



## MEETING MINUTES - Endorsed

**DATE:** Wednesday 8 April 2020

**TIME:** 2:30pm to 6pm

**VENUE:** Teleconference 6626 9800

Item / Description	Action	Att
<b>Attendance and Declarations</b>		
<u>Welcome:</u> Warren Grimshaw AM, Chair		
Present: Warren Grimshaw AM Chair (WG), Neville Parsons Deputy Chair (NParsons), David Kennedy (DK), Janine Reed (JR), Dr Jennifer Beange (JBeange), Dr Joanna Sutherland (JS), Rev. Dr John Barrett OAM (JBarrett), Neil Porter (NP), Susan McGinn OAM (SM), Dr Stephen Begbie (SB), Dr Tim Francis (TF)		
Apologies:		
In Attendance: Chief Executive Stewart Dowrick (SD), Director Communications and Strategy Vanessa Edwards (VE), Manager Corporate Governance Delwyn Kruk (DK), Julie Usher-Minutes.		
Observers: Nil		
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: Conflicts of interest noted.		
Confidentiality:		
<b>Item 1: Presentations/Discussion</b>		
1.1	<p><b>COVID-19 Update</b></p> <p>1.1 MNCLHD Directorate COVID-19 Updates</p> <p>1.2 PRESENTATIONS: Senior Executive Team (SET) COVID-19 Updates</p> <p><b>Vicki Simpson – Nursing Midwifery and Service Reform</b></p> <p>The following items were noted as well as the presentation:</p> <ul style="list-style-type: none"> <li>• Current number of COVID-19 cases as indicated in the material presented.</li> <li>• State Operations Service in Homebush and the COVID19 Clinical Intelligence Committee unit both operational.</li> <li>• Availability of Personal Protective Equipment (PPE) being monitored.</li> <li>• A reduction in Emergency Department presentations trending since end March 2020.</li> <li>• Cross training and upskilling of staff occurring. Staff being redeployed to assist with high need services.</li> </ul> <p>The Board asked how we determine and analyse the reduction in presentations to Emergency Department (ED), and how are the communities of practice in the hospital interacting with primary care on this matter. <b>Action: Vicki Simpson to follow up and advise.</b></p>	

### **Paul Corben - Public Health**

The following items were noted as well as the presentation:

- NSW Health provides daily update on statistics via their website.
- Developing responses to reduce impact on vulnerable populations.

### **John Slaven – Finance, Operations and Asset Management**

The following items were noted as well as the presentation:

- Macksville hospital development progressing.
- Additional equipment has been ordered to support ICU.
- Ongoing availability of stores being monitored.
- Weekly stocktakes of PPE occurring.
- Telehealth and remote access implementation.
- Capturing and reporting COVID-19 expenditure occurring.

### **Tony Ellem - People and Culture**

The following items were noted as well as the presentation:

- Key priority is managing surge and redeploying staff to assist high need services.
- New workplace arrangements in place.
- Reprioritisation and fast tracking of recruitment in hot spot areas occurring.
- Staff wellbeing and access to Employee Assistance Program (EAP) being monitored.
- Focus on maintaining workforce.

### **Clinical Governance and Information Services – Kathleen Ryan**

The following items were noted as well as the presentation:

- Availability of PPE noted and is being monitored by HealthShare.
- State guidelines for PPE use distributed to all sites.
- Root Cause Analysis (RCA) investigations will continue.
- Process mapping of how District is managing COVID-19 occurring.
- Access to infectious disease professionals via Clinical Excellence Commission.
- PPE levels are being reported on and monitored regularly. **Action: CE to provide report on PPE equipment.**

### **Communications and Strategy – Vanessa Edwards**

The following items were noted as well as the presentation:

- Development of dedicated COVID-19 intranet hub with resources for staff.
- Establishment of a COVID-19 virtual call centre.
- Incorrect information on social media sites being monitored.
- CE to forward 'all staff' emails to Governing Board.

