

## Meeting of the Southern NSW Local Health District Board

No. 2021/8

Date: Thursday, 5 August 2021

Time: 10.00am – 1.00pm

Venue: Lotus Room, Peppertree Lodge / Teleconference

# Minutes for disclosure

### In Attendance

Dr Allan Hawke AC, Board Chair

Beth Hoskins, Board Member

Dr Ken Crofts, Board Member

Narelle Davis, Board Member

Margaret Lyons, Board Member

Geoffrey Kettle, Board Member

Pru Goward, Board Member

Margaret Bennett, Chief Executive

Tim Griffiths, Executive Director Operations

Julie Mooney, Director Nursing, Midwifery and Strategic Projects

Bronny Roy, Director Finance and Performance

Damien Eggleton, Director Mental Health Alcohol and Other Drugs

Lou Fox, District Director Ambulatory Care

Dr Liz Mullins, District Director Medical Services

John Casey, Chief People and Wellbeing Officer

Jenny Spain, Manager Governance, Risk and Audit

### Apologies

Dr Anthony Stevenson, Chair SNSWLHD Medical Staff Executive Council

Vanessa Barratt, Manager Media and Communications

Dr Daniel Smith, District Co-Director Quality, Safety and Patient Experience

Dr Nathan Oates, SNSWLHD Medical Staff Executive Council

Linda Sorum, Director Quality, Safety and Patient Experience

### Secretariat

Karen Clark, Executive Officer

## **Item 1 Welcome and Apologies**

### **Item 1.1 Welcome**

The meeting was declared open at 10.02am. The Chair acknowledged the traditional custodians of

the land and paid respects to Elders past, present and emerging.

### **Item 1.2 Declaration of Pecuniary Interest, Conflict of Interest**

No additional changes in material circumstances were noted at the meeting.

### **Item 2 Confirmation of Previous Minutes**

#### **Item 2.1 Minutes of 1 July 2021**

The Minutes of the Board meeting held on 1 July 2021 were accepted as a true and accurate record of the meeting.

#### **Item 2.2 Minutes for Disclosure of 1 July 2021**

The Minutes for disclosure of the Board meeting held on 1 July 2021 were accepted as a true and accurate record of the meeting.

#### **Item 2.3 Minutes of Special Board meeting 29 July 2021**

The Minutes of the Special Board meeting held on 29 July 2021 were reviewed. A Board member asked that the draft minutes be reviewed to provide additional commentary around the matters discussed.

**ACTION: The Draft Minutes of the Special Board meeting held on 29 July 2021 will be revised and re-circulated for Board approval.**

### **Item 3 Outstanding Actions**

#### **Item 3.1 - Action list**

The Board reviewed and discussed the action list.

<b>Item 4</b>	<b>Presentations</b>
---------------	----------------------

<b>Item 4.1</b>	<b>Patient Story</b>
-----------------	----------------------

DDIC presented a Patient Story about Virtually enhanced Community Care (VeCC). The story details the challenges of a patient with advanced, end stage COPD, cardiac failure and many other health issues. The patient is on continuous oxygen therapy and has been house-bound due to poor mobility.

The patient lives in her family home, with her husband who is her main carer. The patient spoke of rarely leaving the house in the past few months due to needing a wheelchair and oxygen. She has a woman from Baptist Care come to shower her three times a week and clean house.

The patient was enrolled into the Virtually Enhanced Care Centre (VeCC) and given a Bluetooth tablet and monitoring equipment to monitor her observations at home. The Community Nurse is able to see these remotely.

In March 2021 the patient was invited to be a trial patient on VeCC. She accepted and liked the fact that there was a nurse watching her health. When visiting her GP, who could see her VeCC clinical records, she was able to explain how she is managing and understanding her health and therefore improving her quality of life. The patient reported that she enjoys the conversations with her nurse on video calls and is starting to laugh a lot more than she has for a very long time. The patient has enrolled in pulmonary rehab classes, went out recently for a full day in her wheelchair, shopping and having lunch with family and friends, and even went to the club.

She attributes this new understanding of her health trends through VeCC as being the catalyst for change.

The patient said that she wished she had been able to go on VeCC when first diagnosed, as she was scared and needed to know there was help at hand.

