

Meeting of the Southern NSW Local Health District Board

No. 2021/11

Date: Thursday, 4 November 2021

Time: 10.30am – 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

Ian MacDonald

Sarah Galton, General Manager Corporate Services

Apologies

Dr Anthony Stevenson, Chair SNSWLHD Medical Staff Executive Council

Dr Nathan Oates, SNSWLHD Medical Staff Executive Council

Council

Secretariat

Karen Clark, Executive Officer

Item 1 Welcome and Apologies

Item 1.1 Welcome

The meeting was declared open at 10.19am. The Chair acknowledged the traditional custodians of the land and paid respects to Elders past, present and emerging. The Chair thanked all involved in convening the positive Annual Public Meeting held today.

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 7 October 2021

The Minutes of the Board meeting held on 7 October 2021 were accepted as a true and accurate record of the meeting.

The updated Minutes for disclosure of the Board meeting held on 7 October 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

Southern wellbeing and engagement roadmap

A presentation was provided by Treacle Consulting detailing the response rate, and findings of the Workplace Wellbeing survey, and the PMES.

A single plan has been developed, bringing together the results from both surveys. The importance of integrating well was highlighted as being critical to establishing good foundations and consistent practices and policies across the LHD.

The presentation also included a summary of the 'top down' approach of Elevate and the 'bottom-up/co-design' approach of the wellbeing work.

The LHD are at the start of a three year journey to improve the wellbeing and engagement of staff. Stabilising the executive and senior leadership team, growing leadership, optimising Elevate, addressing staff and patient safety, and fully committing to the wellbeing and engagement plan. All are key components that will enable progressive improvement over the years to come.

The CE noted the importance of leader rounding which is a Studer principle and a focus of Elevate. Rounding provides an opportunity for managers to add a wellbeing question.

A Board member noted the importance of the link between wellbeing, engagement and productivity. Lyndal Hughes explained that the local wellbeing champions will play a key role, and will work with Elevate to codesign engagement.

The People and Wellbeing Board sub-committee has been re-established and will receive Treacle presentations and updates.

The Board endorsed the wellbeing and engagement roadmap and supports its implementation.

Item 4.2

Patient story

A patient story was presented detailing a patient with an advanced care directive and do not resuscitate order which was not followed by treating physicians.

The story identified the need for staff to be aware of, and to follow advanced care directives and actively seek to understand the patient's wishes, and those of their family.

The need to ensure advanced care planning is clear and adhered to is critical when it comes to end of life care. Advanced care planning and decision making should be part of a family wide and GP discussion. Without a clear directive, decision making can be challenging for health professionals. This is a complex matter and needs discussion within families for a planned response to a deteriorating situation.

A primary care project was conducted in 2021 to integrate MyHealthRecord so that any service provider can see decisions agreed. An information sheet on advanced care directive was developed and will be shared with Board members.

The patient story highlights the importance of listening, and understanding wishes to provide consistent treatment across multi-disciplinary care.

Item 4.3 / 4.4 COVID-19 response and vaccination update

An update was provided on the LHD's COVID-19 response and vaccination.

There were two new cases were announced on 3 November to 8pm, bringing the total number of cases in the LHD to 479 since the start of the current delta variant outbreak in June.

Vaccination rates are over 95% across the LHD for first dose, and greater than 83% for second dose.

Currently confirming timelines for vaccination of children under 12 with possible school based vaccination in targeted areas.

A GP-led low / moderate COVID care pathway is currently being finalised with the view to commencing a trial when case numbers indicate. The LHD will offer patients their choice of care provider, with the LHD continuing to provide support for moderate to high care patients, as well as any patient who does not have a suitable GP led care pathway available.

The LHD are working with external agencies including the disability sector, and DCJ to assist with vaccination rates amongst vulnerable populations.

A system has been established to offer third doses for all community members in line with the recommended timelines (6 months after the second dose).

Item 4.5 Goulburn redevelopment update

GM (T) provided an update on Operational Commissioning at Goulburn Hospital.

The incorporation of additional negative flow workspaces in the ED is underway, and will be completed by 5 November 2021.

Move week is scheduled for 22 – 26 November. Decommissioning activities will then commence.

A space for a 'coffee cart' by the main entry has been allocated. The current café vendors were approached to gauge their interest in operating from both the current café location and the coffee cart position. HI is working with the LHD on a future tendering opportunity for a suitable café site for both the existing hospital and the CSB.

The business case for the extra \$15m NSW state election promise is being progressed by HI.

The official opening will occur on 3 December 2021.

The Board noted the progress and endorses monthly updates of planned and completed works.

