

**Western NSW Local Health District**  
Western NSW LHD Board Meeting February 2020  
Robey Centre, Oberon MPS  
Wednesday 5 Feb 2020, 10:00 — 15:00 AEDT

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**WELCOME**

Oberon HSM, Alexandra Woods welcomed the Board members at 10.00am and spoke to the Board members before conducting a site visit through ED. Ms Leah Fricke, Chair Audit and Risk Committee joined the Board for the site visit.

**ACKNOWLEDGEMENT OF COUNTRY**

The meeting commenced at 11.00am with the Chair providing an Acknowledgement of Country.

**Attendance of Members**

Scott Griffiths (Chair), Darren Ah See, Fiona Bennett, Joseph Canalese, Jason Cooke, Paul Mann, Dr Colin McClintock, 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; Lauren Nott, Secretariat

**Coronavirus Update**

Mr Fahy provided an update. The focus is on testing people who have travelled with a focus in ED on anyone with respiratory issues who has travelled by plane. Daily updates are being sent to clinical staff. Generally, there have only been low level presentations within NSW to date. In WNSWLHD one patient has been screened and confirmed does not have the virus. The state wide pandemic plan has been activated n therefore MoH is coordinating from an emergency centre in Sydney.

The LHD winter planning will be assuming a heavy respiratory flow for winter which will apply pressure to the system.

**1 Apologies**

Nil

**2 Conflicts of Interest**

Nil to add

**3 Draft minutes of meetings held 4 December 2019**

Minutes of the meeting were endorsed by the Board as a true and accurate record.

**Action**

[Item 15.2 December minutes - Mr Spittal to look into the issue raised at the Blayney site visit re Doctors attending A&E](#)

[Action by: Mr Spittal](#)    [Action due: 04/03/20](#)

**4 Action Register from meetings held 4 December 2019**

Progress on action items was noted by the Board

## 5 **Chair Report**

Nil to report over the January period. The Chair advised CE and Chair have been having discussions re March Board meetings.

## 6 **Chief Executive Report**

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

- There was generally a smooth Christmas and New Year period with some pockets of high activity.
- The LHD is looking at medical recruitment processes which is variable across sites. External advertising has been stepped up. Some smaller centres have significant issues in GP recruitment. The LHD regularly advertises for obstetricians and anaesthetists. As part of the Rural Generalist program 15 new GPs have been orientated for telehealth support services. Mr Spittal spoke on the positions currently being recruited to across the LHD.

### 6.1 **Monthly Performance Scorecard**

The scorecard was noted by the Board.

- Electronic discharge summary - Mr Spittal acknowledged this is lower than desired. There has been some difficulty with identifying patients' GPs. Often the GPVMO in the smaller hospitals is the local GP and therefore they may not generate reports. ED stream is looking at how to increase number of discharge summaries. Further work is being implemented which will improve this.
- 48 Hour follow up – Director Ah See advised WACHS is looking at information sharing re lack of discharge summaries which would help identify clients who need follow up. Mr Fahy advised on a random audit, 6% of patients had no GP identified in iPM. A number of models in other LHDs are being looked at. This issue will be taken up by the collaborative commissioning group.

### 6.2 **NSW Health Scorecard December 2020**

The quarterly NSW Health Report was noted by the Board.

## 7 **Audit and Risk**

The Chair welcomed Ms Leah Fricke, Chair of the Audit and Risk Committee. Introductions were made.

Ms Fricke gave a summary of her background and high level thoughts on the Audit & Risk Committee (ARC):

- The ARC have a high respect for the leadership team of the LHD.
- The Internal audit team is dedicated and focused.
- In relation to policies, procedures etc the LHD is in a good position.
- The ARC is there to add to the value of the organisation. There is a sense of improvement (being efficient and effective), getting best value possible without disrupting other processes.

Ms Fricke distributed a paper which she spoke to (refer to meeting papers).

A discussion was held in which the Board Chair noted the Board is appreciative of the high calibre of the ARC. Discussions included:

- The Board Chair spoke on the Board's concern re risk and managing these risks both planned and unplanned. Ensuring risks are managed appropriately is a significant factor for the Board. The Board have put a reliance on the ARC to interrogate where necessary and are confident this happens well.
- Role of Audit and Risk committees in non-financial risks – Ms Fricke confirmed there is a significant focus on non-financial risks. The LHD does well in this area as

all staff, services etc are risk based. The ARC is tightening the Audit and Risk calendar so they can clearly understand (2 year program) and discuss clear and emerging risks at the right frequency.

