

Meeting of the Southern NSW Local Health District Board

No. 2021/10

Date: Thursday, 7 October 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

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

Pru Goward, Board Member

Dr Anthony Stevenson, Chair SNSWLHD Medical Staff Executive Council

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 10.30am. The Chair acknowledged the traditional custodians of the land and paid respects to Elders past, present and emerging.

The Board Chair welcomed Sarah Galton, General Manager Corporate Services who provided an

overview of her background, and experience

The Chief Executive noted the attendance of Ian MacDonald who is assisting with the transition of the EDO role.

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 2 September 2021

The Minutes of the Board meeting held on 2 September 2021 were accepted as a true and accurate record of the meeting.

The updated Minutes for disclosure of the Board meeting held on 2 September 2021 (re-issued 6 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 Patient Story

A patient story detailing the experience of a couple's birthing experience at Moruya Hospital was presented. The story shows the value our patients and their families place on regular communication and small acts of kindness and compassion. Every action by our staff is observed and can make all the difference in the way we are perceived.

Item 4.2 COVID-19 Update

DDIC noted 15 positive COVID-19 cases overnight, with cases in Queanbeyan, Goulburn and Snowy Mountains.

The LHD has seen 317 cases since the Delta variant outbreak in June. 224 patients are being managed currently through Virtual Care, with the average Length of Stay on Virtual Monitoring being 12 days.

Concern at what might happen over the next month following lockdown restrictions being lifted.

The LHD have a great working relationship with other agencies including ACT Health, NSW Police and DCJ.

Additional locum doctors have been engaged to provide support.

Item 4.3 COVID-19 Vaccination and Staff Vaccination update

Vaccination rates are very positive. Supplies of vaccine are not an issue and are allowing walk in clinics and targeted vaccinations for vulnerable persons.

CPWO advised that of the LHD's permanent staff, only 68 people are currently non compliant. Two have sought a temporary exemption, there are 27 staff to provide proof of vaccination, 21 staff are currently on leave, there are 13 staff who have refused vaccination and five have resigned for other reasons.

The CE noted that challenging times are ahead with easing restrictions and holidays. The COVID-19 governance structure will be maintained.

Item 4.4 Delegate and Bombala Staff COVID-19 and vaccination impact

GM (T) provided a presentation on the impact on staffing at small sites by COVID-19 and the mandatory vaccination requirement for Health Care workers. Delegate MPS relies on agency and rural Local Assistance Program (LAP) placements to maintain safe service delivery. Attracting and

retaining appropriate staff has been challenging historically and further impacted by the COVID-19 pandemic restricting staff movement across and into Australia. Agency and rural LAP nurses are increasingly difficult to source.

Of the 10FTE nursing staff positions at Delegate, five are vacant.

Significant shortfalls in the nursing roster exist from 18 October 2021 onwards.

Eight residential aged care beds at Delegate are being utilised.

GM (T) advised that data for Delegate ED indicates that one person presents every three days, and most presentations are Category 4/5.

The LHD is working with both sites to consider all options to manage workforce challenges, with a contingency plan being developed. This will include relocation of residents to other facilities if staffing shortages cannot be covered.

GM (T) detailed a similar experience in Western LHD where nursing workforce issues resulted in partnering across two sites to provide an urgent care response and bolster primary care. In this case the sites had partnered with RFDS and an NGO to provide a range of services. Community consultation is key.

A Board member advised that Delegate CCC is aware of the continued staffing challenges and has worked on an information pamphlet detailing the services available at Bombala.

The Board noted the risks and complexity of managing the staffing situation at Bombala and Delegate and endorses any relevant interim measures needed to provide appropriate and safe care for patients and residents of these services.

Item 4.5 Goulburn Health Service Update

GM (T) provided an update on Operational Commissioning at Goulburn Hospital. COVID-19 and recruitment of workforce 'go-live' remains a risk.

Major medical equipment, furniture and fittings and ICT equipment is being received, installed and commissioned with education being provided to staff on use of new equipment.

Additional negative flow workspace is currently under development. Works for this have impacted the transition date. Now 8 November 2021.

The Operational Commissioning Control Centre will be established from mid October and planning for decommissioning post move-week is underway.

There is a space for a 'coffee cart' within the main foyer. The current vendors have been approached to manage both spaces. HI and the LHD are considering a future tendering opportunity for a suitable café for the CSB.

Business cases for the additional \$15M state election promise are progressing.

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

Item 4.6 Eurobodalla Regional Hospital update

GM (C) detailed a number of concerns raised by clinicians including delineation and service configuration, Eurobodalla Regional Hospital schematic design and safety and delivery of maternity and paediatric services. The move to schematic design has heightened frustration of some of the workforce.

While the District have had some positive outcomes with MOH around the ED, ongoing issues include the maternity unit and continuing to look at redesign with HI to have a flexible area to optimise utilisation of beds.

Medical imaging design needs consideration as this is considered a critical service for delineation. Closest public MRI is either at Nowra or the ACT. Eurobodalla has also been identified in the CSP for a stroke service for the broader coastal network.

