

**MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 30 SEPTEMBER 2020 COMMENCING AT 1.00PM AT GROUND FLOOR MEETING ROOM, CRAWFORD HOUSE, HUNTER STREET, LISMORE**

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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:**

Mr Peter Carter, Mr Michael Carter, Dr Allan Tyson, Ms Deb Monaghan, Mr Pat Grier

**Via Skype/Teleconference:**

Dr Brian Pezzutti, Mr Mark Humphries, Ms Carolyn Byrne, Dr John Griffin, Dr Alasdair Arthur  
Professor Susan Nancarrow

**In Attendance:**

Mr Wayne Jones, Chief Executive,  
Ms Jennifer Cleaver, Manager Chief Executive Office  
Ms Kate Greenwood, Board Secretariat  
Mr Ged May, Community Engagement Manager (via Teleconference)  
For part of meeting

Mr Richard Buss, Director Workforce  
Mr Jack Wallace, Workplace Health and Safety Co-ordinator, Clarence Health Service  
Mr Matthew Long, Director Corporate Services  
Dr Tim Williams, Executive Director Medical Services

**Apologies:**

Ms Naree Hancock, Dr John Moran,

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

No new declarations of Pecuniary and/or Conflicts of Interest were declared.

**2.3 Previous Minutes:**

**2.3.1** The Minutes of the Board Meeting held on 26 August 2020 as circulated were ENDORSED as a true and accurate copy with the following amendment:

Item 5.1.2 to now read "...a process initiated by *people with a lived experience of mental illness and drug and alcohol dependency and their carers...*"

**Moved:** Dr Allan Tyson

**Seconded:** Mr Michael Carter

**CARRIED**

**2.3.2 Business Arising from the Minutes:**

**2.3.2.1 Mr Jones to organise a register of models of care changes as a result of COVID-19 in delivering healthcare and report back to the 28 October 2020 Board Meeting.**

The Board noted this will be submitted to the 28 October 2020 Board meeting.

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**ACTION:**

**Mr Jones to organise a register of models of care changes as a result of COVID-19 in delivering healthcare and report back to the 28 October 2020 Board Meeting.**

**2.3.2.2 Mr Jones to provide a brief to the 30 September 2020 Board Meeting on options for the Chairs of the Medical Staff Council and Clinical Heads of Department from across the LHD to engage with the Board on a regular basis including a structure for Allied Health and Nursing Forum representatives to report to the Board.**

Mr Jones indicated a brief will be provided to the 28 October 2020 Board meeting.

**The Chief Executive is to also draft an interim letter of response for the Board Chair's signature to Dr Ingall.**

The Board noted a letter of response was sent to Dr Ingall on 3 September 2020.

**ACTION:**

**Mr Jones to provide a brief on options for the Chairs of the Medical Staff Council and Clinical Heads of Department from across the LHD to engage with the Board on a regular basis including a structure for Allied Health and Nursing Forum representatives to report to the Board to the 28 October Board Meeting**

**2.3.2.3 Mr Jones is to follow up on the definitions of surgical separation versus theatre attendances in relation to the Surgery Dashboard and report back to the 30 September 2020 Board meeting via the CE Report.**

Mr Jones indicated he has requested formal advice from the respective branch in the MOH and will report back via the Chief Executive report when this advice is received.

**2.3.3 Other Matters Arising from the Minutes**

Item 2.3.3 Reference Item 6.4 – Climate Sustainability Working Group

Following a brief discussion around considerations of strategies to mitigate the impacts of climate change in the planning and construction of the Tweed Valley Hospital, Mr Jones advised he will seek advice from Health Infrastructure and provide a report to a future Board Meeting.

**ACTION:**

**Mr Jones to request further information from Health Infrastructure on the sustainability strategies being incorporated into the construction of the Tweed Valley Hospital and report back to a future Board meeting.**

**Matters for Decision**

**3.1 2020 Annual Public Meeting**

Following a brief discussion around the information in the brief, the Board **AGREED** the Annual Public Meeting will be held via zoom/teleconference on 1 December 2020.

It was noted this will minimise COVID risks while still providing the opportunity for community and stakeholder participation.

**3.2 Education, Training and Research Partnership Strategy – Tweed Valley Hospital**

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Mr Matthew Long, Director of Corporate Services referred to the Tweed Valley Hospital (TVH) Education, Training & Research Working Group who have developed a strategy for the purpose of documenting an agreed vision for the various NNSW LHD stakeholders.

The TVH will have an Education, Training and Research hub with the LHD seeking a partner organisation to provide capital funding to expand the scope of the currently funded hub.

