

Western NSW LHD Board Meeting October 2021
Virtual - Video
Wednesday 6 Oct 2021, 9:30 — 11:30 AEDT

ACKNOWLEDGEMENT OF COUNTRY

The meeting commenced at 9.30am with the Chair providing an Acknowledgement of Country.

Attendance of Members

Matthew Irvine (Chair), Fiona Bennett, Jason Cooke, Annette Crothers, Dr Colin McClintock, Amanda O'Brien, John Walkom.

In Attendance

Scott McLachlan, Chief Executive, Mark Spittal, Executive Director Operations; Peter Bonnington , Director Finance; Adrian Fahy, Executive Director Quality, Clinical Safety and Nursing Lauren Nott, Secretariat; Dr Peter Davidson, Medical Staff Executive Council (phone)

1 Apologies

Darren Ah See on leave

2 Conflicts of Interest

Nil changes

3 Draft minutes of Board meetings held 1 September 2021

Minutes of the Board meeting held 1 September 2021 were endorsed by the Board.

4 Action Register from Board meeting held 1 September 2021

Progress on action items was noted.

The Instrument of appointment for Deputy Chair to end 31/12/2021 in line with the current term of appointment for Fiona Bennett.

5 Chair Report

The Chair advised he has been talking to MoH re Board vacancies and has received a list of expressions of interest for review. Further EOIs can be submitted for consideration noting the closing date to the MoH is 19 October. Contact the Board secretariat if further information is needed.

6 WNSWLHD COVID Update

Ms Maryanne Hawthorn, Director Health Intelligence Unit joined the meeting.

Further to the COVID update in the CE report, the CE provided an update on the current COVID situation and advised:

- This month has seen some success in containing the outbreak. There are currently only eight new cases for the 24 hours to 8pm yesterday. Outbreaks in various parts of region
- Current figures to date are approx. 1400 cases and 12 deaths. The vast majority of people have recovered and remain healthy.
- There are approx. 330 patients in the CCIC program. This program has been an outstanding success in providing support to people in their homes.

- There have been a number of new locations in the last three weeks including Oberon and Cowra. Cowra came out of stay at home orders yesterday.
- There is a significant focus on Narromine, Wellington and Bourke at present.
- The LHD has seen an increase in capacity with Ministry support eg operational staff, contact tracing.
- CCIC – planning continues for a 6-12 month strategy.
- Social wellbeing support has been very beneficial including for household support, medication etc. The LHD has partnered with Resilience NSW.
- Acute care in the inpatient environment has seen the vast majority of patients discharged within a small number of days.
- There have been three outbreaks in aged care facilities. These have all been managed and are considered clear of infection.
- The LHD continues to hold accommodation beds in Bathurst and Bourke as well as mobile solutions across the LHD. Zoo accommodation in Dubbo has finished.

Vaccinations

- The LHD has administered approx. 270k vaccinations across the LHD.
- Vaccination rates are currently 90.0% first dose, 69.4% second dose which is slightly higher than the state rate (over 16 years).
- Rates are rapidly increasing across the indigenous population.
- Staff vaccination across the LHD is currently the highest rate across the state with only a handful not vaccinated.

Service impact

- Most services which were paused such as BreastScreen and Oral Health have restarted.
- Elective surgery is restarting with the assistance of private hospitals.

11 October remains the first target date for relaxation of stay at home orders.

Ms Hawthorn provided a presentation (refer to papers). Key areas included:

- LHD response strategy
- Trends seen in the LHD
- Growth rate of virus
- Testing rates, introduction of surveillance testing
- Vaccination rates
- Hospitalisation rates
- ICU trends – noting this is subject to small numbers
- What's next – reopening roadmap outlined.
- International experience including real world data shows an increase in case numbers as stringency measures decrease.
- Next phase LHD forward planning takes into account the reduced stringency and increased travel.

A discussion was held which included:

- It is anticipated that there will be an increase in case numbers with the return to schools. Typically children do not need high hospitalisation but this may impact on the LHD workforce. The LHD has quite high levels of vaccinations in 12-15 year age group and continues to work on increasing this. Dr Davidson noted that with the Cowra situation, most patients were approx. 9 year olds and remained well while positive.

- Community response will be paramount. The challenge for the LHD will be to motivate people for community based responses. LHD is well placed for this.
- There is some concern that there has not been a heavy flu season for a number of years. There may be an increase in flu infections when international borders open. Perhaps Feb/March 2022.

Dr Davidson asked about the effectiveness of vaccination teams for the Aboriginal population in locations such as Coonabarabran. The CE advised the Aboriginal Health team went out early to speak to the community in advance of vaccination clinics to build trust and remove perceived barriers, eg mobile vaccination options. This worked well and will remain a focus in future to reach indigenous and other vulnerable populations. Various other groups have been used in various communities to assist with this.

The Australian Defence Force (ADF) have been to many communities across the LHD to provide vaccinations. This is along with other programs, eg primary health, respiratory clinics, pharmacies. The ADF schedule is being adapted over the next few weeks to cover second doses as well as new locations for first doses and door to door vaccinations where needed. Other groups are focusing vaccination work in other vulnerable populations such as homeless people. The challenge remains to capture the last 10% of the population.

Ms Hawthorn left the meeting.

7 Chief Executive Report

Mr McLachlan spoke to the report which was noted by the Board highlighting:

- The vast majority of services have been maintained throughout the COVID outbreak with planning undertaken for the return of usual services which were paused.
- Performance – challenging meeting some targets eg surgery.
- Financial performance remains stable with some COVID costs picked up by MoH
- Soft opening of Western Cancer Centre, Dubbo.
- Cowra and Blayney redevelopment planning has resumed. There have been some learnings from COVID re planning of EDs eg air circulation, traffic flow within facilities. These will be taken into account in future planning.
- Bathurst MRI work is restarting. The LHD has identified a \$900K funding gap
- An announcement is anticipated in the near future in regards to funding for staff accommodation.