### **Coffs Clinical Network – Dr Theresa Beswick**

The following items were noted as well as the presentation:

- Fracture clinic working on social distancing measures to continue services.
- Daily communication occurring to ensure correct information is being issued. Craft group meetings occurring, meetings with medical leads and daily huddles occurring, NUMs are meeting via Skype.
- PPE training and supply governance being monitored.
- EAP – mental health first aid being reviewed.
- Rotating Junior Medical Officers (JMO's) and monitoring support to this group to ensure their wellbeing.
- Dorrigo adhering to health advice.
- The use of retired clinicians could be considered to support medical wards with appropriate medical supervision.

### **Hastings Macleay Clinical Network – Catharine Death**

The following items were noted as well as the presentation:

- Working on capacity management as well as recruitment, rostering, training, PPE training and upskilling, redeployment of staff.
- Maternity clinic has relocated to MNCCI Port Macquarie.
- Screening points at hospital entrances including staff.
- Working closely with Aboriginal Health and management of vulnerable staffing groups.
- The networks along with Nursing and Midwifery Directorate are working closely on staff development, education and whole of District plan for patient flow and patient capacity. Actions, proposals, models and communications are being aligned and ideas being shared between networks.

### **Aboriginal Health & Primary Partnerships – Robyn Martin**

The following items were noted as well as the presentation:

- Working with the Centre for Aboriginal Health to assist remote communities.
- Reviewing models of care on how we can support Oral Health Level 3 patients.
- The importance of Aboriginal Health Services being resourced in order to stay open to support patients.
- The Elsa Dixon program unable to proceed this year due to school closures.
- Four undergraduate aboriginal nurses as well as an Expression of Interest (EOI) to assist the aboriginal liaison officers underway.
- The different approach to the management of front-line Aboriginal staff was noted at other NSW government agencies. VS advised discussion is occurring at the state level about how this will be managed however current advice around our vulnerable work group is on an individual basis.

### **Mental Health and Integrated Care (MH&IC)– Sara Shaughnessy**

The following items were noted as well as the presentation:

- Hospital diversion activities are in place at MNCCI including after-hours hotlines. Introduction of an ED diversion in place and triaging of some mental health patients occurring over the phone rather than coming into ED.
- Using peer workers and Aboriginal liaison officers to assist with hospital diversions.
- Patient discharge notifications to be available to General Practitioners (GP's) and those in the community soon.
- Work in aged care is being monitored.
- Work in cancer care centres is also being monitored to reduce contamination including the safe use of PPE.
- Patients are responding well to social distancing.
- MH&IC staff undertaking daily huddles and daily communications.
- Work will occur in the next few weeks to increase bandwidth to support remote access users.
- COVID-19 website has sub plans for infection control for MHIC.
- SD advised Breastscreen service ceased for next three months.

#### **Research and Knowledge Translation – Dr Andrew Bailey**

The following items were noted as well as the presentation:

- Scoping PPE available through other sectors including universities.
- Looking at how we can support universities and how they can support us.
- Working with university partners to support continuation of university placements into the future.
- Limiting clinical placements.
- Research governance officers working on COVID-19 guidelines.
- Drafting District COVID-19 local analysis and response plan.
- The Board noted void in local information to assist future modelling for local pandemic planning.

#### **Internal Audit, Risk and Compliance – Kimberley Sayner**

The following items were noted as well as the presentation:

- COVID-19 considered a rare but catastrophic event.
- Focusing on three key areas including risk assessment and report, understanding the effect on already identified risks, and the development of a Business Continuity Management Plan.
- Information security ramifications being monitored.
- Notification regarding the appropriate use of PPE for work only and not for personal use issued in staff newsletter. Misappropriation of low value asset considered theft.

#### **ICT Services – David Drane**

The following items were noted as well as the presentation:

- Supporting new models of care including telehealth, reaching out into patients' homes to remotely monitor their clinical signs through HITH service.
- 200 virtual meeting rooms will be completed in immediate future with the use of PEXIT.
- Remote access support provided to clinicians working from home.

- Remote access enhancements will increase capacity significantly.
- The new Macksville hospital has advanced IT.

