

Western NSW Local Health District
Western NSW LHD Board Meeting March 2018
Eugowra Hospital
Wednesday 07 March 2018, 09:30 AM —04:00 PM AEDT

SITE VISIT CONDUCTED WITH HEALTH SERVICES MANAGER

WELCOME/ACKNOWLEDGEMENT OF COUNTRY

Board Chair provided an Acknowledgement of Country.

Attendance of Members

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

In Attendance

Scott McLachlan, Chief Executive; Lindsey Gough, Executive Director Operations; Josh Carey, Executive Director Finance (Item 9 only); Lauren Nott, Secretariat.

ITEM 1 Apologies

Nil

ITEM 2 Conflicts of Interest

S McLachlan advised HI put out a tender for a marketing and recruitment officer for Dubbo Base Hospital. His partner was the successful tenderer. There was no involvement by the CE and this has been declared as a conflict of interest on the ELT declaration.

J ~~Cooke~~ advised his wife has been appointed as a Board member for HESTA
Cooke

[Action](#)

The conflicts of interest register to be updated

Action by: L Nott Due by: 04 April 2018

ITEM 3 Minutes of Board meeting held 7 February 2018

Minutes of the meeting held on 7 February 2018 were endorsed as a true and accurate record with minor amendments to items 13.2 & 15.3

Moved: Director O'Brien Seconded: Director Canalese

ITEM 4 Action Register from meeting held 7 February 2018

Progress on action items was noted by the Board.

ITEM 5 Chair Report

The Board Chair reported the following:

- Council of Chairs Forum is to be held on 19 March and the focus will be on eHealth. The Chair will ensure the LHD commitment to eHealth is recorded. CE advised that Ms C Cox is interested in eHealth and was part of a meeting held yesterday with MoH.
- Funds from the Snowy River Hydro scheme sell off to Commonwealth will be committed to rural areas. Agencies are working together.
- The CE gave an update on the whole of government changes across the state. There will be a briefing regarding changes to: Board responsibilities; RCA processes; individual responsibility of clinicians and system wide analysis of RCAs.

Directors of Clinical Governance have been working on RCA processes and this will be escalated to the Council of Board Chairs.

- CE advised a Chairs of HCQC meeting is being arranged.

ITEM 6 Chief Executive Report

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

- A Performance review meeting with MoH was held in Orange last week. This meeting was very positive, with good feedback being received. The Ministry is comfortable with financial projections.
- Winter preparations are underway
- Accreditation
 - All facilities have now passed accreditation
 - J Treweeke raised concern re medication safety risks and advised that she has held a discussion with the Manager Audit. The Board held a discussion around accreditation requirements for medication. S McLachlan spoke about the Paxton three year plan, which is underway. Additional investment has been approved. A discussion has been held with R Cheney (Exec lead for pharmacy) regarding the implementation of plan and the gaps that have been identified. The Pharmacist sitting in PFU has been helpful. Rollout of eMeds will make significant change.

Action

Medication safety to be added to enterprise risk register. Report to come back to board re medication issues identified through accreditation – 2 months.

Action by: S McLachlan Due by: 02 May 2018

- A O'Brien stressed the significant improvement made over last 12 months since the implementation of the quality and safety framework.
- QARS (Quality Accreditation Reporting System) is in place and will allow more regular reporting.
- Oral Health Services are to be congratulated. CE advised that this will be recognised at Oral Health Conference in the near future.
- The One Health System strategy will be an opportunity to bring a number of programs together. CE will report back to Board as the strategy develops.
- PHN have received slightly reduced funding for next three years.
- Workforce planning work is being done with RDN. CE will bring this work to the Board in the future.
- ELT planning session – CE outlined the sessions held. MoH to release bullying and harassment, grievance and MCCC policies. Board are to be briefed.
- Executive Director Operations
 - L Gough has formally accepted her new role in Adelaide and finishes in the LHD on 27 March.
 - Ron Pearson will act in the role of Director of Operations. Mr Pearson's background was outlined. Handover from L Gough to R Pearson will be over three days from 19 to 21 March. R Pearson is to commence on 3 April for three months.
 - Recruitment will be out by the end of the week through HardyGroup.
 - The changes to Sectors is going well. Recruitment for the General Manager, Bathurst position will close on 18 March.
 - Looking to make some changes to the Executive Director role –
 - HCIT to report to EDF
 - LBVC projects being realigned to EDAH&I
 - HIU to report to EDF
 - There may be some more minor changes

- Patient Flow – looking at another Executive to take on role of exec sponsor.
- Planning – A Lea is to take extended leave. Succession planning across all planning areas will be looked into. CE will be discussing this further with A Fahey.

Action:

List of facilities by sector to be sent out to Board

Action by: L Nott Due by: 04 April 2018

- Next month the ELT will be presenting to Board.
- Chair commented on the positive changes happening within the LHD over the period of time since CE, EDO and EDF joined the LHD. He praised Ms Gough for the manner in which she has undertaken the role and said she will be missed and wished her success and happiness in future roles. This was supported by all members.

6.1 Monthly Performance Scorecard

No significant issues to flag.

6.2 WNSWLHD - December 2017 Performance (MoH)

The report was noted by the Board

6.3 Performance Review 2018: Consumer Engagement and Experience

The presentation was noted by the Board with the following items flagged:

- State wide patient survey (BHI) - latest round of data was released last week. 11000 patients returned the survey in 2016. The LHD saw an overall improvement in patient engagement. All facilities except three, have results available. A briefing is going to HCQC with breakdown of survey, tools to be used etc. This will come to Board after this.
- In the past two years 60 PET devices have been placed in facilities. There has been a fivefold increase in the numbers of surveys being received. Weekly reports for facilities are also being received.
- The new scanning feedback system has commenced which gives immediate feedback to B Masling and the facility. 6500 surveys have been received in last three weeks. The new system is to be rolled out further. This provides immediate feedback and needs to be considered in line with BHI results.

