

## Western NSW Local Health District

Western NSW LHD Board Meeting September 2020

Poplars Meeting Room, Orange Health Service or Executive Conference Room Hawthorn

St Dubbo, Lightning Ridge HealthOne via video

Wednesday 2 Sep 2020, 10:00 — 15:00 AEST

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### ACKNOWLEDGEMENT OF COUNTRY

The meeting commenced at 10.00am with the Chair providing an Acknowledgement of Country.

### Attendance of Members

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

### In Attendance

Mark Spittal, A/Chief Executive, Josh Carey, Executive Director Planning, Performance and Funding; Adrian Fahy, Executive Director Quality, Clinical Safety and Nursing (from 1.30pm); Dr Jaydeep Mandal, District Medical Staff Executive Council; Lauren Nott, Secretariat.

#### 1 Apologies

Darren Ah See

#### 2 Conflicts of Interest

Nil to add

#### 3 Draft minutes of Board meeting held 5 August 2020

Minutes of the meetings held 5 August 2020 were endorsed by the Board.

#### 4 Action Register from Board meeting held 5 August 2020

There were no action items due this meeting.

#### 5 Chair Report

The Chair advised meetings with the Board Chairs and the Secretary are continuing and have largely focused on Victoria and their response to COVID.

The CEC Board meeting included a presentation by Dr Sally Greenaway – “It takes a team: improving the recognition of approaching end of life in the acute hospital setting”. An outline of the presentation was given.

A discussion was held re how end of life is managed within the LHD. This included mention of the LHD palliative care plan, end of life plans, advanced care directives, appropriate levels of care etc.

#### 6 Chief Executive Report

Mr Spittal advised Mr Fahy will be late to the meeting as he is dealing with an assumed positive COVID case in Parkes and is currently managing the public health response. It is suspected this maybe a case of community transmission. Mr Fahy is leading the active response which includes: setting up a rapid testing site in Parkes, precautionary steps of locking down aged care facilities in the area and contact tracing. Notifications are being sent out across the LHD as appropriate including mayors (Forbes and Parkes), MPs, staff and media.

In addition to the written report which was noted by the Board, Mr Spittal highlighted:

- MoH have approved the LHD surgical recovery plan and have allocated \$18M.
- SEF meeting was held last week. The focus was on:
  - Budget repair including banking reform, shared services, procurement, grants programs.
  - Reshaping fiscal reporting
  - Monitoring system wide risks; the LHDs are monitoring LHD wide risks.
  - Cyber security
- The Audit Office has released an audit of capital works which includes Dubbo redevelopment. The report will go through to the Audit and Risk Committee.
- Acting arrangements for executive positions within the LHD over the next few months were summarised (refer to Operations report).
- The LHD Ageing Strategy is broader than residential aged care and will be informed by the Aged Care Royal Commission. While the Commonwealth has a formal framework, work also being done at the state level plus the LHD has a responsibility to deal with matters on the ground. This is an area of concern as the ageing population will increase the burden on aged care beds across the LHD. The Royal Commission has been highly congratulatory of the MPS approach to date.

The suggestion in the media regarding establishing a Tresillian unit at Cowra as part of the redevelopment will be considered along with other suggestions from the community. Funding for the planning process has yet to be committed.

#### **6.1 WNSWLHD Performance Scorecard**

The scorecard was noted by the Board.

#### **6.2 NSW Health Board Report - July 2020 for January to March 2020**

The Ministry report for January to March 2020 and the accompanying performance analysis were noted by the Board.

Annual performance reviews to remain a constant focus.

Mr Carey advised there is a timing issue with the reporting process. He has met with MoH regarding this report and has been advised there is a plan to review the statewide reporting process. The LHD will have a seat at the review.

Mr Spittal and Mr Carey plan to meet with the HIU to develop a more relevant report going forward as there are a number of functions/committees that already analyse and report on data included in the MoH report in a more timely manner. This will come back to the Board after discussions have been held.

#### **6.3 NSW Health League Table**

The July 2020 League table was noted by the Board.

#### **6.4 COVID Statewide Surveillance Report**

The statewide surveillance report to 15 August 2020 was noted by the Board.

