

The Chair opened the meeting and Mr Monaghan acknowledged the Traditional Owners of this Land. He also paid his respects to Elders both past and present. He extended his respect to other Aboriginal people and colleagues present today.

1. In-camera Session

An in-camera session was not required.

2.1 PRESENT AND APOLOGIES:

Board Members: Mr Mark Humphries (Chair), Mr Peter Carter, Mr Michael Carter, Dr John Griffin, Mr Scott Monaghan, Mr Thomas George, Mr Pat Grier, Dr Alasdair Arthur

Via Teleconference:

Dr John Moran, Ms Naree Hancock, Professor Susan Nancarrow

Mr Ged May, Community Engagement Manager (part of meeting)

Ms Katharine Duffy, Director Nursing, Midwifery and Aboriginal Health (part of meeting)

Apologies:

Ms Carolyn Byrne, Dr Allan Tyson

In Attendance:

Mr Wayne Jones, Chief Executive

Ms Jennifer Cleaver, Manager Chief Executive Unit

Ms Kate Greenwood, Board Secretariat

In Attendance for part of meeting:

Mr Matthew Long, Director Corporate Services

Ms Karen Bowen, Nurse Manager Clinical Practice

Ms Deborah Newman, Identification, Escalation & Management of a Deteriorating Patient

Ms Caitlin Alsop – LHD Patient

Cr Robert Mustow, Mayor, Richmond Valley Council

Ms Angela Jones, Acting General Manager, Richmond Valley Council

2.2 Declaration of Pecuniary and/or Conflicts of Interest:

Nil for this meeting.

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 25 May 2022 as circulated were **ENDORSED** as a true and accurate record:

Moved: Mr Michael Carter

Seconded: Dr Alasdair Arthur

CARRIED

2.3.2 Business Arising from the minutes:

Nil matters arising from the Minutes.

2.3.2.1 Ms Jones will provide a Workplace Culture update to the 29 June 2022 Board meeting.

Mr Jones spoke to the information in the brief advising there is a significant

amount of work being undertaken across the District to maintain the improvement in general culture and indicated that moving forward, there will be a quarterly culture update provided to the Board under the Item 4 Board Strategic Priorities.

Responding to a query, Mr Jones advised a significant number of staff have completed their performance appraisals despite the challenging circumstances of the last two years with the impact of COVID and floods. He also added that exit interviews are offered to departing staff but these are not often taken up.

2.3.2.2 Mr Jones to provide a report on the workforce framework, structure and function with the findings and recommendations to be submitted to the 27 July 2022 Board meeting.

The Board noted this will be provided to the 27 July 2022 Board meeting.

ACTION:

Mr Jones to provide a report on the workforce framework, structure and function with the findings and recommendations to be submitted to the 27 July 2022 Board meeting.

2.3.2.3 Mr Jones to provide an update report on Patient Reported Measures to the 27 July 2022 Board meeting.

The Board noted this will be provided to the 27 July 2022 Board meeting.

ACTION:

Mr Jones to provide an update report on Patient Reported Measures to the 27 July 2022 Board meeting.

2.3.2.4 The Research and Innovation Committee to provide a report on how research success is defined by the LHD from a Board's perspective to the 27 July 2022 Board meeting.

The Board noted this will be provided to the 27 July 2022 Board meeting.

ACTION:

Research and Innovation Committee to provide a report on how research success is defined by the LHD from a Board's perspective to the 27 July 2022 Board meeting.

2.3.2.5 Mr Jones will provide a report on Workforce challenges including recruitment at the July Board meeting and following the NSW State Budget.

The Board noted this will be provided to a future Board meeting.

ACTION:

Mr Jones will provide a report on Workforce challenges including recruitment at the 27 July Board meeting and following the NSW State Budget.

2.3.3 Other Matters Arising from the minutes

Nil for this meeting

3. Matters for Decision

Nil for this meeting.

4. Board Strategic Priorities

4.1 Workforce Culture - an update will be provided in the CE Report.

4.2 Patient Flow - an update will be provided in the CE Report.

4.3 Environmentally Sustainable Healthcare – Mr Peter Carter advised this update was provided today during Mr Long’s presentation to the Board.