Item 4.6 Coastal Network update

GM (C) provided an update on the Eurobodalla Regional Hospital Project. MOH have been briefed about the key concerns. These include the ED, functional design for the maternity, neonates and paediatrics unit, and medical imaging services. Some issues are yet to be resolved.

The Model of Care workshops and limited schematic design user groups will continue, noting that the LHD have proposed postponement of further schematic design until issues are resolved.

Clinician and community engagement is scheduled and ongoing

The CEC's Moruya Maternity Service resilience assessment was completed on 29 October, led by Professor Michael Nicholl and Dr Harvey Lander.

The CEC's Moruya ED review was endorsed in September 2021. A draft Action plan was developed for 17 recommendations and endorsed at the October 2021 Board meeting. The initial Steering Committee was convened in October 2021. Governance and reporting structure has been endorsed by the Steering Committee and leads identified. Recruitment to priority leadership roles include the ED Director and ED NUM positions is underway.

Moruya Hospital Capital Works including the ED enhancement is progressing, with completion due prior to Christmas 2021. Stage 2 works are due to be completed by March 2022.

The Moruya Close Observation Unit works are due for completion at the end of November 2021, with stage one clinical transition planned for December 2021.

The Board noted the update provided.

Item 4.7 Risk appetite statement update

Carried forward to December 2021.

Item 4.8 Virtual Care presentation

COVID-19 has seen Virtual Care (VC), also known as telehealth, rapidly progress as a means to safely connect patients with health professionals to deliver care when and where it is needed.

There has been a significant uptake of the option of VC across the LHD, across all age groups.

The LHD has established a clinical governance framework to transition certain services across to a virtual modality, and are collaboratively implementing VC across a number of clinical streams. A number of projects are underway.

A Board Member noted a recent discussion by the CCC's at Delegate and Jindabyne around a VC contingency plan. At Jindabyne a VC Steering Committee has been established, and planning underway.

DDIC advised that a Community Health review is about to commence. This will investigate options for complimentary face to face and virtual support including the potential for Jindabyne to establish a 'drop in' option.

The Board noted the update and requested a further update including a VC community health service update and demographic presentation in March 2022.

Item 4.9

The quarterly presentation provided an outline of governance initiatives including the potential appointment of an Aboriginal Board member, the development of an Aboriginal Health Board Subcommittee and detailed the development of an Aboriginal Health accountability and reporting framework, and acknowledged the support provided by Aboriginal Health workers in supporting COVID-19 vaccination clinics for Aboriginal communities. As at 13 October, the LHD has one of the highest rates of vaccination in NSW, with 79.3% first dose and 54.9% second dose.

Three additional identified positions have been secured in the Mental Health directorate. These are currently being advertised.

The LHD will partner with the Cancer Institute on a project titled "What matters 2 me" to measure patient outcomes. Another research project is underway to provide support and mentoring to women breastfeeding an Aboriginal baby.

The Board noted the presentation and requested a further quarterly presentation at the February Board Meeting.

Item 4.10 Renal service update

A review of LHD renal services has identified the nature and extent of current services, highlighted gaps and opportunities, and provided recommendations to inform improvements in service provision.

The global increase in Chronic Kidney Disease (CKD) associated with diabetes and obesity is also echoed across the LHD with rural and Aboriginal people significantly more likely to be affected by renal disease.

Thanks to the ACT/Southern Renal Network home dialysis program, only 1:100 dialysis patients need to travel to access treatment, compared to 1:5 patients nationally. Across the LHD, 27% of all current dialysis patients are home dialysis patients.

In response to a Board Member's question, Dr Girish detailed the suite of testing undertaken to ensure that water quality for home dialysis is appropriate.

The review of LHD renal services recommended development of a cross jurisdictional renal network, development of annual operations plan, increase in FTE to align with current (and future) service provision including implementation of a 'grow our own' renal nurse program, as well as planning for the replacement, redevelopment and upscaling of renal unit infrastructure.

The Board noted the update and report provided and provides in principle support to the forward

direction proposed, subject to appropriate business case approval being signed off by CE or subject to relevant funding being provided.

Item 4.11 Implementation of the Anderson report recommendations

The Anderson report into improvements to security in hospitals was completed by former Police Minister Peter Anderson and released in March 2021.

The review provided 107 recommendations to improve safety for staff, patients and visitors to hospitals. These recommendations were generally supported and NSW Health is working with staff, unions and other Government agencies to implement these recommendations.

The Ministry identified a number of recommendations for local focus, as well as organisation-wide strategies to be progressed.

A template, reporting against the priority recommendations, and detailing the actions underway, and status was tabled.

