

Meeting of the Southern NSW Local Health District Board

No. 2021/6

Date: Thursday, 3 June 2021

Time: 10.00am – 1.00pm

Venue: Group Therapy Room, SERH / Teleconference

Minutes for disclosure

In Attendance

Dr Allan Hawke AC, Board Chair

Mark Harrison, Deputy Chair

Dr Ken Crofts, Board Member

Narelle Davis, Board Member

Russell Fitzpatrick, Board Member

Russell Schneider AM, Board Member

Margaret Lyons, Board Member

Dr Pavan Bhandari, Board Member

Geoffrey Kettle, Board Member

Pru Goward, Board Member (joined meeting at 11.40am)

Margaret Bennett, Chief Executive

Tim Griffiths, Executive Director Operations

Julie Mooney, Director Nursing and Midwifery

Tracey Elkins, Acting Director Quality and Safety

Bronny Roy, Director Finance and Performance

Damien Eggleton, District Director Mental Health Drug and Alcohol

Lou Fox, District Director Ambulatory Care

Dr Liz Mullins, District Director Medical Services

Leanne Ovington, Acting Director Nursing and Midwifery

John Casey, Acting Director People and Wellbeing

Dr Graeme Pickford, Chair of Medical Leads

Apologies

Beth Hoskins, Board Member

Dr Anthony Stevenson, Chair SNSWLHD Medical Staff Executive Council

Jill Adams, District Director People and Wellbeing

Vanessa Barratt, Manager Media and Communications

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

Jenny Spain, Manager Governance, Risk and Audit

Dr Nathan Oates, SNSWLHD Medical Staff Executive Council

Council

Secretariat

Karen Clark, Executive Officer

Item 1	Welcome and Apologies
Item 1.1	Welcome
<p>The meeting was declared open at 10am. The Chair acknowledged the traditional custodians of the land and paid respects to Elders past, present and emerging.</p> <p>The Chair noted with thanks the service provided by the retiring Board members Mark Harrison, Russell Schneider, Russell Fitzpatrick and Dr Pavan Bhandari. The Chair also welcomed Meegan Connors, General Manager Coastal, and Vicki Charters, SERH Site Manager/DONM to the meeting. Both provided an overview of their background.</p> <p>The Board viewed the “Welcome to Southern” orientation video clip.</p>	
Item 1.2	Conflict of Interest Declarations
<p>No additional changes in material circumstances were noted at the meeting.</p>	
Item 2	Confirmation of Previous Minutes
Item 2.1	Confirmation of Minutes of Meeting on 6 May 2021
<p>The Minutes of the Board meeting held on 6 May 2021 were accepted as a true and accurate record of the meeting.</p>	
Item 2.2	Confirmation of Minutes of Meeting on 6 May 2021 for Public Disclosure
<p>The Minutes for disclosure of the Board meeting held on 6 May 2021 were accepted as a true and accurate record of the meeting.</p>	
Item 3	
Item 3.1	
<p>The Board reviewed and discussed the action list.</p>	
Item 4	
Item 4.1	
<p>A/DQSPE presented a Patient Story detailing the experience of a palliative care patient and his wife. Following a routine chest x-ray, inoperable cancer was found. Referrals are made and the LHD’s Palliative Care Nurse Practitioner, Community Nurse and Palliative Care Clinical Nurse Specialist meet with the patient and his wife at their home. They discuss goals of care, and they make a plan as the patient wants to die at home. The nurses were able to provide the best care possible, and achieve the wishes of the patient and his wife.</p> <p>This story details the incredibly important service provided by the LHD’s Palliative service team and shows that patients and families value care that is close to home, and delivered with kindness, compassion and respect.</p>	
Item 4.2	Cancer and Renal Services update
<p>Manager District-wide Programs provided a presentation on cancer services and renal services within the LHD, also providing a global view of cancer prevalence.</p>	
<p><i>Cancer Services:</i></p> <p>In January 2018 an options paper was developed for Cancer Services in the LHD. This identified issues including medical staffing; models of care; staff travel; service capacity; and governance. The options paper has resulted in agreement between the LHD and Canberra Health Services on the preferred medical service model for the provision of medical oncology and haematology services to Southern NSW LHD.</p> <p>The Action plan was presented to Board in September 2020, outlining recommendations linked to</p>	

themes including governance; medical services model; surgical services; haematological cancers; radiation therapy; oncology nursing; supportive care; clinical trials; oncology information management system; service provision; and stakeholder engagement.

