

Meeting of the Southern NSW Local Health District Board

No. 2021/7

Date: Thursday, 1 July 2021

Time: 10.00am – 3.00pm

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

Linda Sorum, Director Quality, Safety and Patient Experience

Jenny Spain, Manager Governance, Risk and Audit

Presenter - Tracey Elkins - Manager Projects, Quality and Safety

Presenter – Eddie Gacitua – Manager District-wide services

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

Secretariat

Karen Clark, Executive Officer

Item 1 Welcome and Apologies

Item 1.1 Welcome

The meeting was declared open at 10.01am. The Chair acknowledged the traditional custodians of the land and paid respects to Elders past, present and emerging.

The Chair welcomed Linda Sorum, Co-Director for Quality, Safety and Patient Experience who provided an overview of her background.

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 3 June 2021

The Minutes of the Board meeting held on 3 June 2021 were accepted as a true and accurate record of the meeting.

The Minutes for disclosure of the Board meeting held on 3 June 2021 were accepted as a true and accurate record of the meeting.

Item 3 Outstanding Actions

Item 3.1 - Action list

The Board reviewed and discussed the action list.

Item 4

Presentations

Item 4.1

Patient Story

DQSPE presented a Patient Story about the mother of a baby with a chronic disease.

Due to the disease, medical treatment is required immediately if there are any signs of infection. The mother spoke of a recent presentation to ED after multiple previous presentations within the last few months. The mother was feeling very anxious about her baby.

The ED's Patient Experience Officer (PEO) is part of a NSW Health pilot program. The Patient Experience initiative aims to create an environment where patients, carers and their families feel welcome, safe, cared-for and empowered.

The PEO uses a tool called 'Patient Journey' to follow admitted patients from ED to the Ward. The PEO spoke with the mother about her experience. The mother was grateful to always be seen quickly, and appreciated the support of staff and their calm reassurance. She wanted make sure that staff were aware that her baby has a long term condition that needs to be taken into account, on every presentation and of the management plans in place that must be followed.

This story details the important service provided by the LHD's ED staff, and the PEO role. The story was shared with ED staff to provide positive reassurance of how much their kind acts are noticed and appreciated. It also provided an opportunity for ED staff to be aware of the need for connected and individualised care to provide comfort for the patient.

A case has been put to Treasury to seek funding to extend the PEO positions in the LHD.

Item 4.2

Covid 19 testing and vaccinations

An update on the LHD's COVID testing and vaccination was provided. Dual vaccine clinics are established for staff and the public at SERH from Monday to Friday and outreach clinics at Queanbeyan, Goulburn and Jindabyne which are very busy.

The LHD continue to liaise with both PHN and SHEOC to ensure support for priority and vulnerable populations including RACFs, emergency workers, people with chronic illness and the homeless.

Testing is challenging, with significant demand and long waiting lines. The LHD is working to identify older people waiting for tests and how to escalate their testing.

Some GP clinics are commencing Pfizer clinics from the week commencing 5 July.

The LHD remains agile in response to monitoring, testing and vaccination.

The next newsletter will contain a thank you from the Chair and Board to staff involved in vaccination and testing, for their commitment and dedication.

A Board Member asked about vaccination of student nurses. The LHD are offering vaccination, but it is not mandatory before commencing a placement.

Item 4.3 Nursing and Midwifery directorate update

DNM provided an update on the forward direction and focus on Nursing and Midwifery core business, and development of a workforce that is equipped to deliver high quality health care.

The structure of the directorate was explained, along with intent to identify opportunities to drive cultural change and deliver improvement initiatives. Site Directors of Nursing positions are being established as are links to Mental Health Alcohol and other Drugs and Community and Integrated Care services.

Seven key strategies were outlined to drive the vision for the LHD to be recognized as a leader in rural health care. These include the upcoming Elevate launch, growth in partnerships, development of a workforce plan and promoting Models Of Care that support nurses to work to the top of their scope of practice. Education and training will be promoted, along with research opportunities.

DNM outlined a number of strategic projects underway including partnerships with the District medical leads to develop stream plans. The Directorate will also partner with the Agency for Clinical Innovation to deliver telestroke services and the Clinical Excellence Commission to implement a Maternity Governance and Accountability Framework. A Virtual Care Governance Committee has been established to oversee and build on virtual care initiatives.

The Board noted the information provided and supported the overarching direction of the Directorate.

A Board Member asked about workforce issues, and what is being done to promote the value of nurses in our rural health service, such as nursing led models at small sites.

DNM spoke of the need to work with doctors to supplement and support care. The LHD has a significant number of nurse practitioners and will support their further development.

