

Meeting of the Southern NSW Local Health District Board

No. 2022/2

Date: Thursday, 3 February 2022

Time: 10am

Venue: Googong Community Centre, Googong

Minutes for disclosure

In Attendance

Dr Allan Hawke AC, Board Chair

Beth Hoskins, Deputy Chair

Dr Ken Crofts, Board Member

Narelle Davis, Board Member

Margaret Lyons, Board Member

Geoffrey Kettle, Board Member (TC)

Pru Goward, Board Member (TC)

Leanne Barnes OAM PSM, Board Member (TC)

Lana Callaghan, Board Member

Terry Clout PSM, Board Member

Dr Duncan MacKinnon, Board Member

TC – attendance via teleconference

Margaret Bennett, Chief Executive

Fiona Renshaw, Executive Director Operations

Virginia Boyd, District Director People and Wellbeing

Julie Mooney, Acting Director Quality, Safety & Patient Experience

Bronny Roy, Director Finance and Performance

Damien Eggleton, Director Mental Health Alcohol and Other Drugs

Dr Liz Mullins, District Director Medical Services

Lou Fox, District Director Ambulatory Care

Sarah Galton, General Manager Corporate Services

Judy Ryall, Acting Director Nursing and Midwifery and Strategic Projects

Jenny Spain, Director Governance, Risk and Audit

Ian MacDonald, External Consultant, Studer/AHSG

Vanessa Barratt, Manager, Media and Communications

Apologies

Dr Anthony Stevenson, Chair SNSWLHD Medical Staff Executive Council

Dr Nathan Oates, SNSWLHD Medical Staff Executive Council

Jackie Jackson, Manager Aboriginal Health

Secretariat

Karen Clark, Executive Officer

Item 1	Welcome and Apologies
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Item 1.1	Welcome
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The meeting was declared open at 10am. The Chair acknowledged the traditional custodians of the land.

The Chair welcomed incoming Board Members Leanne Barnes, Lana Callaghan, Terry Clout and Dr Duncan MacKinnon. The Chair also welcomed Executive Director Operations, Fiona Renshaw and District Director People and Wellbeing, Virginia Boyd who introduced themselves to the Board.

Item 1.2	Conflict of Interest Declarations
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The Register of Interest has been updated.

Item 1.3	Directorate introduction (Orientation for new Board members)
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An overview of the structure and services provided by each Directorate was provided.

DDIC outlined some of the opportunities and achievement provided by the COVID-19 pandemic, including establishment of a Virtual Care monitoring service for the LHD service in just three weeks.

The CE commented that the Executive are focussed on renewal and introducing the Elevate framework to lead culture and accountability.

A Board member thanked the Chair and Executive for facilitating today's informative orientation session.

A Board member noted the importance for Board members to hear about the LHD's work related to staff wellbeing given the significant restructure journey of the LHD.

Item 2	Confirmation of Previous Minutes
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Item 2.1	Confirmation of Minutes of Meeting on 13 January 2022
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The Minutes of the Board meeting held on 13 January 2022 were accepted as a true and accurate record.

Item 2.2 Minutes for Disclosure of 13 January 2022

The Minutes for disclosure of the Board meeting held on 13 January 2022 were accepted as a true and accurate record.

Item 3	Operational Plan Q2 update
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Members of the Executive provided an overview of their achievements for Q2 and planning for Q3.

The CE thanked and noted the achievement of Julie Mooney who has maintained her substantive role and has managed the Health Services Functional Area Coordinator (HSFAC) role for the past two years managing COVID-19, bushfires and flood.

The Board noted the Q2 achievements detailed in the 2021/2022 Operational Plan and requested an update on the Q3 achievements at the April 2022 Board meeting.

Item 4	Actions from Previous Meetings
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Item 4.1	Action List
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The Board reviewed and discussed the Action list.

Item 45	Presentations
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Item 5.1	Patient story
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A/DDIC provided a patient story which detailed an experience of a COVID-19 positive elderly patient. The patient's risk of deterioration was noted. As a result, the Virtual enhanced Community Care (VECC) team arranged to provide food to support the patient while in isolation.

Enrolment in the virtual monitoring program was arranged and a device provided for video calls, monitoring of the patient and access to clinician and medical review by phone.

When the patient experienced more severe symptoms, an onsite assessment was ordered to avoid hospital presentation. The Patient Transport Unit arranged an assessment with the privately contracted transport provider, who had a paramedic on duty.

When the clinician contacted the patient, it was found that the assessment had not been completed and there had been no communication between the patient and the contracted paramedic.

A further medical review was conducted by phone and a transfer to The Canberra Hospital arranged through NSW Ambulance.

The patient was admitted and treated with IV antibiotics overnight, discharged home the following day. A handover of care was completed by phone to the VECC manager prior to discharge and the discharge summary provided to the VECC team.

The patient story shows the importance of the VECC following up on escalations to ensure timely and appropriate care is provided. This is particularly important when a number of service providers are involved in patient care.

Item 5.2 Aboriginal Health – Quarterly update

The presentation detailed establishment of the Aboriginal Health Board Sub-committee, to be Chaired by the Board Chair. The inaugural meeting of the subcommittee will be held in March 2022. A draft Terms of Reference (TOR) was provided in the Board meeting papers.

A/DDIC also advised that a number of Aboriginal Health Workers have been redeployed to support COVID-19 operations. Their roles have included vaccination support and providing wellbeing and logistical support for vulnerable and isolating families.

