

**Western NSW Local Health District**  
Western NSW LHD Board Meeting May 2018  
Critical Care Hub Meeting Room, Orange Health Service  
Wednesday 02 May 2018, 09:00 AM —04:00 PM AEST

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**SITE VISIT CONDUCTED WITH GM AND DIRECTOR MENTAL HEALTH**

Brief provided for the information of the Board members.

**WELCOME/ACKNOWLEDGEMENT OF COUNTRY**

The meeting commenced at 10.30am with the Board Chair providing an Acknowledgement of Country.

**Attendance of Members**

Scott Griffiths (Chair), Darren Ah See, Fiona Bennett, Dr Joe Canalese, Jason Cooke, Julie Ann Maher, Dr Colin McClintock, Amanda O'Brien, Joan Treweeke, Paul Mann

**In Attendance**

Scott McLachlan, Chief Executive; Ron Pearson, Executive Director Operations; Josh Carey, Executive Director Finance (see minutes)  
Dr Ruth Arnold, MSEC (see minutes)  
Lauren Nott, Secretariat.

**ITEM 1 Presentation - Cancer Services Plan**

***Dr Peter Fox and Ruth Jones joined the meeting, Dr Florian Honeyball joined via video***

The paper was taken as read and a presentation given. This was followed with a discussion.

- It was agreed patient care is the number one priority. The 'best value for resources' should be moved down in the quadruple aim framework.
- The goal for the entire west of the state is for chemotherapy to be covered by a network of outreach services by 2022. There is a trial for chemotherapy being run in Coonabarabran. Safety and efficacy data for these trials is still being reviewed. The prolonged time frame is to ensure corners are not cut. The program will be expanded across the district by 2022.
- The FIFO model is nearly gone with the aim for no FIFO into the future. Links with tertiary centres will be maintained.
- Some complex radiotherapy or rare cancers may still need to be sent out of the district for treatment. Some patients may also require complex surgery related to cancer outside the district.
- Children's' cancers are rare and will always need to be supported from outside the district.
- There is a need to work as a district to set centres of excellence within the district to ensure services are available within the LHD.
- The organisation structure as outlined was discussed. The Director Cancer services will report through to the Executive Director Operations. All of the executive team take responsibility for the lead of streams and this will be the same for the cancer stream.
- Palliative care was not mentioned as an informing strategy for document. The Palliative Care stream have developed the Palliative Care Strategy and it is acknowledged 50% of palliative care is not cancer. It was agreed this needs to be referenced as an informing strategy as well as the Aboriginal health strategy.

- Exercise therapy has been referenced in the document.
- The overall purpose of the document was questioned. One purpose is to discuss funding with the MoH and therefore there is a need for a section which gives an indication of costs for priority actions. This has been worked on with J Carey and HIU. Calculations will be included as an appendix which will include NWAU calculations.
- Workforce –there is a risk of staff being pulled in different directions as they will be wearing different hats. Fractional FTEs are to be worked on and costed appropriately. This is part of the normal processes in health. The workforce plan will also inform costings.
- The science behind the calculations for projections was explained.
- An application has been submitted to the Cancer Institute as an innovation grant.

*Motion*

*The WNSWLHD Board gave in principle support to the Cancer Service – Clinical Services Plan 2018-2022.*

*Moved: Director Canalese      Seconded: Director Mann. All were in agreement*

The Chair congratulated the team on the well prepared and thought out document and acknowledge the work taken to achieve this.

***Dr Peter Fox, Ruth Jones, Dr Florian Honeyball left the meeting.***

**ITEM 2 Apologies**

Nil

**ITEM 3 Conflicts of Interest**

There were no changes to the conflicts of interest register.

**ITEM 4 Minutes of Board meeting held 4 April 2018**

Minutes of the meeting held on 4 April 2018 were endorsed as a true and accurate record with a minor amendment to include 'financial' in first dot point of item 6.

