

Western NSW Local Health District
 Western NSW LHD Board Meeting July 2020
 Parkview Meeting Room (upstairs), Orange Health Service
 Wednesday 1 Jul 2020, 10:00 — 15:00 AEST

ACKNOWLEDGEMENT OF COUNTRY

The meeting commenced at 10.08am with the Chair providing an Acknowledgement of Country.

There was no representative from the District Medical Executive Staff Council in attendance.

Attendance of Members

Scott Griffiths (Chair), Dr Joseph Canalese, Darren Ah See, Fiona Bennett, Jason Cooke, Dr Colin McClintock, Paul Mann, Amanda O'Brien, Joan Treweeke, John Walkom.

In Attendance

Scott McLachlan, Chief Executive; Mark Spittal, Executive Director Operation; Josh Carey, Executive Director Planning, Performance and Funding; Adrian Fahy, Executive Director Quality, Clinical Safety and Nursing; Lauren Nott, Secretariat.

1 Apologies

Nil

2 Conflicts of Interest

The Conflicts of Interest register has been updated to reflect Director O'Brien's resignation as director from Veritas House.

3 Draft Board minutes of meetings held 3 June 2020

Minutes of the meetings held 3 June 2020 were endorsed by the Board with minor amendment to item 8.4.

4 Action Register from Board meeting held 3 June 2020

Progress on action items was discussed.

5 Chair Report

The Chair advised he attended the following meetings:

- Roy Butler, MP – the CE and Chair met with Mr Butler following recent media to open a dialogue and provide a better understanding of the LHD. Meetings along these lines will continue.
- ACI and CEC Board meetings. These were held virtually and focused on COVID.
- Bathurst Action Group. A meeting was held last week which the CE and Chair attended. A good discussion was held and the Action Group and LHD are working well together moving forward.
- Bathurst Health Precincts workshop. This was a worthwhile and interesting workshop which looked at progressing a health precinct in Bathurst. A change in focus from council/business sector was noted.
- Bathurst Health Council. The meeting was attended by the CE and Chair. The Health Council are enthusiastic but struggling on their direction/role moving forward. The Board acknowledged the need to take ownership and help in this process. It was agreed further discussion is needed for the Board re role/engagement of health councils. This will come to a future Board meeting.

- Council of Board Chairs meetings. The main focus was on the COVID situation and resumption of surgery.

6 Chief Executive Report

In addition to the written report which was noted by the Board, the CE advised

- The majority of services have resumed noting these need to be balanced with the ongoing COVID response while maintaining vigilance. A strategy is being finalised to catch up on patients whose surgery was deferred. This includes prioritising patients, working with private hospitals. Commonwealth funding of \$390M for private hospital surgery has been announced and the LHD may be able to access some of these funds. Early signs indicate waiting lists will continue to grow.
- COVID-19:
 - While the LHD has stood down its EOC, the evolving situation in Victoria and potential impact flowing into region is being watched.
 - Testing rates continue to increase within LHD.
 - The LHD continues to run simulations across the district to expose gaps and improve preparedness.
 - School holidays will see an increase of travelers into the region. Caravan parks are already full in many areas. The LHD is looking at increasing awareness within local regions to ensure safety and continues to work with Aboriginal leaders in communities.
 - The PHU is providing support to tourism bodies including education. Environmental health officers working hard, skilling up staff, working with councils and other bodies.
 - Mr Spittal outlined strategies which can be taken re suspect cases in hospitals and aged care facilities including a short list of staff for a 'speed dial' network to have rapid response staff available to be called in as and where needed. Strategies have been developed in response to learnings from previous outbreaks in Sydney.
 - MoH have just announced bans from travelling to and from 10 identified hotspots in Victoria.
 - The LHD public health response fits within Commonwealth guidelines.
 - Readiness and risk assessment has been conducted on all aged care facilities within the LHD. Training in infection control has taken place in a number of facilities.

Action:

Commonwealth guidelines for responding to an outbreak in Residential Aged Care facilities is to be circulated.

Action by: Mr Spittal Action Due: ASAP

6.1 WNSWLHD Performance Scorecard

The scorecard was noted by the Board.

6.2 NSW Health League Table

The April 2020 League table was noted by the Board. The CE advised the May 2020 League Table has just been received and will be distributed to Board members for their information.

Action:

May 2020 League Table to be distributed to Board members.

Action by: Ms Nott Action Due: ASAP

6.3 MoH WNSWLHD Board Report and WNSWLHD Analysis

The MoH WNSWLHD Board Report May 2020 (April – December 2019) and the accompanying performance analysis were noted by the Board. A discussion was held which included the timeliness of the report and the detail and quality of the analysis.

