

## Meeting of the Southern NSW Local Health District Board No. 2022/3

Date: Thursday, 3 March 2022

Time: 10am

Venue: Lotus Room, Peppertree Lodge, Queanbeyan

# Minutes for disclosure

### In Attendance

Dr Allan Hawke AC, Board Chair	Margaret Bennett, Chief Executive
Beth Hoskins, Deputy Chair (TC)	Fiona Renshaw, Executive Director Operations
Dr Ken Crofts, Board Member	Virginia Boyd, District Director People and Wellbeing
Narelle Davis, Board Member (TC)	Bronny Roy, Director Finance and Performance
Margaret Lyons, Board Member	Alison Broadbent, Director Clinical Governance
Geoffrey Kettle, Board Member	Damien Eggleton, Director Mental Health Alcohol and Other Drugs
Pru Goward, Board Member	Dr Liz Mullins, District Director Medical Services (TC)
Leanne Barnes OAM PSM, Board Member (TC)	Lou Fox, District Director Ambulatory Care/COVID-19 Coordinator
Lana Callaghan, Board Member (TC)	Sarah Galton, General Manager Corporate Services
Terry Clout PSM, Board Member (TC)	Judy Ryall, Acting Director Nursing, Midwifery and Strategic Projects (TC)
Dr Duncan MacKinnon, Board Member (TC)	Dr Judy Toman, Chair Medical Staff Executive Council (TC)

### Apologies

(TC) – Attendance via teleconference	Julie Mooney, Director Nursing, Midwifery and Strategic Projects
	Jenny Spain, Director Governance, Risk and Audit

### Secretariat

Karen Clark, Executive Officer

<b>Item 1</b>	<b>Welcome and Apologies</b>
<b>Item 1.1</b>	<b>Welcome</b>

The meeting was declared open at 10.08am. The Chair acknowledged the traditional custodians of the land.

The Chair welcomed the incoming Chair of the LHD's Medical Staff Executive Council Dr Judy Toman.

The Chair welcomed District Director Clinical Governance, Alison Broadbent, who introduced herself to the Board.

#### **Item 1.2 Conflict of Interest Declarations**

No updates were noted.

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

##### **Item 2.1 Confirmation of Minutes of Meeting on 3 February 2022**

The Minutes of the Board meeting held on 3 February 2022 were accepted as a true and accurate record.

##### **Item 2.2 Minutes for Disclosure of 3 February 2022**

The Minutes for disclosure of the Board meeting held on 3 February 2022 were accepted as a true and accurate record.

#### **Item 3 Actions from Previous Meetings**

##### **Item 3.1 Action List**

The Board reviewed and discussed the action list.

#### **Item 4 Presentations**

##### **Item 4.1 Patient story**

DDCG presented a patient story detailing the experience of Mr J who presented with shortness of breath to South East Regional Hospital (SERH) ED via ambulance. Mr J had just returned home from another hospital outside of the district the previous day following a cardiac arrest two weeks prior.

Mr J was put into an isolation room as he was displaying COVID like symptoms and had been in a designated hot spot. Mr J's wife was asked to wait outside while her husband had a COVID swab and assessment. She remained in the waiting room until she was asked to leave the building by a member of the nursing team.

Mrs J left the ED as requested, concerned she might not see her husband again. Mr J was admitted to ICU with continuing congestive cardiac failure. Mr J was COVID negative for his entire admission.

An exchange between the ED nurse and Mrs J was witnessed by the ED Patient Experience Officer (EDPEO) and other members of the clinical team. The EDPEO brought together the multidisciplinary team for a huddle to discuss immediate strategies to address the concerns of Mrs J. The EDPEO spoke with Mrs J to offer an apology for her experience in ED. Mrs J explained that she had been unable to visit her husband and was worried. Mrs J thought she had done the wrong thing. Reassurance was given to Mrs J that she was able to visit her husband in ICU and a visit was arranged.

The learning for the team was around COVID advice for ICU visitors and the importance of the human touch, actively listening to patients' and their families and always applying good, safe and kind patient care.

A Board member noted the apology given in this instance, but stressed the need for empathy, remembering that members of our communities have faced fires, flood and COVID-19.

##### **Item 4.2 Accreditation preparedness update**

DDCG advised that Accreditation will take place 14-18 November 2022. A team of 15 surveyors will disperse across the LHD and visit every site. The names of the Australian Commission on Safety and Quality in Health Care (ACSQHC) Council-appointed surveyors have not been announced as yet.

Standard 1 is the clinical governance standard which sets the overarching requirement of all other standards. The Board has responsibility for the architecture of governance, quality and safety for the LHD. Responsibility for the other standards are devolved to the CE and then to the Board.

All standards committees have been stood up and are meeting regularly.