A lengthy discussion followed on who the potential partners may be with the anticipation of the first stage of the market approach to be conducted before the end of 2020.

Mr Long indicated he will update the ABS (Australian Bureau of Statistics) data on page 3 of the report to reflect current figures.

Dr Tim Williams noted the importance of the outlined strategy for future medical student placements across the District should any universities show interest in forming a partnership with the LHD.

The Board **ENDORSED** the Education, Training and Research Partnership Strategy for the Tweed Valley Hospital with the noted amendments to reflect the current ABS data.

**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.**

**3.3 Discussion: NOUS report recommendation concerning input into Board replacement appointments**

The Chair advised he will discuss Board member succession planning with Mr Richard Alcock, Chair, Western Sydney LHD to ascertain what that Board has in place to consider Board member succession planning. The Chair will report back to the Board in due course. Board Members are to email himself or Ms Cleaver with any questions regarding the NOUS Board report in preparation for the NOUS workshop on 28 October 2020.

**4. Chairman's Update**

**4.1 Chairman's Calendar**

The Board noted the Chairman's Calendar. The Chair indicated he may be on leave from 15 October – 24 October 2020.

**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
  - Queensland / NSW Border
  - Accessing specialist healthcare in Queensland
  - Non-NNSW LHD workforce

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- Northern Border Recovery Committee
  - Intensive care capacity
  - Staff/Community Communication
  - Personal Protective Equipment Governance Committee – a Fit testing program is being developed for the NNSW LHD under the guidance of Dr David Hutton, Director Clinical Governance in consultation with local clinicians and the Clinical Excellence Commission.
  - Testing – mobile COVID testing clinic has been established in Byron Bay due to the expected increased visiting population at this time of year
  - Residential Aged Care Facilities – NNSW LHD continues to work effectively with local aged care providers to ensure preparation and responsiveness to any outbreak in the community.

#### **5.1.2 Update on Strategic Issues**

- **Strategic Priority Champions of Innovation and Research**  
– MOH are engaging on board consultation on their NSW Future Health Strategy

- **Strategic Priority Our Community Values Our Excellent Person Centred Care – NNSW LHD Value Based Care Strategy**

The Board noted that the terms patient, client or consumer were used interchangeably throughout the document that at times causes confusion and asked if this could be relayed back to the author.

The Board **ENDORSED** the NNSW LHD Value Based Care Strategy with changes made to the document to make the terminology consistent with person centred care.

- **Strategic Priority Champions of Innovation and Research – Separation of research from the Health and Quality Research Committee**

Mr Jones advised that following a 12 month trial to combine Research in to Health Care Quality Committee meeting, it is now proposed to establish a separate dedicated Board sub-committee forum to consider research and innovation matters.

The Board **ENDORSED** the separation of research from the Health Care Quality and Research Committee, with the new Board sub-committee to commence in January 2021.

- **Strategic Priority Value, Develop and Empower our People – Clinician Engagement Strategy Development**

Mr Jones outlined how the development of a Clinician Engagement Strategy will build upon the existing processes and mechanisms for clinician engagement across the LHD and align with the LHD Community Engagement Framework.

The Board **ENDORSED** the proposed approach for the development of a Clinician Engagement Strategy and the recommendations in the brief with an amendment to the draft engagement principles for consultation collaboration to now read “.....*the most junior to senior clinicians.*”

- **Strategic Priority Effective Clinical and Corporate Accountability – NNSW LHD Strategic Service Directions**

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Mr Jones spoke on the proposed approach to develop a set of interim Strategic Service Directions to guide health service planning over the coming year and postpone the detailed service planning towards a revised Health Care Services Plan (HCSP) in early 2021.

Following a discussion around the importance of incorporating the changes as a result of COVID in delivering healthcare, Mr Jones advised the draft NSW LHD COVID Response and Lessons Learnt Report will be provided to the 28 October 2020 Board meeting and the LHD HCSP will be progressed during 2021.

**ACTION:**

**Mr Jones to request Mr Matthew Long, Director Corporate Services provide the draft NSW LHD Strategic Service Directions to the 28 October 2020 Board meeting.**

The Board **ENDORSED** the proposed approach to develop a set of Strategic Service Directions to guide health service planning over the coming year.

**5.1.3 Matters for Approval**

Nil for this meeting

**5.1.4 Major Key Performance Indicators**

- Emergency Treatment Performance (ETP) during August 2020 was 76% against the target of 81%.
- Elective Surgery Access Performance - during August 2020, NSW LHD did not meet the Category 2 and 3 targets. The results were as follows: Category 1 was 99% against a target of 100%, Category 2 was 84% against a target of 97% and Category 3 was 61% against a target of 97%.
- NSW LHD met all triage targets with all triage categories equal to or greater than the August 2019 results
- Transfer of Care result for August 2020 was 89% against a target of 90%.

