
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:

Mr Mark Humphries (Chair), Mr Peter Carter, Mr Michael Carter, Dr Allan Tyson, Mr Pat Grier, Dr John Griffin, Dr John Moran, Ms Carolyn Byrne, Dr Alasdair Arthur, Professor Susan Nancarrow

In Attendance:

Ms Lynne Weir, Acting Chief Executive
Mr Ged May, Community Engagement Manager
Ms Jennifer Cleaver, Manager Chief Executive Office
Ms Kate Greenwood, Board Secretariat

In Attendance for part of meeting:

Mr Wayne Jones, (MOH)
Ms Lisa Beasley, General Manager, Community Manager and Allied Health
Ms Amanda Bock, Executive Director Rural and Regional, Health Infrastructure
Mr Mark Brockbank, Director, Rural and Regional, Health Infrastructure

Apologies:

Ms Naree Hancock

Declaration of Pecuniary and/or Conflicts of Interest

No declarations of pecuniary and/or conflicts of interest were noted.

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 29 September 2021 as circulated were **ENDORSED** as a true and accurate copy with following amendment:

Moved: Ms Carolyn Byrne

Seconded: Dr John Griffin

CARRIED

2.3.2 Business Arising from the minutes:

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

Mr Peter Carter spoke to the information in the development plan providing an overview of recent discussions of the working party meetings.

A suggestion was raised around the possible key areas that Board could focus on over the next period of time to ensure the advancement of strategic priorities and mitigating risks so that it operates more effectively.

The development plan proposes that the Board choose three particular key areas of focus while continuing to maintain oversight of the remainder of the other areas. A lengthy discussion followed on what might be the best options moving forward and Mr Peter Carter spoke briefly on the KPIs outlined in the plan.

The Board agreed that while it was a comprehensive document, concerns were raised around some of the timelines detailed in the plan. Professor Nancarrow suggested the possibility of time limiting the key focus areas, and perhaps a different set of priorities commencing at the beginning of each year.

A discussion followed around the importance of staff culture and patient satisfaction and how to monitor and improve these areas as part of the development plan.

Mr Jones advised that the key areas of focus would be a great starting point, however, going forward the LHD would need to develop a Financial Performance Recovery Plan that could be incorporated as one of the key focus areas.

Ms Weir responded to a query, advising that the recently appointed Patient Flow Manager is a district wide position. This will incorporate a single phone number for medical and nursing staff to ring to arrange transfers between facilities. This includes transfers into the LHD from other LHDs and Queensland.

It was agreed that further discussion around the development plan would occur at a workshop to be held in early 2022.

The Board ENDORSED the Board Development Plan to progress with the following:

- Timeline to be reviewed and consideration be given for annual rolling KPIs'
- The three key focus areas for 2022 to be
 - Workforce
 - Environmental Sustainability
 - Patient Flow, which will incorporate Models of Care.
- Reference to culture underpinning all area of focus
- Working party to meet with Executive Directors for the identified areas of strategic focus.

Moved: Dr John Griffin

Seconded Dr Allan Tyson

CARRIED

It was agreed that further discussion around the timelines would occur at the 24 November 2021 Board meeting following the return of Mr Jones to his substantive position as Chief Executive.

ACTION:

Mr Peter Carter to meet with the Board Governance working party to discuss changes

to the Board Development plan and report back to the 24 November 2021 Board meeting.

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

Mr Weir spoke briefly on the recommendations in the Anderson Report and advised that regular reports will be provided to the Board on a quarterly basis.

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

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

ACTION:

The Chief Executive is to provide an update on the general NNSWLHD Workforce Strategy including culture improvement to the 24 November 2021 Board meeting.

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

Ms Weir spoke to information in the brief, noting the current and planned services for the Murwillumbah District Hospital (MDH) outlined in the Tweed Valley Services Statement.

Following a lengthy discussion, it was agreed a further update will be provided to a future Board meeting around the proposed services to be at MDH and clarification on community services that will remain at TTH site.

ACTION:

The Chief Executive is to provide additional information around proposed services at Murwillumbah District Hospital and community services that will remain at The Tweed Hospital site to the 30 March 2022 Board meeting.

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

The Board noted the letter was emailed to Dr Martin on the 15 October 2021.

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

The Board noted the letter to Dr Ingall and Prodger has been drafted and awaiting the Board Chair's signature.