SET question and answer session with the Board:

- The Board asked if a risk had been identified with the expected surge of medical needs in the community post pandemic, the deferral of surgery and also the worsening of conditions of patients avoiding ED? KS advised that a full risk assessment has been completed against District objectives and noted there will be an influx post the crisis. Currently in crisis management mode but will shift toward business as usual mode.
- SD noted concern about post recovery phase including access to dental services. SD noted the Aboriginal community is particularly at risk and noted key issue will be what funding will be available to continue services.
- Post pandemic recovery will be considered in the risk plan.
- WG thanked SET for their hard work and was very appreciative to the Board for the work done dealing with this very difficult issue.

SET departed the meeting.

The Board discussed the following:

- WG noted the Board have a responsibility to the Health Minister and the government for the delivery of strategic health issues in the MNCLHD.
- **Action: The Board requested development of a COVID-19 District Plan which outlines the different facilities, persons responsible, risks, level of equipment and planning to understand what the Board can do to mitigate risks and support the LHD.**
- **Action: The Board further requested a one-page governance dashboard with regular updates. Dashboard to include short, medium and long term modelling to understand what is happening across the LHD. Dashboard to include staff welfare and access to PPE.**
- **Action: The Board requested assurance with regard to the capture of accurate financial data relating to COVID-19 for comparative reasons in the future.**
- Concerns raised about acute and primary care services not working together and making best use of combined workforce. Perceived barriers to assistance.
- **Action: The Board requested a copy of the Risk Assessment and Report and Business Continuity Management Framework drafted by Kimberley Sayner to enable better understanding of where the District is headed strategically.**
- **Action: The Board requested further information be shared with the community so they understand what is ahead from a community point of view.**
- **Action: The Board requested a copy of information sent out to all staff.**

The Chief Executive noted the following:

- MNCLHD intranet sites are updated regularly with COVID-19 information for staff.

	<ul style="list-style-type: none"> <li>Engagement with local members, NSW Police, Council General Manager's and community partners occurring and working well.</li> <li>Engagement with staff, clinicians occurring on regular basis. Staff communique's will be shared with the Board. Positive feedback received from staff on CE communiques.</li> <li>Concerns remain for the aged care and Aboriginal community noting these groups are very vulnerable.</li> <li>PPE being monitored on an ongoing basis.</li> <li>The need to protect patient privacy and safety was noted.</li> <li>Burnout of the SET team being monitored.</li> <li>Three respiratory clinics will be operational soon.</li> </ul>
<b>Item 2: Minutes and Action Table</b>	
2.1	<p>Minutes</p> <p>2.1.1 Minutes of Meeting – 11 March 2020</p> <p>2.1.2 Special Board Meeting – 24 March 2020</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <ol style="list-style-type: none"> <li><b>Endorsed</b> the Minutes of Meeting 11 March 2020</li> <li><b>Endorsed</b> the Special Board Meeting – 24 March 2020</li> </ol>
2.2	<p><b>Actions</b></p> <p>2.2.1 Action Table</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <ol style="list-style-type: none"> <li><b>Noted</b> the Action Table</li> </ol> <p><b>2.2.2 Action: COVID-19</b></p> <ul style="list-style-type: none"> <li><i>SD to distribute an out of session paper on COVID-19 and provide the Board with regular updates on this matter.</i></li> <li><i>Outcomes from the Incident Command meetings to be referred to Board for information.</i></li> </ul> <p><b>2.2.3 Action: Endeavour House</b></p> <ul style="list-style-type: none"> <li><i>The Board request an update at the April meeting.</i></li> </ul> <p><i>Concerns were noted by NP with regard to the future funding of this service.</i></p>
<b>Item 3: Strategic Items for endorsement and/or discussion</b>	
3.1	<p>Chief Executive's Report &amp; Attachment</p> <p>3.1.2 – RCA Recommendation and Review of Registered Practitioners as Part of the RCA Process.</p> <p><b>Action: The Board request advice on the recommendation for this matter.</b></p> <ul style="list-style-type: none"> <li>Enterprise-wide Risk Management (ERM) Quarterly Reporting to the Ministry of Health</li> </ul>

