

Meeting of the Southern NSW Local Health District Board

No. 2021/3

Date: Thursday, 4 March 2021

Time: 10.00am – 3.00pm

Venue: Vibe Hotel, Canberra / Teleconference

Minutes for disclosure

In Attendance

Dr Allan Hawke AC, Board Chair

Margaret Bennett, Chief Executive

Dr Ken Crofts, Board Member

Tracey Elkins, Acting Director Quality and Safety

Narelle Davis, Board Member

Jill Adams, District Director People and Wellbeing

Geoffrey Kettle, Board Member

Bronny Roy, Director Finance and Performance

Russell Fitzpatrick, Board Member

Damien Eggleton, District Director Mental Health Drug and Alcohol

Russell Schneider AM, Board Member

Lou Fox, District Director Ambulatory Care

Margaret Lyons, Board Member

Liz Mullins, District Director Medical Services

Beth Hoskins, Board Member

Apologies

Pru Goward, Board Member (TC)

Julie Mooney, Acting District Director Operations

Dr Pavan Bhandari, Board Member (TC)

Dr Anthony Stevenson, Chair SNSWLHD Medical Staff Executive Council

Mark Harrison, Deputy Chair

Dr Nathan Oates, SNSWLHD Medical Staff Executive

Council

Leanne Ovington, Acting Director Nursing and Midwifery

Vanessa Barratt, Manager Media and Communications

Jenny Spain, Manager Governance, Risk and Audit

Secretariat

Karen Clark, Executive Officer

Item 1

Welcome and Apologies

Item 1.1

Welcome

The meeting was declared open at 10.07am. The Chair acknowledged the traditional custodians of the land and paid respects to Elders past, present and emerging.

The Chair noted the attendance at the meeting of Dr Dan Smith, the newly appointed Co-Director Patient Safety and Quality.

The Board noted the passing of Dr Andrew Egan, long standing GP from Cooma after a long illness and noted his significant contribution to the Health District.

Conflict of Interest Declarations

No additional changes in material circumstances were noted at the meeting.

Item 1.3 Board and CE in-camera session

The Board Members and the CE proceeded to an in camera session.

Item 2 Confirmation of Previous Minutes

Item 2.1 Confirmation of Minutes of Meeting on 4 February 2021

The Minutes of the Board meeting held on 4 February 2021 were accepted as a true and accurate record of the meeting.

Item 2.2 Confirmation of Minutes of Meeting on 4 February 2021 for Public Disclosure

The Minutes for disclosure of the Board meeting held on 4 February 2021 were accepted as a true and accurate record of the meeting.

Item 3 Action List

Item 3.1 Outstanding Actions

The Board reviewed and discussed the action list.

Item 4 Presentations

Item 4.1 Patient Story

A patient story detailing the experience of ‘farmer Bob’ was provided. Bob had presented to a SNSWLHD rural ED seven times during the last half of 2020 seeking analgesia for restless leg syndrome, painful feet and earlier in the year issues related to abdominal pains and constipation.

After several ED presentations, a follow up call to Bob by the CNC, resulted in Bob agreeing for the CNC to contact Bob’s GP. Client confidentiality was explained which Bob was unaware of. When contacted, the GP advised he did not know about the ED presentations or the analgesia provided by the ED. The GP supported a referral to the St Vincent’s Pain Clinic which was a service Bob was unaware of.

The story confirmed the value of simplifying and streamlining patient services and how identifying patients that are frequent presenters to ED and GP’s early can result in a better patient outcome and reduced access to acute services.

Item 4.2 COVID-19 update

An overview of the District’s Covid response and vaccination of 1a staff was provided to the Board. Fit testing continues across sites. Site visitor restrictions have ceased, but entry screening continues. The District is trialling use of the QR code being rolled out in Murrumbidgee, and is currently being used for immunisation registration.

The focus is now on the vaccination roll out with over 160 staff vaccinated at SERH alone yesterday and partnering with Liverpool has seen over 370 staff at SERH vaccinated to date. Led by Leanne Ovington, the establishment of vaccination hubs has been assisted greatly by the willingness of staff at site to ensure access to vaccination.