A Board member noted that at the last accreditation in 2018, mandatory training was identified as an area for improvement. The CE advised that DDPW is leading a plan to ensure compliance.

A Board member requested that the Board are provided a link to the National Standards and receive regular updates at each meeting leading up to Accreditation. .

#### **Item 4.3 COVID-19 Update**

DDIC provided an update on the current COVID-19 situation. Reproduction rate continues to drop, with the LHD currently seeing around 200-300 cases per day and an ongoing shift to reporting via RAT rather than PCR.

Visitation rules have been relaxed for NSW health facilities, with risk assessment protocols in place. This advice has been shared through SNSW social media.

Elective surgery, oral health services, and a return to outpatient and most community health programs has recommenced.

DDIC noted changes to outbreak management response and guidelines, particularly for aged care and disability providers.

Workforce impacts continue, but to a lesser extent. Averaging 30 furloughed staff per week.

Planning for next financial year has commenced with discussions with MOH to identify ongoing surge needs, and the impact of flu season 2022.

Vaccination booster rates and paediatric vaccination for the LHD are above the State average. The LHD is maintaining an ongoing focus on vulnerable community members and providing boosters to groups such as Aboriginal communities, refugees, community members with a disability, and play groups. Vaccination clinics have capacity and walk ins are welcome.

#### **Item 4.4 COVID-19 lessons learnt**

DDIC provided a presentation on COVID-19 reflections and learnings.

Silver linings of the pandemic included the 'can do' attitude of staff across the LHD. The LHD saw strengthened staff confidence and strong external partnerships including with MOH, Local Councils, Katungal, ACT/Canberra Health Service, the PHN and other LHD's.

Working with other Government agencies, the LHD were able to leverage existing systems and strengthen relationships, particularly with Police, DCJ, and NSW Housing for high risk, vulnerable groups.

Virtual care implementation, and its rapid expansion has been critical to the LHD's fluid and positive management of COVID-19.

A major challenge was, and continues to be, staffing. This is a major barrier across the country. The Board acknowledged DDIC's leadership and ongoing support as an exemplar of LHD staff going above and beyond.

#### **Item 4.5 Virtual care community health service**

DDIC provided a presentation on virtual care, advising that telehealth and videoconferencing has been embraced during the pandemic, with an excellent uptake by older people.

State level data shows 50% of the population have started using telehealth and 29% have increased their use.

Current models of care include outpatient telehealth remote monitoring, virtual ward rounds and critical care advisory care and support. More people across the LHD are seeking virtual models for their care. A focussed program of work is underway on outpatient service enhancement, with follow up regularly being requested to be virtual rather than face to face.

Oral health and teledentistry, paediatric speech pathology and renal medicine patients are all very engaged with virtual care.

The LHD will continue to expand virtual care.

A Board member asked what does success look like in this program. DDIC responded that the overarching aim is that VC becomes a modality of choice as decided by the patient, and we move away from discussing virtual care as a separate thing. Success would mean that the patient feels that quality, service, and access to care have improved.

#### **Item 4.6 Integrated Care and Allied Health Directorate overview**

DDIC provided an overview of the people and areas of service involved in the Integrated Care and Allied Health Directorate. Focus is on care outside of the walls of a hospital and improving everyday lives of members of our communities.

Responsibilities of the Directorate include: Aboriginal health, aged care and disability, the breastscan service, cancer and renal services, virtual care, integrations and partnerships such as virtual care, community health central intake, GPLO's and the PHN partnership.

As well, the Directorate oversees management of the Integrated Violence and Neglect services, oral health, palliative care, paediatrics and the public health service – including the COVID-19 response.

#### **Item 4.7 Tablelands and Monaro update**

GM (T) provided an update for the Tablelands Network, noting the commencement of new Director of Medical Services and current issues. The kiosk at Goulburn hospital closed on 11 February. A temporary solution has been arranged, with a coffee van visiting twice a day

The Board Member noted the CCC's concern that the kiosk is important to staff and community and requested that it is prioritised.

#### **Item 4.8 Coastal Network update**

A Board member noted that staff engagement in the design of the new hospital is critical. Need to ensure that information is provided all the way through to front line staff. Important to build the Aboriginal workforce and this project will be a positive launching pad for that.

A Board member asked about the land acquisition status. GM (C) advised that this is being managed by HI.

The Batemans Bay Health Solution was discussed. Planning has commenced to identify services and the MOC to be provided. The site will provide community health and a walk in minor care service.

#### **Item 4.9 Batemans Bay Community Health Service and incremental service development ahead of commissioning the Eurobodalla hospital**

A summary of the proposed incremental service development for the period 2022 – 2025 was provided, addressing the actions and risks associated with core service development areas.