4.4 Aboriginal Health - an update will be provided in the CE Report

5. Matters for Discussion

5.1 Chief Executive’s Report

Mr Jones referred to the issues that were covered in the Chief Executive's report including:

5.1.1 Current and Significant Issues

- **Flood Event** – work continues in supporting the well-being of flood effected communities. Recruitment and retention of staff remains a concern due to the impact of the floods on the Lismore CBD. Agency nurses are continuing to cover vacant shifts and leave relief. Support from other NSWLHD Mental Health teams for NNSWLHD concluded on 25 June 2022. Discussions around continuing this are ongoing.
- **Accommodation** – staff accommodation continues to be a concern for the LHD. Several strategies are being discussed around potential options and subsequent business cases are being progressed.
- **Coronavirus/Influenza** – a plateau in the number of COVID cases in April and May, with a weekly update now being provided to the community. Furloughed staff across the LHD continue to decline. An increase in influenza cases has occurred and a media campaign has commenced to encourage people to get vaccinated.
- **Vaccination Program** – transitioned to a lower-volume model with the clinics at Tweed, Lismore and Grafton with an outreach model utilising a purpose-built van to visit key locations across the LHD footprint.
- **Elective Surgery** – activity has returned to pre-COVID levels at LBH. ED presentations remain high and staffing level challenges has seen some elective surgery postponed to manage ED bed demands. NSW Health has negotiated a new Private Provider Contract to help with surgery activity and bed demand.
- **Accreditation** – Tweed, Bryon and Murwillumbah Accreditation were held 30 May – 3 June 2022 resulting in no Not Met results. This is a fantastic result for the LHD considering the challenges of the last two years.
- **NSW Rural, Regional and Remote Inquiry** – the LHD has provided draft responses to the MOH on a small number of recommendations as part of the Government response.
- **Rural Health Plan** – a Rural Health Plan (RHP) is being developed to set policy directions for regional, rural and remote health in NSW for the next ten years. Consultation with clinicians and staff will commence soon.
- **Carbon Footprint Initiative** – following an expression of interest, the MOH Climate Risk and Net Zero Unit has selected LBH to participate in this project.
- **Tweed Valley Hospital Open Day** – over 1400 community members registered, with 2500 attending on the day. The event was a remarkable success.
- **2022 – 2023 Budget** – Mr Jones provided an update on the recent 2022/23 State budget announcements in relation to the NNSWLHD. Further details will be provided at the 27 July 2022 Board meeting.

ACTION:

Mr Jones to request Mr Brett Skinner, Director Finance to present a 2022/23 Budget overview to the 27 July 2022 meeting.

5.1.2 Update on Strategic Issues

Strategic Priority: Empowering Aboriginal Health

NNSWLHD Aboriginal Health Plan 2021–2026: the Board noted the information and Mr Jones advised the priority was employment and education. The LHD currently sits at approximately 3.8% for Aboriginal employees.

Strategic Priority: Empowering Aboriginal Health

The Board noted the information in the brief compiled as part of the NNSWLHD Aboriginal Health Unit Transport Scoping Project.

Strategic Priority: Value, Develop and Empower Our People

Redesign Recruitment to a Recruitment Partner Service Model – steps are currently underway to review the form, function and structure of the current Workforce Directorate to ensure it provides contemporary and effective support to staff. As agreed in the May 2022 Board meeting, further information will be provided to the 27 July or August 2022 Board meeting once the review is completed. In the meantime, a 'centralised recruitment model' is being progressed to provide more support to department managers in the challenges of recruitment and decrease the average time for recruitment.

Strategic Priority: Value, Develop and Empower Our People

The Board noted the Quarterly Employee Assistance Program Activity and Trends Report.

5.1.3 Matters for Approval

- Nil for this meeting

5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during May 2022 NNSWLHD did not meet the ETP target of 50% (admitted) with a result of 28.5%.
- Elective Surgery Access Performance during May 2022 was Category 1 83% against a target of 100%, Category 2 53% against a target of 97% and Category 3 was 64% against a target of 97%.
- Elective Surgery overdue numbers for April 2022 were Category 1 – 13, Category 2 – 652, Category 3 – 1040.
- Triage – NNSWLHD met triage Category 1 target, Category 2, May 2022 result was 77% with a target of 95% and Category 3, result was 67% against a target of 85%.
- Transfer of Care target for May 2022 was 90% with a result of 77%.

5.1.5 Security, Risk and Compliance Update

- The Board noted the Quarterly Update on Anderson Report Recommendations on Hospital Security.

5.1.6 Governance Update

- Nil for this report.

5.1.7 eHealth Update

- An update was provided on the eHealth progress across the LHD, including the Tweed Valley Hospital and the Single Digit Patient Record project.
- Mr Jones spoke briefly on the cyber security presentation at a recent e-Health Committee meeting provided by Mr Phillip Woolley, Chief Information Officer.