Noted.

| | |
|-----------------|---|
| Item 6.2 | Health Care Quality Committee (HCQC) Board Report and Draft Minutes |
|-----------------|---|

Noted.

| | |
|-----------------|---|
| Item 6.3 | Audit and Risk Committee Meeting update |
|-----------------|---|

Noted..

| | |
|-----------------|-------------------------------|
| Item 6.4 | Performance Committee Minutes |
|-----------------|-------------------------------|

Noted.

| | |
|-----------------|--------------------------------|
| Item 6.6 | Community Engagement Committee |
|-----------------|--------------------------------|

A Board Member advised of a planning meeting held in February for the Community Engagement Committee and detailed information papers and a CEC update regarding the role of CCCs across the District. The CCC forum on 11 March will discuss engagement with the community and how best to represent the needs of the community cohort. The CCC will also consider how best to engage with younger members of the community and the use of virtual meetings.

| | |
|-----------------|-----------------------------|
| Item 6.7 | Finance and Recovery Report |
|-----------------|-----------------------------|

Noted.

| | |
|-----------------|--------------------------|
| Item 6.8 | Bushfire Recovery Update |
|-----------------|--------------------------|

Noted.

| | |
|---------------|------------------------|
| Item 7 | For Endorsement |
|---------------|------------------------|

| | |
|-----------------|---|
| Item 7.1 | Draft SNSWLHD Delegations Manual |
|-----------------|---|

The Delegations Manual was tabled for review.

DF provided an overview of the Delegations Manual which is a copy of the MLHD Delegations Manual. This fits well with the District's systems and meets the standard for GRA, who has provided input.

Differences between the Organisational Structures for MLHD and SNSWLHD have been incorporated and the Manual was endorsed in principle at the February Performance Committee meeting.

ACTION: Board members to review the Delegations Manual and provide feedback to the Chair by Friday 12 March.

| | |
|---------------|-----------------------------|
| Item 8 | For Information Only |
|---------------|-----------------------------|

| | |
|-----------------|-------------------------------------|
| Item 8.1 | Board correspondence summary |
|-----------------|-------------------------------------|

The Board noted the summary of correspondence received and sent during February 2021.

| | |
|-----------------|---------------------------------|
| Item 8.2 | 2021 Board Work Schedule |
|-----------------|---------------------------------|

Noted.

| | |
|-----------------|------------------------------------|
| Item 8.3 | 2021 Board meeting Schedule |
|-----------------|------------------------------------|

Noted.

| | |
|-----------------|---|
| Item 8.4 | Board member claim form: January to March 2021 |
|-----------------|---|

Noted.

| | |
|-----------------|--|
| Item 8.5 | Final Report from the review Improvements to Security in Hospitals undertaken by The Hon Peter Anderson |
|-----------------|--|

DDPW provided an overview of the Anderson report, including impacts for the District.

The Hon Peter Anderson was engaged by MOH to review all strategies around security in NSW Health. Interviews were held with NSW Health staff and Local Members. The Interim report was released in 2019 and Final in February 2020. The report's key takeaways were detailed, including that security is the responsibility of all staff, the need for ongoing staff education, ensuring that clinical staff recognise the importance of HASA staff and the necessity for sound leadership and governance.

The District's Executive team have reviewed the report and a summary of action items have been determined.

An Audit is planned of current security arrangements. This will provide a framework for a whole of District improvement. Enhanced governance and reporting will be a priority, with enhanced reporting to ARC. Investigation of solutions for staff who work remotely will also be included.

A Board member asked about recommendations in the report for engagement of Police. DDPW noted the need for better relationships with Police and sites which is included in the report.

The Board noted the work being done regarding implementation of the Anderson Report recommendations and requested an update to the August Board meeting.

| | |
|-----------------|---|
| Item 8.6 | League Table – Selected Performance Indicators by Health District – January 2021 |
|-----------------|---|

The Board noted the de-escalation of the District's Performance level from Level 2 to Level 1.

| | |
|-----------------|---|
| Item 8.7 | Surgical Dashboard- December 2020 and – January 2021 |
|-----------------|---|

Noted.

| | |
|---------------|--------------------------------|
| Item 9 | Business Without Notice |
|---------------|--------------------------------|

Nil.

| | |
|----------------|-------------------------------|
| Item 10 | Close of Board Meeting |
|----------------|-------------------------------|

The meeting closed at 11.40am.

Board Workshop Board and Executive Planning session: including presentation of Operational Plan Q2, and Strategic Planning session

| | |
|----------------|----------------------|
| Item 11 | Presentations |
|----------------|----------------------|

| | |
|------------------|-----------------------------------|
| Item 11.1 | Operational Plan Q2 Update |
|------------------|-----------------------------------|

An update was provided by each Directorate on the highlights, challenges and any new additions to the Operational Plan.

The Board noted the second quarter achievements, supported the forward direction and requested a Q3 update at the July 2021 Board meeting.

Item 11.2**Strategic Planning Framework**

Key themes to be addressed in the Strategic Plan were discussed. These themes will be further discussed and workshopped at the Leadership Forum on 10 March.

A Final Strategic Plan will be provided to the Board in August 2021 for approval, with release of the Strategic Plan planned for October 2021.

The Board noted and support the forward planning direction of the strategic planning framework and requested an update at the May 2021 Board meeting.

Item 11.3**Staff establishments and FTE update**

DF provided a presentation on Management of salaries and wages.

Staff establishment is the governance behind labour target and funding. A management monitoring framework has been developed.

