



**Minutes
Board Meeting
(August 2021)**

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| Date: | 25 August, 2021 | | Mr Adrian Lindner |
| Time: | 12.30 pm | | Ms Elke Cleverdon |
| Venue: | Yindyamarra Meeting Room, Wagga District Office | | Ms Elizabeth Dixon |
| Members: | Dr Thomas Douch (Chair) | Invitees: | Dr Alam Yoosuff |
| | Mr John Ireland | | Ms Jill Ludford, Chief Executive |
| | Mr Jonathan Green | | Mr Kevin Lawrence, Director Finance and Performance |
| | Mr Geoff Twomey | | Ms Carla Bailey, Director Clinical Operations, East |
| | Ms Andrea Jordan | | Jacqui Zutt – Board Secretariat (Minutes) |

- 1.0 Welcome to Country**
- 2.0 Patient story** – Lucky’s Story was included in the Quality Safety Report. Her story outlined her life with a chronic illness and cancer and how coordinated support was provided through community care to other services providers.
- 3.0 Apologies** – nil
- 4.0 Declarations of Conflicts of Interest or Pecuniary Interest Relating to Agenda Matters** – Nil noted

| No | Topic | Considerations | Decisions | Action | Who |
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| 5.0 | Confirmation of Minutes | | | | |
| 5.1 | Minutes of Board Meeting July 2021 | | Approved | | Director Cleverdon Director Lindner |
| 5.2 | Minutes of Planning Resource and Performance Meeting | Meeting held 28 July, 2021 | Approved | | Director Lindner Director Twomey |
| 5.3 | Audit and Risk Committee | | No meeting held | | |

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| 5.4 | Health Care Quality and Committee | | No meeting held | | |
| 6.0 | Matters Arising From Minutes | | | | |
| 6.1 | Action List B21/07-004 B21/07-008 | <ul style="list-style-type: none"> Information to <i>LHACs re Service Agreement</i> <i>COVID-19 Response Plan</i> Clinical Reference Group determines COVID - 19 pathway for patients. The Plan is being updated based on current learnings. Guidelines established for Hospital in the Home and Paediatric Hospital in the Home. Agreed closure B19/12-003, B21/06-001, B21/06-002, B21/07-001, B21/07-002, B21/07-003, B21/07-004, B21/07-005, B21/07-007, B21/07-008. | Updated | The letter sent to the LHAC Chairs summarising the 2021/22 Service Agreement to be included in weekly update Revised COVID-19 Response Plan will be recirculated by end August 2021 | Chief Executive |
| 6.1.2 | COVID-19 Script for hospital staff | <ul style="list-style-type: none"> A script of COVID information has been circulated for staff to use to provide consistent messaging. Important for after hours and weekend teams and for community members wishing to visit patients. | Noted | Closed | Director Operations East |
| 6.2 | Governance Charter | <ul style="list-style-type: none"> Director of Finance and Performance provided overview of savings roadmaps & strategies which cover the next three years. A target has been agreed for 2021/22. | Referenced | | |
| 6.3 | Service Agreement | The COVID response cost capture process has been outlined by the MoH. | Referenced | Roadmaps to be reported on monthly from September. | Director Finance and Performance |

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| 7.0 | Organisational performance | | | | |
| 7.1 | MoH Performance Summary | <ul style="list-style-type: none"> COVID has impacted activity across the District. Last years' activity was below allocated target. This year's NWAU allocation is in line with last year. Admitted ETP at WWBH is an area for improvement, and strategies have been submitted to the MoH. Successful work has been completed for all overdue surgery form COVID deferment. There are 0 people overdue for elective surgery at the end of June 21. FTE growth is modest but unfavourability continues. The issues are related to NWAU cost vs price and rural factors | Noted | | |
| 7.2 | MLHD Performance Report | <ul style="list-style-type: none"> Elective Surgery – top performance noted By MoH MH admitted activity under target last year due to ward closure during COVID. Aboriginal taking own leave data, renal strategies will continue to be reported. Paediatric activity outside of base hospitals occurs in EDs and District Hospitals. They can undertake short term admits with a care plan agreed with the paediatrician. The District's Director Paediatrics is leading work utilising telehealth with GP's and strong links with Sydney Children's hospital Network. A Community | Noted | NWAU cost vs price presentation to be arranged for November Board. | Director of Finance and Performance |



Paediatrician was appointed in July 2021.