ACTION:

Mr Jones to request Mr Phillip Woolley, Chief Information Officer to provide a presentation on Cyber Security to an upcoming Board meeting.

5.1.8 Capital Works/Planning Projects

- An update was provided on the key aspects of the TVH building program, the completion of the LBH redevelopment and other minor works projects funded under the Asset Repair and Replacement Program that were delayed due to the floods earlier this year.
- Grafton Base Hospital – Mr Jones provided an update on the recent budget announcement in relation to the redevelopment of the GBH.

5.1.9 Matters for Noting

- Nil for this meeting

5.1.10 Important Meetings/ Diary Commitments

- Tweed Valley Hospital Topping Out Ceremony has been postponed from 14 June 2022 to the 29 July 2022.
- 27 – 28 June 2022 three members of the Regional Health Division toured the LHD in preparation for the upcoming visit of Mr Luke Sloane, Co-ordinator General, Regional Health Division on 18-20 July 2022.

Questions for the Chief Executive without Notice

- A lengthy discussion followed on the unprecedented stress and demands on Emergency Departments across the LHD and State. Mr Jones advised strategies are being discussed and prioritised to improve patient flow and support ED staff and clinicians.
- The Chair provided a brief update on his recent Council of Board Chairs online meeting with Mr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning.
- Mr Monaghan provided an update on the recent Aboriginal Partnership meeting advising there was a genuine commitment from all present to continue this partnership approach to health outcomes for Aboriginal communities. Federal funding has yet to be announced for the next financial year. Mr Monaghan thanked Ms Kirsty Glanville, Associate Director, Aboriginal Health and her team for working together with the Aboriginal Medical Services across the District to ensure better access and outcomes in this footprint for Aboriginal communities.
- Following a brief discussion regarding the excellent results in the recent Tweed, Bryon and Murwillumbah accreditation, the Chair noted that work is still underway for a Staff Appreciation Day which will incorporate the Accreditation results.
- Mr Jones spoke briefly on the NSW Parliamentary Inquiry into hospital access for rural, regional and remote NSW advising the final Government response will be provided when received.

-
- Responding to a query on whether there is the right and/or enough visibility of security issues at Board level, Mr Jones advised the Anderson Review into Hospital Security was an extensive review and critique of security services and the Report provided a pathway for LHD's to ensure security of staff, patients, visitors and property remained a focus.
 - A brief discussion followed on the availability of General Practitioners across the area and Mr Jones advised he is having further discussions with the PHN on efforts to improve access to GPs across the LHD which in turn would reduce non-emergency presentations to the ED.

The Board **ENDORSED** the Chief Executive's Report.

5.1 Committee Minutes (discussed on exception basis, otherwise noted)

5.2.1 Health Care Quality Committee (HCQC) – 14 June 2022.

Mr Peter Carter spoke briefly on the HCQC minutes advising that discussions continue around membership and finalising the Terms of Reference.

Mr Peter Carter informed the Board, the LHD has been invited to the European Partnership for Supervisory Organisations in Health Services and Social Care. The LHD provided two speakers to the conference being held in Singapore.

The Board noted the unconfirmed HCQC minutes.

5.2.2 Finance and Performance Committee (F&PC) – 15 June 2022

Mr Michael Carter provided a brief overview of the F&PC minutes.

Challenges remain regarding the budget and workforce with an overview being provided around this. The LHD continues to use a significant amount of agency nurses across all hospitals.

Further details regarding the LHD fiscal update will be provided in the budget update at next month's Board meeting.

The Board noted the unconfirmed F&PC minutes.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 9 June 2022.

Dr Arthur provided an overview of the recent appointments and resignations across the LHD.

The Committee noted the unconfirmed MDAAC minutes.

Dr Arthur left the meeting at 12.15pm.

5.2.4 Audit and Risk Committee (ARC) – 1 June 2022 and Internal Audit 3 Year Strategic Plan 2022/23 to 2024/25

In Ms Byrne's absence, Mr Jones provided a brief overview of the ARC minutes.

Mr Jones indicated Mr Mark McCoy, Chair, Audit and Risk Committee has settled into the

role well and as requested has adopted an inquisitive/challenging approach to ensure the LHD maintains our standards of both internal and external audit requirements.

The Board **ENDORSED** the Internal Audit 3 Year Strategic Plan 2022/23 to 202/25.

