

Meeting of the Southern NSW Local Health District Board

No. 2021/9

Date: Thursday, 2 September 2021

Time: 10.00am – 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

Jenny Spain, Manager Governance, Risk and Audit

Apologies

Pru Goward, Board Member

Dr Anthony Stevenson, Chair SNSWLHD Medical Staff Executive Council

Vanessa Barratt, Manager Media and Communications

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 10.00am. The Chair acknowledged the traditional custodians of the land and paid respects to Elders past, present and emerging.

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 5 August 2021

The Minutes of the Board meeting held on 5 August 2021 were accepted as a true and accurate record of the meeting.

Item 2.2 Minutes for Disclosure of 5 August 2021

The Minutes for disclosure of the Board meeting held on 5 August 2021 were accepted as a true and accurate record of the meeting.

The Minutes of the Special Board meeting held on 29 July 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 Corporate Governance Attestation Statement

MGRA presented the annual Corporate Governance Attestation Statement, which must be submitted to the Ministry as a part of the annual performance review process and published on the LHD's website. The Statement provides confirmation that each NSW Health organisation has sound governance systems and practices and attains the minimum expected standards.

The Board endorsed the 2020-21 Corporate Governance Attestation Statement for signing by the Board Chair.

The 2020-21 Corporate Governance Attestation Statement will be submitted to the NSW MOH and published on the SNSWLHD internet site.

Item 4.2 Patient Story

DQSPE provided a patient story detailing the experience one consumer had when interacting with a Rural Counsellor. The consumer presented with multiple situational stressors, post-traumatic stress disorder (PTSD) and distress related to grief and loss. The consumer had no previous history of Mental Health support. He had faced the worst drought in over a century which resulted in financial difficulties. He then experienced the summer bushfires where his properties were on fire at the same time and badly affected. There was significant loss including cattle, his home, personal property, sheds and equipment.

The consumer had also experienced two significant deaths including a close friend lost in the bushfires on his property and another in a motor vehicle accident.

The consumer spoke of how knowing the Rural Counsellor was also a farmer made a difference, as did the visits being at his home and on his property. As a farmer, explanations related to cattle and horses, helped to understand stress in context, and then relate it to his own stress response. He appreciated the mindfulness techniques taught to him and now practices mindfulness every day. When he finishes work on the tractor, he stops and appreciates his work before continuing on with the next job.

Over the several months, he said he felt the benefit of counselling and was relieved to feel gradual and positive progress, saying that if it wasn't for the counsellor, he would be still in that dark place.

A Board member noted the range of different counsellors in the rural counselling space and asked how they interact. DMHAOD explained that the various counsellors sit within the LHD's Mental Health

directorates and connected with a range of external organisations and stakeholders. They have a sound understanding of all supports available and can refer community members to other services as needed. DMHAOD noted the District will bring a range of District counselling positions, including suicide prevention counsellors, drought counsellors and bushfire recovery clinicians (now called Disaster Recovery Clinicians) into a new Response and Recovery Team. DMHAOD confirmed that Resilience NSW fund bushfire recovery clinicians through MOH. Funding for the Towards Zero Suicides initiative was provided for three years with this year 2021-22 being the final. As yet there has been no word on funding continuity, although Directors Mental Health are actively advocating to MOH for continuation of funding, noting that funding for Farmgate counsellors and Bushfire Recovery Clinicians has been extended.

Item 4.3 COVID Update

An update of the current situation was provided.

While the LHD has been relatively sheltered to date, this is not expected to continue.

Pressure now on surge response and providing support to the State Public Health response. The Public Health team are assisting planning for hospital capacity and exploring alternatives to hospitals. The team has been expanded from 8 to 23 in the past year to support up to 50 close contact interviews daily.

Current modelling indicates peak hospitalisation around October 2021. Closely looking at all alternatives to hospitals.

The spread into rural NSW is a major concern due to the impact on vulnerable population groups. The LHD are closely watching the Western NSW experience, noting the rapid transmission across the Aboriginal community.

ACT impact is significant, with school, childcare, border restrictions and vaccine transfer all providing challenges. Risk for Southern is the spread from metropolitan Sydney and the ACT. Daily joint huddles are established between the LHD and Canberra Health Service focusing on clinical care and patient flow.