A further update on these recommendations was provided to the Board in December 2020. A number of the recommended actions in the Action Plan are underway, but incomplete. These have been investigated in more detail in the Cancer Services review undertaken in May 2021.

The organisational restructure, and commencement of a number of new executive and senior management positions, along with developments in strategic and operational planning, presented an opportunity to conduct a review of cancer services in the LHD.

The review will baseline the nature and extent of current services, highlight gaps and opportunities. It will provide recommendations to inform improvements in service provision. A structured approach has been undertaken to examine cancer services across a number of key domains including: cancer incidence; strategic priorities; clinical governance; organisational; service delivery; safety and quality; information technology and infrastructure; and finance.

The review is in the final stages of internal consultation and includes a number of recommendations that will be presented to the Board at the July 2021 meeting.

Key findings provided recommendations including establishment of a medical lead for cancer services, and establishment of a medical model of service delivery.

DDIC noted the high performance of Cancer services in the LHD and the opportunity for future partnerships.

The CE raised the current community focus on radiation therapy services for the Eurobodalla. The LHD, ACT Health and Cancer NSW have reviewed the viability of radiation therapy services in Eurobodalla and found that there is insufficient demand to warrant the service, given Eurobodalla's proximity to Nowra.

The Board noted the advice regarding radiation therapy services for the Eurobodalla and that recent analysis has reconfirmed the previous stance regarding viability.

The Board noted the update provided, the positive LHD performance in delivery of cancer services, and their support for the forward direction for cancer services in the LHD.

ACTION: Cancer Action Plan update to be provided to the July 2021 Board meeting.

Item 4.3

COVID-19 update

An overview of the LHD's COVID response and vaccination of staff was provided. Dual vaccine clinics have been established at SERH with outreach clinics throughout the LHD at Queanbeyan, Goulburn and Jindabyne. Potential to expand further to sites such as Eurobodalla, Yass and Crookwell to provide vaccination close to home.

The process of registering has been simplified with Healthdirect managing bookings. Management of the Pfizer vaccine is evolving. This has simplified storage and delivery of vaccines. Eligibility for vaccines continues to expand. The LHD's clinics are now public-facing, allowing members of the population to inquire about eligibility and create an EOI.

A Board member asked about MPS prioritisation of vaccination for residents and staff. The LHD are working with MPS managers MPS' to ensure 100% vaccination. Private RACF residents will all have had their second dose by mid-June. Now identifying any residents that are outstanding.

The Chair noted a pending review of MPS and RACF vaccinations by the Ministry and applauded the management of vaccinations for MPS and RACF in the LHD.

DDIC provided an overview of the testing surge clinics at Goulburn following a recent case having visited sites in Goulburn. Over 500 screenings were completed in Goulburn on 2 June. Clinics will continue, with extended hours of coverage at Queanbeyan also and panning for testing to continue over the long weekend. There have been no confirmed cases in the LHD.

Police staff and recruits vaccination is planned at Goulburn, with the Police recruits being prioritised. Supply of vaccine in Australia is limiting the ability to mass immunise, with the LHD awaiting further supplies. These are expected in September/October.

The CE outlined planning underway for the snow season, governance of vaccination and the priority of ongoing public vaccination. The LHD are providing a coordinated response with the PHN to target vulnerable groups.

Advice was provided regarding the eligibility checker which directs members of the public to available vaccination clinics. The LHD are actively encouraging all members of the public to use the eligibility checker.

The Board noted with appreciation, the LHD's ongoing commitment to the vaccination rollout.