Salaries and wages costs are reviewed fortnightly, and exclude COVID, Bushfire and VRs. Monthly accountability meetings are held with GMs to focus on employee related costs.

DF provided definitions for total workforce cost which is salaries, wages and VMO costs. FTE is a full time equivalent employee (38 hours/week). VMOs are treated as contractors without an allocated FTE.

Key actions to the end of June include a budget build using a new MOH tool. A reconciled FTE to Stafflink Establishment should be available by June 2021.

The Board noted the progress being made to ensure reliability, governance and reporting and requested a further update at the **July meeting**.

Item 11.4**Virtual Care update**

DDIC provided a presentation on the Virtual Care (VC) Program and associated project governance. COVID has seen a focus on VC. A number of submissions provided to the Parliamentary Inquiry relate to concerns at VC being seen as a replacement for face to face care. The District are cognisant of the need for a sound governance system and to ensure that VC in Southern is provided to enhance and provide choice for residents. Feedback is that patients are requesting virtual care as a first option, so need to be able to safely and effectively scale up VC in the District is critical. Individual projects have consistent project methodology and governance.

Mental Health, through Triage Emergency Care Support (TECS), has been at the forefront of VC for some time.

My Virtual Care (MVC) provides an online waiting room allowing a secure system to engage people for programs such as oral health and parenting groups. Goulburn and Liverpool use MVC for their daily ICU review.

An enhancement program is underway to replace existing critical care beds as part of a statewide program. Funding has been secured to increase the number and use of overbed cameras to improve links to clinical networks. This program went live in February and completion is expected within the next two months.

Remote monitoring for chronic conditions has progressed due to the need identified during COVID. The District has established a working in partnership with ISLHD and Coordinate for COPD patients with around 15 patients currently involved in the trial for Southern and more planned now that staffing

recruitment has progressed.

A remote monitoring kit was provided for the information of Board members and an explanation of the way that the monitoring kit works provided.

A Board Member asked about MOH policy and guidelines as expansion of VC has been rapid. DDIC advised that MOH have been very supportive of the District's models of care, incorporating these into a draft VC strategy for the State.

MOH have approved a number of technology providers of required equipment and are providing very progressive support to the development of VC networks.

ACTION: Provide an update to the Board on Cancer Services, and Renal Services at the July Board meeting.

Item 11.5

Redevelopment

GM Assets provided an overview of the various redevelopment projects underway across the District. Goulburn Stage 1 main works construction works are progressing. Crane and scaffolding about to be removed. Stage 2 final works will be completed by May 2022.

Cooma Stage 1 has been completed. The new builder will complete the ED and maternity works.

Eurobodalla development project management has been allocated to Root Partnerships. The Executive User Group has determined the building design, location on the site and that the floor space will be 15,000m².

Funding has been allocated to imperative ED and COU upgrades for Moruya Hospital. These upgrades are required to ensure a minimum safe level of service delivery for Moruya Hospital until the new Eurobodalla facility is commissioned. Upgrade works will also serve to inform the Change Management associated with ED and COU.

The Development Application for Crookwell hospital \$2.5M works is underway. EOI process has been completed, with contract award expected by mid April 2021 and works completed by the end of 2021. A palliative care building application for funding is currently with MOH.

Yass Hospital works are complete with the exception of replacement of the roof. This will go to tender in mid March 2021.

Braidwood MPS opened August 2020, with the site now fully operational.

The District have identified and prioritised a schedule of Minor Capital Works and Equipment Replacement and are now working with MoH to identify a suitable funding model for a multi-year Minor Capital Works and Equipment Replacement Program.

The District are working with MoH and HI to develop the 2021/2022 Strategic Asset Management Plan.

A Board member asked about software being used to manage assets. GMA explained that the Asset Facility Management Online (AFMO) system is being rolled out by MOH and will be implemented by the District. The District have applied for funding to support District resources to gather information and upload to AFMO.

When the District manage the build, the tender process is managed locally and involves the use of preferred tenderers for architecture and construction.

The CE noted a recent meeting at SERH and Eurobodalla with HI and Vince McTaggart of MOH to review the District's needs, and look at forward requirements.

Asbestos management within the District was discussed and an overview of work provided. Where possible the District are linking asbestos removal with new site works.

The Board noted the update provided and asked for a further update at the July workshop.

Item 11.6

Elevate update

The formal launch of Elevate is planned for 10 March 2021. An outline for the day was detailed. The kick-off of implementation will then commence with the Networks, then streams, then Directorates.

The proposed Emerging Directors course will assist with the development of our future leaders, commencing in June 2021.

The Board noted the arrangements regarding the launch, and implementation of Elevate and requested an update at the July 2021 Board meeting.

Item 12

Board in-camera session

Not held.

Item 13

Close

Date of Next Meeting: Thursday, 1 April 2021