#### **Item 4.10 Moruya Maternity Service Resilience Assessment Action Plan presentation**

GM (C) provided a summary of process against the actions from the Moruya Maternity Service Resilience Assessment.

#### **Item 4.11 Corporate services update**

GMC provided an update on the progress of winter planning, the patient transport MOC change and replacement vehicles, stroke transfer MOU with ACT Health and elective surgery flow reversal.

A new Medical Imaging draft contract has been issued and negotiations are ongoing.

The digital imaging project has commenced with funding confirmed, and to be expended by 30 June 2022.

Fire Safety Officer training and general staff sessions occurred in February. Violence Prevention and Management T4T training was planned for February but impacted by staff furlough of the training provider, JHFMH. A new date has been set.

WHS current state assessment has been completed and WHS audits are progressing. Phase one of the Strategic Security Risk Assessment is complete and phase two to commence.

Planning for the Batemans Bay community health service is the planning team's priority.

The Asset and Facility Management Online Implementation Pilot Project for corrective maintenance commenced in February with pilot sites at Queanbeyan and Braidwood.

Cooma ED capital works are forecast for completion in March 2022, with the ED to be online for the ski season. Yass hospital roof replacement has been completed, and works at Crookwell are expected to be completed in the next four weeks.

The Key Health Worker Accommodation project will be run through Health Infrastructure.

#### **Item 4.12 People and Wellbeing Directorate overview**

DDPW provided an overview of the areas of focus for the People and Wellbeing Directorate. These include: a functional and strategic review of the structure of the People and Wellbeing Directorate to ensure it is contemporary, recruitment to the Director Organisational Development, and MOH engagement about the people and wellbeing customer experience.

Best practice rostering, development of the wellbeing leader toolkit, mandatory training, and supporting the nursing workforce taskforce are all priority areas for the Directorate.

Mandatory training reports are being provided to all managers to ensure compliance.

#### **Item 5 Leadership**

##### **Item 5.1 Chief Executive Report**

The CE provided an update on key issues including appointment of Susan Pearce as NSW Health Secretary.

The LHD maintains a continued focus on 'COVID-normal', return to BAU, and the District's financial management through to the end of the financial year.

Workforce is a dominant factor for discussion across the State. Attraction and retention of staff particularly to rural areas, is the challenge.

The CE advised that contact has been made with Nous Consulting to seek a proposal for a Board review.

##### **Item 5.2 Board Chair update**

The Chair advised that he will attend the farewell for Secretary Elizabeth Koff on 23 March, the Board Chairs dinner and Board Conference on 27/28 March.

#### **Item 6 Accountability**

##### **Item 6.1 Medical and Dental Appointments Advisory Committee**

Noted.

##### **Item 6.2 Health Care Quality Committee (HCQC)**

Noted.

##### **Item 6.3 Audit and Risk Committee Meeting**

No February meeting.

##### **Item 6.4 Performance Committee**

No February meeting.

##### **Item 6.4.1 Bend the curve / Efficiency improvement Plan update**

Noted.

**Item 6.4.2**      **Operational Report – YTD January 2022**

Noted.

**Item 6.5**      **People and Wellbeing Committee**

Noted.

**Item 6.6**      **Community Engagement Committee**

Noted

**Item 6.7**      **Finance and Recovery report**

Noted.

**Item 7**      **For Discussion / Endorsement**

All discussion/endorsement items will be carried over to the April Board meeting.

**Item 7.1**      **Baseline FTE number**

Not presented. To be carried forward to April 2022 meeting.

**Item 7.2**      **Updated Aboriginal health subcommittee Terms of Reference**

Not reviewed at meeting.

**Item 7.3**      **Review and finalise Board Charter**

Not reviewed at meeting.

**Item 7.4**      **Draft Terms of Reference for independent external Board review**

Not reviewed at meeting.

**Item 7.5**      **AICD Board Governance Course proposal**

Not reviewed at meeting.

**Item 7.6**      **Risk appetite statement update**

Not reviewed at meeting.

**Item 7.7**      **Quarterly report on implementation of the Anderson Report recommendations**

Not reviewed at meeting.

**Item 8**      **For Information Only**

**Item 8.1**      **Board Correspondence summary**

Noted.

**Item 8.2**      **Updated 2022 Board meeting dates**

Noted. The date of the joint Board meeting with Coordinare has been confirmed as Monday 29 August, to be held in the ACT, commencing at 6pm.

**Item 8.3**      **Updated 2022 Board work plan**

Noted.

**Item 8.4**      **Board member claim form Q1**

To be completed and returned to Secretariat.

**Item 8.5**      **COVID-19 Information sheet and clinic information**

Provided for information. Circulated to all Board members.

**Item 9**      **Business without notice**

Nil.

**Item 10**      **Meeting Close**

The meeting closed at 1.37pm