

**Western NSW Local Health District**  
Western NSW LHD Board Meeting July 2018  
Ngulway Meeting Room, Molong MPS  
Wednesday 04 July 2018, 09:30 AM —03:30 PM AEST

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HSM, Deb McKenna welcomed the Board and introduced the leadership team. A briefing regarding the facility was given by the HSM prior to a site tour being conducted.

**WELCOME/ACKNOWLEDGEMENT OF COUNTRY**

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

**Attendance of Members**

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

**In Attendance**

Scott McLachlan, Chief Executive; Mark Spittal, Executive Director Operations; Josh Carey, Executive Director Finance (see minutes), Dr Scott Clark, District Medical Staff Executive Council  
Lauren Nott, Secretariat.

**Item 1 Apologies**

Scott Griffiths (Chair), Joan Treweeke

**Item 2 Welcome and Introductions to Mark Spittal, Executive Director Operations**

Introductions were made. Mr Spittal gave a Moari welcome and a background of his experiences in NZ. Dr Clark was also introduced to the meeting.

**Item 3 Conflicts of Interest**

There were no changes to the conflicts of interest register.

**Item 4 Minutes of Board meeting held 6 June 2018**

Minutes of the meeting held 6 June 2018 were endorsed as a true and accurate record.

*Moved: Director Bennett*

*Seconded: Director Maher*

**Item 5 Action Register from meeting held 6 June 2018**

Progress on action items was noted by the Board

**Item 6 Kids and Families Service Plan**

***Executive Director Integrated Care, Ms Julie Cooper joined the meeting***

Ms Cooper provided updated summary papers and spoke to the brief and plans.

- The plan will be cost neutral. The staffing restructure and realignment of staff was outlined. Lead positions are in place and resources already on the ground.
- The use of 'family' was a deliberate choice to cover all families; the plan is all inclusive. A Men's health framework has been developed by MOH and is on the agenda for the next ELT meeting.
- The role of the PHN as a provider of primary care as well as collaboration with other providers was discussed. The CE advised the PHN is signaling a strong commitment for the First 2000 days. It was agreed the references to collaboration with other agencies is to be strengthened.

- It was agreed the wording re 'prevent violence and abuse' needs to be amended to similar wording to other strategies eg assist, work with, etc.
- Ms Cooper outlined Local Area Command (LAC) violence prevention meetings. Mental health teams are also involved in the work being undertaken.

The Board congratulated Ms Cooper on the work undertaken

#### Recommendations

1. The Board approved the Kids and Families Strategy 2018-2021 and operational plans for The First 2,000 Days of Life; Children Young People and Families; Prevention and Response to Violence, Abuse and Neglect (PARVAN)
2. The Board approved the Kids and Families Strategy 2018-2021 summary document

*Moved Director Bennett                      Seconded Director Mann*  
*All members were in favour.*

#### ***Executive Director Integrated Care, Ms Julie Cooper left the meeting***

#### **Item 7      Chair Report – Board Chair, Scott Griffiths**

In the absence of the Board Chair the CE reported the following:

##### Council of Board Chairs meeting (18 June 2018)

- Medical research future funds – there will be significant investment in this for the next 5-7 years. The LHD is investing with six rural LHDs for rural research. The Board Chair expressed interest in regard to diabetes and Aboriginal health in rural areas.
- Board governance review process has commenced. Updates will be provided with documents forthcoming towards the end of year.

#### **Item 8      Chief Executive Report - Scott McLachlan**

In addition to the written report, the Chief Executive reported:

- Mr R Pearson will be staying for a further five weeks to progress a number of projects.
- Symposium and Health Awards: Key note speakers at symposium and dinner were well received. The Awards went off well, great support given. The LHD is looking at how to translate the initiatives showcased. The large amount of work undertaken by Mr Cheney and other staff was acknowledged.