The LHD's focus is to ensure future-proofing in design of the hospital.

The Batemans Bay announcement provides an opportunity to review elements of the CSP.

Concern about safe delivery of services at Moruya has resulted in a desktop review being

completed and Ms Carrie Marr of the CEC being engaged to undertake a review of paediatric and maternity services in Eurobodalla and planning for staging the transition to the new Hospital. The CEC have been advised of the need to establish well founded critical care services in Eurobodalla and aim to open the COU by November 2021. Currently moving to recruit additional medical and nursing staffing to support the enhanced COU and building an ED medical workforce. Moruya is establishing a relationship with SERH paediatricians.

A Board Member asked, whether Moruya has a doctor available for neonatal resuscitation. GM (C) confirmed that a Paediatric registrar is rostered to provide cover and for neonatal resuscitation, midwives are well equipped and trained. As Moruya is delineated as a Level 2, it is a midwife-led service. Regular training is provided for site staff with the most recent being in March 2021, involving a number of clinicians.

A Board member noted the importance for the Board to understand that Moruya is a safe service, operating within its current level three delineation. Confirmation of clinical oversight, that clinical plans are in place and appropriate training provided is needed.

The CE confirmed that there is appropriate oversight and noted appreciation for the support of the CEC to provide an external review and clarity around role delineation. The CE confirmed that the service is safe but there is conflict around role delineation which has led to engagement of the CEC to review and provide forward direction.

A Board member asked about forward planning for Batemans Bay. GM (C) noted that activity at Batemans Bay has significantly dropped, with ED and acute admitted lower than the site is budgeted to provide. The site is rostering to Nursing Hours Per patient Day (NHPPD).

GM (C) also provided an update on a number of other issues included in a recent article in 'The Beagle' relating to Eurobodalla.

Advertisement of HASA positions are progressing. Two casual HASA were appointed using COVID-19 funding. These positions were never intended to be ongoing.

Rostering of nursing staff for night duty is adjusted and escalated as required, led by the Site Manager/DONM, and consistent with NHPPD to support appropriate patient care.

PPE donning and doffing is supported at the site by a number of staff across the hospital.

Closure of the Batemans Bay hospital will not occur until the new hospital is transitioned to. A Transition Plan and Communications Plan will be developed.

A Communications strategy is being developed to detail and contextualise the transition from Batemans Bay to Moruya following COU enhancement.

The sites and paramedics continue to work in partnership, and are assisting with provision of an additional PTV at Batemans Bay.

The Board noted their support for proactive media to counter negative press and allay community concerns.

The Board noted the advice provided and their support.

Item 4.7	Elevate Update
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Good progress with People and Wellbeing partners actively involved in the delivery of virtual support due to COVID-19 restrictions.

Goals, 90 day plans and monthly accountability meetings are being progressively implemented.

Targeted support, coaching, mentoring and facilitation being offered as requested.

The Advanced Leadership Program, with 16 participants, commences virtually on 10 November 2021.

An EOI for the Elevate Senior Lead role will be advertised internally during October.

Item 5	Leadership
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	Chief Executive update
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The CE noted that the overarching operational framework is being maintained: COVID v BAU v

Recovery with specific 90 days emphasis on staff wellbeing, performance accountability framework, maintaining and improving clinical safety, seeking a way forward to resolve Eurobodalla issues. Also maintaining a major focus on clinical safety, and the consequence of Ministry response regarding Eurobodalla Regional Hospital Project.

DMHAOD provided an update on the Workplace Wellbeing project. Survey completed in August with survey scores now received and benchmarked. Focus groups are now being established to better understand the survey results. A wellbeing scorecard will then be completed and a Wellbeing roadmap will be developed. This will include the People Matter Employee Survey results. Actions will site under the Elevate banner. A detailed presentation to be November Board meeting will be made by Treacle and will include the wellbeing roadmap.

Other CE areas of focus include recruitment to key roles, being the Executive Director Operations and District Director People and Wellbeing. The role of Director of Organisational Development and Education will be a key recruitment as will the two Director Medical Services roles at Coastal and tablelands, the Site Manager/DONM at Cooma and Elevate internal coach.

The CE advised that confirmation of the new CE for Canberra Hospital is pending. A very positive working relationship has been established with ACT Health which supports progressing the move to 'a borderless health service MOU' in the New Year.

A draft agenda for the Annual General Meeting was provided for Thursday 4 November. The AGM is again proposed to be a virtual event. Guest speaker will be Adjunct Professor Lesley Russell.

A Eurobodalla presentation will be included at the APM.

Item 5.2 **Board Chair update**

The Board Chair noted that that regular Chair's meeting with the Secretary was cancelled last night due to a Cabinet meeting about NSW's roadmap.

The Chair confirmed that Board Member renominations and shortlisting of Board member EOI's has been submitted to the Secretary. MOH have indicated that appointment of new Board members may not be formalised until the end of 2021.