The story reflects the sense of empowerment and the way in which the model provides patients with the opportunity to be involved in their own care, and improves the interrelationship with the

patients' GP.

#### **Item 4.2 Workplace wellbeing project overview**

The Board were provided an overview of the services and scope of work being provided to the LHD, and the linkages of the Workplace Wellbeing project with Elevate.

The workplace wellbeing survey contains comprehensive questions but should take around 10 minutes to complete. The aim is to determine resilience: how resilient employees currently feel.

The essential perceptions about workplace pressures to build up a picture of psychological risks, determine a measure of physical and psychological health symptoms and psychological wellbeing: whether employees experience positive emotions ("hedonic" wellbeing) and a sense of purpose ("eudaimonic" wellbeing).

The two surveys, the Workplace Wellbeing and People Matter Survey have comparative questions and will provide a richness of data for managers.

The survey is the first piece of work, desktop reviews and interviews of staff will follow.

Individual and group reporting will be provided, along with an overall wellbeing scorecard and roadmap of suggested approaches going forward. Actionable data will be provided for every leader across the LHD.

Board members will be provided the opportunity to participate in the Workplace Wellbeing survey.

The Board endorsed this initial phase of our wellbeing initiative; and notes the results and actions will be communicated to the Board via the People and Wellbeing Board sub-committee.

#### **Item 4.3 Aboriginal health update**

An update on Aboriginal Health was provide to the Board.

Focus on establishment of the Aboriginal Health Board Sub-committee, working with MGRA to draft a ToR. Reporting of Aboriginal Health KPIs will be directed to this Board Sub-committee to monitor the implementation of initiatives.

Implementation underway of a Quality Audit and Risk System (QARS) Audit Tool for the review of Aboriginal readmissions to enable the identification of common themes for addressing through an action plan.

Conversations with staff across the LHD to address racism, promote positive working relationships, and build the capacity of all staff working with Aboriginal patients. This has been well received.

Aboriginal health reporting has improved following training by eMR staff.

LHD staff have supported 98 Aboriginal people from the Eurobodalla and Bega Valley to attend a COVID-19 vaccination clinic at SERH on 5 July 2021. An outreach clinic is planned for Wallaga Lake.

A review of Aboriginal Health Worker positions and transition to Aboriginal Practitioners has commenced. Structured professional development pathways for Aboriginal Staff includes support from the LHD People and Wellbeing Unit.

Upskilling Aboriginal staff to undertake follow up phone calls with recently discharged patients, particularly those who were discharged against advice. Most Aboriginal patient presentations across the LHD are followed up with a phone call within 48 hours.

The LHD are progressing establishment and employment of Aboriginal staff in the Mental Health directorate to support Aboriginal patients post discharge.

Continuing to work with BreastScreen to align Aboriginal Women's Days with breast screening days to encourage screening of Aboriginal women.

The Aboriginal Health Progress Report June 2021 for Southern NSW Local Health District was tabled and noted by the Board.

#### **Item 4.4 Implementation of recommendations from the Anderson report into hospital security**

A report into improvements to security in hospitals was completed by former Police Minister Peter Anderson and released in March 2021. The review provided a number of recommendations to

improve safety for staff, patients and visitors to hospitals.

The review made 107 recommendations, which were generally supported. NSW Health is working with staff, unions and other Government agencies to see these recommendations are actioned and implemented.

The Ministry identified a series of recommendations as the focus for local strategies, in addition to the system wide strategies being progressed.

The Board were provided with a template which reports against the priority recommendations, detailing the actions underway, and status.

The Board noted this information and accepted the ongoing work being undertaken.

Quarterly reports detailing progress on implementation of the Anderson Report recommendations will be provided to the Ministry and the Board.

#### **Item 4.5 COVID-19 update**

An update was provided to the Board detailing the LHD's governance, preparedness and risk mitigation surrounding COVID / Delta.

Emergency Operations Centre (EOC) meetings are flexed up and down depending on the status of the pandemic.

GP clinics have commenced provision of Pfizer vaccinations, providing the community with more options and allowing the District to focus on high priority groups. Reallocation of Pfizer vaccine from regions to Sydney has occurred. There is capacity by the District to provide AZ vaccine, and a process is in place to continue to provide Pfizer for Dose 2, and for eligible workers in the 1A and 1B categories.