DDIC noted the discussion around the GP issue at Bombala and the opportunities to improve access through Nurse Practitioners, particularly Aged Care Nurse Practitioners. The LHD are working with National Health Alliance and others to develop scope for nurse-led models.

DNM noted a model at Yass which combined the Nurse Practitioner and Doctor on duty.

Bombala provides an opportunity to pilot, promote and celebrate the success of a nurse led model which can provide a small community with an important service. This may also provide a positive response to the recent Parliamentary Inquiry.

DNM noted the important care provided in the community by nurses, such as for Palliative Care. The challenge is encouraging patients to try nurse-led care. An engaged nursing workforce, and knowing what people want is key to a positive workplace, providing pathways for career development.

The CE noted the previous lack of investment in our staff and opportunities for career development, which is now an LHD priority.

The NM directorate will provide regular updates to the Board.

Item 4.4 Planning for Ministry Briefing and Bend The Curve

EDO provided an overview of the six key areas of focus. These areas include: setting the scene, by detailing the focus on recovery, resilience, stabilisation restructure and cultural reform and diagnoses of capability and capacity over the past 12 months.

Enhancement funding will be raised with MOH for investment in new services, including Moruya COU/ED and the Goulburn build.

Temporary Cost Price Supplementation funding investment is required from MOH for LHD sites and

projects, along with one off capital investment for scanning, surgical equipment and staff accommodation.

EDO detailed a number of focussed efficiency measures which are a priority for the LHD. These include nursing profile review, and FTE review.

The plan to increase elective surgery and reduce reliance on locums was also outlined.

A Board member asked about the strategy should the Ministry decline what is proposed. EDO acknowledged the challenge of achieving all that is proposed, but from a governance perspective, it is important that these are raised with MOH.

Capital investment for new equipment will also be raised with MOH along with investment for digitising records to improve coding and for staff accommodation at Cooma, Moruya and Bega.

The Board noted the information provided and supported the work being undertaken.

Item 4.5 Alignment of staff establishment, staff profile, funding and FTE

DFP provided an overview of the staff establishment (Stafflink position detail report) used to inform the budget bottom up build.

Currently reviewing budget and actuals to ensure the budget is achievable.

The approved FTE and budget are to be loaded to the budget system and the SMRS reporting system by 31 July with budget letters detailing FTE targets provided to managers by the same date.

Monthly Performance Meetings will continue to review performance against FTE targets.

The Board noted the information provided and supported the work being undertaken.

Item 4.6 Financial Accountability Framework update

DFP explained the structure and purpose of the Bend The Curve meetings. Standardised monthly performance reporting for each of the Networks is occurring, along with Strategic Plan, Operational Plan and MAM meetings.

DFP outlined implementation of project plans and the progress of automation of reporting for cost centre managers.

Item 4.7 Financial Landscape update

Early results for the June close are consistent with Year End predictions. ED presentation and NWAU are up year-on-year, noting that last year was impacted by Covid-19.

The presentation provided detail of expenditure on known investments to stabilise services, along with additional investment in cultural reform.

DFP reiterated the intent to propose to MOH a move to a four year recovery plan. There is a focus on Bending the Curve, improved governance and accountability in the financial team, and on improved financial literacy for the Finance team and for new managers.

A Board member asked about timeframe for reduction of locum reliance and the impact on medical costs. DFP advised that this is a work in progress, with the intention to reduce locum agency fees.

A Board Member asked about the LHD's operational cost for the new Goulburn Hospital and the plan for managing shared services. DFP advised that a financial impact review of shared services has been completed for the new build and that discussions with HealthShare now need to be progressed. The LHD has received increased funding to cover these known costs.

A Board member advised that the Performance Committee had reviewed the Financial Landscape Update.

Item 4.8 Elevate Implementation update

Elevate launches for the three Networks have been completed along with launches for the MDAOD and Integrated Care and Allied Health streams.

DDIC noted the value of the recent launch in bringing the diverse DDIC team together and providing an opportunity to explain the benefits of leader rounding.

Planning for a number of further workshops, and coaching is underway. There will be continued support and follow up from previous coaching sessions on leader rounding, values and behaviours as well as follow up Skype sessions, and one-on-one support for leaders. Discussions are also

underway with other service partners such as Healthshare.

Item 4.9 Cancer Services Action Plan recommendations

The Cancer Services Review was presented. A series of recommendations have been provided to inform improvements in the provision of service.

The review outlines the anticipated significant growth in cancer services expected over the next 10 years in the LHD.

Key recommendations cover establishment of a clinical medical lead as well as cancer nursing roles in Cooma and Goulburn. Planning to strengthen partnerships was detailed, thorough virtual care pathways, ACT Health, the Cancer Institute.

A Board member asked staffing. DDIC noted the opportunity to create positions or investigate an agreement with medical staff at Nowra.

