

Western NSW Local Health District
Western NSW LHD Board Meeting June 2018
Conference Room, Nyngan Health Service
Wednesday 06 June 2018, 08:30 AM —02:30 PM AEST

WELCOME/ACKNOWLEDGEMENT OF COUNTRY

The meeting commenced at 8.30am with the Board Chair providing an Acknowledgement of Country.

Attendance of Members

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

In Attendance

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

Item 1 Apologies

Dr Joe Canalese, MSEC representative

Item 2 Conflicts of Interest

There were no changes to the conflicts of interest register

Item 3 Minutes of Board meeting held 2 May 2018

Minutes of the meeting held 2 May 2018 were endorsed as a true and accurate record with minor changes to items 7 & 9.

Moved: Director O'Brien

Seconded: Director Cooke

Item 4 Action Register from meeting held 2 May 2018

Progress on action items was noted by the Board

Item 5 Chair Report – Board Chair, Scott Griffiths

The Board Chair reported the following:

MSEC Meeting – The Chair advised he attended the MSEC meeting and discussed a Ministry paper on confidentiality in relation to Board meetings. The MSEC members supported this and all understood and agreed with the expectations outlined.

Health Council Video – A video conference was held on 30 May with health councils with approximately 30 sites participating. The Chair, CE and EDO were in attendance. There were a number of positive comments.

Issues discussed included member numbers and the role of health councils. This was discussed by the Board and it was agreed the role needs to be defined: there could be a focus on health promotion, communication and the understanding of what the health councils can/should do. Other issues raised include the impact of the drought and mental health services. Mr Pearson advised a paper is being developed by Executive Director

Communication and Engagement which will include focus areas, role of HCs etc. This will be coming to the Board in near future.

Issues raised by individual health councils included:

Transport (Brewarrina); MPS (Cobar); drought suicide (Condobolin); GPs (Bourke); Mental Health (Dubbo); staff safety and request for more beds (Dunedoo); more specialists (Parkes), late night discharge (Nyngan); palliative care (Orange); children's dental (Rylstone); health screening for children (Walgett)

Cowra Hospital –The Chair and CE visited Cowra Hospital on 29 May 2018. The visit included the Member for Cootamundra and the Parliamentary Secretary for Southern NSW. This was a positive meeting which covered issues at Cowra including ED and the state of the hospital. There will be a visit to Cowra by the Parliamentary Secretary for Rural Health on 18 June 2018. The CE advised he has formally written to the Ministry regarding a refurbishment of Cowra ED and will continue to push for this.

Board chairs meeting – this is to be held 18 June 2018. One item for discussion is the Boards' role and governance. A project called 'Tuning Governance and Accountability' has been established to identify and address aspects of governance that can be improved or where greater clarity of roles, responsibilities and relationships can be achieved. Working group members include five Chairs and five CEs. Nous Group consultants have been appointed to assist. Two key areas to be considered include CE performance review and professional development planning and Board Performance Evaluation. The due date for this work is 30 June 2018. The Chair will bring back more information when available.

Item 6 Chief Executive Report – Scott McLachlan

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

- The recent performance review with the Ministry was positive and was left on Level 0 performance.
- The LHD is seeing significant increase in activity at Base hospitals. Much of this is not flu related.
- Budget negotiations are continuing and are quite successful to date.
- BHI quality report was released today. There are no major issues of concern for the LHD.
- Executive Director Operations – Mark Spittal will start 25 June. A handover plan has been developed. R Pearson's contract has been extended for a further six weeks to continue work on a number of complex projects and assist in orientation for new EDO.
- Snr EA, L Nott will be moving from the EA to CE into a new part time role dedicated to support the Board and MSEC. Ms Krissy Ukena, currently EA to CE Cancer Institute will commence as Snr EA to CE on 9 July 2018.
- CE HI, Mr Sam Sangster will be in Dubbo with his team 7 June. Discussions will include all capital programs over past years; intent going forward; redevelopment budget at Dubbo; renal service expansion space; contingency budget; a number of items included in budget which believe should not be (eg Playmates).
- Catholic Health Care – performance has improved. There are now structured monthly meetings. The service agreement for next financial year is almost complete. There has been agreement on criteria for accepting patients.
- Planning – the LHD is looking at a new approach for service planning (including workforce planning). A paper is to come to the Board in October after going to ELT.