6.4 COVID Surveillance Report 20 June 2020

The COVID-19 Weekly Surveillance in NSW report for week ending 20 June 2020 was noted by the Board.

7 Quality, Clinical Safety and Nursing

7.1 Patient Story - Community Health Dunedoo

Mr Fahy spoke to the patient story.

Another patient story from Cobar/Westmead/Dubbo was outlined. This complaint was received via the Minister's office, has been investigated and responded to.

The importance of the improvement process and lessons learnt were stressed.

7.2 Executive Director Quality, Clinical Safety and Nursing Report

Mr Fahey spoke to the report which was noted by the Board highlighting positive results in a number of areas.

Residential aged care – survey results discussed

Medication reconciliation support through virtual pharmacy - proving beneficial, more work to be done. Virtual pharmacy project – translational research grant. By design – pilot, to be heavily evaluated for extension. This may restrict roll out. Pharmacy services across LHD recommendations – Step 1 creating district wide presence and clinical leadership. Position to be funded, recruiting chief pharmacist across LHD who will also be line manager across all pharmacy to build district wide service. 2nd step embedding work plan which will look at gaps/issues (3-4 year journey).

PET – concern re difference in results re care rating and satisfaction between Aboriginal and Non-Aboriginal patients. Discussion held re processes/strategies in place to bring up level of care for Aboriginal patients. HCQC Chair had discussion with EDO following meeting.

7.3 Health Care Quality Committee (HCQC) Meeting 24 June 2020 draft minutes

The draft minutes from the HCQC meeting were noted by the Board.

7.4 HCQC Chair Comments

Director O'Brien highlighted a number of items including attestation statement for second National Standard and Quality Health Service standards which was endorsed by the HCQC.

8 Planning, Performance and Funding

8.1 Financial Performance Report

Mr Carey spoke to the report which was noted by the Board and highlighted:

- May outcome was favourable. Currently closing for June with the final result expected this Friday as activity and adjustments are still being made. Early insights indicate payroll will come in under forecast. The LHD may be able to rollover the cash side of this favourability into minor works and capital equipment.

- COVID response – while some funding has been received the LHD is not fully reimbursed for COVID. The roll on effects of reduced activity is impacting in this area. The LHD is unsure if COVID costs will be reimbursed in the new financial year but is capturing all costs as best as possible in case reimbursement is an option.

8.2 Finance & Performance Committee 23 June 2020 draft minutes

The draft minutes of the Finance and Performance Committee were noted by the Board.

Annual committee evaluation framework

Mr Carey spoke to the paper and a discussion was held.

It was agreed all committees are to review the F&P document and provide suggestions for an appropriate committee evaluation format and content.

8.3 Finance & Performance Committee Chair Comments

The Chair highlighted information regarding the interim budget to December (not yet received). Negotiations are continuing.

9 Strategic Planning

Ms Maryanne Hawthorn, Director HIU, Planning, Performance and Funding Directorate, Ms Alison Starr and Ms Angela Firth, Manager, Planning and Service Development joined the meeting.

9.1 COVID-19 Review – Lessons Learnt

Ms Hawthorn introduced Ms Starr and a presentation was given (refer to meeting papers). A discussion was held.

The Board were encouraged by the uptake of virtual health options, agility of decision making, productivity increases, continued engagement with staff (huddles, video etc), spread of information. and would like to drill down results to learn from, I Concern was expressed on how to support frontline staff over the next six months, particularly if COVID-19 rates increase. It was suggested the LHD could look to other agencies for responses to burn out and fatigue. Changes, and lessons learned from COVID have been incorporated into the Strategic plan.

9.2 Strategic Plan Update

Ms Hawthorn and Ms Firth spoke to the brief, draft strategic plan and supporting document which were noted by the Board. A presentation was given (refer to papers) and a discussion was held.

Feedback from the discussion was noted and will be taken into consideration. The revised Strategic Plan will come back to the Board with updates and draft graphics for endorsement.

Recommendations

1. The Board approved the updated draft Strategic Plan 2020-2025 based on stakeholder feedback received, including updates made to outcomes, strategies and measures of success

2. The Board approved the request for delegation of final approval to the Strategic Plan 2020 – 2025 layout and formatting to the Executive Leadership Team.
All members were in favour

Ms Hawthorn, Ms Starr and Ms Firth left the meeting.

10 Directorate Update – Workforce and Culture

Ms Sandra Duff, Executive Director Workforce and Culture joined the meeting.

10.1 Workforce and Culture Update Report

Ms Duff spoke to the report which was noted by the Board. A discussion was held.

10.2 Performance and Development - Appraisals

Ms Duff spoke to the briefing document which was noted by the Board. A discussion was held.

It was noted that while the data shows a vast improvement in the number of appraisals being undertaken, the LHD still remains below the state average. Work continues in this area.

