

**Western NSW Local Health District**  
 Western NSW LHD Board Meeting May 2020  
 Videoconference  
 Wednesday 6 May 2020, 10:00 — 15:00 AEST

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**ACKNOWLEDGEMENT OF COUNTRY**

The meeting commenced at 10.00am with the Chair providing an Acknowledgement of Country.

Dr Randall Greenberg was welcomed as the District Medical Executive Staff Council representative.

**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 Randall Greenberg, District Medical Staff Executive Council; Lauren Nott, Secretariat

**1 Apologies**

Nil

**2 Conflicts of Interest**

Nil to add

**3 Draft minutes of meetings held 1 April 2020**

Minutes of the meetings held 1 April 2020 were endorsed by the Board.

The Strategic Plan review will come back to Board meeting in July and will include future directions based on learnings from COVID-19.

**4 Action Register from meetings held 1 April 2020**

Progress on action items was discussed.

**5 Chair Report**

The Chair advised fortnightly link ups with Board Chairs and NSW Health Secretary, Ms Koff continue to provide COVID-19 updates.

**6 Chief Executive Report**

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

- The LHD is fortunate to not have any active COVID-19 cases
- There have been marked reductions in hospital presentations.
- Finance performance remains on target with some funding received from MoH.

**6.1 WNSWLHD Performance Scorecard**

The scorecard and activity trend analysis report were noted by the Board.

The Board noted the continued performance results and positive outcomes while dealing with COVID-19 and reflected on the effort and good management of the LHD executive and staff to achieve this while maintaining quality and safety standards.

## **7 COVID-19 Update**

*Mr Brendon Cutmore, Executive Director Aboriginal Health and Wellbeing, Ms Maryanne Hawthorn, Director Planning, and Ms Priscilla Stanley, Manager Health Protection joined the meeting.*

### **7.1 Board Update**

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

- Work is being undertaken to understand changes that have happened and maximize broader scale changes re out of hospital and community based models.
- A gradual restart of surgery commenced this week in Orange with Bathurst and Dubbo to recommence next week. BreastScreen to recommence 18 May. Recommencement of Oral Health services is being considered.
- PPE stocks are anticipated to be back to 'normal' from mid-May.
- Relaxing of restrictions and increased circulation of people may see an increased risk within the region. There is a plan to increase testing.
- Board expressed appreciation for the work undertaken in vulnerable communities such as Goodooga.
- Mental health services have seen a marked decrease in inpatients but with a significant increase in at-home and community based care. Some units at Bloomfield have been closed due to low occupancy but will reopen as required.
- Some service changes will be retained moving forward eg cardiac pulmonary rehab services, HiTH, remote home based devices to support respiratory conditions.
- A desktop exercise based on the Tasmanian hospital experience is being undertaken with scenarios being developed.
- Mudgee Redevelopment – HI have handed over the new facility with testing and configuration to be undertaken. It is anticipated the new facility will be ready by the end of May. The old hospital to remain functioning at present.

### **7.2 Planning – Ms Maryanne Hawthorn**

Ms Hawthorn spoke to the brief and the overarching plan which were noted by the Board. A discussion was held and included:

- LHD has commenced some phase 2 actions with some actions previously implemented stepped back while COVID-19 rates remain low.
- GM Northern has been seconded to SHEOC.
- The LHD has stepped back separation of services: screening is still occurring; fever clinics have been reduced to 5 days per week; some ventilators have been moved back to major sites with the ability to be utilised when and where needed.
- Restarting of surgery – 25% initially with a plan to gradually increase across base and procedural sites. Management of waitlists is also under consideration.
- Maintaining dialysis will be included in the response plan.
- A technical question has risen re Oxygen rates within ICU. This is being worked through to ensure optimum rates are available.
- Vigilance is still required.

Ms Hawthorn spoke to the Trend Analysis report (Item 6.1) which has shown a decrease in ED presentations and shorter lengths of stay.