Item 4.4 CEC SERH Report and Action Plan

GM(C) provided an update on progress against the Action Plan and acknowledged the support provided by EDMS and GM(M). Key areas of focus include governance, models of care and theatre efficiency, and orientation/onboarding/reboarding of staff. The site is on track to achieve completion of the requirements detailed in the Action Plan.

Theatre review by Denis O'Leary is underway and ongoing. SERH is working closely with Local Government to ensure appropriate health service delivery.

GM(C) spoke of the development of an integrated governance framework to ensure commitment and monitoring of progress. Re-establishing local critical governance committees to simplify and streamline processes for staff.

Pressure points were outlined. These include stabilisation of the management team, focus on reduction of agency and locum workforce and the importance of the Elevate process to support workforce culture.

GM(C) explained her absolute focus on stabilising the Coastal Network leadership team, building leaders and renewal of a culture of high performance. The Elevate leadership and accountability framework will provide a strengthened Network, supporting clinical reliability and sound governance.

A Board member asked about the challenge of finding housing for staff and the impact of this on recruitment. GM(C) acknowledged this as an issue, which is prevalent across the LHD.

A Board member asked locum doctors at SERH. EDMS advised that most ED staff are permanent, not locums. The only shift at SERH that is a locum shift is the fast track shift.

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

Item 4.5 Governance and Accountability in NSW Maternity Services

EDMS presented on the CEC's resilience assessments of the safety and quality of maternity services across NSW Health. The main components include leadership, governance and accountability, service capability and data analytics. The LHD are focussed on addressing all components. The key recommendation from the assessment relates to strengthening governance and accountability to ensure robust clinical governance systems including leadership, structures and processes for safe and reliable maternity services.

The LHD will implement District Clinical stream meetings, to identify and address risks, commencing in July 2021. The 11 streams will all meet twice per annum.

All sites are undergoing a self assessment process.

EDMS noted that provision of MOH data is improving, and is provided to compare against all of NSW. This data provides a starting point for conversations. Reports will be submitted to MOH by EOFY.

As these reporting streams develop, there may be a change in reporting to HCQC and thence to Board to provide a District-wide state of play.

A Board member asked about data from ACT Health for high risk referrals. EDMS explained that SERH has two full time paediatricians and detailed the model of referral of diabetic mothers to ACT Health. The CE noted recent productive talks with ACT at executive level.

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

Item 4.6 Restructure implementation

The Board noted the resignation of Jill Adams and recognised Jill's contribution and commitment to the organisational restructure.

CPO presented an update on implementation progress, noting that the structure is now implemented, operational, and on track for completion by 30 June. Minor variations to structure and to reporting lines will continue to occur to ensure optimal efficiency.

Medical workforce unit is currently being reviewed to ensure the structure is correct. Ongoing informal operational effectiveness reviews will be undertaken to ensure optimal effectiveness and efficiency.

The CE noted key recruitment underway including GM Corporate Services and GM Redevelopment and Capital works.

A Board Member asked about the process for ensuing FTE, funding and staff profile consistency for the new FY. CPO advised that the People and Wellbeing Directorate and the Finance Directorate are working together to ensure consistent reporting.

DFP noted the use of the budget build tool to align structures and budget, providing that information

as targets for FTE reporting.

The Board Chair noted the progress of the restructure and its finalisation and supported the proposed way forward.

ACTION: Report to July Board meeting on progress of aligning FTE and staff profile.

Item 4.7

Financial Landscape

DFP advised that the LHD's YTD result and Full Year Projection has deteriorated.

Underlying BAU expenses have been increasing since December 2020 with FTE, medical, and goods and services all tracking above prior year costs. Activity is below or consistent with prior year.

Enhanced governance around projections is in place for May month end with the full project to be rolled out in August 2021. This will identify savings strategies and projections based on achieving the targets, and not achieving targets.

DFP detailed the focus on finalising the full year result, and the development and implementation of the Executive Bend The Curve 10 Point Plan. A meeting is planned with MOH meeting to seek support and endorsement of this Plan.

A Board member stressed the need for sound governance for financial reporting and noted the LHD's positive relationship with MOH, and the importance of maintaining that relationship.