2.3.3 Other Matters Arising from the Minutes

Nil for this meeting

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

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
- Staff acknowledgment – on 28 October 2021, the Executive will hold Thank you Thursday across the LHD in acknowledging the staff on their dedication and hard work during the current health crisis.
- Bureau of Health Information – will publish the results of two patient surveys on Wednesday 10 November 2021 being: Adults admitted to Hospital and Outpatient Cancer Clinics
- Coronavirus
 - as at 20 October there have been 102 cases in the LHD since 16 June 2021.
 - Virtual COVID Community Care model continues to be effective
 - High vaccination rates have ensured low hospital admissions
 - Additional testing clinics have been established based on need
 - Meeting with local Members of Parliament to provide an overview and update on the vaccination program and LHD COVID planning
- Vaccination Update
 - Local vaccination rates are lower than the NSW averages but have been rapidly improving
 - If recent momentum continues, the LHD will reach 80% when regional travel resumes on 1 November.
 - Pop-up clinics worked well at Goonellabah, Bonalbo and Byron Bay.
 - Running health promotions campaign to encourage vaccination amongst the hesitant groups in the community.
 - 98% of NNSW LHD staff are now fully vaccinated
 - Aboriginal health update on vaccination rates across the district
- Staff/ Community Communication – the staff forum held on 22 October was well received by staff.
- Elective Surgery – Baringa Private Hospital and Lismore St Vincent's are assisting with overdue elective surgery cases.

5.1.2 Update on Strategic Issues

- Value, Develop and Empower our People : Staff will be recognised at the NNSWLHD Quality Awards which will be held on the 3 November 2021.
- Our Community Values Our Excellent Person-Centred Care – Health Promotion have developed material to promote COVID vaccinations in the Byron LGA.

5.1.3 Matters for Approval

- Nil for this meeting

5.1.4 Major Key Performance Indicators

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- Emergency Treatment Performance (ETP) during September 2021, NNSWLHD did not meet the ETP target of 50% (admitted) with a result of 35%.
 - Elective Surgery Access Performance during September 2021 was Category 1 100% against a target of 100%, Category 2 83% against a target of 97% and Category 3 was 80% against a target of 97%.
 - Elective Surgery overdue numbers for September 2021 were Category 1 – 0, Category 2 –143, Category 3 – 270.
 - Triage – NNSWLHD met triage Category 1 target, Category 2, September 2021 result was 83% with a target of 95% and Category 3, September 2021 result was 76% against a target of 85%.
 - Transfer of Care target for September 2021 was 90% with a result of 84%.
 - Service Agreement KPI Report – the Board noted the quarterly report.

5.1.5 Security, Risk and Compliance Update

- Nil for this meeting

5.1.6 Governance Update

- The quarterly Board Report April-June 2021 was noted.

5.1.7 eHealth Update

- RIS-PACS Replacement Project will be rolled out in Tweed, Byron and Murwillumbah and all NNSWLHD radiology sites will be completed by December.
- Enhancing the eMR Project is on schedule to deliver phase two in November.
- My Virtual Care and Pexip Telehealth Project for outpatient clinics continues to enrol clinics and train staff to use audio-visual tools.

5.1.8 Capital Works/Planning Projects

- NSW Managed Projects
 - Ballina Hospital ED Short Stay & ED roof work has been completed
 - Project manager engaged for Palliative Care refurbishment works and a design consultant is now being engaged
- Health Infrastructure Projects
 - Tweed Valley Hospital – please refer Health Infrastructure presentation below.
 - Lismore – Completion of level 3 staff amenities, temporary front reception installed.

5.1.9 Matters for Noting

Nil for this meeting

5.1.10 Important Meetings/ Diary Commitments

- The Annual General Meeting will be held at 2pm 24 November 2021 which will be a virtual meeting.
- Farewell dinner is planned for Dr Pezzutti and Ms Monaghan at 6pm at the Gateway Motel, Lismore.

5.1.11 Questions for the Chief Executive without Notice

- A brief discussion ensued on the figures in the surgical dashboard and transfer of care figures in relation to other LHDs.

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- Responding to a query regarding outreach into vulnerable communities during COVID, Ms Weir advised that the LHD is working well with other stakeholders in this area and discussion around opportunities for further outreach will be progressed.
 - Concerns were raised around the on-line misinformation regarding COVID and vaccination. Ms Weir advised that in line with the NSW Health Code of Conduct disciplinary action can be taken in the event an LHD staff member has been misleading or providing false health information online.