Moved: Mr Scott Monaghan

Seconded: Mr Peter Carter

CARRIED

The Board noted the unconfirmed ARC minutes.

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 17 May 2022.

In Dr Tyson's absence, Mr Jones spoke to the CPCEC minutes. Mr Jones advised the committee also met last week to discuss and consult on the Rural Health Plan. The engagement in the meeting regarding the Rural Health Plan was very good.

The Board noted the unconfirmed CPCEC minutes.

5.2.6 Community Partnership Advisory Council (CPAC) –6 June 2022.

Mr Jones provided an overview of the recent CPAC meeting, indicating there was good consultation and engagement. He reiterated the excellent feedback from the surveyors during the Accreditation process regarding the LHD's community engagement programs.

Mr Jones advised he has informed CPAC they are able to commence face-to-face meetings again.

The Board noted the unconfirmed CPAC minutes.

5.2.7 Research and Innovation Committee (RIC) –15 June 2022.

Professor Nancarrow provided a brief overview of the RIC minutes.

A detailed Research presentation will be provided to the 27 July Board meeting. Mr Monaghan provided an overview of the work undertaken by Bulgarr Ngaru Aboriginal Medical Corporation and has been requested to participate in next month's research presentation to the Board.

The Board noted the unconfirmed RIC minutes.

Mr Monaghan left the meeting at 12.37pm

6. Matters for Noting/Information (discussed only on exception basis)

Nil for this meeting

6.1 Major correspondence

Nil major correspondence

6.2 NNSWLHD Seal

There were no items requiring the NNSWLHD Seal to be applied.

6.3 Calendar

6.3.1 Chairman's Calendar

The Board noted the Chairman's Calendar.

6.3.2 Updated Board Calendar

The Board noted the updated Board Calendar.

6.4 Other matters for noting

6.4.1 Quarterly Consumer Feedback Report

The Board noted the information in the brief. Dr Griffin queried why the Health Care Complaints Commission (HCCC) matters were not included in the overall complaint numbers. Mr Jones advised he will request the Clinical Governance Unit to include this data in all future Quarterly Consumer Feedback Reports.

6.4.2 NNSWLHD Board Workshop May 2022 Feedback

The Board noted the information in the report. Overall the feedback was positive.

Discussion followed on a potential follow-up workshop/meeting with the Executive Leadership Team and should dates allow, the possibility of the findings and lessons learnt from the October International ISQua Conference will be presented at the workshop.

ACTION:

Mr Jones to organise a follow-up Board workshop to include the Executive Leadership Team for a potential date following the ISQua Conference.

7. Meeting Finalisation

Mr Michael Carter provided a critique of the meeting.

The Chair indicated for future meetings, that all Board sub-committee minutes/reports will be tabled and accepted as read on an exception basis with any important matters needing Board decision or brought to the Board's attention.

7.1 Next Meeting

27 July 2022

Murwillumbah District Hospital

7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 11.53am.

I declare that this is a true and accurate meeting record.

12.53am

Signed

Date 27/11/22

Mr Mark Humphries
Chair

Northern NSW Local Health District Board

9am – 9.30am Patient Story – Program Lead, Identification, Escalation and Management of the Deteriorating Patient – Ms Karen Bowen, Nurse Manager Clinical Practice, Ms Deborah Newman, Identification, Escalation and Management of the Deteriorating Patient and Ms Caitlin Alsop – LHD Patient

The Chair welcomed the presenters and introduced them to the Board.

Ms Alsop provided a detailed overview of her experience as a sepsis survivor outlining her initial symptoms, ED presentation, ICU admission and her later recovery. Ms Alsop praised the LHD staff for their recognition, early intervention and treatment that was instrumental in saving her life. Ms Alsop has worked closely with the LHD initiative in training clinicians to identify and escalate the management of a deteriorating patient.

Ms Bowen spoke briefly on the work and research the LHD has done in improving the outcomes for identifying the deteriorating patient. Over the last 10 years there has been significant medical advancement around these procedures. Approximately three years ago NNSWLHD identified concerns around patient outcomes and Ms Bowen outlined how the taskforce was convened to ensure improvement around these outcomes.

The Phase 1 Research Recommendations identified 18 months ago are:

- robust interprofessional relationships and strong leadership, together with teamwork and culture, have been identified as area for improvement across all disciplines during this project
- clinicians and students want to increase their confidence, and acknowledge that experience improves their levels of confidence
- clinicians want collaborative relationships for the improved management of the deteriorating patient. Participants want interprofessional team-based training, and the opportunity to work together on interprofessional simulations and scenarios

Ms Newman referred to the clinicians' request for the ability to perform a head-to-toe assessment on a patient with the confidence to escalate when necessary. She outlined the details in the A to G Assessments which has been designed in conjunction with allied health, medical and nursing staff training together.