- Aged care – LHD sends a needs assessment annually to the Commonwealth. A brief will come to the Board in August with an analysis by locality level re aging population. There is a push to more home care support noting funding is from the Commonwealth. Licenses are changing from low care to high care reflecting aging in place. Rylstone beds approved.
- CE Justice Health is visiting the LHD again and will be working with patient flow unit, piloting work in LHD. There will be significant growth of the jail population in the region over the next few years.
- LDN forums- two forums were held with front line managers. These looked at difficulties faced, support needed for managers and changes to working environments. Feedback has been positive.
- The CE attended a MH D&A forum last week. This was open and positive with good discussions held.
- Dr Nott and Meegan Connors continue to work on the GP issue for Tottenham and Tullamore. An industrial case concerning a staff member continues with LHD trying to resolve. Feedback on staff rounding from the site visit indicated staff are more positive now than 18 months ago.
- Narromine –two nights per week there may be no GP on call in town. It was noted there is RMCS support at these times. CE advised Medical Models paper will be coming back to Board as it is developed. Director McClintock outlined suggestions re locum coverage.
- The LHD is required to report nursing days and hours to the MoH weekly. The LHD has been monitoring staffing for the past four years. Many times staffing has been over the required levels. R Pearson has supplied winter planning information to Ministry, Minister and unions. This information has been supplied to unions for information only.

6.1 Monthly Performance Scorecard

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

- There has been a small spike in hospital acquired infections. This was discussed at HCQC and will also be raised at DCC.
- Hospital in the Home (HiTH) target is incorrect and will be corrected. HiTH continues to be rolled out across the LHD. The clinical lead for HiTH is currently being recruited to.
- ED presentations greater than 24 hours was discussed. Some of this has been due to the monitoring of cardiac patients. The bed pressures and ED pressures at Dubbo Hospital have been acknowledged.
- R Pearson advised he has requested further narrative on graphs where there are material variations. This will be supplied in the future when recruitment for analytics position is completed.

6.2 Performance Indicators by LHD - April 2018

The information was noted by the Board

6.3 Cobar MPS Redevelopment Project

The information in the letter from Catherine Cox was noted by the Board.

6.4 RDN Workforce planning framework project summary

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

- Commissioner for Rural health will be attending the workshop to be held 11 July. Approximately 30 organisations will be attending.
- Rural CEs have engaged RDN to do body of work re medical employment. This work fits in with DDMS medical models work being undertaken.

Item 7 Clinical Operations – Executive Director Operations, Ron Pearson

7.1 Executive Director Clinical Operations Report

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

- Surge levels at beginning of winter are similar to the peak of last year's winter however are not necessarily flu related. Responses to date from GMs and their teams have been superb.
- R Pearson will be progressing the following strategies when the new EDO commences:
 - Patient Flow
 - Orthopaedic model Orange and Bathurst
 - Surgical services plan
 - Bathurst turnaround
 - Health precincts model
- Virtual Health – a workshop was recently held on virtual strategy design. The workshop had a clinical focus in the morning with a focus on health strategy and workforce in afternoon. Over 60 people attended with over half being clinicians.
- Tender for digital test bed project to be led by PHN is due today.

Item 8 Quality and Safety

8.1 Executive Director Quality and Safety Report

The information was noted by the Board.

CE advised the CEC report is being updated following feedback.

8.2 Health Care Quality Committee Draft Minutes - 23 May 2018

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

8.3 Health Care Quality Committee Chair Comments – Director O'Brien

The Quality and Safety report for the Board is evolving with the format changing. Any feedback would be appreciated.

Highlights were given.

- Quality and Safety strategy across the LHD was discussed.
- CEC and Ministry are talking about holding a workshop for Chairs of HCQC. CE advised a senior appointment in the Ministry for Safety and Quality was announced at SEF.

- Board Chair raised concerns about consumer representative based on pecuniary interests declared in the HCQC minutes. Director O'Brien advised the term expires at end of year and concerns will be taken on notice.
- Role of Professional Practice Unit was outlined which includes a focus on MCCC investigation and review processes. The Executive Directors for Quality & Safety and Workforce visited the SESLHD unit. Options are being looked at and a paper will be prepared which will include a dedicated resource to support staff through these difficult matters.