Border restrictions had impacted vaccination for NSW residents in the ACT. A process has been agreed and the majority of vaccinations for NSW residents were completed this week.

Vaccination of staff is ongoing with over 85% of staff now vaccinated. Mandated vaccination dates for health care workers are now in place. Between 600-700 staff are needing vaccination before 30 September.

Shared governance between the LHD and the Primary Health Network was noted with a committee in place supporting targeting of vulnerable groups.

Aged Care vaccination remains a focus with a very high proportion of Aged Care residents and workers vaccinated. Vaccination is mandatory for aged care workers from next week.

Aboriginal Community clinics have been extended at Goulburn and Queanbeyan, and planning underway for clinics at Yass. The LHD is also working with Aboriginal health providers to ensure rollout is widely accessible.

The LHD's walk-in clinics providing AstraZeneca vaccines commence today at Queanbeyan.

Sewage detection notifications are of concern and are widespread across the LHD.

A significant review of hospital response capacity has been completed. Across the LHD updated STEP plans are in place, along with redundancy plans for senior leaders.

Oral health services have been directed to move to emergency care only which has provided an opportunity to divert staff to other areas.

Clinical practice has seen rapid onboarding to support our ICU's. Scope of practice plan to identify supports to the sites and community.

Regional response capability has resulted in a district governance group involving a range of State departments. The group is identifying processes and capability to quickly respond to issues being

experienced in Western NSW such as care for minors whose parents are unwell and cannot care for them at home.

An ongoing workforce response review has identified employees who are able to work at other sites to provide a range support services.

Ongoing challenges include establishing accommodation for positive cases and securing accommodation for close contacts. The closure of the Clyde Mountain has required a plan for retrieval as needed.

Escalation pathways with ACT and Illawarra Shoalhaven are established.

The LHD are currently supporting South West Sydney LHD via virtual care and the Sydney Children's Hospital Network.

Accommodation secured for close contacts and for positive cases.

High level contingency planning. Working with ACT to provide appropriate clinical care across border and also working with the Cross Border Commissioner.

The CE advised that the Secretary had been briefed following last weekend's discussions between ACT Chief Minister and the NSW Premier.

A Board member asked that the Board's thanks to all staff for their hard work to date and acknowledgement of the challenging work environment is passed on.

Item 4.4 COVID Vaccination update

There is now a clear timeline for mandatory vaccination of healthcare workers.

The LHD now has the ability to provide 1000 vaccinations per week.

All people aged 16 and over are currently eligible. Those aged between 12-15 who identify as Aboriginal, or are from one of the hot spot areas can also be vaccinated.

Item 4.5 Goulburn Health Service Update

The site remains on track for Building Handover on 6 September and commencement of Operational Commissioning on 7 September. Covid remains a risk and has impacted on the site's contractors.

Medical gas testing has been completed. The 'Black Start' has been postponed to the end of September due to contractors from Sydney and the ACT not being able to travel to the site.

The Site plan is being expanded to include the current site as well as the new building in the event of an outbreak.

Timing for the Transition Plan has been revised, with Operational Commissioning Group Leads set for ED; ICU; Rehab; Maternity / Paediatrics, which commenced 16 August.

Palliative care patients are scheduled to be moved to the new building on 9 September from the Marian Unit, with other patients from the Maria Unit being relocated the following day.

Perioperative, Medical and Surgical transfers will commence from 6 September.

HI are preparing a business case for the \$15M election promise. This will be provided to the CE for review.

Working with HI to progress plans for the café. An update to the CE will be provided following a meeting between HI and the LHD planned for 3 September.

Item 4.6 Eurobodalla Hospital update

The briefing provided to Board members on 31 August 2021, has been provided to MOH.

The Board noted functional design concerns including the Emergency Department, Maternity, Neonates and Paediatrics Unit and Medical Imaging services.

The design concerns related to changes in both acuity and compound growth in some clinical services were noted by the Board. While some changes can be managed within the current parameters of the proposed development with careful design and reconfiguration of spaces, a review is being sought.

A Eurobodalla Regional Hospital update will be added as a standing agenda item to the Board agenda.