##### *Action:*

*Board Chair to send letter of thanks to organisers of the symposium and dinner*

*Action by: Chair                      Action due: ASAP.*

- Premier visits went well.
  1. Dubbo Sod turning stage 4, launch of schematic plans for the Western Cancer Centre Dubbo
  2. Mudgee Hospital redevelopment sod turning
  3. Bathurst – oncology centre, JMOs
- Dubbo Health Council – the CE held a teleconference with Dubbo Health council. Items discussed including car parking and Stages 5 & 6 of the redevelopment
- The Minister will be going to Bourke at the end of the month for the Cross Sector Leadership Group Meeting for the Maranguka Justice Reinvestment Project.
- Health Collaborative RDN workshop re workforce planning will be held 11 July 2018.
- Rural Health Commissioner will be in LHD for two days. This visit will include site visits to Orange Molong, Dubbo, Peak Hill, and Parkes.
- A meeting was held with RARMS this week to discuss north west region of LHD and the reliance on locums, decrease in number of grants, Medicare changes etc.

- The CE hosted a meeting which included representatives from Planning NSW, Premier and Cabinet, PHN and HI. It was agreed for a core group to meet monthly to progress the Health Precincts strategy.
- ASP has been submitted to the Ministry.
- Concern has been raised at the number of patients not receiving support by NDIS providers and coming to LHD. This has been raised at MoH level and updates will come to the Board in future meetings. Dr Clark added comments from the mental health perspective. The LHD is working to support patients.

### **8.1 Monthly Performance Scorecard**

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

- There has been a small increase in infection rates, this was discussed at HCQC
- Some elevated activity levels continuing, flu impact not felt yet.
- Discharge figures discussed. Work continues in this area.

## **Item 9 Clinical Operations – Executive Director Operations, Mark Spittal**

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

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

- A meeting was held in Orange last week with Orthopaedic surgeons and an update was given. There is an overall sense the model will work well.
- Renal service redevelopment (Dubbo) – the LHD continues working with HI to resolve this matter and an alternate funding source is being investigated.
- Winter planning is well advanced.
- PFTU strategy – Mr Pearson is continuing work on this critical piece of work.

## **Item 10 Finance and Performance – Executive Director Finance Josh Carey joined the meeting.**

### **10.1 Executive Director Finance Report**

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

- VMO back pay – \$700K budget has been received.
- June result is not yet in but should be finalised in near future.

### **10.2 Finance & Performance Committee Draft Minutes - 26 June 2018**

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

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

Director Bennett provided comment and advised the Finance and Performance Committee considered the 2018/19 budget reasonable.

### **10.4 Service Agreement and Budget Allocation**

Mr Carey gave a high level summary. Key highlights include:

- Increasing growth funding \$40M which is 4.5% growth.
- The average cost has decreased in comparison to the state level due to the LHD achieving costing improvements, improved coding and data capture and Mental Health block funding.

- For 2018/19 there is no transition grant for acute facilities or mental health. There is a small transition grant for the small non ABF funded facilities.
- Revenue target includes a one off adjustment for the Western Cancer Centre.
- One off payments were outlined.

The CE advised some items are still being negotiated with MOH and will be finalised in the near future.

#### Recommendations

1. The Board noted the 2018-19 Service Agreement
2. The Board moved that the CE and Chair sign the 2018-19 Service Agreement subject to final negotiations with MoH and based on the Executive Director Finance's recommendations.

Moved: Director Mann                      Seconded Director Cooke  
All Board members were in favour.

The CE thanked Mr Carey for his work on this. This was supported by the Board.

***Executive Director Finance Josh Carey left the meeting.***

#### **Item 11    Quality and Safety**

***Executive Director, Quality and Safety, Ms Di Wykes and CE, Clinical Excellence Commission, Ms Carrie Marr joined the meeting***

Ms Wykes gave the background for the review re the LHD commissioning the review in the spirit of improvement to move the Living Quality and Quality plan to a higher level. The review sets the conditions to enable this.

#### **11.1    Presentation - CEC Quality & Safety Report**

Ms Carrie Marr addressed the Board.

The state has developed a patient first safety strategy and the Secretary has committed to this. The Ministry has a Safety Patient First unit which monitors all reportable incident briefs across the state. The CEC is looking at how to support LHDs for these. Coronial inquests will be monitored in a more proactive manner to support LHDs.

There is a recommendation for a statewide patient safety program for mental health. Work is underway for a program to be released later this year. WNSWLHD will be involved in this program from the beginning. Maternity and neonatal safety will then follow.