**Moved: Director O'Brien**

**Seconded: Director Maher**

**ITEM 5 Action Register from meeting held 4 April 2018**

Progress on action items was noted by the Board

**ITEM 6 Chair Report – Board Chair, Scott Griffiths**

The Board Chair reported the following:

Cowra Health Council

The Chair officially opened an information night at Cowra which was hosted by the health council. The event was well attended with over 80 in attendance. Dr Ros Bullock gave a presentation on health issues for women and a former nurse educator held a session for men. It was a good night and it would be good to see further events along these lines.

Dr Bill Mackie Proposal

A discussion was held with Dr Bill Mackie (Surgeon) re opportunity to develop private health services in Orange. Dr Mackie has some good ideas and is interested in setting up a PPP in Orange and wanted the Chair to sign a document attached to the tender. The Chair did not agree to sign the document as more information is required on what is happening with the new Private hospital in Orange. The Chair was generally supportive of the concept

proposed. The CE added he has had a number of conversations with Dr Mackie in the past. Dr Mackie has also set up in Nepean. Dr Mackie's proposal referred to by the Chair is related to the Murray Darling University proposal.

Work is progressing for the Health Precincts strategy. There has been good discussions with key groups who are interested in progressing the strategy. Planning NSW are drawing up a tender document to go out in next few weeks for Orange. Property NSW are conducting an assessment for all vacant building on the Orange site. The LHD is not prepared to move until both bodies of work undertaken. The new private hospital will only have small number of overnight beds and therefore the impact may not be great. The CE is meeting with Dr Mackie later in the month. The CE has been meeting with CEOs of private facilities within the LHD to develop a more strategic approach to working together. Paxton Partners have been asked to look into this.

#### Executive Director Operations

The Chair was involved in the interviews for the EDO which resulted in a successful applicant being selected. Please refer to the CE report.

#### MSEC representations at Board meetings

At present wherever the Board meets the local MSEC representative will attend the Board meeting as an invitee. Dr Arnold will be joining the meeting from lunch today.

Confidentially in Board meetings document was discussed. This is to be included in the next MSEC meeting papers. This document is clear in the requirements of members and invitees as to what is expected and required for attending meetings. The Board Chair will attend the MSEC meeting for this agenda item.

The Minister has indicated he wants a representative of the MSEC to become a Board member in the future, elected through the MSEC. There is a process underway for this. The MSEC can nominated up to 5 names. An email was sent to current MSEC members for nominations. This is to be discussed at the MSEC meeting on 15 May 2018.

#### Board appointments / Board refresh

31 December 2018 is the end of the term for some members. Director Maher has indicated she will not be applying for reappointment. Directors Griffiths, Canalese, O'Brien and Treweeke applied for reappointment and their applications have been sent to MoH for Ministers consideration. Terms will now be for 5 years.

#### Orange Car Park

Next week will see the official sod turning for Orange car park – 7 May at 10.30pm. Board members are invited to attend.

### **ITEM 7 Chief Executive Report – Scott McLachlan**

In addition to the written report, the Chief Executive advised the Board:

#### CE leave

J Morrissey stepped up as A/CE while Mr McLachlan was on leave.

#### Financial position

The LHD is tracking for end of year balanced financial result.

#### Executive Director Operations

The background of the new EDO, Mr Mark Spittal was outlined. A formal announcement has not yet been made as the LHD is awaiting the letter of offer from MoH. Mr Mark Spittal will commence 25 June 2018. An orientation program is being planned.

### Goodooga

J Treweeke noted a potential conflict re RFDS and health services at Goodooga

### Dubbo Redevelopment

Contingency funds for Dubbo redevelopment were discussed. The CE has been in contact with CE of HI re this. There is concern at the proposed reduction for expansion spaces. Discussions are continuing to resolve this matter

### Orange – medical engagement

- Meeting with S Pearce, Drs Amos and Arnold last week discussed the way forward.
- Other processes are underway and the Board will be updated as they progress.

## **7.1 Monthly Performance Scorecard**

No significant issues to flag

Workforce FTE graph – data is not correct.

Aboriginal people follow up 48 hours after discharge - there is no current documentation/data. The LHD is implementing a new model for Aboriginal health workers to step up and provide documentation.

