

Western NSW Local Health District
 Western NSW LHD Board Meeting April 2020
 Videoconference
 Wednesday 1 Apr 2020, 10:00 — 15:00 AEDT

ACKNOWLEDGEMENT OF COUNTRY

The meeting commenced at 10.05am with the Chair providing an Acknowledgement of Country.

Dr Warren Kealey Bateman was welcomed.

Attendance of Members

Scott Griffiths (Chair), Joseph Canalese, Darren Ah See, Fiona Bennett, Jason Cooke, Dr Colin McClintock, Paul Mann, Amanda O'Brien, Joan Treweeke, John Walkom.

In Attendance

Scott McLachlan, Chief Executive; Mark Spittal, Executive Director Operation; Josh Carey, Executive Director Planning, Performance and Funding; Adrian Fahy, Executive Director Quality, Clinical Safety and Nursing; Dr Warren Kealey Bateman, District Medical Staff Executive Council; Lauren Nott, Secretariat

1 Apologies

Nil

2 Conflicts of Interest

Nil to add

3 Draft minutes of meetings held 3 & 4 March 2020

Minutes of the meetings held 3 and 4 March 2020 were endorsed by the Board.

4 Action Register from meetings held 3 & 4 March 2020

No action items were due this month.

5 Chair Report

The Chair advised he has participated, with the CE, in a number of teleconferences with local members of parliament, GMs and mayors of shires regarding COVID-19.

6 Chief Executive Report

In addition to the written report which was noted by the Board, the CE advised:

- Performance is on track. Funding is being received for activity/staffing of additional services that may be needed.

Motion

Under the current circumstances, the Board agreed it is appropriate to pause the strategic plan revision. An update will come to the Board in June.

All members were in favour

6.1 WNSWLHD Performance Scorecard

The scorecard was noted by the Board.

6.2 Capital and Service Planning

The briefing was noted by the Board.

Capital works are continuing with some fast tracked eg Mudgee and some components of Stage 4 Dubbo to allow increase to inpatient areas. Consultation on Cowra and Blayney has been slowed down due to current environment and will resume when appropriate.

6.3 NSW Health League Table February 2020

The league table was noted by the Board.

7 COVID-19 - Presented by Mr McLachlan, Mr Spittal, Mr Fahy, Mr Carey and Ms Hawthorn

7.1 Update @30 March 2020

CE advised of actions the LHD has placed around COVID-19 and a discussion held:

- One case has now been confirmed in Coonamble. This is being followed up by the public health team. Total cases is now 37 across 11 LGAs.
- Three cases have recovered and are out of isolation. The majority of people with the virus, are being supported at home with the public health unit following up daily.
- Last week saw a rapid increase in positive cases which plateaued in last 48 hours as social isolation kicks in. Further growth is anticipated.
- The LHD is active in the media with information, daily updates on case numbers and locations. A state-wide decision has been made to move reporting from LGA to postcode level.
- Daily updates are being given to MPs. A briefing has been held with all shire mayors and GMs with another planned this week.
- Local councils have triggered local emergency management committees.
- The LHD has developed close working relationships with RDN, PHN and other sectors including AMSs, GPs, aged care providers
- The LHD Emergency Operations Centre (EOC) meets daily with a daily focus and planning going forward. This allows agile decision making processes for consistency across the service network.
- Critical issues
 - PPE is in short supply and it is anticipated this will continue for a number of weeks. A process for monitoring and prioritising stock is in place and this includes a central reserve. There are regular discussions with MoH and HealthShare to ensure supply.
 - Workforce fragility was highlighted with incidents at Bathurst and Dubbo. Actions taken were outlined including additional accommodation to isolate staff where needed, changes in rostering etc. Considerable workforce planning has been undertaken looking at possible impacts.
- Additional pathology labs are to be set up across the state including within the LHD.
- State Clinical Council has been set up.
- Regular weekly updates being sent to Board members will include the number of recovered patients. This will also be included in daily media updates.
- The importance of change management to re-educate staff and implement changes for COVID-19 was stressed along with importance of developing and updating protocols.