The CE noted the critical role Ms Duff and her team have played in recent months.

11 Clinical Operations

11.1 Executive Director Clinical Operations Report

Mr Spittal spoke to the report which was noted by the Board and highlighted:

- 'EndPJPParalyses' – this continuous improvement project undertaken across the LHD (led by Dubbo) is being initiated over the next six months. The project aims to reduce falls, length of stay and other complications of care.
- Redevelopment timelines – maybe impacted by the COVID-19 response as some actions such as recruitment have been delayed.
- Surgery Recovery Plan:
 - As of the week ending 28 June there were 56 more surgical cases performed across the LHD than in an average week; 119% on the previous week. This is in line with achieving the state wide surgical target.
 - The surgical benchmarking report for the end of May shows the LHD currently has approx. 500 patients with delayed surgery. It will take considerable time for all overdue surgery to show up through the system. The LHD is looking at average throughput for the last two years, to determine the full impact of work not undertaken and will continue to measure progress to ensure the recovery plan is maintained.
 - The surgery recovery plan is a whole of district plan and includes looking at lower acuity procedures for smaller sites where safe to do. Colonoscopy lists started in Parkes and will continue through to August. Orthopaedic work being looked at includes using private facilities to ensure adequate bed space in base facilities if needed. This will be subject to Commonwealth/MoH funding. A meeting at state level will be held next week.

12 Audit and Risk

12.1 2020 Internal Audit and Risk Management Attestation Statement

Director Bennett spoke to the briefing document and attachments. A short discussion was held.

Recommendations

1. The Board noted the contents of the Attestation Statement at Tab A and the compliance review at Tab B, which has found that Western NSW Local Health District conforms with the requirements of PD2016_051.
2. The Board noted that the Audit and Risk Committee endorsed the Attestation Statement and the assessment of compliance at their 15 May 2020 meeting.
3. The Board approved the Attestation Statement for submission to the Ministry of Health's Corporate Governance and Risk Management Unit. The Chair of the Board and Chief Executive are to sign the final page of the Statement to reflect this approval

All members were in favour.

12.2 Internal Audit Charter and Audit and Risk Committee Charter

Director Bennett spoke to the briefing document and attachments. A short discussion was held.

Recommendations

1. The Board approved the amended Audit and Risk Committee Charter, which has been endorsed by the Audit and Risk Committee at their meeting on 15 May 2020. The Board Chair is to sign the final page of the document in attestation
2. The Board approved the revised Internal Audit Charter, which has been endorsed by the Audit and Risk Committee at their meeting on 15 May 2020. The Board Chair and Chief Executive are to sign the final page of the document in attestation

In relation to Recommendation 3:

A discussion was held regarding how to best leverage the resultant flexibility of Board representation to the ARC. The Board noted the changing role of Board members on the ARC and supports the notion of the rotation of Board members throughout the ARC and sub-committees as an opportunity for skills and knowledge development.

All members were in favour.

13 Medical and Dental Appointments Committee (MADAAC)

13.1 MADAAC meeting held 17 June 2020 draft minutes

The draft minutes and recommendations from the MADAAC meeting were noted by the Board.

13.2 MADAAC Chair Comments

Director Treweeke highlighted 17 contracts have been extended for the Virtual Rural Generalist Service and clinical privileges have been extended for a number of doctors across the LHD.

14 District Clinical Council (DCC)

14.1 DCC Meeting held 17 June 2020 draft minutes

The draft minutes of the DCC were noted by the Board.

15 District Medical Staff Executive Council (DMSEC)

15.1 DMSEC Representative Comments

There being no representative, the Chair advised that while an invitation had been extended, a representative from the DMSEC was not forthcoming.

Mr Carey left the meeting

16 Directorate Update - Integrated Care

Ms Julie Cooper, Executive Director Integrated Care joined the meeting via video

Ms Cooper spoke to the briefing document which was noted by the Board. A presentation was given (refer to the meeting papers) and a discussion held. Key issues discussed included out of home care children, children with Foetal Alcohol Syndrome Disorder (FASD), virtual health care and primary health care across the LHD.

Action:

Information regarding FASD within the LHD to be sent to Director Treweeke out of session.

Action by: Ms Cooper Action Due: ASAP

Ms Cooper left the meeting

17 General Business and Business Without Notice

17.1 Board meeting 5 August 2020

The next Board meeting will be held at Mudgee Hospital on 5 August 2020 commencing with a site tour of the new facility at 9.30am.

17.2 Chief Executive Leave

The CE will be taking a short period of leave in July. Mr Fahy will be acting CE during this time.

18 Reflection of Meeting

A brief discussion was held.

There being no further business the meeting was closed at 3.20 pm

Signed:  Date: 05 August 2020