The CE advised the report is being reviewed and there will be a narrative to inform the Board.

## **7.2 Executive Director Operations - Mr Mark Spittal**

The information was noted by the Board

## **ITEM 8 Clinical Operations – Executive Director Operations, Ron Pearson**

### **8.1 Director Clinical Operations Report**

In addition to the written report which was noted, the Board received the following information:

- Winter planning update was given. Increase focus on patient flow unit to be expanded over winter. Resources have increased for PFU and will be discussing 24/7 for winter. Level of costs for winter planning are similar to last year.
- Orange elective surgery was brought forward, funding was allocated.
- Orthopaedics – Orange – clinician initiated changes to the roster. There will be a dedicated clinician for acute.
- Draft of Orthopaedic review is with CE. This will go back to Orthopaedic team. Work continues with Bathurst clinicians. Report to come back to Board in future months.
- CE went to Bathurst clinical council two weeks ago. This was a good meeting with thoughtful discussion re quality and safety.
- 94% of Bathurst emergency surgery getting to Orange within 24 hours.

**Dr Ruth Arnold joined the meeting at 1.30pm and introductions were made. Dr Arnold is here on behalf of the newly formed MSEC.**

**The Chair gave Dr Arnold a background on the meeting structure of the Board meetings including Board sub committees and Board representation, venues and site visits. A summary of today's meeting was also outlined.**

## **ITEM 9 Quality and Safety (There was no meeting held in April 2018) Amanda O'Brien Governance of Quality & Safety Review**

The information was noted by the Board

A O'Brien attended the Patient Experience Symposium held recently in Sydney. There were excellent key note speakers, patient voices heard, Ministers for Health and Mental Health spoke. There was a session from CEC looking at a framework for health literacy. This has been on the agenda for HCQC.

CE spoke to the brief. The draft report has been reviewed. Latest version has just been received and will go to the next HCQC meeting.  
The briefing is a high level summary with the full report to come to the Board next month.

Clinical Director in CGU discussed, this is being recruited to.

## **ITEM 10 Finance and Performance – Executive Director Finance joined by video**

### **10.1 Director Finance Report**

In addition to the written report the Board receive the following information:

- Financial forecast remains positive.
- Locum costs tend to be static.
- Overtime for March – movement was related to February accruals. Back to levels experienced in recent years.
- Private revenue – LHD is leading state in conversions of patients. Some private patients are not captured when liaison officers are not present. HiTH also impacts this and some patients choose not to use private health cover. Issues have been raised with MoH and the revenue model is being reviewed for the state.

### **10.2 Finance & Performance Committee Draft Minutes - 24 April 2018**

The minutes from the meeting of the Finance and Performance Committee were received by the Board

### **10.3 Finance & Performance Committee Chair comments**

Highlights from the meeting include:

- Mental health funding will be block funded rather than ABF from next year onwards. This secures \$60M in funding.
- Item 6 from the minutes was questioned. More activity is being undertaken however the transition grant is still in place and the additional activity helps balance this out. This will be included in negotiations for future funding.
- Financial penalties will be applied around a number KPIs. The finance team is working with Clinical Governance around these areas. This all works to improve quality of care. Discussions with MoH are ongoing.

### **Capital works**

Lightning Ridge – the letter was sent to MoH for additional funding.

Cowra - progressing two pieces of work including options for redeveloping / relocating ED and master planning options. HI is assisting with this.

### **10.4 2018-2019 Service Agreement Negotiations Update – J Carey**

Briefing paper taken as read. Key points were outlined.

- 4.8% growth for MoH was advised at SEF meeting last week.
- Modeling of NWAU is based on current price. Based on this activity and services look reasonable for next year. Revenue is risk at moment.
- Data improvement project is ongoing from last year as it was funded for two years.
- Cancer plan will come into place year after next.