7.2 Presentation – Pandemic Plan, Targeted Response Strategy

A presentation (refer to papers) was given which covered projections and modelling, capacity projections, pandemic plan and targeted response (action phase), trigger points, risks and implications.

Discussion points included:

- Decisions re service closures/changes will need Ministry and State approval.
- Meals on Wheels – mechanisms in place to protect staff and recipients to be looked into.
- LHD has an EOI process to attract retired/resigned clinicians if needed. There is a fast track process for AHPRA.
- Special leave requirements and conditions.
- The CE advised the Aboriginal Health and Wellbeing team are working closely with AMSs to provide support especially through GP clinics, progressing testing etc.
- CE advised the LHD would be supportive of a focus for ATSI people at fever clinics, noting the PHN have additional funding for fever clinics.
- Models of care, protocols and guidelines have, and will be made, to provide support for services that have been stopped, reduced or changed. These are based on clinical advice with any risks identified being mitigated. Examples of these were outlined including statewide screening services.
- Trigger points for specific phases and services are still being worked on.

Action:

Mechanisms in place to protect staff and recipients of Meals on Wheels to be looked into in relation to COVID-19.

Action by: Mr Spittal Action due: ASAP

It was agreed the information presented gives the Board reassurance and confidence on the work undertaken to date and moving forward and expressed appreciation for the work undertaken.

Motion

The Board was appraised of the WNSWLHD COVID-19 Pandemic Plan and supported the recommended directions noting the significant service impacts that are forecast. The Board endorsed the CE and Chair progressing decisions based on the plan through to the Ministry where required.

It was also agreed that an extraordinary meeting of the Board could be called if needed. All members were in favour.

8 Clinical Operations

8.1 Executive Director Clinical Operations Report

Mr Spittal spoke to the report which was noted by the Board and highlighted:

- Murals donated for Medical Imaging department at Dubbo.
- Some of the innovative staff within the LHD including a radiation oncologist in Orange who has found a way to 3-D print face shields for staff and has started testing.
- Goodooga – discussions have been continuing. Mr Spittal will advise of any changes.

9 Bathurst Clinical Services Plan

Ms Hawthorn spoke to the briefing paper and final draft of the Bathurst and Region Integrated Clinical Services Plan which is presented to the Board for formal endorsement before being submitted to the MoH.

Work to date and changes undertaken were outlined and a discussion held:

- While 10 years is an accepted norm for planning there could be updates at any time as funding or capital investment become available.
- Population projections have been based on DPE and council projections.

- A consultant has been engaged to start work on the health precinct and is looking at options including master planning for current site as well as broader planning.
- Costings are being worked through.

Recommendation

The Board approved and endorsed the draft Bathurst and Region Integrated Clinical Services Plan with the changes outlined in the discussion.
All members were in favour.

Ms Hawthorn left the meeting.

10 Planning, Performance and Funding

10.1 Financial Performance Report

Mr Carey spoke to the report which was noted by the Board highlighting:

- Favourable results for February including funding released throughout March from MoH. \$3M received was based on current activity prior to new Commonwealth funding which will come through.
- COVID-19 finances will continue to be kept separate where possible.
- There will be delays in negotiations for the Service agreement.

10.2 Finance & Performance Committee 24 March 2020 draft minutes

The draft minutes of the Finance and Performance Committee were noted by the Board.

10.3 Finance & Performance Committee Chair Comments

Chair advised there was nothing further to add.

11 Audit and Risk

11.1 Audit and Risk meeting held 6 March 2020 draft minutes

The draft minutes of the Audit and Risk Committee were noted by the Board.

11.2 Audit and Risk Comments

Director Bennett noted progress on workers compensation issues, risk register and IT security. The ARC will be meeting by phone for March soft close.

12 Medical and Dental Appointments Committee

12.1 MADAAC meeting held 19 February 2020 draft minutes

The draft minutes and recommendations from the MADAAC meeting were noted by the Board.

12.2 MADAAC Chair Comments

Director Treweeke advised MADAAC is now seeing evidence of people training with the LHD coming into employment in full time roles.