- Relationship between Audit and Risk and HCQC has been discussed at ARC. It was acknowledged this would be beneficial for both two committees to understand each other's work. The ARC take time at the end of each meeting to discuss what information should be shared.
- ARC members have been arranging visits to sites to see and experience facilities. These visits include a tour and discussions about risks and compliance etc. This helps with analysing internal audit reports and identifying areas of improvement. Areas of concern identified in visits and well performing sites are relayed to CE. The ARC are looking at how to manage visiting more remote sites. Internal audit team are often out in LHD and provide reports to the ARC.
- Analytical capability of the internal audit team was highly commended.
- The Board Chair stressed adverse outcomes for patients is the greatest area of concern for the LHD and Board. Ms Frick advised the ARC look at work insurance claims, aging workforce, PPP venture. No significant problems have been identified in reports. While variation is seen when visiting sites eg aging facilities the ARC members have not seen any areas of genuine concern.
- There is a need to focus and succession planning for ARC. Maybe consider an observer position at ARC meetings.
- The Board currently receives the ARC minutes and a verbal update is given to the Board after each ARC meeting.
- The ARC is happy for any issues of concern to be raised for review etc.

The Board Chair thanked Ms Fricke and expressed the Board's appreciation to ARC.

## **8 Planning, Performance and Funding**

### **8.1 Financial Performance Report**

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

- Slight improvement in year to date forecast
- January results are being finalised, will likely return favourable result in particular in corporate space.

#### **Financial Sustainability**

A discussion was held re long term financial sustainability of the LHD. Financial planning will be included in work being undertaken regarding the strategic plan.

It is envisaged future years will be tighter. Impacts will include additional services coming online in redevelopments eg Dubbo, Mudgee.

A presentation will be provided for the Board for the strategic planning workshop to be held in March.

### **8.2 Finance & Performance Committee 28 January 2020 draft minutes**

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

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

The Chair highlighted a draft plan for future sustainability will be submitted to the Board in May. All capital projects on track.

## **9 Clinical Operations**

### **9.1 Executive Director Clinical Operations Report**

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

- Elective wait times discussed. Additional theatre day will be brought on in Dubbo when needed.
- Designing alternatives to hospital care has been a key area of discussion and identified as one of 13 areas of focus. Other areas were outlined.
- Interventional cardiology in Orange.
- Efficiency and Quality safety analyses.

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

### **10.1 Patient Story – Culturally Appropriate Care**

Mr Fahy spoke to the story.

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

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

- Low level of SAC1 incidents for last eight months.
- Escalation of clinical concern – MoH is taking serious focus on clinical observations not being undertaken in ED.
- Outstanding RCA recommendations have drastically reduced. The backlog has been cleared and processes are in place to ensure this stays on target.

### **10.3 HCQC Meeting 22 January 2020 draft minutes**

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

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

Director O'Brien added congratulations to the team on the excellent work being undertaken.

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

### **11.1 MADAAC meeting held 11 December 2019 draft minutes**

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

### **11.2 MADAAC Chair Comments**

Director Treweeke advised a major emphasis of the meeting was the appointment of Virtual Rural Generalist VMOS.

Presented table of attendance for MADAAC meetings (refer to meeting papers).

## **12 District Clinical Council**

### **12.1 DCC Meeting held 18 December 2020**

The draft minutes were noted by the Board.

## **13 General Business and Business Without Notice**

### **13.1 Aboriginal Health Scorecard**

Mr McLachlan spoke to the *Improving Aboriginal Health Scorecard* which was noted by the Board. A discussion was held.

This is the first draft of the new scorecard. The Board felt the report was clear, easy to read and understand and thanked Mr Cutmore and his team for preparing report. Director Ah See spoke on the positive communication arising from the partnership agreement work being undertaken.

The number of non-achievement of indicator targets was of concern but noted the high immunisation rate which is above target.

### 13.2 Community Engagement Framework

Mr McLachlan spoke to the brief and framework paper.

A discussion was held.

- The role of existing health councils is to be considered. Some are very active and effective in local areas with others at varying stages of development and efficacy.
- Would need: clarity of role and function existing Health Councils; Terms of Reference; definition of sub regional HC; implementation period; further clarity re base hospitals.
- Chairs to be elected by the members (not GMs); good change management process; resources will be needed.

#### Action / Recommendation

The Board did not approve the framework as proposed but require a refined framework taking the above discussion into consideration.

Action by: K Connell                      Action due: May

All members were in agreement.

### 13.3 Enhance Patient Experience Letter - Minister Hazzard

The Chair spoke to the letter and a discussion was held. A response will be drafted.

#### Action

Response letter to be drafted.

Action by: S McLachlan                      Action due: 28 February 2020

### 13.4 Living Well Together Update

Mr McLachlan spoke to the brief and report which were noted by the Board.

Mr Fahy advised there will be a change in the report in future to develop a dashboard style. Work to be undertaken in a number of areas was outlined.

### 13.5 District Medical Staff Executive Council Representative

It was noted there was no MSEC representative at meeting. An invitation was extended to the MSEC members with no response received. The MSEC representative for the March Board meeting has yet to be decided. An invitation to the March meeting has been extended.

## 14 Reflection of Meeting

A brief discussion was held including benefits of the site visit and rounding. It was agreed there would be benefit seen in attending ARC meetings as observers.

**There being no further business the meeting was closed at 3.30pm**

Signed:  \_\_\_\_\_ Date: 04 March 2020