	<p><b><u>Resolution: The MNCLHD Governing Board</u></b></p> <ul style="list-style-type: none"> <li>○ Approved the MNCLHD ERM Risk Identification Report Jan – Mar 2020 to be sent to the Ministry of Health.</li> <li>• The MOH Patient Experience and System Performance Report was noted.</li> </ul> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the Chief Executive’s Report, attachments and verbal update.</p>	
3.2	<p>Report: MNCLHD Organisational Performance Report</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Received</b> and <b>noted</b> the performance of the MNCLHD Key Performance Indicators</p>	
3.3	Leading Better Value Care (Standing item)	Noted.
3.4	<p>Brief &amp; Report: MNCLHD Accreditation Update</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the Brief &amp; Report: MNCLHD Accreditation Update</p>	
3.5	<p>Update: Mick Reid Report – CCN</p> <ul style="list-style-type: none"> <li>• It was noted SD will provide a summary and actions to the May meeting.</li> </ul>	
<b>Item 4: Operational Items</b>		
4.1	<p>Brief &amp; Report: MNCLHD RCA Update Report April 2020</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the Brief and Report.</p>	
<b>Item 5: Governance Items – Board Sub Committees and associated reporting</b>		
5.1	<p>Board Sub-Committee: Community Engagement (CE)</p> <ul style="list-style-type: none"> <li>5.1.1 Chair’s Summary Community Reference Group Meetings Feb 20</li> <li>5.1.2 MNCLHD Community Engagement Register Summary</li> </ul> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the CE Sub-Committee papers</p>	
5.2	Board Sub-Committee: Workforce, Health & Safety (WHS)	Next Meeting 20 April
5.3	<p>Board Sub-Committee: MDAAC</p> <ul style="list-style-type: none"> <li>5.3.1 Confirmed Minutes 13 February 2020</li> </ul>	

	<p>5.3.2 Chair's Summary 12 March 2020</p> <p>5.3.3 MDAAC CACD March 2020</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the MDAAC Sub-Committee papers</p>	
5.4	Board Sub-Committee: Integrating Care	Next Meeting (7 April)
5.5	<p>Board Sub-Committee: Health Care Quality</p> <p>5.5.1 Confirmed Minutes 24 February 2020</p> <p>5.5.2 Chair's Summary 23 March 2020</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the HCQC Sub-Committee papers</p>	
5.6	Board Sub-Committee: Health Service Development & Innovation	Next meeting (3 April)
5.7	<p>Board Sub-Committee: Finance and Performance</p> <p>5.7.1 Confirmed Minutes 25 February 2020</p> <p>5.7.2 Chair's Summary 31 March 2020</p> <p>5.7.3 FOAM Presentation to F&amp;P BSC 31 March 2020</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the F&amp;P Sub-Committee papers</p>	
5.8	<p>Board Sub-Committee: Audit and Risk</p> <p>5.8.1 Confirmed Minutes 4.12.19</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the F&amp;P Sub-Committee papers</p>	
5.9	Board Sub-Committee: Close the Gap	Next meeting 21 April
<b>Item 6: Directorate Updates - not required this month</b>		
<b>Item 7: General Business, Correspondence and Business without notice</b>		
7.1	<p>Confidential In Camera Items</p> <p>7.1.1 Brief and attachments – status of various investigations</p>	Deferred to May meeting.
7.2	Community Reference Groups/Community Engagement – PHN (no paper)	Deferred to May meeting.
<b>Item 8: Large Attachments and additional information</b>		





# Health

## Mid North Coast Local Health District

**GOVERNING BOARD**

<b>Item 9: Upcoming Events</b>	
<b>Date</b>	<b>Event Details</b>
8 April	April Board Meeting – Teleconference
13 May	May Board Meeting - Wauchope
10 June	June Board Meeting – Port Macquarie
11 June	MNCLHD Health Innovation Awards – Coffs Harbour
6-10 July	MNCLHD Accreditation (For Information only)
8 July	July Board Meeting – Coffs Harbour
23 July	Special Budget Meeting – Video Conference
12 August	August Board Meeting – Bellingen
9 Sept	September Board Meeting - Port Macquarie
14 Oct	October Board Meeting - Coffs Harbour
11 Nov	November Board Meeting - Port Macquarie
9 Dec	Annual Public Meeting – Cavanbah Hall Coffs Harbour December Board Meeting – Coffs Harbour
<b>There being no further business the meeting closed at 5:50pm</b>	