

**Western NSW Local Health District**  
Western NSW LHD Annual Public Meeting  
Mudgee Parklands Resort and Conference Centre  
Wednesday 7 Nov 2018, 1:00pm – 2:00pm AEDT

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**WELCOME/ACKNOWLEDGEMENT OF COUNTRY**

The meeting commenced at 1.00pm with the Chair providing an Acknowledgement of Country.

**Attendance of Board Members**

Scott Griffiths (Chair), Dr Joe Canalese, Fiona Bennett, Jason Cooke, Dr Colin McClintock, Amanda O'Brien, Joan Treweeke.

**In Attendance**

Scott McLachlan, Chief Executive; Mark Spittal, Executive Director Operations; Josh Carey, Executive Director Finance; Lauren Nott, Board Secretariat; Kathy Connell, Executive Director Communication and Engagement

Members of the community and health council representatives, Health Service Managers, LHD staff as per attendance list

**Apologies**

Darren Ah See (Board), Paul Mann (Board)

**Chairman's Report – Mr Scott Griffiths, PSM**

The Chair thanked all those in attendance and acknowledged the recent passing of Mrs Julie Ann Maher and for her work over the many years as a Board member and health council member.

The Chair outlined the Board's roles and responsibilities under current legislation. The Board provides strategic direction to the executive, signs the service agreement with MoH. Sub committees of the Board include Health Care Quality Committee, Finance and Performance, Audit and Risk.

Board activities over the past 12 months include meetings in three base hospitals, and meetings and visits in excess of 12 other communities and facilities.

The District Medical Staff Executive Council was formed earlier in the year. This group provides advice to the executive and Board. A representative attends each Board meeting. Today's meeting was attended by Dr Liz Kennedy.

The Board also met with a range of stakeholders over the last 12 months.

The Board Chair attended the Council of Board Chairs meetings held throughout the year.

The Chair acknowledged the outstanding leadership of the CE and executive team, over 7000 employees including contractors, VOs, clinicians and all the health councilors, auxiliary members and others who gave and continue to give their time.

**Chief Executive Address – Mr Scott McLachlan**

Mr McLachlan acknowledged the traditional owners of the land we are meeting on and also those across the whole LHD.

Mr McLachlan gave a presentation which included an overview of the LHD, services, achievements, challenges, vision for the future: Healthier Rural People – Thriving Communities.

### **Financial Report – Mr Josh Carey**

Mr Carey commenced by acknowledging the traditional owners of the land we are meeting on.

Mr Carey gave a presentation outlining 2017-18 Financial results including key achievements,

All Board members present were in agreeance that the accounts reflect the true position of the organisation's finances and in the opinion of the directors the organisation is able to pay its debts on and when they become due.

### **Questions and open discussion**

The Chief Executive opened the floor for questions:

Strategies in place for dealing with bullying and harassment (Dubbo). The CE advised this is being managed through leadership, improving the working environment, being clear of expectations and having support for staff. The annual People Matter survey shows year on end improvement. Work is being done separating and analysing data, working with managers etc. Some areas have behavior that needs to be changed, some colleges and accrediting bodies are working on this. LWT philosophy is providing good strategies including above and below the line behaviors etc.

KPIs for health councils (Dubbo) re the benefit, value and purpose of health councils to add value to LHD and on behalf of public. CE advised he would like to have a discussion around this. In the past the LHD has tried to look at indicators re community engagement. This struggled to get meaningful data and scores. The Chair added HCs play a vital role to the LHD to share and provide information between communities and the LHD.

Policy re motorized scooters (Parkes) – There is currently no policy regarding scooters in facilities. The CE advised this will be considered.

Mental Health practitioners (Parkes) – CE spoke on review of MH and focus on community care. The LHD continues to struggle with recruitment of specialised staff and is working with the PHN to look at services and providers in all communities.

Referral to Mental Health services without response (Bathurst) – anecdotally only 20% of clients referred get into community mental health system. People with chronic conditions are not being serviced as acute patients take priority in community environment. CE agreed further discussion and education is required. The LHD is funded for acute service delivery. Continue to work with PHN re service gaps etc.

NDIS and aged care reform (Bathurst) – increase in disable people coming into services for treatment and staying as don't have support needed to return home. The CE advised NDIS providers are still maturing and may be struggling to provide services, especially in smaller communities. This then impacts on the LHD facilities as the providers of last resort. Some clients end up in ED or the acute hospital environment. Gaps are being identified but there will be some time before settles down.

Helipad (Condobolin) – The HC would like more communication about this as the HC and LHD do not want this however some members of the community do. The CE agreed and advised other alternatives could be considered eg Mudgee is now at airport.

Mr Graham Parker acknowledged the work of the Board and senior executive.

**There being no further business the meeting closed at 2.05 pm**