There are 38 recommendations that require Board consideration due to the financial, partnership, sustainability and LHD wide service delivery implications.

Recommendations including development of a Cancer Services Operational Plan, a KPI framework, agreements to comply with contract requirements and an Action Plan for Reporting for Better Cancer Outcomes for Aboriginal People, are underway. Other recommendations in train are development of a clinical services capability framework, development of standard business rules, a virtual care model, and improvement of governance and reporting.

Completing the review has highlighted areas for attention and provides a framework for other streams.

A Board Member asked that the review consider other cancer services available across the South Coast and integration of their offerings.

The Board provided in-principle agreement to progress the following recommendations:

- Progression of the a medical lead position for cancer services
- Alignment of operational management to a single manager for accountability

Item 4.10 Cooma Hospital and Health Service Integrated Plan

GM (M) provided a presentation on Cooma Hospital and Health Service Integrated Plan. The presentation detailed the services provided and the improvement journey for the service. Cooma is performing well for statewide targets in ETP, TOC and ESAP.

Current challenges, including Snowy 2.0 and the impact that has had on demand, and housing, were detailed.

The Integrated Plan is aligned with the Strategic Plan and Operation Plan and details culture and employee engagement, people and organisational development, safety and quality, patient experience, clinical service development, financial performance and infrastructure.

Recruitment of DONM/Site Manager is underway.

The way forward was detailed by GM (T). This includes increasing performance, appointment of critical lead positions, implementing the first 90 days, and building a culture of accountability and positive endeavour.

ACTION: The Cooma Hospital and Health Service Integration Plan be presented to the Cooma CCC.

Item 5 Leadership

Item 5.1 Chief Executive update

The CE provided an update to the Board on current issues, including COVID management and vaccination roll-out. Other areas of focus include planning, the finalisation of the Strategic Plan and the launch of the Operational Plan 2021 / 2022.

The CE spoke of the challenges of the past 12 months and the need to remain focused on the task ahead, noting that LHD-wide diagnosis is ongoing.

The recent announcement by the Goulburn Local Member about \$15M to support an MRI at

Goulburn was welcomed, but now need to address licensing and other requirements. The Goulburn redevelopment and the Bourke Street Health Service transition plan have also been topics of interest.

The LHD are working in partnership with RDN and ANU to seek funding for a project officer to investigate options for rural GP services.

Recruitment to key positions is underway.

The District are commencing FY21/22 with targeted performance improvement strategies in place.

The LHD is partnering with Treacle Consulting to undertake workplace wellbeing sessions focussing on building safety, culture and staff wellbeing.

The Board noted their support for the CE's future direction

Item 5.2	Board Chair update
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The Board Chair noted outcomes from the regular meeting of Board Chairs with The Secretary and Deputy Secretary. Service Level Agreements and NWAU price is to be reviewed.

New Board Chairs for a number of LHD's have been selected not yet announced.

The Secretary advised that NSW Treasury have indicated no additional operational funds for new hospitals. The Chair also shared The Secretary's comment about staff wellbeing and the huge impost on staff caused by the pandemic.

Item 6	Accountability
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Item 6.1	Medical and Dental Appointments Advisory Committee Draft Minutes
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Noted.

Item 6.2	Health Care Quality Committee (HCQC) Board Report and Draft Minutes
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Noted.

Item 6.3	Audit and Risk Committee Meeting update
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Noted.

Item 6.4	Performance Committee Minutes
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Noted.

Item 6.5	People and Wellbeing Committee
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No June meeting held.

Item 6.6	Community Engagement Committee
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No update.

Item 6.7	Finance and Recovery Report
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Noted

Item 6.8	Bushfire Recovery Update
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Noted.

Item 6.9	Aboriginal Health update
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Noted

Item 6.10	Research Project Update
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Noted.

Item 6.11	Goulburn Redevelopment, Models of Care and Commissioning
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Noted.

Item 7	For Endorsement
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Item 7.1	Diligent Boards proposal
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The Board's decision about Diligent Boards was carried over until the 5 August Meeting with the expectation that new Board members will have been onboarded by then.

MGRA noted that the Murrumbidgee LHD have deferred their decision on Diligent Boards until appointment of their new Chair.

Item 7.2	Draft Terms of Reference for Aboriginal and Torres Strait Islander Health Governance Board subcommittee
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Draft Terms of Reference (TOR) for the proposed Aboriginal and Torres Strait Islander Health Governance Board subcommittee were provided for review by Board Members.

ACTION: Board members to provide comments on the TOR for the Aboriginal and Torres Strait Islander Health Governance Board subcommittee. The TOR will be provided to new Board Members when appointed.

Item 7.3	Draft Orientation package for incoming Board members
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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.

The Compendium, and a list of acronyms is to be added.

