

Western NSW LHD Board Meeting September 2021
Virtual - Video
Wednesday 1 Sep 2021, 9:30 — 11:30 AEST

ACKNOWLEDGEMENT OF COUNTRY

The meeting commenced at 9.30am with the Chair providing an Acknowledgement of Country. The Chair also acknowledged the impact the COVID situation is having on the region.

Attendance of Members

Matthew Irvine (Chair), Fiona Bennett, Jason Cooke, Annette Crothers, Dr Colin McClintock, Amanda O'Brien, John Walkom.

In Attendance

Scott McLachlan, Chief Executive, Mark Spittal, Executive Director Operations; Peter Bonnington, Director Finance; Adrian Fahy, Executive Director Quality, Clinical Safety and Nursing; Lauren Nott, Secretariat.

1 Apologies

Darren Ah See is on leave.

2 Conflicts of Interest

Nil changes

3 Draft minutes of Board meetings held 4 August 2021

Minutes of the Board meeting held 4 August 2021 were endorsed by the Board

Staff vaccinations are currently 74% for first dose. The state government has mandated all staff to have their first vaccination by 30 September.

4 Action Register from Board meeting held 4 August 2021

NIL actions

5 Chair Report

The Chair has been in regular contact with the CE regarding the escalating COVID situation. Fortnightly catchups with the Secretary and other Chairs continue.

The Chair is currently going through the Board induction process with MoH/Nous.

6 WNSWLHD COVID Update

Ms Maryanne Hawthorn, Director Health Intelligence Unit joined the meeting.

The CE gave an update on the current COVID situation and advised there are currently 630 cases across the region in 13 LGAs. The major centre is Dubbo with 477 cases, then Bourke with 47 cases, Bathurst 21, Narromine 15.

The rapid growth of infections has caused significant challenges with the numbers doubling daily in the first two weeks. This has plateaued with the impact of restrictions and stay at home orders starting to take effect. There were 29 cases recorded for the 24 hours to 8pm last night.

There has been significant spread throughout the Aboriginal community (approx. 65-70% of all cases). The LHD recorded the first death this week; an Aboriginal male in his 50's with underlying conditions. Condolences have been extended to the family.

Testing, case detection, sewage detection, contact tracing etc have been increased accordingly.

Support being given by the LHD to impacted communities was outlined. There are currently approx. 480 people in the Care In Community Program. Cultural and in home support is being provided with Aboriginal liaison staff supporting families in isolation.

Support has been received from the Australian Defence Force (ADF) as well as the State and Commonwealth. The ADF have provided five teams of 15 people plus a further five teams of six people.

The vaccination program has seen over 145k people within the LHD having their first vaccination and 46k with their second. Over 10k people have been administered through the ADF clinics which will continue for the next six weeks. It is predicted the LHD will reach 80% vaccinated in six to eight weeks' time. The rate of vaccination in the Aboriginal population in some communities is up to 70 % first dose and 45% second. This is largely due to the efforts of the ADF, AMS and LHD clinics. The ADF teams are also assisting with visits to homes and walk-in clinics.

The start of the outbreak saw a large number of staff (160FTE at peak) required to isolate. This number has reduced however there are still staff across all categories required to isolate.

The LHD is providing a substantial welfare component to support impacted people and families as a large percentage of COVID positive people are impacted by other factors such as poor accommodation, drug and alcohol and mental health issues, unsupported minors. There is a large degree of household spread with extended family transmission and some not heeding stay at home orders.

Supported hotel accommodation was outlined noting the intensive work by clinical staff, police, community justice etc to staff these 24/7. The LHD continues to be proactive and meets with local government, police commanders, local communities etc.

Mr Spittal acknowledged the extraordinary work undertaken by front line staff and leaders at multiple levels.

Standing up of new services including quarantine hotels was outlined. Non-compliance to the public health orders is impacting on resources. Facilities are up and running in Bathurst and Bourke for close contacts, including those required to self-isolate and for those with complex drug and alcohol issues to assist with compliance.

There have been some issues in the media re the Bathurst quarantine facility. The LHD is mindful of these issues.

Staffing going forward remains an issue. Dubbo COVID ICU capacity is full and non-COVID ICU patents have been transferred to Orange. The LHD is looking at alternate and informal ways to provide/recruit staff. One of the key strategies is to keep people out of hospital where possible particularly in the north of the district where capacity is stretched. The LHD is working with NSW Ambulance re bypass guidelines. Noting that not all facilities will take COVID admissions due to differing risks.

A full risk assessment, security inspection etc are undertaken when looking at accommodation. The LHD was unable to use the IBIS Hotel in Dubbo due to number of factors and is using the cabin style accommodation at the Zoo. Accommodation for staff has been sourced at CSU Dubbo, Bourke, and Narromine for surge workforce.

Ms Hawthorn spoke to the COVID-019 response strategy briefing paper and attachments. A presentation was given (refer to papers).

- It was noted the strategy documents provided in the meeting papers has since been updated with current data for modeling. This is reflected in the presentation.
- Non urgent elective surgery has been deferred. Telehealth is being used where possible to ensure care for 'business as usual' patients.
- Meetings are held every Tuesday morning between Operations and Planning to report on the next week's forecast re demand and capacity.
- Modelling also takes into account non-COVID patient requirements.

6.1 COVID-19 Response Strategy

The WNSWLHD COVID-19 Response Strategy was noted by the Board.

6.2 COVID-19 Response Strategy Map

The WNSWLHD COVID-19 Response Strategy Map was noted by the Board.

Ms Hawthorn left the meeting.