### 7.3 Public Health Response

Mr Cutmore and Ms Stanley spoke to the COVID-19 Public Health Response – Board Update which was noted by the Board. A presentation was given (refer to papers) and a discussion held which included:

- How mobile testing team/s will operate throughout the LHD which includes coordination with local shires, police etc.
- Mr Cutmore commented on the professionalism and guidance of the Public Health Unit (PHU) and the challenge covering two distinct health districts. There needs to be a deeper consideration of public health leveraging off the governance structure now in place re partners and have a firm commitment to future plan across the regions to work collaboratively.
- The PHU shared the response plan with AMS partners. The community and engagement strategy was stood up early and this has enabled mature bodies of work such as the development of community action plans (Goodooga). This has demonstrated government stakeholders and community leaders can work together to reduce fear and anxiety within communities.
- There may be hot spots as agriculture continues and machinery and people move throughout and into the district. The current focus is on the large seasonal workforce. The PHU is connected to local land services and DPI as part of key stakeholders for communication etc.
- Testing:
  - A drive through model for population testing in towns is being developed which is aiming for at least 10% in each community.
  - NSW Pathology covering testing costs at present.
  - Rapid testing has commenced within the LHD. If positive, patients are managed according to severity. If negative, patients are only negative at the time of testing and are encouraged to stay at home, isolate etc while symptoms remain. The management of inpatients testing negative was outlined.
- Dedicated COVID-19 Help line has been very beneficial.

There has been a recent focus on out of hospital care including a response team should there be a positive COVID-19 case in an aged care facility. Other hospital avoidance strategies to keep communities healthy are being considered. These strategies will be beneficial now and into the future.

Flu season – the PHU anticipate lower numbers than in the past due to strategies in place for COVID-19. The uptake of flu vaccines is high for staff and throughout communities.

Accurate forecasting is dependent on a large volume of data. There is currently insufficient data to fine tune modelling. The PHU team are monitoring changes as restrictions are lifted.

The Board and Chief Executive acknowledged the public health team and in particular Ms Stanley for the work undertaken.

*Mr Cutmore, Ms Hawthorn and Ms Stanley left the meeting.*

## 8 Clinical Operations

### 8.1 Executive Director Clinical Operations Report

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

- Goal for short term future is to maintain gains made to date moving into winter.
- Focus moving forward is to ensure preparedness into future.

- Lachlan maternity service – MoH is undergoing a risk assessment of the service model. Recruiting into Parkes model has commenced without the support of the GPs from Forbes. Work continues.

## **9 Planning, Performance and Funding**

### **9.1 Financial Performance Report**

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

- Favourable result for March re expenses and revenue which included funding injections up to \$6.3M. Revenue targets have been reduced.

### **9.2 Finance & Performance Committee 28 April 2020 draft minutes**

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

### **9.3 Finance & Performance Committee Chair Comments**

The Chair highlighted the discussion re MHD&A expenditure.

## **10 Audit and Risk**

### **10.1 Audit and Risk meeting held 9 April 2020 draft minutes**

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

### **10.2 Audit and Risk Comments**

Director Bennett highlighted the soft close at 31 March 2020 and noted the Independent Auditors were complimentary of the pre-work undertaken by finance staff in the presentation of documents and the provision of clear advice. The appreciation of the committee is to be passed to the Finance team.

Mr Carey advised an interim audit exit meeting has been held. The final report will be taken to the Audit and Risk Committee (ARC).

### **10.3 Brief - Rotation of Board Representative**

Director Bennett spoke to the brief which was noted by the Board. A discussion was held which included succession planning for the Board.

#### **Recommendations**

- The Board joined the Audit and Risk Committee (ARC) in recognising the invaluable contributions of Joan Treweeke, OAM, to the ARC and expressed their gratitude to her for sharing her keen insights into the operations of the organisation and her understanding of our local communities over the eight years of her membership of the ARC.
- It was agreed the Board Chair will follow up the request for an existing Board member to replace Joan Treweeke on the ARC off line and consult with the ARC Chair, Ms Leah Fricke, to appoint a new member of the Board to the ARC for an initial term of three to five years. The selection should be based on the skills and professional qualities that will best complement those of the existing members in the discharge of the Committee's obligations.

All Board members were in favour

*Dr Greenberg was called away from the meeting.*

#### **10.4 Enterprise Risk Report**

The CE spoke to the report which was noted by the Board. The CE noted the approach to enterprise risk has changed substantially over recent months. Recent activities will help the LHD reassess and evolve risks.

Discussion held re WHS legislation and the duty of care and obligations of employers for their workforce and the public noting WHS is everyone's responsibility throughout the organisation. It is essential to recognise the risks and treat, manage and mitigate these risks.

##### **Action**

Enterprise Risk Register to come back with refresh which includes clinical and corporate risk management.

Action by: Chief Executive      Action Due: 1 July 2020

### **11 Medical and Dental Appointments Committee**

#### **11.1 MADAAC meeting held 18 April 2020 draft minutes**

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

#### **11.2 MADAAC Chair Comments**

Director Treweeke highlighted recommendation of Clinical and Quality Safety Medical Director 0.4FTE along with the appointment of an additional four VMOs to vCare.