Item 9 Finance and Performance – *Executive Director Finance joined by video*

9.1 Executive Director Finance Report

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

- April report - \$0.5M favorable
- \$700K back pay for VMOs (three base sites) will impact May and June and may mean an unfavourable year end result. VMO back pay is from Jan 2017. CEs were not aware of this increase prior to the advice being received late last week. EDFO is in discussion with Finance at MoH.
- Forecast has improved to \$300K favourable for year end.
- Increased activity will be linked to increased expenses for May. It is anticipated the LHD will be coming in on a balanced to slightly unfavourable result.

2018-2019 Service Agreement Negotiations Update

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

- The final negotiation meeting with MoH was held 22 May. The revenue target for the state has been reduced and it is expected there will be a reduction in LHD performance targets. This is being worked through with finance branch.
- The service agreement and budget is expected to be received on 19 June 2018.
- The MoH is considering introducing marginal rates for activity purchased.
- Hospital acquired complications – expect net impact to help assist strategy.
- Integrated care – recurrent funding is being reduced however there will be a one off payment. Integrated care will be linked to activity model. A new model is being looked at for the transition period. The CE is comfortable with the allocation as there is a long term vision for the transition to the district model.
- Revenue – there has been a reduction of people not holding private health cover and overall bed days are reducing as strategies not attracting private health care cover are being implemented within the LHD eg HiTH. The district continues to have high conversion rates.

9.2 Finance & Performance Committee Draft Minutes - 30 May 2018

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

9.3 Finance & Performance Committee Chair Comments

No further issues to highlight from the meeting.

Executive Director Finance left the meeting

Item 10 Medical and Dental Appointments

10.1 Medical and Dental Appointments Advisory Council meeting minutes - 16 May 2018

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

10.2 Medical and Dental Appointments Advisory Council Chair comments –

Director Treweeke advised a credential subcommittee has been set up for anaesthetic privileges. The guidelines were outlined.

A number of VMO reappointment applications have been declined as documentation has not been adequate.

Item 11 District Medical Staff Executive Council Meeting update

The MSEC apologised for there being no representative in attendance. The CE provided an update from the last MSEC meeting held 15 May 2018.

- Referral of patents through tertiary hospitals – Dr Greenberg raised the issue of a complex system and delays in taking patients. Following the meeting the CE escalated the issue with S Pearce (Deputy Secretary, System Purchasing and Performance). It is anticipated the Project officer will be coming to next MSEC meeting.
- Murray Darling medical school – the MSEC members gave mixed responses. While Dubbo members were positive, Orange members raised some concerns re capacity of senior doctors to oversight junior doctors and having a split model. A discussion followed which was quite positive. The CE is looking at inviting the Deans of both schools to come to MSEC meeting September. Director McClintock advised he is the Dubbo contact for a working group which will commence in the near future. Prof Arthur Conigrove is also involved in this working group. Full details are not yet known about the new medical school. Feedback will be provided as developments occur. Chair suggested would be good to have the Deans attend a Board meeting into the future after attending MSEC.

Item 12 Strategic Updates

12.1 Integrated Care Update

Briefing attached for noting by the Board
CE spoke to brief.

Funding outlined (\$3M) including opportunity to apply for additional funding for specific purposes into the future. Transition going forward for the LHD was outlined. This strategy continues to be rolled out across the LHD.

12.2 Clinical Streams Update

Briefing attached for noting by the Board.

CE spoke to brief. The District Clinical Council will be looking at the next wave of streams to commence.

12.3 Strategic Plan Update

Briefing attached for noting by the Board

The CE confirmed most actions are on track at present.

Item 13 Presentation - Asset Strategic Plan (ASP) – Executive Director, Corporate Services and Clinical Support, Mr Jeff Morrissey joined the meeting.

Briefing attached for noting by the Board. A presentation was given (refer to meeting papers) and discussion held.