A/DDIC reported that the majority of Aboriginal patient presentations across the LHD are followed up with a phone call within 48 hours.

Two research projects are underway. “What matters to me” is being implemented with the Cancer Institute, and a breastfeeding research and support program has commenced, providing support and mentoring to women having Aboriginal babies.

Item 5.3 COVID-19 update

DDIC provided an update on the current COVID-19 situation. The LHD are currently seeing around 250 cases per day, and a 50/50 between reporting via RAT and PCR testing.

The LHD’s partnership with ISLHD has provided a more efficient triage of patients for home monitoring. The LHD has also established a COVID-19 doctor available 24/7 for hospital doctors, and virtual care staff to access for advice.

Restriction of visitors to patients in our hospitals needs a risk assessment and case by case exemptions can be made on compassionate grounds.

Increased access to RATs has been beneficial and expect to see a progressive reduction in demand for PCR testing.

The State has moved to a low-care program with most patients expected to self-isolate for seven days if asymptomatic, with no intervention.

An opt-in program has been established for identified high risk or vulnerable groups. This system applies to most persons (>1 month to > 80 years, excluding non-vaccinated, chronic disease, Aboriginal, immunocompromised).

The hospital system, testing and vaccination clinics are all under pressure, but currently managing. Key risks include the number of furloughed staff due to community based COVID transmission outside of the workplace. As a result, there is very little capacity for surge workforce.

The LHD has good capacity in clinics for booster doses and children’s vaccinations. Mobile clinics and drop-in clinics are being tailored to support demand.

A Board member noted community confusion about timing of 3rd vaccinations and where these can be had. DDIC advised that the online checker provides links into all options to find a vaccination, and a booster dose can be given 4-6 weeks after the second dose.

Item 6 Leadership

Item 6.1 Chief Executive Report

The CE detailed the LHD’s continued focus on management of COVID, return to BAU, and the District’s financial management.

The CE provided a summary of the key points raised during the presentation to the Parliamentary Inquiry into Rural and regional Health on 1 February 2022.

Following the announcement in January 2022 of funding for a Batemans Bay Health One, planning is underway.

An invitation has been sent to the new Mayors across the LHD to participate in a one-on-one briefing by the Chief Executive.

Item 6.2 Board Chair update

The Chair has attended regular sessions with Board Chairs and the Secretary. Fortnightly Chair and Secretary meetings continue.

Item 7 Accountability

Item 7.1 Medical and Dental Appointments Advisory Committee

No January meeting.

Item 7.2 Health Care Quality Committee (HCQC)

No January meeting.

Item 7.3 Audit and Risk Committee Meeting

No January meeting.

Item 7.4 Performance Committee

No January meeting.

Item 7.5 People and Wellbeing Committee

No January meeting.

Item 7.6 Community Engagement Committee

No January meeting.

Item 7.7 Finance and Recovery report

Noted.

Item 8 For Discussion / Endorsement

Item 8.1 Resilience Review of Moruya Maternity services and Action Plan

GM (C) advised that the District Medical Lead for Obstetrics and Gynaecology and provides continued support and medical leadership at Moruya.

The District Midwifery Manager has commenced and will lead development and advancement of midwifery practice in Moruya and across the LHD.

Evaluation of implemented actions will be undertaken weekly and reported at monthly intervals as detailed above to ensure improvements are imbedded and sustained.

The Board noted and endorsed the recommendations for implementation.

Item 8.2 Aboriginal health subcommittee

A draft orientation pack, Terms of Reference (TOR) and agenda were tabled for the proposed Aboriginal Health Board subcommittee.

Item 8.3 2022 Board Work Schedule

Noted. The Schedule will be updated and tabled again at the March Board meeting with details of the Joint Board meeting with Coordinare.

Item 8.4 Draft Board Charter

A draft Board Charter was provided for review. The Charter is a policy document that aims to define the respective roles, responsibilities and authorities of the Board (both individually and collectively) and management in setting the direction and management of the organisation.

The Board also discussed the value of completing an independent external review of the Board and asked the CE to canvas other CE's about providers of an external independent review.

Item 8.5 Draft Board Committee structure 2022

With the commencement of four new Board members from 1 January 2022, a draft Board Committee structure was tabled for review.

The Board endorsed the membership of the seven committees as tabled.

Item 8.6	Australian Institute of Company Directors – Board Governance Course proposal
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A one-day Board induction and governance course outline was tabled. AICD have also advised that either a ½ day Strategy and Risk, or Financials Governance component could be added.

Item 9	For Information Only
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Item 9.1	Board Correspondence summary
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Noted.

Item 9.2	2022 Board meeting dates
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Noted. The date of the joint Board meeting with Coordinare has been proposed as Monday 29 August, to be held in the ACT, commencing at 6pm.

The Board members noted this information.

Item 9.3	Draft Health Precinct strategy
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Noted.

Item 9.4	Impact of Level 4 service at Eurobodalla Regional Hospital
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Board members noted the considerations underway as a result of the Ministers announcement of Eurobodalla Regional Hospital opening as a Level 4 hospital.

Item 9.5	Joint Southern NSW LHD and Coordinare Board meeting
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The Board noted advice that the date for the annual joint Board meeting is to be 29 August 2022.

Item 10	Business without notice
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The meeting closed at 1.58pm

Item 11	Meeting Close
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The meeting closed at 12.58pm.