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

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

Item 5 Leadership

Item 5.1 Chief Executive update

The CE's update to Board was tabled.

Key points for discussion included COVID-9 management, which is now moving toward a 'Covid normal' state. The LHD will maintain a watchful focus, ready for an agile response to a surge in Covid response, as well as planning for booster vaccination.

A formal process will be undertaken in the New Year to ensure the 'lessons learnt and opportunities to harness' are captured and actioned, and will be presented to the Board at the March 2022 meeting.

The CEC review of the maternity and neonatal model of care at Moruya was completed on 29 October. The review has identified a number of opportunities to strengthen the service.

The CE has briefed MOH on the CEC review and is working with the CEC, and Deputy Secretaries Dr Nigel Lyons and Susan Pearce.

A Board member asked about the plan to address the design issues for the Eurobodalla hospital. The CE advised that there is an opportunity to undertake a limited review of the CSP and how the HealthOne will fit with the new hospital.

The LHD are seeking the support of MOH around planning for an alternative model at Delegate, which currently has six residents and serious staff shortages.

The CE detailed the LHD's focus on enhancing and improving safety and care, and governance across the LHD. This includes virtual ED FAECM support for small sites, and appointment of medical leads at site level using additional enhancement funding provided by MOH.

Key leadership roles are proceeding to interview in the coming weeks.

Item 5.2 Board Chair update

The Board Chair summarised his attendance at the recent Board Chair's fortnightly meeting with the Secretary. An announcement on new Board members is expected by mid December 2021.

The annual Chairs forum is planned for 29 November and is likely to be a virtual meeting.

Item 6 Accountability

Item 6.1 Medical and Dental Appointments Advisory Committee Draft Minutes

Noted.

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

Noted.

Item 6.3 Audit and Risk Committee Meeting update

No meeting held in October.

Item 6.4

A Board Member questioned whether the district FTE budget is based on funding of 2075. Advice was provided that the budget is based on FTE of 2075. This baseline excludes overtime, Medical and COVID FTE.

Item 6.5

Noted.

Item 6.6

Community Engagement Committee

A Board member noted a request from the CCC's forum for positive media about Eurobodalla which could be shared on the CCC Chair's social media.

Cooma and Bombala were not represented at the CCC forum, but had expressed disappointed at the lack of a permanent site Manager. The Cooma site has had a series of experienced site managers acting in the role. Announcement of a permanent appointment is pending.

Delegate CCC were provided with an overview of the staffing issues.

Item 6.7

Finance and Recovery Report

The Board discussed financial reporting and noted that there is work to be done to improve the papers being provided to the Performance Committee and the expectation that next month will provide more clarity on implementation of Efficiency Improvement Programs.

The Performance Committee Chair acknowledged that a lot of work is being done, targeted to provide benefit in the latter part of the year. The focus on the budget is supported by improved analytics.

Item 7

For Endorsement

Item 7.1

Review Board and Committee Performance

This matter will be carried over pending commencement of new Board members.

Item 7.2

Board strategy and planning

This matter will be carried over pending commencement of new Board members.

Item 7.3

Draft Board Meeting dates 2022

The Board endorsed the proposed Board and subcommittee meeting dates for 2022.

Item 8

For information

Item 8.1

Board correspondence summary

Noted.

Item 8.2

2021 Board Work Schedule

Noted.

Item 8.3

2021 Board meeting Schedule

Noted.

Item 8.4

Moruya Maternity services review TOR

Noted.

Item 8.5

Goulburn hospital opening

Noted.

Item 8.6

Information brief – Key Health Worker Accommodation (KHWA)

An information brief and correspondence was tabled from Deputy Director Dr Nigel Lyons advising that the availability of accommodation for key health workers has been identified as an issue across several regional areas in NSW.

MOH is in ongoing discussion with NSW Treasury and the Department of Regional NSW (DRNSW) regarding this issue. The District's proposal will be highlighted in future discussions with DRNSW.

MOH have recommended that further work and consultation be undertaken to enhance the proposal. In accordance with the new approach to capital planning. MOH will be seeking Capital

Investment Proposal submissions in 2022, as part of the annual Capital Investment Planning process. The LHD is encouraged to consider putting in proposal for KHWA in this next round.

Item 8.7

Media release - Aboriginal Mental health workforce funding

Noted.

Item 8.8

Action Item 48 – Proactive media – Moruya ED and COU

Noted.

Item 9

Business without notice

Nil.

Item 10

Close

The meeting closed at 1.05pm.

Date of Next Meeting: Thursday, 2 December 2021. A Board lunch will follow.