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) – 12 October 2021.

Ms Byrne provided an overview of the recent HCQC meeting.

The deep dive into Patient Flow was well received. It identified some of the groups of patients that can have complex needs and stay with the LHD longer than ideal and discussed strategies to manage and improve this.

Ms Byrne provided a brief overview on the success on the in-reach Residential Aged Care Facility regarding the Model of Care for managing COVID patients.

Responding to a query regarding the sepsis pathway, Ms Byrne indicated that there has been completed improvement projects on the use of the sepsis pathways in the last 6-9 months across the LHD.

A brief discussion followed on the importance of narrative around figures and data that is provided to all committees.

Mr Ken Hampson, Director Clinical Governance commences on the 1 November 2021 and will attend the 24 November 2021 Board meeting to meet members.

The Board noted the unconfirmed HCQC minutes.

5.2.2 Finance and Performance Committee (F&PC) – 20 October 2021.

Mr Michael Carter provide a brief overview of the F&PC minutes.

The Expense result for September 2021 reflects approximately 80% of budgets loaded by Business Managers. Remaining budgets are expected to be finalised for October results. The September year to date and forecast results have been impacted by activity above target which is up 3.3% to MOH targets and 0.8% above internal expectations.

General fund year to date is \$1.6M unfavourable and forecast \$6.0M unfavourable.

Significant patient fees write off and the payment process recovering costs from eligible patients was briefly discussed. It was noted the F&PC will draft a letter to the MOH highlighting the district's concerns and requesting guidance and governance related to ineligible patients unrecoverable write offs.

The Board noted the unconfirmed minutes.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 14 October 2021.

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

It was noted the resignation of Dr Adrian Jackson, VMO General Physician at TTH and Murwillumbah District hospital since 1990.

ACTION:

The Board Chair to forward a letter of recognition to acknowledge the long standing service of Dr Adrian Jackson on his resignation from The Tweed and Murwillumbah Hospitals.

The Board noted the unconfirmed MDAAC minutes.

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

The Board noted the next ARC meeting will be held on 1 December 2021.

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 26 October 2021.

The Board noted the minutes for the 26 October 2021 meeting will be provided to the 24 November 2021 Board meeting. Dr Tyson noted that moving forward, the CPCEC meeting will now be held monthly for one hour.

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

Mr May provided an overview of the recent CPAC meeting. He spoke of the Nursing and Midwifery Services Excellence Program and how it was well received by the community members on the committee.

A member of the Bryon CAG (Community Advisory Group) spoke on care in the hospital system for patients with disabilities and partnering/support for primary carers from a consumers perspective. Mr May advised he is working with the NNSW LHD Disability and Inclusion team to discuss strategies to implement learning and understanding from the CAG members experiences.

The Chair thanked Mr May for the excellent work he does in ensuring effective community engagement across the LHD.

The Board noted the CPAC minutes of 11 October 2021.

5.2.7 Research and Innovation Committee (RIC) – next meeting 18 November 2021.

The Board noted the next RIC meeting will be held on 18 November 2021.

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

Nil for this meeting

6.5 Business Without Notice

Presenting Ms Weir with a bouquet of flowers, the Chair, on behalf of the Board, thanked her for the commitment and concerted effort to patient safety and staff wellbeing while undertaking the role of Chief Executive.

7. Meeting Finalisation

Ms Byrne provided a critique of meeting.

7.1 Next Meeting

24 November 2021 - 9am

Crawford House Ground Floor meeting room
Lismore

AGM 24 November 2021 – 2pm

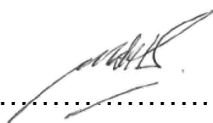
Crawford House Ground Floor meeting room
Lismore

7.2 Meeting closed

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

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

Signed



Date 24/11/2021

Mr Mark Humphries

Chair

Northern NSW Local Health District Board

9.10am – 9.30am Presentation - NNSWLHD Virtual COVID Care in the Community (VCCC)

Ms Lisa Beasley, NNSWLHD General Manager Community and Allied Health

Ms Beasley provided an overview of VCCC service, which is an initiative of the Ministry of Health and Agency for Clinical Innovation (ACI) Model of Care. Providing an overview of the guidelines to assist staff, the program identifies COVID positive patients via the patient flow portal, manages them in the community and predicts those who may be at risk of hospitalisation and monitor for deterioration.