Across the LHD around 80% of staff have had at least their first vaccination with plans in place for their second.

Continued focus on vulnerable populations. Working with NGO's to target homeless people.

Where appropriate, patients are being provided with information and assistance to book vaccinations upon discharge.

The LHD's infectious disease team continue to work closely with the State to support contact tracing and venue risk assessment, noting significant volume of work.

The LHD have completed a LHD-wide preparedness review of sites, to identify areas of risk, and risk mitigation strategies. Sites will now work through a range of scenarios, including planned and unplanned presentation to ED for suspected or confirmed COVID cases. Determining pathways for admission of a COVID positive person to a facility and clinical management. This includes aged care resident management.

A Board Member asked about the Goulburn building site and whether the worksite was included as part of DDIC's review. DDIC confirmed that the site is well contained. Site management and contractors are diligent and have sound procedures in place. When contact tracing was required, it was a simple and efficient process.

DDIC detailed the relationship between ACT Health and SNSWLHD and process for issues to be raised through State Pandemic meetings.

#### **Item 4.6 Budget 2021/2022 summary presentation**

The Budget summary as presented to the Performance Committee and at the Special Board meeting 29 July 2021 was tabled.

#### **Item 4.7 Goulburn Health Service update**

An update on the progress of the Goulburn Clinical Services Building (CSB) was provided.

Still on track for Operational Commissioning 7 September - 29 October.

The Board acknowledged the progress and welcome monthly updates of the work undertaken and planned.

#### **Item 4.8 Eurobodalla Health Service planning and community engagement update**

An update was provided on planning for the new Eurobodalla Health Service.

The LHD have requested Ministry support to undertake a targeted review of the CSP. The CE asked that the Board note concerns around the functional design and that the LHD are working closely with HI and the Ministry. A formal briefing is being developed for the Ministry. A Board Member asked for clarification of the term “clinical space”. The CE advised that the reference related to both floor and treatment spaces. The current EHS design was developed from the CSP. A review of data in the CSP has been requested. HI propose to move to schematic design at the end of August 2021. A Value Management Study with HI will facilitate discussion around priorities. GM (C) continues to work closely with local doctors to ensure involvement and engagement and noted that recent staff and community interest in planning for the new Eurobodalla Health Service has escalated. The GM (C) also meets regularly with the Eurobodalla Shire Council. The next meeting is planned for 10 August 2021. Staff and Community information sessions are planned for the end of August 2021 in Moruya and Batemans Bay. A project communication strategy and response to Frequently Asked Questions (FAQs) has been prepared. Planning for Capital works at Moruya ED is underway. Works are to be completed by February 2022 to support the move of patients from Batemans Bay to Moruya COU. The CE explained that the issue is around funding to support the EHS development. Reconfiguration of beds space is not the issue, the greater concern is about the three major issues identified, which include floor space in the ED, ICU and radiology services.

#### **Item 4.9**

The review of non-acute mental health services was initiated following safety and governance issues identified at the Ron Hemmings Centre, Kenmore. The review commenced in March 2021 and involved site inspections, interviews with staff, consumers, families and carers and a review of District documentation. Submissions from community members and stakeholders were invited, and a review of current literature and best practice models of care was undertaken. The report was delivered in June 2021. The 18 recommendations made following the review were all accepted. The Mental Health, Alcohol and Other Drugs directorate will provide periodic updates against the recommendations to the Health Care Quality Committee (HCQC). An Information Brief has been provided to the Minister and will then be provided to the Local Member and publically released. A Board member asked whether a body of work was needed to support recruitment of mental health staff. DMHAOD advised that the directorate is looking at all strategies for recruitment. The Board noted the report and recommendations and endorsed implementation of the recommendations.

#### **Item 4.10**

##### **Funded FTE profile**

DFP provided an overview of the District’s focus on employee related expenses. The underlying principles applied to this work include:  
Enabling performance by measuring and tracking to reduce overall employee related costs including the management of overtime and leave.  
Focussing on what we can achieve by using payroll reports from Stafflink provide useful monitoring information.  
Moving forward on firm foundations by using a roadmap report and reviewing spend to measure success. Reporting is now available to track fortnightly pays and compare year on year.  
A Board Member asked whether there is an education program to support improved rostering and a process to identify shortfalls or better rostering practices. DNM confirmed that there are systems in place, but further education is needed.

