



**Minutes
Board Meeting
(July 2021)**

Date:	28 July, 2021	Invitees:	Ms Elke Cleverdon Ms Elizabeth Dixon Dr Alam Yoosuff Ms Jill Ludford, Chief Executive Mr Kevin Lawrence, Director Finance and Performance Ms Fiona Renshaw, Director Integrated Care and Allied Health (video) Ms Carla Bailey, Director Clinical Operations, East Jacqui Zutt – Board Secretariat (Minutes)
Time:	12.30 pm		
Venue:	Yindyamarra Meeting Room, Wagga District Office		
Members:	Dr Thomas Douch (Chair) Mr John Ireland Mr Jonathan Green Mr Geoff Twomey Ms Andrea Jordan Mr Adrian Lindner		

- 1.0 Welcome to Country**
- 2.0 Patient story** - CE shared mental health consumer story linked to patient centred care.
- 3.0 Apologies** – nil
- 4.0 Declarations of Conflicts of Interest or Pecuniary Interest Relating to Agenda Matters** – Director Cleverdon in relation to Item 11.2

No	Topic	Considerations	Decisions	Action	Who
5.0	Confirmation of Minutes				
5.1	Minutes of Board Meeting June 2021		Approved		Director Dixon Director Cleverdon
5.2	Minutes of Planning Resource and Performance Meeting		No meeting held		
5.3	Audit and Risk Committee	<ul style="list-style-type: none"> • Meeting held 04 June, 2021. • Director Cleverdon has accepted a place as the 	Noted		

		<ul style="list-style-type: none"> Board representative on the ARC. Board Chair has held introductory discussion with Elizabeth Carr, Independent ARC Chair. ARC Chair to present to MLHD Board annually. Important to strengthen communication between MLHD Board and ARC. 	Approved		Director Twomey Director Yoosuff
5.4	Health Care Quality and Committee	<ul style="list-style-type: none"> Director Dixon has agreed to Chair Committee. Moving forward this will incorporate the current Research Innovation and Change Committee. 			
5.5	Research Innovation and Change Committee		No meeting held		
6.0	Matters Arising From Minutes				
6.1	Action List	<ul style="list-style-type: none"> Suggested closure of B21/04-002, B21/04-004, B21/04-006, B21/06-003, B21/06-004 and B21/06-005 accepted. Agreed to extension for B21/01-004 until November 2021. 	Updated		
6.1.2	Exit interview themes	<ul style="list-style-type: none"> There are many reasons why employees leave a department or an organisation, and while some reasons for turnover need further investigation, some turnover is expected. 	Noted	Provide monthly update to the Board updating current workforce risks and strategies.	Director People and Culture



MLHD is working to reduce turnover occurring for negative reasons and/or when turnover happens at an unexpected rate.

- MLHD has a culture program which includes site based coaching to build team culture.
- Staff engagement is measured in the People Matters Survey annually. JMO's are surveyed through the annual AMA JMO survey.

6.1.3 Reporting Better Cancer Outcomes – Aboriginal Health

- Ms Veronica Scriven, former Manager Cancer Services spoke to the report. Noted
 - The 2020 RBCO: Aboriginal people in NSW report is the first of its kind to be compiled by CINSW.
 - The report compares cancer control indicators for the Aboriginal and non-Aboriginal populations of NSW, mapped by LHD, Aboriginal Health and Medical Research Council (AHMRC) regions.
 - This report has been created as part of the RBCO program to better highlight gaps and opportunities for improvement in cancer control for Aboriginal people. This report joins a
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significant statewide body of work aiming to meet the goals of the NSW Cancer Plan.

- MLHD is working collaboratively to address inequities for Aboriginal people with a cancer diagnosis.
- It is important to note that Aboriginality is often under-recorded in routinely collected datasets, including the NSW Cancer Registry. This may result in an underestimation of the number of Aboriginal people living with, and dying from cancer in NSW.
- Board thanked Ms Scriven for her presentation.

6.1.4 MLHD Board data dashboard

- The dashboard style report was requested by the Board as part of their National Standard one governance to provide the Board with information on twenty Board nominated MoH key performance indicators and internal measures.
- Further work is required as part of user experience. The KPI results box is being updated to have green,

Noted

A revised dashboard will be presented to the August Health Care Safety and Quality meeting for further review.

Director Finance and Performance/Director Clinical Governance



amber, and red in the YTD box.

6.2	Governance Charter	Referenced
6.3	Service Agreement	Referenced

7.0 Organisational performance

7.1	MLHD Service Level Agreement 2021/22	<ul style="list-style-type: none">Chief Executive and Director Finance and Performance spoke to documentation.Draft cover letter to the Secretary was provided.A requirement to return the signed Service Level Agreement to NSW Health by 31 July, 2021.	Approved	<p><i>Motion – MLHD Board agrees to Service Level Agreement 2021/22 as presented subject to comments made in cover letter to be sent to Secretary, NSW Health dated 28 July, 2021.</i></p> <p><i>Motion – MLHD Board approves the sending of the Secretary, NSW Health letter dated 28 July, 2021.</i></p> <p><i>Carried.</i></p> <p>Continue to provide regular updates regarding NWAU allocation associated with capital works.</p>	Director Twomey Director Lindner Director Twomey Director Lindner Chief Executive/Director Finance and Performance Chief Executive/Board Chair
7.2	MLHD Quarterly Board Report – January-March 2021		Noted	A letter is to be sent to the LHAC Chairs summarising the 2021/22 budget.	
8.0	Strategic and state-wide issues				
8.1	Urana Service Plan	<ul style="list-style-type: none">Board acknowledged the quality of the Plan.	Approved	Board to write Urana LHAC to advise of Board approval of the	Director Jordan Director Yoosuff



- Community consultation has occurred.

Plan and to acknowledge their role in the development of the Plan.

8.2 Workforce Planning – Corowa

- Discussed under Item 8.3

Noted

8.3 Strategic Workforce presentation

- Discussed under Item 12.0

Noted

8.4 COVID-19 vaccination

- Discussed under Item 12.0

Noted

9.0 Our people our community

9.1 WHS Due Diligence Quarterly Board Report April to June 2021

- Board acknowledged the work being undertaken by the workforce team.
- A range of strategies in place to support staff wellbeing.

Noted

10.0 Chief Executive's report

10.1 Chief Executive's report

- Due to current response to COVID-19 Outbreak in Greater Sydney both the Northern Group and Base Hospital/Mental Health Inpatient Unit have been postponed. A new date for Survey will be determined with a risk assessment depending on the COVID-19 response to the outbreak.

Noted



11.0	Risk				
11.1	Strategic Risk Report	<ul style="list-style-type: none">Ms Jenny Spain, Manager Governance Audit and Risk spoke to report.Workforce risk has been escalated to an extreme risk. A deep dive in underway and expected to be available in September 2021.The Risk Appetite Statement is due for annual review in September 2021.	Noted	Review risk of legacy systems and cyber breach in NSW earlier in the year. Speak with MLHD Privacy Officer on recent updates.	Manager Governance Audit and Risk
11.2	MLHD Audit & Risk Committee – new members		Approved		Director Ireland Director Green
11.3	Internal Audit & Risk Management Attestation Statement		Noted		
13.0	Raising of Non Agenda Items through the Chair	Nil.			
14.0	In camera session – Board members only	Closed session			
15.0	Meeting closed at 2.55pm Next Meeting; 25 August, 2021 – location TBC				