A nursing and medical assessment is provided at point of diagnosis with care planning and ongoing clinical monitoring for adults and children. The patients' health status, wellbeing and environmental

needs with consideration of social and family support, are all taken into consideration when doing the initial assessment.

A patient support pack is provided with various education resources and frequency of monitoring depends on the risk level of the patient and other social factors. The VCCC has direct service linkages to Aboriginal Medical Services, NSW Ambulance, social work, mental health and alcohol and other drugs, Department of Community Services and Justice and other welfare agencies.

Continuous clinical monitoring including assessment of symptoms, respiratory rate and general wellbeing using prescribed clinical questions occurs 7 days per week with provisions for escalation pathways for adults and children with access to specialist physicians and paediatricians 24 hours a day.

A letter to the GP on registration to the service and a discharge summary following de-isolation is also provided.

Ms Beasley provided a summary of the number of COVID positive patients across the district who are currently utilising the service and the number already discharged from the service.

Outlining some challenges in the service, Ms Beasley spoke on the importance of maintaining a flexible and agile workforce across seven days a week to respond to escalating patient numbers and changing risk stratifications. The ability to address complex social issues in a timely manner such as access to food, mental health, and wellbeing support to manage and respond to geographic clusters across the LHD was discussed.

Ms Beasley referred to the continued need to respond to changing ACI and MOH Guidelines and adapt service models accordingly. The service has commenced training of additional workforce to respond to the predicted rise in case numbers and the measurement of patient experience has also commenced across the service.

Following a discussion around the success of the service in the community in preventing hospitalisation, it was agreed for the model of care for hospital in the community to be discussed further.

ACTION:

Further discussion around the models of care for hospital in the home for future healthcare delivery to be discussed at a future meeting.

The Board thanked Ms Beasley for her excellent presentation and commended her on the excellent work in implementing and managing the VCCC.

9.30am – 10.00am

**Presentation - Tweed Valley Hospital Development and Capital works update
Ms Amanda Bock, Executive Director Rural and Regional, Health Infrastructure
Mr Mark Brockbank, Director, Rural and Regional, Health Infrastructure**

Ms Bock provided an overview of the executive structure of Health Infrastructure outlining some of the newly appointed positions.

An overview was provided of the Tweed Valley Hospital that incorporates:

- \$723.3M NSW Government investment
- 430 overnight and day-only beds (Service Statement planned to 2031/32)
- 42 emergency treatment spaces (Service Statement planned to 2031/32)
- 137 outpatient treatment spaces (Service Statement planned to 2031/32)
- Noted that the service statement planning was until 2031/31 therefore not all bed/treatment spaces will be operational on opening
- Interventional cardiology
- Radiotherapy
- PET-CT suite
- Almost triple the size of the current Tweed Hospital.
- Health hubs including Aboriginal Health, Oral Health, Learning Development and Research

Mr Brockbank indicated that 75% of the hours worked on-site have been by locals living in northern NSW. Construction is up to date for completion in 2023 with first façade (pre-cast concrete panels) have been installed to the Mental Health Unit. The multi-deck car park will commence construction early 2022 with 1200 car parking spaces with expansion capacity up to 1500 space into the future. An update was provided on the project lookahead for the remainder of the build process.

Environmental sustainability is incorporated into the build which will include 950kw of solar. The project is on track to achieve a 4-star Greenstar rating. Responding to a query regarding other areas of sustainability that have been incorporated in the build, Mr Brockbank advised he will provide further information which will be provided through the November 2021 CE report.

An update was provided on the arts and culture program with a brief description of the artwork being incorporated across all sections of the hospital site.

Refurbishment works continue across the Lismore Base Hospital (LBH) as the final stage of the \$312.75 million redevelopment. These refurbishments have included:

- A new staff auditorium
- Main entrance and reception area
- Additional inpatient beds
- Integrated ambulatory care unit
- New education and training facility including library, computer training rooms and clinical education facilities
- New staff amenities

The works are progressing well and are on track to be completed in the first half of 2022.

Referring to the Grafton Base Hospital redevelopment, this will commence with the development of a new master plan that will support the expansion of clinical services, as outlined in the Clinical Services Plan. Currently there is only funding to complete the master planning phase of the project and a review of the current infrastructure of the hospital.

The Board thanked Ms Bock and Mr Brockbank for attending the meeting and providing an overview of the capital works underway across the NNSWLHD.