7 Chief Executive Report

Mr McLachlan spoke to the report which was noted by the Board. The LHD continues to perform reasonably well. There will be challenges re elective surgery wait lists when surgery resumes.

7.1 WNSWLHD Performance Scorecard

The scorecard was noted by the Board.

7.2 NSW Health League Table (June 2021)

The Health League Table (June 2021) was noted by the Board.

8 Planning, Performance and Funding

Mr Peter Bonnington, A/Director Finance joined the meeting

8.1 Financial Performance Report

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

- The LHD has started receiving COVID financial support for the new financial year
- It is anticipated that the impact of deferring elective surgery will lag through to 2022-23.

8.2 Finance & Performance (F&P) Committee 24 August 2021 draft minutes

The draft minutes of the F&P Committee were noted by the Board.

8.3 Finance & Performance Committee Chair Comments

Director Bennett highlighted:

- The financial statement for 2020-21 close has been approved by the ARC for signing.
- The results for July were discussed as were potential risks in the future re surgery catch up and delays in the savings strategies due to current pandemic.

Mr Bonnington, left the meeting

9 Clinical Operations

9.1 Executive Director Clinical Operations Report

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

10 Quality, Clinical Safety and Nursing

10.1 Executive Director Quality, Clinical Safety and Nursing Report

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

- Ongoing project work re clotting disorders, delirium in inpatients
- Work is being undertaken on the recommendations on the overdue Serious Adverse Event Review (SAER). This is late as many members of the QCS&N team are out of their usual roles assisting elsewhere.
- Accreditation – waiting for confirmation in writing of a three month extension
- Mental Health – July data shows an increase in re-admission and decrease in community support. This was reviewed at the time. August has seen changes in models of care adopted to keep staff and patients safe, managing services in community.

11 Audit and Risk Committee (ARC)

11.1 ARC Meeting 20 August 2021 Draft Minutes

The draft minutes of the ARC Meeting held 20 August 2021 were noted by the Board. A further meeting was held 27 August to discuss the sign off of annual accounts.

11.2 Board Representative Comments

Director Bennett advised that the deemed appropriations disclosure note for the 2020/21 financial statements was yet to be finalised, with committee agreement that this be finalised out of session.

Director Bennett highlighted that Audit Office found no issues in closing off the 2021 accounts and this was testament to the outstanding work of the LHD finance team.

12 General Business

12.1 2021 National Standards Attestation Statement

Mr Fahy spoke to the briefing note and attachments. A discussion was held.

It was noted the last Quality and Safety Account was not included as evidence. Mr Fahey confirmed this was an omission.

Recommendation:

The Board Endorsed the 2021 National Standards attestation statement and supported the submission of the signed statement.

Mr Spittal left the meeting

12.2 WNSWLHD Board - Deputy Chair

It was agreed Ms Fiona Bennett is to be appointed as Deputy Chair to 30 June 2022.

Motion

It was moved that the Instrument of Appointment be redrafted for Director Bennett to continue in the role as Deputy Chair until 30 June 2022.

All members were in agreement

Action:

Instrument of Appointment to be completed for Director Bennett to continue in the role as Deputy Chair until 30 June 2022 and sent to MOH

Action by: Ms Nott Action Due: ASAP

13 Business without notice

13.1 Mandatory Vaccination of Staff

More communication will be coming out in the next few days regarding mandatory vaccination of staff. First vaccinations are required by 30 September. Information will include options for those that will not vaccinate. It is anticipated the numbers not vaccinating will be very low.

13.2 Board Sub-committees

A discussion was held regarding sub-committees continuing to meet while the COVID situation continues. It was felt there was value in having papers prepared and distributed if possible. It was suggested meetings could be shortened with papers taken as read acknowledging there will be some apologies.

HCQC - A decision was made in consultation with Board Chair, CE, EDQCSN and the Committee Chair to cancel the August meeting of the HCQC due to the ongoing COVID situation within the LHD. It is noted that as the committee papers had been prepared and published they would be taken as read. Any issues or queries raised from the papers were to be forwarded through the HCQC secretariat to the HCQC Chair. No matters were raised.

ARC considered the matter of LHD staff being diverted from their usual roles to support the pandemic response, and sub-committees not meeting. The committee expressed concern as to how long this may go on for, and felt this should not be for an extended time as risks to the organisation still need to be addressed.

Finance and Performance will continue to meet monthly without the attendance of ELT if necessary to ensure continuation of business.

MADAAC did not meet quorum for the August meeting due to COVID response commitments. Those present reviewed the documents which were sent out to all members for feedback. This action was taken to keep the processes of MADAAC going. Appointments for renewal and new appointments continue to go through and will be ratified at the next meeting. In future any record of discussion held when quorum not reached will be included in the Board papers in place of minutes.

13.3 COVID Updates for Board members

A discussion was held re providing updates to the Board regarding the COVID situation in western NSW. It was suggested a fortnightly, 30 min session to update the Board members would be helpful.

13.3 WNSLWHD Health Awards

The awards remain on hold at this stage.

13.3 Daily Media Updates

The Board appreciated the work undertaken by the CE in the daily media conferences held with Dugald Saunders, MP and police.

13.3 COVID Tests

It was brought to the Board's attention that there is some misinformation circulating that COVID tests may require a doctor's referral. This will be raised with the Communication team as it is clearly not correct.

14 Reflection of Meeting

A brief discussion was held. It is anticipated the October Board meeting will be held virtually.

There being no further business the meeting was closed at 11.38 am

Signed:  _____ Date: 06 October 2021