- Patient experience / engagement data discussed
- July results should be considered as interim.
- The MoH has advised budgets are to be completed in readiness for the August month end report
- Occupied Bed Day's increased 4.8% compared to last year. Emergency Department presentations were 19.5% higher than last year
- Director of Finance and Performance presented ED data.
- Renal care increased. Community managed patients now requiring hospital dialysis.

'ED did not wait' data is to be analysed to determine if there is improvement following the commencement of the Patient Experience Officers.

Director of Finance and Performance
Director Clinical Governance

7.3 Finance update

Noted

Director of Finance and Performance

Question asked as to when the Restricted Assets balances were last reviewed. Advised that regular reviews in collaboration with asset teams occur.

7.4 Accounts for Write Off – July 2021

Approved

Director Cleverdon
Director Yoosuff

7.5 Restricted Assets Balances (SP&T)

Noted

7.6 Custodial Trusts (External Trusts)

Noted

Detailed Savings strategy report to be provided to September Board.

Director of Finance and Performance

7.7 MLHD Savings Strategies



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| 8.0 | Strategic and state-wide issues | | | | |
| 8.1 | Workforce Update | <p>Work on streamlining recruitment</p> <ul style="list-style-type: none">• Critical workforce shortages remain a risk for MLHD.• Improvement in critical vacancies, recruitment of 75 COVID specific workforce.• Working with LHAC, Councils, universities, schools, TAFE, Assistant in Medicine x 13 medical students. Trialling new methods in Corowa | Noted | | Director People and Culture |
| 8.2 | NSW Implementation Plan for Closing the Gap | <ul style="list-style-type: none">• MLHD has undertaken significant work effort over the past 2 years by intensifying combined efforts of the MLHD against Closing the Gap. The Report outlined MLHD's progress made against the NSW Health Plan 2013- 2023 midterm assessment, NSW Aboriginal Cultural Assessment, SEF Commitments to Aboriginal Health and MLHD Statement of Commitment.• The progress was mapped with the Close the Gap and Riverina Murray Regional Alliance strategies.• The Board discussed the importance of environmental enhancements.• Board acknowledged MLHD's progress and the work undertaken by the Aboriginal Health team. | Noted | Include a short presentation about the Clinical Yarning Tool in meeting | Jackie Brodie, Manager Aboriginal Strategy, Policy and Performance |
| 9.0 | Our people our community | | | | |
| 9.1 | Community Engagement | <p>The Minutes of the LHAC meetings and matters referred for MLHD executive escalation were reviewed.</p> | Approved | | Moved: Director Dixon Seconded: Director Lindner |



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| 10.0 10.1 | Chief Executive's report Chief Executive's report | <ul style="list-style-type: none">• Board acknowledged the work undertaken for budget estimates.• Upper House inquiry scheduled for October in Tumut and Wagga Wagga.• Service modification are being undertaken in relation to lockdown and COVID risk. BreastScreen services deferred by the MoH.• BreastScreen NSW completed epidemiological modelling during the initial suspension of BreastScreen services between 27 March 2020 and 18 May 2020. The impact of a short term suspension of screening services at a population level is likely to be relatively minor when compared to the potential impact of COVID-19 at the time of the suspension. | Noted Noted – Director Jordan strongly objects to the decision to defer Breast Screening. | | |
| 11.0 11.1 | Risk 2020/21 Corporate Attestation Statement | <ul style="list-style-type: none">• Ms Jenny Spain, Manager Governance Audit and Risk spoke to report.• Annual Corporate Governance Attestation Statements discussed. This document provides minimal structural elements for good governance. MLHD meet the requirements of all standards. | Noted | As the workforce risk has significantly deteriorated the Board requests the ARC review of workforce risk. | Moved: Director Dixon Seconded: Director Cleverdon Manager Governance Audit and Risk |
| 13.0 | Raising of Non Agenda Items through the Chair | Nil. | | | |
| 14.0 | In camera session – Board members only | Closed session | | | |
| 15.0 | Meeting closed at 2.55pm Next Meeting; 22 September 2021 – Wagga Wagga or virtual | | | | |