northern NSW Local Health District Board

9.15am – 9.45am Discussion with Grafton Base Hospital Executive Team

The Board welcomed the GBH Executive Team to the meeting and Mr Madden introduced the team, (refer attendance list page 1).

Mr Madden gave an overview of the services across the Clarence Valley and the portfolios each manager is responsible for.

The first Geriatrician has been appointed to the Clarence recently and is based out of Maclean Hospital with the view to develop a sub-acute hub and to consult weekly from the GBH.

Mr Madden spoke on the occupancy rates across the Clarence Valley and activity across the two hospitals.

While the new Ambulatory Care Unit has been a very welcomed addition to the Clarence Valley, there are some challenges arising from the remaining ageing infrastructure. Several of the areas vacated for the new building have been re-purposed for other services across the hospital.

Mr Madden advised the recent self-assessment of the Clarence CAG's, facilitated by Mr Ged May, NSW LHD Community Manager was a very pleasing result with Grafton and Maclean rating themselves as the highest performance CAG in the District. The members feel engaged and are contributing well.

Communication amongst senior medical staff is excellent with regular engagement across all facets of the hospital. Mr Madden indicated he and the Unit Managers receive good support from Ms Lynne Weir, Director Clinical Operations and the Chief Executive with NSW Health CORE actions continuing to be evident.

Discussion followed on expenditure with locum and patient transport costs continuing to be a concern.

Mr Madden gave an update on the minor works for the GBH and advised the Clinical Services Plan is being revised in conjunction with the overall redevelopment of the hospital.

Workplace culture has improved over the years after the People Matter Survey results indicated communication with staff needed improvement. A raft of strategies have been implemented to address this concern and it is hoped improved results will be reflected in the 2021 survey.

Mr Jones gave a brief update on the progression of the discharge transit lounge which will help rectify some of the current bed-flow concerns.

A lengthy discussion followed on the concerns around the lack of affordable housing across the district and the impact this has on health. Mr Jones advised that this is a broad social determinant issue and remains a very real challenge for the government at all levels.

Ms Wright raised concerns around availability for inter-hospital transfers with Patient Transfer Vehicles. The Board agreed they would discuss this matter latter in the agenda.

The Chair thanked the GBH Executive for their presentation and time taken to address the Board.

12.30pm – 1.00pm Discussion with Grafton Base Hospital Medical Staff Council.

The Board welcomed the Medical Staff Council representatives to the meeting (refer attendance list page 1)

Dr White gave an overview of the main areas he would like to bring to the Board's attention. He spoke briefly on the specialities that are currently available at GBH and the progress that has been made in the last decade in services now available to patients at a local level.

Clinician Engagement continues to be a priority across the Clarence Valley and the level of engagement from the Chief Executive is appreciated. The invitation to present to the Board was welcomed by the GBH MSC.

Dr White spoke briefly on the 2019 People Matter Survey results and outlined briefly the steps undertaken to improve these results in the next survey.

Dr White queried the possibility of delegating some of the Director Clinical Operation roles and referred to risk assessment during the COVID outbreak as an example. He indicated this has been a source of feedback from clinicians during this week.

Business cases continue to be escalated through the appropriate delegation, however, the process can be lengthy and communication regarding timely responses and outcome is often not forthcoming.

Dr White spoke on the lengthy process in the recruitment of staff. Some of the blockages can take so long that candidates have taken jobs elsewhere. A lengthy discussion followed around why this is the case and how this can be rectified moving forward.

Dr White queried the opportunity on having further engagement with Dr Tim Williams, Executive Director Medical Services.

General discussion followed on the importance of clinicians being given sufficient time to attend training and education courses. Dr White indicated that further improvement around this matter was needed, as study, and audit and governance is what makes staff do well for their patients. Mr Peter Carter suggested this matter be looked at further through the Research and Innovation Committee.

Dr Davies spoke on the importance of education and training and gave an outline of the Vision Pillars:

- Refresher and upskill training available and promoted.
- Education of new graduates/internes emphasised
- Collaboration with education institutions which teach health professional under graduates pursued.
- Diverse reset undertaken.

He gave an overview on the trainees at GBH across all facets of medicine. The Chair asked Dr Davies to contact Dr Tim Williams directly to discuss any opportunities to access Commonwealth funding for new doctors.

A brief discussion followed on the opportunities of the old Grafton Jail site and the possibilities which could arise in the near future.

Dr Martin outlined some of the challenges that have arisen in the Operating Theatres including the repair of the sterilizers, list cancellations due to bed blocks and the theatre schedule being full. Dr Tyson gave an update on the sterilizer situation and the contractual agreements in place for maintenance. Mr Humphries will follow up these contractual agreements through the F&PC meeting.

The Chair praised Dr Martin on the development of the orthopaedic program and advised that he has asked the Chief Executive to challenge other services across the LHD to match the LOS performance being achieved at GBH.

Dr White spoke on the redevelopment of the new hospital and the importance of a strategic plan moving forward that coincides with the demographic of the Clarence Valley. The possibility of GBH becoming a B2 hospital when it is newly developed was raised.

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.

ACTION:

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 thanked the GBH MSC for their presentation.