- Dr Arnold spoke about the business case for the extra day per week in the cath lab. Caseload will go up with unmet demand and flows coming back to the LHD. Revenue will benefit from the full week activity. Approximately half the patient load is outpatients which will be billed back to Medicare. Increase in actual costs are not great. The Cardiologist to start in Dubbo in June will need lab time. Interventional cardiologist to commence in Orange. Lead time will be needed to train staff for Dubbo redevelopment. Lab time will be needed for this as well. Overall this should result in reduced waiting times. At least 60% of patients are transferred in to Orange.
- Pace maker service was in cardiology services plan. Lists take significant cath lab and theatre time etc. Would like to look at this but 5th day and 24/7 work takes precedence at the moment.

***Executive Director Finance left the meeting***

**ITEM 11 District Medical Staff Executive Council – Dr Ruth Arnold**

Two meetings have been held. As the second meeting did not make quorum there are no issues to bring forward to the Board. TOR for the MSEC have been discussed.

As the state representative for MSCs Dr Arnold advised there have been moves from the Board Chairs level to get a level of consistency across the state and strengthen communication models. The Health Services Act and By-laws give the description of the MSEC as a routine invitee of Board meetings as an observer. The aim is to increase dialogue between clinicians and boards for issues to be dealt with and resolved etc. The state MSC have sought clarity on issues and what can be reported back as an observer eg public access, minutes etc.

Dr C McClintock agreed with this review of the MSEC which is a platform to bring concerns, solutions and issues that impact the whole district. It will open dialogue across broad areas to resolve issues and bring clinicians together.

The Board would appreciate documentation which would give a better understanding of issues. It was advised that any issues raised would have documentation.

The Chair advised when the Board visits facilities across district time is set aside to meet with local clinicians and try to engage in conversation re local issues. The MSEC is the next step in developing these relationships. The Board have taken on concerns such as information available to the public including the minutes of meetings. This has been reviewed and more information is now available. This is an ongoing learning process and the Board is happy for ongoing feedback through MSEC and local clinicians on how the Board can be more visible, capture relevant information. The MSEC invitee to the Board meetings will provide more structure to what is currently happening.

Board needs to be clear of operational vs strategic. There is often a fine line between the two.

**ITEM 12 District Clinical Council**

Agenda included for the information of the Board.

CE gave highlights from Meeting held 19 April. This was a very positive meeting. The meeting minutes are yet to be finalised and endorsed.

Attendance was lower than usual due to holidays but included three senior doctors, three senior nursing staff and executive reps. It was noted some stream have not been represented at meetings and this is being followed up.

The meeting venues rotate with the next meeting to be held in Bourke.

It was asked for the role of attendees to be included on the minutes. Dr R Williams is chair.

### **ITEM 13 Medical and Dental Appointments**

#### **13.1 Medical and Dental Appointments Advisory Council meeting minutes - 18 April 2018**

The minutes from the meeting of the Medical and Dental Appointments Advisory Committee were received by the Board

#### **13.2 Medical and Dental Appointments Advisory Council Chair comments**

Dr J Canalese highlighted the following issues:

- Dr Pickford – GP VMO is wanting to move to a staff specialist role. There is a cost differential of approximately \$50K per year. A number of factors need to be considered and the CE is requesting advice from GM. J Canalese advised, subject to Dr Pickford fulfilling all criteria MADAAC would be happy to endorse the request.
- Dr D Knox retiring, CE sent letter on his retirement.

### **ITEM 14 Audit & Risk - Minutes of meeting held 13 April 2018**

The minutes from the meeting of the Audit and Risk Management Committee were received by the Board.

J Treweeke gave highlights/comments. The meeting was held to endorse the early close of financial statements. No major issues to outline, the information was considered appropriate and on time.

Key management personal information is to be updated for final quarter of 2018

Peter Bonnington led the meeting well.

CE advised a discussion has been held with Peter Moffitt re his term of chair of A&R. Leah Fricke is interested in stepping into this role pending final certification.

### **ITEM 15 Strategic Updates**

#### **15.1 Mental Health and Drug and Alcohol**

Briefing attached for Boards noting. Discussion held this morning with J Crisp and H McFarlane.