The Board support and endorse the principles of the Employee Related financial improvement strategy and monthly reporting framework

The CE provided an update to the Board on current issues including the continued focus on the escalating Covid situation and site reviews, a focus on connection with RACF in the LHD and joint strategies with ACT Health.

The CE noted the commencement of the Workplace Wellbeing project, continued focus on the LHD's budget and progress of recruitment to the District Director People and Wellbeing position.

The CE advised that the Health District Clinical Management and Advisory Structure by-laws require each District to have a Clinical Council. Terms of Reference for a District Clinical Council have been drafted for the Council to be act in an advisory capacity to the Board and CE.

The CE recommended to the Board that the Clinical Council be stood up, with the Chair being Dr Dan Smith, and Vice Chair as Judy Ryall.

As Section 5.2.2 supports the involvement of Dr Smith as the Chair of the Clinical Council, the Board noted this advice and made an informed decision to support the appointment of Dr Dan Smith.

<b>Item 5.2</b>	<b>Board Chair update</b>
-----------------	---------------------------

The Board Chair noted his attendance at fortnightly meetings with other LHD Chairs.

Incoming Board Chairs have been appointed, though there is no advice at this time regarding appointment of incoming Board members.

A Board Member spoke about the CCC Chairs meeting held 28 June 2021. A number of operational concerns were raised at the meeting including Bombala medical services. The Board member sought confirmation that there was no LHD directive to redirect patients from Bombala to Bega, over Cooma. This was confirmed.

The CCC forum provided feedback on Strategic Plan which has been communicated to the LHD.

Stronger community health partnerships were noted as an issue as was partnering with external agencies to improve the social determinates of health.

<b>Item 6</b>	<b>Accountability</b>
---------------	-----------------------

<b>Item 6.1</b>	Medical and Dental Appointments Advisory Committee Draft Minutes
-----------------	--

No meeting held in July 2021.

<b>Item 6.2</b>	Health Care Quality Committee (HCQC) Board Report and Draft Minutes
-----------------	---

Noted.

<b>Item 6.3</b>	Audit and Risk Committee Meeting update
-----------------	---

Noted.

<b>Item 6.4</b>	Performance Committee Minutes
-----------------	-------------------------------

Noted.

<b>Item 6.5</b>	People and Wellbeing Committee
-----------------	--------------------------------

No July meeting held.

--	--

No update.

--	--

Noted.

<b>Item 7</b>	<b>For Endorsement</b>
---------------	------------------------

<b>Item 7.1</b>	<b>Draft Terms of Reference for Aboriginal and Torres Strait Islander Health</b>
-----------------	--

Draft Terms of Reference (TOR) for the proposed Aboriginal and Torres Strait Islander Health Governance Board subcommittee were provided for review by Board Members.

The Board determined to await incoming Board members before finalising the TOR..

<b>Item 7.2</b>	
-----------------	--

A Draft Orientation pack for incoming Board members is being developed, based on packs developed by Murrumbidgee and Western NSW LHD's. The pack is in three parts, providing an introduction to NSW Health, with links to relevant Acts and Legislation; an introduction to Southern NSW LHD, and a summary of practical support available to Board members.

	<b>Executive Bend The Curve Summary report</b>
--	--

Noted.

<b>Item 8</b>	<b>For Information Only</b>
---------------	-----------------------------

<b>Item 8.1</b>	<b>Board correspondence summary</b>
-----------------	-------------------------------------

The Board noted the summary of correspondence received and sent during June/July 2021.

--	--

Noted.

--	--

Noted.

--	--

The Board noted the version of the Strategic Plan which will be sent out to staff and stakeholders for review in the week commencing 5 July 2021.

<b>Item 8.5</b>	<b>Coordinare Strategic Plan 2021 - 2023</b>
-----------------	--

Noted.

--	--

Noted

<b>Item 9</b>	<b>Business without notice</b>
---------------	--------------------------------

Nil

<b>Item 10</b>	<b>Close</b>
----------------	--------------

The meeting closed at 12.30pm

**Date of Next Meeting:** Thursday, 2 September 2021.