**5.1.5 Security, Risk and Compliance Update**

- **Assaults at Lismore Base Hospital** - recent assaults at LBH Emergency Department where responded to quickly and support has been offered to those staff members involved.
- **NSW LHD Opioid Prescription Treatment Program** – Mr Jones spoke on the excellent work undertaken by the Opioid Prescription working group. Following a discussion of the brief, the Board **ENDORSED** the four proposed initiatives and suggested a letter of congratulations to the working group is drafted for the Board Chair's signature.

The Board Chair spoke to the opportunity to explore eMED's Alerts for Opioid Prescriptions.

**ACTION:**

**Mr Jones is to draft a letter of congratulations for the Board Chair's signature thanking Dr Abbey Perumpanani and the Opioid Prescription Treatment Program**

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working group for their excellent work in identifying initiatives around opioid prescription medications.

- **NNSW LHD Top 10 Strategic Risks** – a brief discussion was held regarding the NNSW LHD Top 10 Risks. It was suggested that Risk 10 on health workforce needs to be closely monitored. Also, in the next iteration of the Top 10 Risks consideration may need to be given to including wording around incentives and penalties within the ABF model.

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

#### 5.1.6 Governance Update

- **NNSW LHD Quarterly Performance Review** - was held on 31 August 2020 with the MOH complimenting NNSW LHD on the 2019/20 EOFY results. The MOH praised a range of results/actions including the LHD's preparedness and response to COVID. The NNSWLHD Performance rating remains at zero.
- **NNSW LHD Board Review**
- **Inquiry into Regional, Rural and Remote Health Services**
- **Corporate Governance Framework and Plan update** – was developed in 2018 and steps are being undertaken to refresh these documents to ensure they remain contemporary and provide the guidance required to support NNSW LHD meet our corporate governance requirements.

#### 5.1.7 eHealth Update

- A brief update was provided on eHealth across the district including the completion of a major upgrade to CERNER PAS and EMR, deployment of iPads for patient to carer conferencing, installation of CCC (critical care cameras) to all Emergency Departments.

#### 5.1.8 Capital Works/Planning Projects

- **Tweed Valley Hospital** – negotiations continue with Lendlease to secure final cost details related to the main works tender and final detailed design negotiations continue with the respective Project User Groups with anticipation of the majority of plans to be signed off during October 2020.
- **Grafton Base Hospital** – LHD will be submitting a request for the establishment of radiotherapy planning services in Grafton (CT scanner and associated radiation therapy equipment) as part of a Commonwealth Grants program.
- **Lismore Base Hospital** - request for quotes have been progressed in relation to the refurbishment work of the "old" sections of LBH.

#### 5.1.9 Matters for Noting

Please refer to Item 2.3.2.3

#### 5.1.10 Important Meetings/ Diary Commitments

- All meetings/events across NNSW LHD are being critically reviewed with the view to cancelling/ postponing or reverting to video-conferencing to support the implementation of the social distancing principles.

#### 5.1.11 Questions for the Chief Executive without Notice

- Responding to a query regarding some concerns around the Clarence Correctional

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Centre, Mr Jones advised Mr Chris Puplick, Chairman and Mr Gary Forrest, Chief Executive, Justice Health and Forensic Mental Health Network will be attending the November 2020 Board meeting where these matters will be further discussed

Mr Jones indicated a Confidential brief outlining these concerns will be provided to the 28 October 2020 Board meeting for an In-Camera discussion prior to discussion with Mr Puplick and Mr Forrest at the November 2020 Board.

**ACTION:**

**Mr Jones to request Mr Dan Madden, General Manager Grafton Base Hospital to provide a Brief on the impact the Clarence Correctional Centre is having on Grafton Base Hospital to the 28 October 2020 Board meeting.**

- Mr Jones responded to a query regarding the LHD stores and supplies, advising that procurement is currently being reviewed by the MOH.
- Mr Jones provided an update on the Human Factors Program.
- A brief update was given on the current recruiting process around increasing JMO numbers at Grafton Base Hospital.
- A lengthy discussion followed around the inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW.
- An update was provided on the Elective surgery activity across the LHD.
- Mr Jones provided an update on the redevelopment of the Ballina Central 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 and Research Committee (HCQRC) – 8 September 2020.**

Professor Nancarrow gave an overview of the HCQRC Meeting advising of the concerns around the increase in discharge against medical advice for Aboriginal inpatients with NSW LHD rates being higher than the NSW average. Professor Nancarrow advised staff have been made aware of this with development of an action plan underway and an update report will be provided to the March 2021 HCQRC meeting.