The Chair noted the extraordinarily circumstance pending NSW elections following the recent resignations by the Premier, Deputy Premier and Member for Bega.

Item 6 **Accountability**

Sub-Board Committee Secretariats will provide all Board Members with meeting papers.

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.

The HCQC Chair noted endorsement of the Clinical Governance Attestation which has been escalated to Board (Agenda item 7.5) and the Clinical Quality Framework, noting the work to be done on the framework which would likely take the next 12 months.

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

No meeting held in August.

Item 6.4 **Performance Committee Minutes**

In response to a question raised by a Board member about work being done in the EIP and delivery space, DFP advised that the Executive have been working toward tabling EIP's and Procurement savings. Draft EIPs were submitted to the PMO by 30 September. Although forecast savings for quarter 2 has proven difficult to achieve in the past, this is still a work in progress and will be finalised by October Performance meeting. The EIP's will be covered in the overall Performance Governance framework. Focus will be to ensure that EIP's are reported under each Directorate and discussed the Performance meetings.

A Board member noted that item 4.1, the second Action item states, "EDO to look into performance history, in more detail, and provide more relevant comments and assurance to the board, for the next meeting". DFP advised that this matter was requested to be held over until the October Performance Meeting.

Item 6.5	People and Wellbeing Committee
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No September meeting held.

Item 6.6	Community Engagement Committee
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No update.

A Board member asked whether the Cooma redevelopment main entrance and negative pressure room issues have been resolved. Ian MacDonald advised that Cooma has a room with a mechanical solution to ensure air flows outwards, rather than a negative pressure room. The works are being overseen by Peter Lawrence. The front entrance corridor is the same width, but an alternative to the solid wall of the waiting room has been modified to provide a better sense of space.

Item 6.7	Finance and Recovery Report
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Noted.

A Board member asked if the lead in times for implementation of the Efficiency Improvement Plans (EIP's) have an impact on the quantum of proposed full year savings, given they did not commence on 1 July, 2021.

DFP advised that EIPs have been developed with lead times. We also have a discount measure for reliability of success of each roadmap

Item 7	For Endorsement
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Item 7.1	Delegations Manual amendment
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The Board endorsed amendments to the change the tiering of the Site Manager/Director of Nursing and Midwifery (DONM) from a T3 to a T4, to allow for appropriate escalation through to General Manager; and the change of the delegation for Theatre Nurse Manager to increase theatre consumables.

Item 7.2	Orientation pack for new Board Members
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The Board endorsed the Orientation Pack for new Board Members. All comments provided by Board members have been incorporated and the pack reviewed by the MOH Governance Unit.

Item 7.3	Mental Health Medical Staff Council Model By-Law amendment
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The Board approved the repeal of the current SNSWLHD By-Laws and the making of the new

SNSWLHD By-laws as presented, by the Chief Executive.

Item 7.4	Release of the Strategic Plan
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The Board endorsed Strategy 2026 and the Health Care Services Plan for release on 25 October 2021 as part of the 'We are Southern' campaign launch, through an all staff email including to volunteers, Community Consultation Committee and Board members as well as via the SNSWLHD website and intranet (myHub), a Media release and promotion on - Facebook and LinkedIn.

A Board member noted comments and questions on the draft Strategic Plan that were forwarded to the District Planning Lead in June 2021. Responses have been provided to those comments as not all have been incorporated. Noting that the Strategic Plan will be formally reviewed annually.

Item 7.5	Clinical Governance Attestation
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Following Health Care Quality Committee recommendation, the Board approved the Clinical Governance Attestation for 2020-21 for signing by the Board Chair.

A Board member asked for clarification about the graphic on page 237 of the Board papers, in particular, an explanation of the Consumer & Community Engagement Committee.

DQSPE advised that the Consumer and Community Engagement Committee is an operational committee that has responsibility for ensuring the LHD meet the requirements of National Standard 2 – Partnering with Consumers. It is separate from the Board Community Engagement Committee

Item 7.6	Draft Board Meeting dates 2022
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The Board endorsed the proposed meeting dates for 2022 and requested that dates for sub-Board Committees be tabled at the November 2021 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 August and September 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	Tresillian Service update
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Noted.

Item 8.5	Moruya ED review
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The Board endorsed the release of the recommendations of the Moruya ED review only to clinicians

Action: Provide Moruya ED Review Action Plan to November 2021 Board meeting.

Item 8.6	Surgical Dashboard – August 2021
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Noted.

Item 9	Business without notice
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Nil

Item 10**Operational Plan presentation****10.1 Operational Plan Q1 Update**

Board members clarified a number of items within the Operational Plan.

The Board noted the achievements detailed in the 2021/2022 Operational Plan and requests an update on Q2 achievements at the January 2022 Board Meeting.

10.2 Accountability Framework presentation

The Board noted and approved the actions and the range of mechanisms being implemented to address and support the managers to improve overall operational performance.

Item 11**Close**

The meeting closed at 11.28am

Date of Next Meeting: Thursday, 2 November 2021. The Annual Public Meeting will commence at 9am.