The community and clinician engagement sessions held 31 August and 1 September were discussed. Positive feedback has been received following these sessions.

A Board member asked that correspondence sent to Board Members from community members dated 2 and 21 August be provided to the entire Board.

Item 4.7 Enhancement Request

The District's briefing to Deputy Secretary Wayne Jones and Alfa D'Amato was tabled. Initial discussions held between CE and both Deputy Secretaries were positive.

The LHD was referred to the MOH Capital Works unit to progress discussions for additional capital funding. The LHD aim to set a meeting for late September.

Item 4.8 People and Wellbeing Directorate forward direction

Workplace Wellbeing survey results are being presented to the Leadership team next week.

The CE noted a planned presentation by Treacle to the Leadership team about management of language and supporting staff during the particular stresses of the pandemic.

A number of actions are underway to improve the Directorate, informed by the Workplace Wellbeing survey results.

These include working with Ministry to ensure systems such as Stafflink, Health Roster and ROB are being used to their fullest extent. Digitisation of Personnel files is underway to provide Managers with access to files and ensure best practice file access. The PAT (Performance and Talent) rollout will improve the way the District records and stores employee performance information.

The Directorate will also oversee medical recruitment and administration and is reviewing processes and practices and implementing new governance controls and efficiency measures.

The Directorate is engaging with Managers to support decision making return to work cases and managing long term workers compensation cases. Implementation of the Rostering Best Practice Program is underway.

Item 5 Leadership

Item 5.1 Chief Executive update

The CE provided an update to the Board on current issues including maintaining focus on the three pillars - COVID, BAU and Renewal.

An overview of the Staff wellbeing survey was provided.

The People Matter Employee Survey is open, with weekly updates being provided to the CE.

Covid continues to demand significant time and effort. The LHD continues to work closely with ACT and Illawarra Shoalhaven LHD to support alternative upwards referral.

Positive news was the announcement of funding for planning of the Batemans Bay HealthOne.

Eurobodalla community engagement forums. The CE noted and thanked the Board for their support at the community sessions.

Item 5.2 Board Chair update

The Board Chair noted his attendance at fortnightly meetings with other LHD Chairs.

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 August.

Item 6.4	Performance Committee Minutes
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Noted.

Item 6.5	People and Wellbeing Committee
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No August 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 7	For Endorsement
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Item 7.1	Eurobodalla Hospital naming Brief
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Reference to the Eurobodalla Health Service Redevelopment and Eurobodalla Health Service is causing confusion with the community. Concerns have been raised about whether the new build will be a Hospital, or a Health Service.

The NSW Health 'Hospital Naming Policy' requires the naming or renaming of a NSW Health hospital or other significant facility, service, building or structure, health or health support service (NSW Health asset) to be submitted on a preliminary basis to the NSW Ministry of Health for advice.

Where applicable, such a proposal is to be considered by the relevant board of a public health organisation before being submitted to the NSW Ministry of Health.

The naming/renaming of a NSW Health facility or other asset is only to proceed with the approval of the Minister for Health. It is a matter for the relevant NSW Health organisation to assess what consultation is appropriate following Ministerial approval to progress the proposal to name or rename.

The Board approved the attached brief, and supported the renaming the new facility 'Eurobodalla Regional Hospital' and renaming the project 'Eurobodalla Regional Hospital Development'.

Item 7.2	Care and Kindness Charter
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The District's Draft Care and kindness Charter was tabled for Board review.

The CE spoke about the links to the MOH's Elevating the Human experience, and as a result the care and kindness charter has been developed. Important work especially during this challenging time.

The Board noted the background and supported the LHD's Care and Kindness Charter.

Item 8	For Information Only
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The Board noted the summary of correspondence received and sent during July/August 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 – July – September 2021
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Noted. Board members to complete and return for processing.

Item 9	Business without notice
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EDMS noted an interesting handout from the Australian Society for Clinical Immunology and Allergy titled “Allergy, Immunodeficiency, Autoimmunity and COVID-19 Vaccination Frequently Asked Questions (FAQ)” which will be shared with the Board.

Item 10	Close
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The meeting closed at 11.28am

Item 11	Board in-camera session – Chief Executive annual review
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Date of Next Meeting: Thursday, 7 October 2021.