ASP Timeline:

- 6 June 2018 – Seek in-principal endorsement by Board of draft plan and delegation to F&P committee for endorsement
- 26 June 2018 – F&P endorsement
- 29 June 2018 – Lodge draft ASP and associated documents to MoH subject to Board approval.
- August Board meeting – Final ASP for endorsement (following feedback from MoH). Ongoing maintenance program discussed. PPP facilities and equipment is included in ASP. Cyclic maintenance is also taken on board

AFM online implementation

- AFM online is a sustainable, centralised system for reporting, planning and procurement processes.
- Briefing re AFM online to go to F&P committee at end of month.
- AFM team consists of an AFM manager and AFM officer. The manager is employed on a two year contract.
- The LHD is implementing AFM Online based on the model as advised by MoH. It is felt this is an unrealistic timeframe due to the new program, geography and expectations for each facility, which is being fed back. The LHD may need to invest in addition resourcing to meet MoH program and ensure the best data is entered into the system. Staff at Warren have been trained, system is now in place and being used. Peak Hill will be next. HI and AFM are working with staff in Dubbo at present.
- When in place AFM Online will allow better management of resources including alerts, replacement of equipment etc for better, more informed decision making.

Recommendations

1. The Board members gave in-principal endorsement of the draft ASP as presented
2. The Board delegated endorsement of the ASP to F&P Committee for consideration at the June F&P meeting
3. Final ASP is to be provided back to board in August

All Board members were in favour.

Overnight and office accommodation – key health worker strategy and capital investment strategies are being worked on at present. An audit is being conducted on all existing owned accommodation. This will give a snapshot on where the LHD needs to invest.

The CE advised Mr Morrissey was invited to present at the Asia Pacific Studer Conference held in Sydney recently.

Executive Director, Corporate Services and Clinical Support, Mr Jeff Morrissey left the meeting

Item 14 General Business & Business Without Notice

14.1 Site visits held 5 June 2018 - debrief

Site visits were conducted at Tottenham, Tullamore, Narromine, Warren, Trangie and Nyngan.

Thanks are to be given to HSMs for hosting the site visits.

A discussion was held regarding issues raised and staff to be recognised. Information is to be collated for further discussion at the next meeting.

Staff at all facilities expressed their thanks and appreciation for the general managers and for the visit by the Board members.

Actions:

1. *Chair to write letter on behalf of Board to thank HSMs.*

Action by: Chair Action due: ASAP

2. *2 Feedback to be collated and included in papers for next Board meeting.*

Action by: L Nott Action Due: 4 July

14.2 Orange Palliative Care Forum

Briefing attached for noting by the Board. CE spoke to brief.

There was a strong focus on a separate stand-alone hospice.

The Minister was in Orange on 4 June for a number of visits/meetings. The meeting with Push for Palliative Care group was positive with some actions required by LHD within two weeks. There was discussion on public and private facilities and palliative vs end of life care. Based on feedback from patients and their families and improvements made to Orange Hospital, the LHD does not support a stand-alone facility.

14.3 Orthopaedics Report

Briefing attached for noting by the Board. R Pearson spoke to brief.

The report is to go back to the Orthopaedic group at the end of June with view to moving forward.

CE advised of an issue with a doctor who has resigned from Orange on-call

Orange – changes made to Sunday list to improve efficiencies.

Bathurst – The GM has identified time to free theatres for an emergency theatre list.

Action

Update will be brought back to next Board meeting

Action by: R Pearson

Action by: 4 July 2018

14.4 Aboriginal Health 48 Hour Follow up

Briefing attached for noting by the Board

The document needs to include a step to identify Aboriginal patients.

CE suggested follow up home visits will be managed differently in each site but will

probably be conducted by an Aboriginal Health worker. Director AH See suggested three calls would be sufficient if the patient is advised on discharge that follow up calls will be made. Patients could also be given a number to call if they are concerned. Care navigator role fits with Aboriginal Health Worker Role.

Director Treweeke asked if there was a similar strategy for other patients eg low English skills. The CE advised these suggestions will be considered.

14.5 StaffLink iExpenses for Board members

Briefing attached for noting by the Board.

L Nott outlined the changes in the procedure for Board member reimbursements.


14.5 Business without notice

General Manager Bathurst - The CE advised recruitment for this position has gone out to market through Hardy Group.

Item 15 Reflection of Meeting

It was agreed the site visits were worthwhile. The next site visits will be held in November.

There being no further business the meeting closed at 2.30 pm.

Signed:  Date: 4/7/2018