A Board member asked about FTE, funding and staff profile and asked for a presentation on the District's management of the budget for the new financial year to provide an assurance to the Board that the LHD is tracking in-line with budget month by month.

ACTION: Provide an update at the July Board meeting on the LHD's financial accountability framework.

The Board discussed previous correspondence to MOH detailing the particular challenges of a rural LHD, and that there had been no MOH acknowledgement or response.

The CE noted the cost of doing business in the LHD and the impact on efficiency due to geography. A meeting with MOH is planned for discussion around clinical risk, and LHD's turnaround.

A Board member noted the need for clear disclosure and improved financial governance, for which DFP has provided an assurance.

The Board noted the information provided and requested regular updates.

ACTION: Financial landscape update to be provided at the July Board meeting.

The CE provided an update to the Board on current issues. Key items include vaccination, restructure, capital works, and renewal. The Strategic Plan is almost complete, with a draft provided for Board members review and comment.

Of particular focus is performance outcome for FY20/21, negotiations with Ministry around year end, and planning for FY21/22. Determining key areas of risk mitigation in a constrained budget environment is a priority.

The CE noted the upcoming launch of the Executive leadership program, implementation of monthly Accountability Meetings for Tier 2 and 3 managers and the focus on staff wellbeing and supporting the psychology of leadership.

The Bourke Street Health Service transition plan is part of the Goulburn redevelopment. Important for the Board, community and Local Member to understand the detail of the transition plan, articulating that there will be no loss of service, and the need for a contemporary model of care.

The Bombala GP service continues to attract the attention of the Minister for Mental Health and the Deputy Premier.

The LHD are proposing practical actions that could lead to a new GP service model at Bombala, and have the potential to provide a model for broader application. The LHD are seeking funds to engage a project officer to determine a way forward. The Board noted their support for the CE's future direction

Item 5.1.1	Draft LHD Strategic Plan
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The draft Strategic Plan was noted, with the Board consenting to providing the draft Plan to staff and CCC's for review and comment.

Item 5.2	Board Chair update
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No further updates were provided by the Chair.

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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No May 2021 meeting held.

Item 6.4	Performance Committee Minutes
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Noted.

Item 6.6	Community Engagement Committee
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The Board representative on the CEC committee detailed a meeting with CCC members held in Bega on 2 June. Discussion included the future of community engagement and key issues including:

- Communication, process and wait time for minor procedures at SERH,
- Support for a more strategic level of involvement by CCC's and proposal to provide the Draft Strategic Plan to CCCs to welcome feedback and input.
- Transport from neighbouring communities to SERH.
- How to gauge patient satisfaction from a community perspective.
- Health literacy.
- Medical imaging and the need to ensure results from a private facility are transferred to the public system.
- Defining the CCC's purpose.

The Board acknowledged the outstanding work being done by Renata Sheehan, local health check annual event.

Item 6.7	Finance and Recovery Report
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No report.

Item 6.8	Bushfire Recovery Update
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Noted.

Item 7	For Endorsement
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An overview of the benefits and challenges of the use of Diligent Boards was tabled. The current method of Board paper distribution uses personal email accounts to distribute information. Diligent is a safe and secure platform.

Implementation of the software would require all Board and sub-committee members and the LHD Executive and support staff to use the software, requiring implementation support, training and education.

The Board requested that MGRA provide a presentation to the July Board meeting.

ACTION: Diligent Board presentation to be provided to the July Board meeting.

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 April/May 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	Board Member Claim Form Q4 – April to June 2021
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Board members were asked to complete and return their Board Member Claim forms for Q4.

Item 8.5	Surgical Dashboard – April 2021
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Noted.

Item 8.6	MOH Board Reports
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Ministry Board Reports for July to September 2020 and October to December 2020 were noted.

Item 9	Business Without Notice
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Outgoing Board members thanked the Chair and former and current Board members for the pleasure of their company and wished success to all.

Item 10	Close of Board Meeting
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The meeting closed at 12.52pm.

Date of Next Meeting: Thursday, 1 July 2021. This Board meeting will include presentation of the Operational Plan.