### **12 Quality, Clinical Safety and Nursing**

#### **12.1 Patient Story - Gwen's Story (COVID-19)**

Mr Fahy spoke to the patient story.

#### **12.2 Executive Director Quality, Clinical Safety and Nursing Report**

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

- The focus on quality and safety has been maintained through recent times.
- Looking at increasing Patient Experience Officers positions with a focus on the employment of Aboriginal staff.
- 5 May was International Midwife Day with Christine Smith (Parkes) awarded Midwife of the Year for WNSWLHD. 12 May will be International Nurses Day.

#### **12.3 HCQC Meeting 22 April 2020 draft minutes**

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

#### **12.4 Health Care Quality Committee Chair Comments**

Director O'Brien welcomed the appointment of Dr Melanie Boyd, Clinical and Quality Safety Medical Director. All staff to be congratulated for their attendance to quality and safety during this difficult time.

### **13 Directorate Updates**

### 13.1 Allied Health and Innovation

*Mr Richard Cheney, Executive Director Allied Health and Innovation, joined the meeting*

Mr Cheney spoke to the report which was noted by the Board and a discussion was held.

- Virtual Clinical Pharmacy was outlined in further detail including the plan to roll this out across WNSW and FW LHDs along with the roll out of eMeds; communication, education and support on leaving hospital; linking with remote pharmacists and GPs to work collaboratively.
- Translational research grants – EOIs are called and between 10-15 applications are received with only five to be nominated for each round.
- Work of research and ethics staff was outlined.
- NDIS – work undertaken was outlined including: working with NDIA to assist staff in facilities; 1800 number through emergency departments to support clients; \$2M grant over three years with South West Sydney looking at clients with communication disabilities. While the LHD is not a disability support provider it is working with providers to support clients.
- Leading Better Value Based care – work has recommenced with Mr Craig Shields working with Operations re fast tracking to restart interventions.
- The Rural CE Executive are looking at submitting a grant application to the Commonwealth re putting in place a rural clinical trial unit.
- Pitchit projects – update given on projects from 2019. Preparing for Pitchit 2020.

*Mr Cheney left the meeting*

### 13.2 Mental Health and Drug and Alcohol Update

*Mr Jason Crisp, Director, Mental Health Drug and Alcohol joined the meeting.*

Mr Crisp spoke to the report which was noted by the Board. In addition to the report it was noted:

- Absconding patients – quarterly data shows eight episodes for the quarter. MH executive are looking into this further especially in relation to escorted ground leave.
- Bushfire crisis – feedback from contact from team leaders and fire coordinators has been positive especially on the program for young people and children.
- MH HiTH – pilot program underway and very positive to date.
- Depo Buprenorphine injections as opioid replacement therapy with weekly or monthly therapy is being rolled out. This service replaces methadone for some clients and will allow to free up staff to provide alternative services in addition to opiate substitution services.
- Challenges – there has been an increase in presentations of young people with self-injury, suicidal ideation re COVID-19 due to social isolation, etc. Work is being undertaken on a model that will bring a number of programs into one location to build a network to support clients. Business case is underway to progress.
- An update was given on the changes implemented under the Service Transformation Project.

*Mr Crisp left the meeting.*

## 14 District Clinical Council

### 14.1 DCC Meeting 22 April 2020 draft minutes

The draft minutes were noted by the Board. The meeting focus was on COVID-19 and frail and elderly patients. It was noted the Consumer representative is rotated.

**15 General Business and Business Without Notice**

**15.1 Virtual Rural Generalist Service (VRGS) & Rural Sectors Projects**

The CE spoke to the briefing document which was noted by the Board.

- Additional funding from MoH has been obtained to expand the service. The LHD is looking at other areas of potential expansion.
- The extensive induction for VRGS practitioners is now used for vCare staff.
- There are a range of success indicators included in the project. These will be included in the next update and include clinical quality and patient experience measures.
- The Four Ts project is progressing well. Feedback from Tottenham Health Council has been very positive.

**16 Reflection of Meeting**

A brief discussion was held noting the high standard papers with quality information.

The June meeting will be held via videoconferencing.

The Board expressed confidence in the work being undertaken throughout the LHD including for COVID-19. It was agreed the CE's weekly COVID-19 update for the Board members can become monthly unless there is any significant change.

**There being no further business the meeting was closed at 3.24 pm**

Signed:  Date: 03 June 2020