Ms Marr outlined the recommendations as per the report and a discussion followed:

- It was felt the report was quite comprehensive.
- Clinical risk is to be incorporated into the Cycle process and committee structures.
- Quality and Safety capabilities are being addressed. Initially within the Quality and Clinical Safety unit then out across the LHD.
- REACH program was outlined.

The CE noted clinical risk identification and management needs to be improved. The role for HCQC and Audit and Risk is to help focus and ensure a robust process is established. Ms Wykes advised she is working with internal audit to ensure processes in place are occurring eg rapid response calls, data being submitted etc.

The next step is to provide a first response and develop action and communication plans. There are to come to HCQC and Board. Consultation will occur.

Director Ah See asked about the scope to support other service providers (NGOs) in Quality and Safety and clinical governance. Once endorsed and the plan is in place collaborative work could be undertaken to share learnings, skills development.

*Action:*

*Implementation plan and communication strategy to come to next Board meeting.*

*Action by: D Wykes Due: 1 August 2018*

***CE, Clinical Excellence Commission, Ms Carrie Marr left the meeting***

**11.2 Executive Director Quality and Safety Report**

The information was noted by the Board.

Ms Wykes spoke about Hospital Acquired Complications (HAC). There is a risk that in working to improve documentation and coding, HAC figures will initially rise.

**11.3 Quarterly Complaints report**

The information was noted by the Board.

**11.4 Health Care Quality Committee Draft Minutes - 27 June 2018**

The draft minutes of the Health Care Quality Committee were received by the Board.

**11.5 Health Care Quality Committee Chair Comments**

Director O'Brien commented on the trend in Sac 2 incidents. These have been noted and are being monitored. Incomplete RCAs are also being followed.

***Executive Director, Quality and Safety, Ms Di Wykes left the meeting  
Dr Scott Clark left the meeting***

**Item 12 Medical and Dental Appointments**

**12.1 Medical and Dental Appointments Advisory Council meeting draft minutes – 20/06/18**

The minutes from the meeting of the MADAAC were received by the Board.

**12.2 Medical and Dental Appointments Advisory Council Chair comments**

Nil comments made.

**Item 13 Audit and Risk**

**13.1 Audit and Risk Management Committee meeting Draft minutes – 8 June 2018**

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

**13.2 Committee member comments**

Nil comments made.

**13.3 Annual Attestation Statement**

The CE spoke to the brief. Following a brief discussion the Board moved the following:

Recommendations:

1. The Board noted the review and the contents of the Attestation Statement, noting the qualifications and corrective action relating to the two identified points of non-conformance with PD2016\_051.
2. The Board noted the Audit and Risk Management Committee's endorsement of the Attestation Statement and qualifications therein at their 8 June 2018 meeting.
3. The Board supported the Chair of the Board signing the Attestation Statement.

Moved: Director Mann    Seconded Director Bennett  
All members were in favour.

**Item 14    General Business & Business Without Notice**

**14.1    Community Engagement**

CE spoke to brief and document. A full body of work re Community engagement will be provided at a later date. Work done to date is around the health councils' roles and areas for promotion and engagement.

Director O'Brien noted the two recommendations from CEC review re consumer engagement need to be considered in this broader work. A discussion has been held with Ms J McRae re her appointment with HCQC including other potential areas of interest.

**14.2    Site Visits – summary 5 June 2018**

Summary document for noting. There was positive feedback from all facilities for the Board's visit.

**14.3    MAXXIA – salary Packaging data breach**

The CE advised Maxxia have recently had a data incident on their online website, where some employee personal information was accidentally made accessible to eight WNSWLHD employees. This was a system error issue with MAXXIA, not a breach/hack of the website and was restricted to WNSWLHD. It is proposed for staff to be notified this afternoon with a letter from LHD, crafted by MAXXIA, MoH, privacy people, minister etc.

Recommendation

That the Board endorses staff be notified of the breach ASAP by letter.  
*All members were in agreement*

**14.4    GM Bathurst**

CE confirmed recruitment for this position is continuing and will close 1-2 weeks.

**14.5    Staff Specialist**

The CE advised the Board of an issue pertaining to a staff specialist and an investigation process currently underway.

**Item 15    Reflection of Meeting**

Nil comments were made

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

Signed:  \_\_\_\_\_ Date: 01 August 2018