The Chair raised the issue of statewide credentialing. The CE advised this has happened and there is a fast track approval for cross LHD recruitment. The LHD can ensure the doctors have the appropriate skills for the role delineation of each facility, with the LHD having the final approval over employment / contracting.

13 Quality, Clinical Safety and Nursing

13.1 Patient Story - Integrated Chronic and Complex Person-Centred Care Refer to Person Centred Care Report

Mr Fahy spoke to the patient story.

13.2 Executive Director Quality, Clinical Safety and Nursing Report

Mr Fahy spoke to the report which was noted by the Board and highlighted:

- Most performance indicators are at or below target.
- LHD will be involved in the statewide working group looking at Emergency Department re-presentations.
- Aboriginal Cultural engagement tool trialed in the LHD will be rolled out across the state
- Additional funding has been received for patient experience officers in Dubbo, Bathurst and Orange.
- Aboriginal Yarning project is used to identify areas of improvement for Aboriginal patient experience.

Discharge summaries were discussed along with the importance of patients understanding all aspects of their discharge.

13.3 Person Centred Care Report

Mr Fahy spoke to the report which was noted by the Board.

13.4 HCQC Meeting 25 March 2020 draft minutes

The draft minutes from the HCQC meeting were noted by the Board.

13.5 HCQC Terms of Reference

Director O'Brien advised the HCQC terms of reference were updated at the last meeting and have been included in the papers for endorsement.

Recommendation:

[The updated terms of reference for HCQC were endorsed by the Board.](#)

[All members were in favour.](#)

13.6 Health Care Quality Committee Chair Comments

Director O'Brien advised:

- Chairs of HCQC meetings and meeting with Audit Committee have been put on hold.
- Accreditation events will be postponed for up to 12 months.
- While number of complaints are not increasing, the severity of complains has reduced.
- The LHD Patient safety Account is being used as an exemplar for the state.

The importance of Person Centred Care was discussed. Mr Fahy stressed the LWT ethos the LHD has been working on over recent years supports Person Centred Care.

14 District Medical Staff Executive Council - Dr Warren Kealy-Bateman

14.1 District Medical Staff Executive Council Update

Dr Kealy-Bateman highlighted the following:

- Rural Generalist Service update was given by Dr Shannon Nott

- COVID-19 potential impact, strategy being developed was given by the CE.
- Dr Rice gave good detail of March Board meeting and the benefit of DMSEC representation at Board meetings.
- LWT update given by Dr Spencer
- Work continues with Syd Uni on the Medical workforce project.

14.2 DMSEC Meeting 17 March 2020 draft minutes

The draft minutes of the DMSEC meeting were noted by the Board.

15 General Business and Business Without Notice

15.1 End of Life Care Orange - Service Options

The CE spoke to the briefing note which was noted by the Board. A discussion was held.

- Under the current environment there may be some changes to time frames and options which will be explored further.
- Last three weeks has seen very low occupancy rates in the palliative facility.
- Evaluation re model of care, patient/family dynamics etc has occurred and lessons learned are being implemented in hospitals.
- Some beds not being used by end of life palliative care over the next six months may be used for low acuity aged care waiting beds. The LHD is looking at options with Dudley Hospital.
- Bathurst has received funding to refurbish rooms in inpatient medical ward facility for specialised care, funding for palliative care nurse and HITH palliative care service.

15.2 Influenza Vaccinations

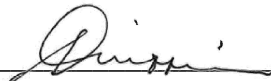
- The LHD has received of vaccinations for staff and programs are underway to distribute these.
- Whole of family vaccination plan is being reconsidered as this may not be necessary with current social isolation practices. A meeting later today will discuss this.
- Weekly monitoring of flu and respiratory testing has shown higher rates than normal are being detected. This is due to more testing being done.
- Most GP practices and pharmacies have had flu vaccines delivered in recent weeks.
- Director Ah See advised WACHS have not received flu vaccines at this stage.

16 Reflection of Meeting

A brief discussion was held. Next meeting will be held via videoconferencing, noting LHD connections are clearer.

The Board thanked the CE and his staff for the work being done throughout the LHD

There being no further business the meeting was closed at 2.35 pm

Signed:  Date: 6 May 2020