Ms Newman spoke on Phase 2 of the project which is simulation based interprofessional education for managing the deteriorating patient: a mixed method pilot study. This has been well-received amongst clinicians which provides a variety of different scenarios using mixed reality.

Mr Jones acknowledged the excellent work undertaken by Ms Duffy, Ms Bowen, Ms Newman, Ms Alsop and the team in being a lead across the state in this space.

The Board thanked the presenters for taking time to attend the Board meeting.

9.30am – 10am Richmond Valley Council – Cr Robert Mustow, Mayor and Ms Angela Jones, Acting General Manager.

The Chair introduced the visitors to the Board and thanked them for attending.

Cr Mustow acknowledged the Board and thanked the LHD for their input across the Richmond Valley Council footprint.

Responding to the Richmond Valley Council's pre-arranged questions, Mr Jones advised at this stage a GP has not been able to be secured for the Coraki HealthOne. Work continues with the North Coast Primary Health Network to secure a GP, however the current workforce challenges being experienced across the state coupled with the floods, has exacerbated the difficulties regarding this.

Cr Mustow indicated he would like to receive attendance data on an annual basis in relation to the HealthOnes in Coraki and Evans Head. Mr Jones advised there are dental clinics, paediatric and geriatric services and general nursing services attached to these facilities and is able to provide this data to Mr Mustow.

Casino Memorial and District Hospital is listed on the LHD's Capital Investment Proposals to go forward as the need arises. Mr Jones provided an explanation of how 'networking of services' across the District works in relation to health services.

Cr Mustow and Ms Angela Jones gave an update on the projected future growth of the Casino area in relation to the state Regional Job Precinct Program. Mr Jones agreed that higher population areas is also an attractive option to increase health staff.

While staffing level challenges remain across the District, generally Casino health services staff levels are reasonable, comparatively to the rest of the District.

An update was provided on the parcel of land attached to the old Coraki Hospital site. It is currently in the process of being prepared for approximately 40 mobile home pods to accommodate those community members displaced by the recent floods.

A brief discussion followed on the importance of offering community services around psychological well-being and mental-health first aide and work is continuing in this space in conjunction with local councils, Primary Health Network and the LHD.

The Board thanked Ms Angela Jones and Cr Mustow for meeting with them today. Mr Jones also acknowledged the excellent working relationship the LHD have with Mr Vaughan MacDonald, General Manager, Richmond Valley Council.

10am – 10.30am – Presentation by Mr Matt Long, Director Corporate Services

The Board welcomed Mr Long to the meeting and thanked him for attending.

Mr Long provided an overview of his presentation topics being, Health Services Planning, Board Priority: Environmentally Sustainable HealthCare, COVID Vaccination Program and Accommodation.

Mr Long spoke of the recent Ministry of Health (MOH) Future Health Plan which is a strategic plan for NSW Health for the next 10 years with 6 strategic outcomes. The NSW Regional Health Plan is in the process of being developed and will be released in due course.

The Ballina District Hospital and Clarence Valley Clinical Services Plan are due to be finalised soon with Mr Long providing a brief update on the NNSWLHD Capital Investment Proposals which included these two health facilities.

Work continues on the Tweed Valley Hospital planning and a brief discussion followed on the current prospect of staff accommodation on the hospital site.

Referring to Environmentally Sustainably Healthcare, Mr Long advised he has noticed this year NSW Health is focussing more on this issue, which is also now a target outcome in the NSW Future Health Plan.

The Climate Risk and Net Zero Unit has been established at the MOH which reports to Ms Joanne Edwards, Acting Deputy Secretary Patient Experience and System Performance.

Mr Long gave a brief overview of the LHD carbon footprint over the last financial year and referred to the cost-saving initiatives over time of solar panels on LHD facilities.

An update was provided on the COVID Vaccination program.

A lengthy discussion followed on the accommodation crisis across the Northern Rivers and the strategies being considered to alleviate pressure on staff recruitment and retention. Mr Long also advised a local Lismore motel has been seconded until the end of the year as an interim solution and will be re-assessed as needed.

The Board acknowledged Mr Long and his team on their dedication and commitment with the rollout of the vaccination program, environmental sustainability and accommodation challenges.