- Transition grant for MH will be leveled out with block funding.
- It was agreed the visit this morning was very interesting and worthwhile. MHECRAP was interesting.
- J Treweeke commented schools may not be aware of CAMHS services. This will be downloaded to MH team by CE.
- Some services were outlined including:
  - CAMHS – specialised child support
  - MECHRAP – emergency support for services
  - Mental Health Call line - 48000 calls per year for this LHD.
- The Mental Health team are working to coordinate these services.

#### **15.2 Living Well together**

Quarterly report for noting.

Patient experience survey – new tablets have been released. The survey is now available from mobile phones with near to instant feedback for compliments and complaints. It is acknowledged this technology may not suit all. Patient rounding and health councils will

assist in this area. REACH is being picked up at state level. There are now multiple ways for feedback to be made.

### ***Dr Arnold left the meeting***

## **ITEM 16 General Business & Business Without Notice**

- 16.1 Cobar MPS Redevelopment** – The Executive Director Finance was in attendance (via video) for this item  
The paper was taken as read and J Carey gave the background and highlighted a number of areas including the risks of each option.  
Discussions have not progressed with the council at this stage pending this discussion with the Board.

### ***Recommendations***

- 1. Note the current capital project, operational and financial risks and benefits due to the unsuccessful tender and change of Aged Care and Hotel & Support Services Management to the LHD.*

### ***Noted***

- 2. Approve the change and preferred option (4) for the LHD to manage the Aged Care and Hotel & Support Services.*

### ***Option 4 supported***

- 3. Sign the attached letter to the NSW Health Secretary seeking change to the current capital project and Aged Care and Hotel & Support Services Management.*

*It was agreed the letter to Ms Koff is to be signed by the Board Chair and CE*

*Moved Director Canalese                      Seconded: Director Cooke      All were in agreement.*

### ***Action:***

*Letter for E Koff to be signed by Chair and CE and sent asap.*

*Action by: L Nott                      Due by: ASAP*

## **16.2 Liability Summary – Judy Robinson joined the meeting**

Report for noting. CE gave background. Reports have gone to Audit and Risk Committee in the past.

J Robinson spoke to brief.

Maximum excess per liability claim is currently \$10k.

Systems in place have improved considerably over recent years to ensure documentation is maintained. Lessons learnt are key. Risk team work closely with Clinical Governance.

## **16.3 Workers Compensation Claims – Judy Robinson**

Report for noting. The report is for last 12 months and was outline by J Robinson, Risk team are working with HR team regarding claims for falls, trips and slips.

Bullying and harassment (perceived) are responsible for 60 % of stress claims.

## **16.4 Board meeting June**

Brief taken as read. Flagged issues –

Tullamore and Tottenham – concerns from community and staff. The Dr in Tottenham has signaled he may be leaving due to visa/registration and other issues.



There have been changes in management structure at facilities for individual HSMs at both sites. The NSW Nurses & Midwives Union is agitating around patient and staff numbers. Meegan Connors has been attending meeting in the towns.

It was agreed to visit the sites as suggested. Briefs are to be sought for each facility. Site visits – to include community health, mental health etc:

*Action: Briefs are to be sought for each facility to be visited in site visits 4 June 2018 for inclusion in the June Board meeting papers*

*Action by: Ms Nott                      Due by: 15/05/18*

**16.5 Health Symposium and Gala dinner – 21 June 2018**

L Nott advised the WNSLWHD health Symposium and Gala dinner are to be held in Dubbo on 21 June. Board members are invited. An email will be sent in the near future which will include registration details.

**16.6 Board member needed to judge individual awards**

A O'Brien asked for a Board member to assist with judging the three sections for the individual awards. JA Maher volunteered.

**16.7 Fluoridation In Oberon**

Amanda O'Brien advised the Board this continues to be an issue. Feedback is to be taken at four council meetings. MoH have been asked to help take survey in community. K Chant has spoken to the Mayor.

**Item 7 Reflection of the meeting**

Timing was considered appropriate.

Note: invitee offered comment throughout meeting.

Presentation by Cancer team was very good as was Mental Health site visit.

**There being no further business the meeting closed at 4.08pm.**

Signed:  \_\_\_\_\_ Date: 6 June 2018