Sepsis and escalation of care continues to be a concern and the Standard Observation Chart/Sepsis Pathway Point Prevalence Audit Report for June/July 2020 was provided to the Board for information. Professor Nancarrow indicated that action plans are in place and will continue to be monitored accordingly. Mr Jones indicated he will further discuss this matter with Ms Katharine Duffy, Director Nursing Midwifery and Aboriginal Services and Dr David Hutton, Director Clinical Governance and report back through the HCQRC meeting in due course.

The Board noted the unconfirmed HCQRC minutes.

### **5.2.2 Finance and Performance Committee (F&PC) – 23 September 2020.**

Mr Humphries spoke briefly to the two-page report. He indicated the end of month August figures are still of concern referring to the document circulated prior to the Board meeting with particular areas of concern around the budget.

Mr Humphries spoke briefly on the Board's responsibility in relation to fiscal

responsibility and governance.

Following a lengthy discussion around the current budget situation, the Board **AGREED** to hold a budget workshop with the ELT in October 2020 to discuss the current budget forecast and to further understand the commitments and governance on fiscal responsibilities moving forward.

**ACTION:**

**Mr Jones to organise a workshop with Board members and ELT before the end of October 2020 to discuss the 2020/21 NNSW LHD budget strategies.**

The Board noted the unconfirmed F&PC minutes.

**5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 10 September 2020**  
Dr Tyson spoke to the MDAAC minutes providing a brief overview of the recent appointments and resignations across the LHD.

Dr Tyson advised the all new contracted radiologist will be reviewed and appointed by the new radiology provider, and then be signed off by the MDAAC committee.

The Board noted the unconfirmed MDAAC minutes.

**5.2.4 Audit and Risk Committee (ARC) – Internal Audit Plan.**

The Board noted the Internal Audit Plan, also noting the ARC minutes will be submitted to the 28 October 2020.

Mr Michael Carter spoke briefly on the recent rise in worker's compensation cases recorded with no particular trend being noted. Mr Carter indicated there were some minor injuries which resulted in no lost time costs.

**5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) –25 August 2020.**

The Board noted the CPCEC minutes, with the Chair noting the meeting is working well.

**5.2.6 Community Partnership Advisory Council (CPAC) – next meeting 12 October 2020.**

The Board noted the next CPAC meeting will be held on 12 October 2020.

**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**



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Nil matters for noting

**6.5 Business without notice**

Mr Jones advised the new Medical Imaging single provider commenced 30 September 2020 and feedback has been positive.

**7. Meeting Finalisation**

**7.1 Next Meeting**

28 October 2020 11.00am – 3.00pm  
Ground Floor meeting room  
Crawford House, Hunter Street  
Lismore.

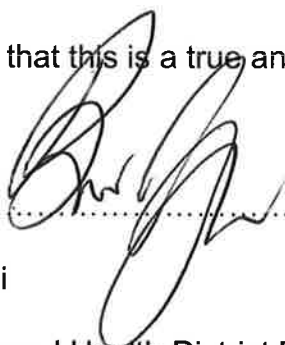
Nous Workshop 28 October 2020 9.00am – 11.00am

**7.2 Meeting closed**

There being no further official business, the Chair declared the meeting closed at 4.01pm

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

Signed .....



Date .....

28/10/2020

Dr Brian Pezzutti  
Chair

Northern NSW Local Health District Board

**9.00am – 9.30am Presentation by Jack Wallace, Workplace Health and Safety Co-ordinator Clarence**

Mr Wallace gave an outline of the Work Health and Safety Framework explaining some of the terminologies and their meaning within the work health and safety environment. The Person Conducting a Business or Undertaking (PCBU) for the our workplace is the Local Health District.

Giving an overview on the basis for reasonably practicable, Mr Wallace spoke on the process involved within the LHD on identifying and managing risks. Elimination and minimisation through the hierarchy of control is done in consultation, cooperation and co-ordination with staff.

The role of the Safe Work Inspector in the consultation process is quite comprehensive and includes advising and supporting workplaces, assisting in the negotiation of consultation arrangements and ensuring compliance with the WHS Act through issuing notices.

The WHS site audit process across the LHD has been postponed due to COVID and will commence again during 2021. However, all sites across the District are still within the two-year timeframe of required audits.

Mr Wallace spoke on the procedure across the LHD for workplace injury, incidents and near misses being reported through the IIMS system. As part of the management of incidents relating to staff,