### **7 Clinical Operations**

#### **7.1 Executive Director Clinical Operations Report**

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

- Work is progressing to balance budgets
- The surgical recovery plan has been approved
- The formal tender will open next week for medical services for northern part of LHD. This is currently with the Minister.
- Market sounding for Radiation for Dubbo has been released. PET/CT implications and need for dual trained clinicians needs to be considered.

A discussion was held regarding the high levels of diabetes and the need for endocrinologists. Mr Spittal advised work is underway with RDN, PHN, FWLHD re diabetes project. ACI are also working on a number of projects including diabetes.

## **8 Planning, Performance and Funding**

### **8.1 Financial Performance Report**

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

- The redesigned internal reporting suite.
- July saw a \$3.5M overrun of which ~\$2M is due to the COVID response. There is no certainty the LHD will fully recover these costs.
- Surgical recovery plan supported to \$18M.
- August result should be known this afternoon noting that a recalibration of pathology costs may impact the August result.

### **8.2 Finance and Performance (F&P) Committee 25 August 2020 draft minutes**

The draft minutes of the F&P Committee were noted by the Board.

### **8.3 Finance & Performance Committee Chair Comments**

The Chair highlighted the discussions on capital minor works and expenditure of mental health budget.

## **9 Directorate Update**

*Mr Jeff Morrissey, Executive Director Corporate Services and Clinical Support joined the meeting.*

### **9.1 Corporate Services and Clinical Support**

Mr Morrissey spoke to the Directorate update report which was noted by the Board and highlighted:

- Increased rigour re contracts, service agreements moving forward
- The LHD achieved the 20% target of hybrid vehicles. The move to fully electric vehicles is hindered by location.
- There has been a high level of compliance to both internal and external auditors re cleaning and food services.
- The state central store process was discussed. While the volume of orders can be difficult for smaller facilities, there is value in the centralised store which will give the LHD an advantage. 'Just in time' ordering system has been working in general. From a COVID perspective the centralised process is maturing and allows for a confidence in supply. There is still a reliance on the linen service for logistics.
- Director Treweeke commented the Lightning Ridge HealthOne, staff accommodation and solar work which have been well received by the community and staff.
- Supplement funding sources include ARRPs \$900K for air conditioning at Coonabarabran and RHMWP funding for some buildings at Bloomfield.

- The Development Application for Riverside building has been lodged. The updated heritage plan for all buildings at Bloomfield has been lodged.
- The LHD is working closely with Property NSW re Dubbo Health Hub and Key Health Worker Accommodation.
- Other challenges include:
  - Asbestos – particularly in relation to contractors
  - Maintaining the workforce
  - Readyng and maintaining facilities under increasing difficulties of drought. Current and future water efficiencies are being investigated.

## 9.2 Corporate and Service Development

Mr Morrissey spoke to the capital and service planning brief which was noted by the Board.

*Mr Morrissey, left the meeting.*

## 10 Quality, Clinical Safety and Nursing

*Mr Fahy, Executive Director, Quality, Clinical Safety and Nursing joined the meeting*

### 10.1 Patient Story - Navigating a COVID Landscape - MPS

Mr Fahy spoke to the document titled “Unintended and significant consequences for residents and families navigating a COVID-19 landscape”. This was noted by the Board. Mr Fahy outlined a number of actions that have been undertaken as a result of this feedback.

Mr Fahy gave an update of the current COVID situation ie a patient being identified at Parkes overnight. The LHD is being preemptive in restricting visitors to RAC and facilities over next 24 hours while monitoring the situation. Families have been advised where facilities are impacted.

Environmental limitations are evident in some facilities and these need to be considered in line with physical distancing particularly in staff areas. Rostering breaks and catchup times will need to be considered into the future.

### 10.2 Executive Director Quality, Clinical Safety and Nursing Report

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

- Venous Thromboembolism – Individual cases have been reviewed and all have been treated with the appropriate anticoagulant therapy.
- Perineal lacerations were predominantly at Orange. A meeting was held with the maternity consult group around this. The eMaternity database and clinical records are being reviewed to get a true reflection of tear rates. Monthly meetings will continue around this issue.
- Gastrointestinal bleeds were predominantly at Bathurst with five cases reviewed: two with existing conditions, two with clotting issues on admission and one still being reviewed.
- Recent complaints in the media (SMH) – there may be more media around this issue. The LHD is working with CEC to ensure transparency. There was a discussion regarding the lessons learnt.

