

Draft Minutes Board Meeting (March 2021)

Date: 24 March 2021

Time: 12.30 pm

Virtual meeting or Yindyamarra Training Room, Level 1, 193-195 Venue:

Morgan Street, Wagga Wagga

Ms Gayle Murphy (Chair) Members:

Mr Paul Braybrooks OAM

Mr John Ireland Mr Geoff Twomev

Associate Professor Faye McMillan (teleconference)

Ms Andrea Jordan (teleconference)

Ms Elizabeth Dixon

Dr Alam Yoosuff (teleconference) Ms Jill Ludford, Chief Executive Invitees:

Mr Kevin Lawrence, Director Finance and Performance

(teleconference)

Mr Thomas Glanville, Director MITT

Ms Fiona Renshaw, Director Integrated Care & Allied Health

Ms Cherie Puckett, Director Clinical Operations, West

(teleconference)

Jacqui Zutt – Board Secretariat (Minutes)

Prior to the meeting Board Directors were invited to take part in a tour of Wagga Wagga Base Hospital Stage 3 as part of the redevelopment project.

- 1.0 **Welcome to Country**
- Staff story Mental Health Drug & Alcohol MyStep Consumer 2.0
- Apologies Ms Elke Cleverdon and Mr Adrian Lindner 3.0
- Declarations of Conflicts of Interest or Pecuniary Interest Relating to Agenda Matters Nil 4.0

No	Topic	Considerations	Decisions	Action	Who
5.0 5.1	Confirmation of Minutes Minutes of Board Meeting February 2021		Approved		Director Ireland Director Yoosuff
5.2	Minutes of Planning Resource and Performance Meeting		No meeting held		

	Health
NSW	Murrumbidgee
GOVERNMENT	Local Health District

OVERNMENT	Local Health District				
5.3	Audit and Risk Committee	 Key items of noting included Rural Inquiry, endorsement of Delegations Manual by Board, virtual care and accreditation. 	Noted		Director Braybrooks Director Jordan
5.4	Health Care Quality and Committee		Approved		Director Twomey Director Dixon
5.5	Research Innovation and Change Committee		No meeting held		Birodel Bixon
6.0	Matters Arising From Minutes				
6.1	Action List	 Agreed to close: B20/1-002, B20/06-002, B20/11-002, B20/12-002, B20/01-001, B21/01-005, B21/01-006, B21/02-001, B21/02-002, B21/02-003 	Updated		
6.2	Governance Charter		Referenced		
6.3	Service Agreement		Referenced		
7.0	Organisational performance				
7.1	Planned Care for Better Health	 NSW Health is working in partnership with Local Health Districts to implement updated Integrated Care initiatives which are now called Planned Care for Better Health. Planned Care for Better Health identifies patients at risk of hospitalisation early and strengthens the care provided for them, to improve their experience of 	Noted	Correct Page 43, typing error, should read 'inclusion'.	Director Integrated Care and Allied Health



receiving care and to keep them healthier over the long term.

- The Murrumbidgee Integrated Care Consortium will transition to the Planned Care for Better Health Steering Committee who will provide oversight and support the management of the transition to PCBH.
- Key external providers are already engaged in this forum who understand the integrated care journey and goals of the initiative. The Committee will also link with the governance structure that will oversee Collaborative Commissioning for the LHD.
- Acknowledge the vital role General Practice plays.
- Approval has been received to implement eRIC/Intensive Care Application during 2021. Funding provided by State to implement the solution.
- RIS/PACS system has been expanded to not just be for medical imaging. The ICT team has successfully piloted implementing EDG's, digital operating theatre images, patient photos

Noted

taken on phones for wound care to the PACS application.

- Team now looking at a solution called MyVue which will provide a patient portal for Imaging reducing reliance on hard copy CD/DVD's and physical film.to be implemented during 2021.
- The Priority Populations Manager and Women's Health Nurse Manager spoke to the brief.
- The proposed District service would be based in Wagga, allowing the site to be centrally located for women living in MLHD. A virtual platform for rural and remote areas is also being developed.

Approved

- It is envisaged the service would be integrated and offered as part of the already existing suite of Women's Health services. The current model of care used by the Wagga Women's Health Clinic is Nurse-led with GP support.
- All women across MLHD will have a local pathway to access services within the District.

Director Yoosuff Director Jordan

7.3 Abortion Services within MLHD

- Women will access the service through Community Care Intake/Priority Populations Intake worker and external interagency partners e.g. PHN, GP's, Wagga Women's Health Centre. The model aims to build on current local service pathways not replace current service pathways.
- The Board acknowledged the work of the Priority Populations team and unanimously endorsed the proposal.
- The Chief Executive thanked the Board for their ongoing support in this matter.

Strategic and state-wide issues 8.0 8.1

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW

- Chief Executive spoke to the Noted report.
- The second Hearing to be held in Deniliquin on 29 April, 2021.
- Regional Hearings are not live streamed.
- 700 Pfizer vaccinations were delivered to Phase 1a staff in MLHD during week commencing 15 March.

Noted

COVID-19 mass vaccination

8.2

AstraZeneca clinics are now underway in Wagga and Griffith with further mobile outreach teams

OVERNMENT	Local Health District			
		 commencing week of 29 March. Acknowledge the support of the General Practices throughout MLHD. 54 vaccinations booked for Day 1 at Griffith clinic today. Note the great sense of excitement from staff. 		
9.0	Our people our community			
9.1	People and Culture – Culture Strategy	 Ms Helen Emmerson, Director People and Culture spoke to the report. The Culture Strategy confirms MLHD approach to growing a culture of excellence through an 	Approved	Director Dixon Director Ireland
9.2	Community Engagement	engaged, capable and confident workforce.		
10.0	Chief Executive's report			_
10.1	Chief Executive's report	 The Chief Executive discussed the importance of 'clinical yarning', including making time for social, diagnostic and management yarning followed and how a feeling of 'shame' can effect health outcomes for Indigenous people. Cultural awareness education resources and behaviour change tools were discussed and it was agreed these were plentiful but widespread understanding and 	Noted	

implementation of clinical yarning needs to be supported across clinical services.

 The District Clinical Council has agreed the clinical yearning tool should be supported for further implementation across MLHD.

Ms Jenny Spain, Manager

Governance Risk and Audit

11.0 Risk

11.1 Risk Management Report – February 2021

Noted

spoke to papers.
 COVID environment has seen some risks elevated, should expect to see those risks return to pre COVID

levels.

- All high risks are discussed at the Audit and Risk Committee.
- A new District Risk
 Committee has been
 established and will have a
 reporting mechanism to the
 Board.
- Work to be undertaken in developing a process for actions to be taken when there is a risks that sits outside of MLHD's risk appetite.
- Deep Dives underway for locum costs and cyber security.

11.2	MLHD Residual Risk Profile – February 2021	• See Item 11.1.	Noted
11.3	Annual Review of Risk Policy	 There is a current policy in place to govern the risk management function. Overall, MLHD meets the mandatory requirements of the NSW Health Enterprise- Wide Policy and Framework. 	Noted
11.4	MHD&A Consumer Aggression Risk Summary		Noted
11.0	Critical issues	Nil.	
12.0	Raising of Non Agenda Items through the Chair	Nil.	
13.0	Meeting closed at 2.29pm Next Meeting; 28 April, 2021 – Finley		