ACTION: Board Members to review the package prior to circulation to new Board members.

Item 7.4	Goulburn Health Services
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GM (T) provided a presentation on the Goulburn redevelopment, including the timeline to opening, bedding configuration, and overview of the work being done on the Transition Plan and Models of Care. Information was also provided on a range of other services.

Building commissioning will occur between 21 June and 9 August, with handover on 7 September 2021 when operational commissioning commences.

The Transition Plan will include a risk assessment for every patient ahead of the move from the old hospital to the new Clinical Services Building. The move will occur in two parts. High acuity will be the first to be relocated, with palliative care patients to be moved following a risk assessment. Correctional services inmate patients will be moved with wardens from Corrective services.

Part two of the move is the Marian Unit, again with risk assessments for each patient.

The principles for development of the Models of Care for the Clinical Services Building were detailed.

Palliative care is to be transferred from BSHS, with admission criteria reviewed.

Sterilisation Services Unit will remain in old building until additional funding can be allocated.

GM (T) advised that the LHD are awaiting news on the \$15M to determine how to allocate to support an MRI service, SSD, the Transitional Living Unit (TLU) and the Café.

A Board Member asked about the TLU as the current location is owned by the Arch Diocese. DDIC advised that the Giles Court building will be costed to determine the feasibility of a move of the TLU to Giles Court.

A Board member asked about the café, and the plans for its management and operation. GM (T) advised that the intent was for some of the \$15m to support a fitout. Alternatively the LHD will advertise a tender to fit out and run the café. This is a work in progress.

A Board member asked about funding for additional operating costs at Goulburn and the MOC for medical and surgical virtual care. The CE advised that financial modelling has been completed for the new hospital. Now reviewing to ensure that it is still appropriate. This is listed for discussion with MOH. MOC needs further funding but operational costs are included in the Service Agreement.

A Board Member mentioned the need for improved communications to address local community concerns about the detail of the new hospital.

The Board acknowledged and endorsed the work that has been undertaken and requested a further update in August 2021.

ACTION: Goulburn Health Service update to be provided at the August 2021 Board meeting.

Item 7.5	Service Agreement 2021 / 2022
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DFP advised that the Service Agreement 2021-22 was released on 23 June 2021. Following a high-level review, a number of issues have been identified.

Board members were invited to attend the Performance Committee on 26 July 2021 where a Service Agreement presentation and draft letter will be provided.

The Board noted that the amended Agreement will be provided to the July Performance Committee for endorsement. The Board will provide out of session endorsement to support the Chair signing the agreement by 30 July 2021.

Item 7.6	Delegation Manual amendments
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Amendments to the Delegations Manual were endorsed by the CE and Performance Committee at their June 2021 meeting. The Board were asked to endorse the changes.

Further iterations of the Delegations Manual will need to be submitted until it is operationally sound and embedded.

The Board noted the request and endorsed the Delegation Manual additions.

Item 8	For Information Only
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Item 8.1	Board correspondence summary
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The Board noted the summary of correspondence received and sent during May/June 2021.

Item 8.2	2021 Board Work Schedule
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Noted.

Item 8.3	2021 Board meeting Schedule
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Noted.

Item 8.4	Draft Strategic Plan – for staff and stakeholder consultation
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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.

Item 8.5	Surgical Dashboard – May 2021
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Noted.

Item 9	Business without notice
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A Board member tabled correspondence received from the members of the ONE Eurobodalla, correspondence from doctors in the Eurobodalla regarding planning for the new Hospital.

Item 10	Operational Plan
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Item 10.1	Operational Plan Q3/Q4 Update
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Each Directorate presented on the major achievements, challenges to 30 June 2021 and the priorities for the next 90 days.

A Board member asked about coding improvement. EDO advised that a number of staff are being recruited and the LHD are now planning for full digitalisation, dependent on additional funding being secured.

A Board Member asked about a “Safe Haven” in the LHD. DMHAOD advised that one is planned for Bega. The LHD was funded for establishment of two part time Safe Havens but had proposed to MOH a 7 day per week Safe Haven, which was supported by MOH. MHAOD staff have been consolidated to run the pilot.

ACTION: The Board will write to the Executive, acknowledging the work achieved to date in the Operational Plan 2021/2021.

The Board noted the achievement detailed in the 2020/2021 Operational Plan

Item 10.2	Operational Plan 2021/2022 Executive Summary
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The Board noted the detail contained within the Operational Plan Executive Summary 2021/2022.

The Board noted the Operational Plan 2021/2022 and requested an update at the October 2021 Board meeting.

Item 11	Close
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The meeting closed at 2.45pm.

Date of Next Meeting: Thursday, 5 August 2021 at Batemans Bay hospital.