7.1 WNSWLHD Performance Scorecard

The scorecard was noted by the Board.

7.2 NSW Health League Table (July 2021)

Advised by MoH - not available

8 Planning, Performance and Funding

8.1 Financial Performance Report

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

- August base line was unfavourable. The unfavourable result for the YTD is primarily driven by incremental COVID and vaccination costs.
- September forecast approx. \$3M unfav expenses. Own source revenue is in line with forecasts.

- September COVID and vaccination costs estimated at approx \$13M which includes accommodation, security costs over short term period. It is anticipated this will be supported by MoH.
- Wait list recovery work – arrangements are being set up with private providers to ease burden. Some funding has been provided by MoH.
- Staffing – annual leave balances are growing. Planning is underway to reduce this however this may take time to process as the LHD moves to business as usual.

8.2 Finance & Performance (F&P) Committee 28 September 2021 – deferred

8.3 Finance & Performance Committee Chair Comments

Director Bennett advised papers were produced and distributed. There will be further discussion at the next F&P meeting re COVID support from MoH and forecast figures.

Director Bennett left the meeting.

9 Clinical Operations

9.1 Executive Director Clinical Operations Report

Mr Spittal spoke to the report which was noted by the Board.

- The LHD has the challenge of maintaining the response to COVID while returning to business as usual.
- An initial tranche of funding has been received for surgery recovery. Further funding will be received in the future. The LHD will be using the private sector and procedural hospitals to help with bed availability and the reduction of waiting lists. The goal is for April 2022 for completion of the surgical recovery plan.
- ED performance has deteriorated mainly due to COVID impact. A program of work has commenced around this.
- The LHD is looking to appoint a medical lead for Hospital in the Home from next year.
- CCIC approach (which takes a holistic approach) has worked extremely well and the LHD is looking at how to expand this approach across other respiratory/medical issues, case management of chronic disease.
- Radiation oncology – recruiting staff specialist, VMOs and transitioning to new service.
- Sterilisation services currently work under a split model. The finance and procurement team are looking at a centralised system.

A discussion was held on the benefits of Hospital in the Home/CCIC moving forward.

10 Quality, Clinical Safety and Nursing

10.1 Patient Story - COVID Orange

Mr Fahy spoke to the patient story which was noted by the Board.

10.2 Executive Director Quality, Clinical Safety and Nursing Report

Mr Fahy spoke to the report which was noted by the Board highlighting:

- Quality and Safety indicators show a strong performance
- Hospital associated delirium is being looked into
- Two harm score 1 investigations have been referred to the Coroner.
- Safety & Quality account is on track for submission to MoH.
- Accreditation has been moved to May 2022.
- Analyse of hospital acquired complications has been included in the report.

10.3 Health Care Quality Committee (HCQC) 22 September 2021 draft minutes

The draft minutes were noted by the Board.

10.4 HCQC Chair comments

Director O'Brien advised a modified agenda was run to allow for a shortened meeting. This was a successful solution with high attendance. The HCQC welcomed Director Bennett as a new Board representative on the committee.

11 Medical and Dental Appointments Advisory Committee (MADAAC)

11.1 MADAAC Meeting 18 August 2021 Meeting notes

The meeting notes were noted by the Board (quorum not met).

11.2 MADAAC Meeting 15 September 2021 draft minutes

The draft minutes were noted by the Board.

11.3 MADAAC Chair Comments

Director Walkom advised this was the first meeting attended by the Board Chair. The meeting went well and caught up on the previous month.

12 Audit and Risk Committee (ARC)

12.1 ARC Meeting 27 August 2021 Draft Minutes

The draft minutes of the ARC Meeting held 27 August were noted by the Board.

12.2 Board Representative Comments

Director Crothers noted the financial statement was now able to be signed off. Mr Bonnington advised the LHD has received a letter from the Audit Office advising the LHD can proceed with the signing of the management representation letter and financial statements.

13 District Medical Staff Executive Council (DMSEC)

13.1 DMSEC Meeting 21 September 2021 draft minutes

The draft minutes were noted by the Board.

13.2 DMSEC Representative comments

Dr Peter Davidson commented on the role of MSEC members reporting back to teams and representing facilities. There is value in coming to Board meetings to see the scope of issues addressed by Board.

14 General Business

14.1 Annual Public Meeting (APM) – 3 November 2021 (1pm)

The CE advised the APM usually aligns with health council forum. The APM was held virtually last year and this was quite successful. Plans are underway for this year's APM to be held the same way again with the Board Chair, CE, EDF speaking/presenting and having an open dialogue session. The APM will be advertised across the LHD.

14.2 WNSWLHD Board - 2022 meetings

The CE spoke to the briefing papers and supporting document.

A discussion held noting the number of virtual meetings proposed. It was felt that there is value in visiting sites. This will be looked into following further discussion.

Action

Meeting invites to be sent for proposed Board meetings for 2022 to hold dates.

Action by: L Nott Action due: ASAP

15 Business without notice

15.1 Board Secretariat

Ms Nott advised the Board of her plan to retire at end of year.

15.2 Closed Session

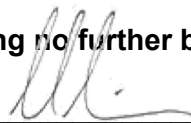
Closed session for Board and Chief Executive. All other non-Board members left the meeting.

16 Reflection of Meeting

A brief discussion was held.

There being no further business the meeting was closed at 11.45 am

Signed: _____



Date: 03 November 2021