Dr Mandal spoke of the difficulty of the perception of patients/families in regard to care received. It is noted medicine is not static and every situation is different. It is important to reflect on the outcomes, to learn and to improve performance.

- RAC surveys – some surveys are completed by carers rather than residents. This provides some balance. Rounding processes should also help identify any issues.
- Brief discussion was held re recruitment and support of indigenous trainees and staff within the LHD.

### **10.3 Health Care Quality Committee (HCQC) Meeting 26 August 2020 draft minutes**

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

### **10.4 HCQC Chair Comments**

Director O'Brien highlighted:

- Improvement in RCAs with very few now outstanding
- Robust discussion was held following the presentation from the procedural sites manager around medical leadership in the sector following Dr Nott's secondment to ACI. The discussion held following the presentation provided reassurance to the HCQC members. HCQC have been encouraging presentations around areas of concern to ensure robust discussions.
- Dr Mel Berry has commenced in QCS&N role. This has provided support in patient safety issues.

## **11 Audit and Risk**

### **11.1 Draft Minutes Audit and Risk Committee (ARC) Meeting 21 August 2020**

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

### **11.2 Audit and Risk Committee Rep comments**

Director Bennett highlighted the presentation re cyber-attacks, risks and implications for the district. A report regarding this will come to a future Board meeting.

## **12 Medical and Dental Appointments Committee (MADAAC)**

### **12.1 MADAAC meeting held 19 August 2020 draft minutes**

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

### **12.2 MADAAC Chair Comments**

Director Treweeke gave a summary of appointments made.

## **13 District Medical Staff Executive Council (DMSEC) - Dr Jaydeep Mandal**

Dr Mandal did not raise any further issues from the DMSEC.

## **14 District Clinical Council (DCC) Meeting**

### **14.1 Draft Minutes DCC Meeting 19 August 2020**

The draft minutes of the DCC meeting were noted by the Board. Mr Spittal advised work is continuing on improving the momentum of a number of the streams as they continue to mature noting the Cancer stream is seen as a high functioning stream.

**15 General Business and Business Without Notice**

**15.1 Collaborative Commissioning Update**

Mr Spittal spoke to the briefing which provided an update for the recommenced Collaborative Commissioning Project which was noted by the Board.

Mr Spittal further advised active clinical engagement and stakeholder groups are planned for later this year. Governance, accountability framework, partnerships and structures are still being developed including connections between primary and secondary care.

**15.2 Virtual Rural Generalists Service and Rural Sectors Project (4Ts)**

Mr Spittal spoke to the briefing regarding the progress over May-August 2020 on the Virtual Rural Generalist Service and Sustaining Small Rural Communities (4T's) Project. This was noted by the Board.

Mr Spittal further advised:

- The long term progress of the model will be reliant on Commonwealth funding.
- Opportunities for the LHD include Section 19(2) exemptions with billing commenced for ED presentations.
- A formal evaluation will be undertaken and reported to the Board in the future.

**15.3 Topics/Issues for future meetings**

The Chair opened the meeting to a discussion. Areas raised included:

- Presentation re bringing redevelopments on line
- Sustainability plan
- Succession planning for leadership positions in the district
- Succession planning for positions on the Board
- Preventable/longer hospitalisations – many smaller facilities have longer length of stays, 'social' admissions, influence on other agencies
- Mental Health:
  - Forensic Mental Health
  - Mental Health Funding
  - Adolescent Mental Health
  - Ability to recognise mental health issues at presentation
- Opportunities for staff specialist/VMOs to be involved in governance/engage with the LHD as part of their development for the future
- Service agreement discussion/update

**16 Reflection of Meeting**

A brief discussion was held.

There is confidence that there are sufficient skilled people in the LHD to deal with issues as they arise as demonstrated by the COVID issue today.

COVID Update:

There was some delay in getting media out as the swab test was repeated due to low viral load and chance of infectivity. The LHD is awaiting the further result. The LHD went into action assuming the result was positive.

**There being no further business the meeting was closed at 3.00 pm**

Signed:  Date: 07 October 2020