ITEM 7 Clinical Operations

7.1 Director Clinical Operations Report

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

- PFU project manager is being recruiting at present. If successful, the manager will be appointed 2-3 days per week and will be supported by G Carden
- C McClintock spoke about PFU and the role of the medical person in the unit. L Gough commented on the need to ensure the medical position has full geographical knowledge of the LHD. Conversations are being held on the medical model and the support/responsibility being put in place. These protocols will be developed as part of the project.
- Conversations have been held with a number of other rural CEs regarding having a single PFU model into the future.

ITEM 8 Quality and Safety

8.1 Clinical Governance Report

The report was noted by the Board

8.2 Health Care & Quality Committee draft minutes 28 February 2018

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

8.3 Health Care Quality Committee Chair comments JA Maher

In addition to the above reports the Board receive the following information:

- Changes in standards noted
- Entries for the Health awards closes on 31 March 2018.

8.4 Patient Experience

8.4.1 Compliment letter – Gulargambone

The compliment was noted by the Board.

8.4.2 Complaint letter and response – Orange

The complaint letter and response was noted by the Board. Discussion was held and it was agreed that a breakdown in communication was the main issue and that this is a consistent theme in many complaints.

CE spoke about the roll out of the AIDET tool, which is targeted at nursing staff; and outlines the need to clearly articulate to patient and carers, and the need to have a clear compassionate manner. CE advised that further tools are being developed. CE is to look at the impact of what is being done for patients.

Action:

CE to follow up with CGU on action taken by HCCC re contact to patient etc

Action by : S McLachlan Due by: 04 April 2018

Palliative Care plan is progressing, engaging clinicians within the stream. It is intended to separate cancer and palliative care into separate entities. Dr Christie is working in southern area and there have been conversations held on his role. Two CNCs have been recruited. Funding has been received for 1 FTE medical officer to be based in Dubbo. The CE met with Yvonne McMaster recently which was quite positive. A development strategy in place for GPs, community nurses and support roles.

The differences between end of life care and palliative care was outlined by the CE and Dr McClintock.

ITEM 9 Finance and Performance – Executive Director Finance joined by phone

9.1 Director Finance Report

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

- February results were favourable \$450K for month, YTD is improving.

9.2 Finance & Performance Committee draft minutes – 27 February 2018
The minutes from the meeting of the Finance and Performance Committee were received by the Board

9.3 Finance & Performance Committee Chair comments
Presentation from Peter Bonnington was highlighted.
An update was given on the service agreement:

- Concern for allocation for next year; expecting a reduction from Treasury or increased targets
- eAcute program is being supported
- J Treweeke asked about facility report and the reason for budgets not being met this month. Executive Director Finance advised reporting net costs, revenue pressures are being reflected at small sites who have a larger percentage impact with high conversions but revenue is decreased. Changes to state wide admissions policy made in July 2017 has also impacted in larger sites. These issues will be raised with MoH when they visit next month.

Executive Director Finance left the meeting

ITEM 10 Medical and Dental Appointments

10.1 Medical and Dental Appointments Advisory Council meeting minutes
The minutes from the meeting of the Medical and Dental Appointments Advisory Committee held 21 March 2018 were received by the Board.

10.2 Medical and Dental Appointments Advisory Council Chair comments
Successful recruitment of DMS for Orange. New DMS will be mentored and supported.

ITEM 11 Presentations

11.1 WNSW Health Needs Analysis 2017
Tricia Linehan, Director Health Intelligence Unit joined the meeting.
The Board noted the contents of the reports.
Presentation given and discussion held.
The Health promotion strategy is being reshaped based on new data. Planning has commenced to address some areas of concern as part of One Health System strategy. Additional NWAU has been received to assist equity concerns for the LHD.

Tricia Linehan, Director Health Intelligence Unit left the meeting

ITEM 12 General Business

12.1 Disability Inclusion Plan
CE gave background and the brief was noted by Board. Discussion was held: Amendments are to include:

- Page 7 needs to go past 2016
- There is no acknowledgement of other players such as NGOs, an holistic approach is needed, the Plan needs to acknowledge any strategies that involve working with the other players. CE advised that other groups

- were involved in the development and they need to be included.
- Context: Last paragraph needs rewording – moves from descriptive jargon to third person – needs consistency with previous paragraphs.
 - Next step – a detailed action plan will come to Board.
 - The goal re meaningful gains for Aboriginals need to be more targeted to ensure all Aboriginal families are aware of support and services available.
 - 2.3 needs a reference to NDIS and where this sits with LHD – a high level statement is needed, to reflect this is a changing area.
 - The role of carers and families is to be acknowledged in the introduction.

The Disability Inclusion Plan was not endorsed at this stage. Changes to the document are to be made, with the planned launch to go ahead.

12.2 Walk in Health Centre Model - Update

Strategy was signed off 18 months ago and the brief provides an update for Board, noting Blayney, Molong and Peak Hill have been identified for future changes.

Goodooga is to be considered for signage changes

Recommendations

1 The Board noted the contents of the brief

2 The board dismisses the recommendation to rename Gulargambone MPS.

12.3 Aboriginal Health Strategy - Mr B Cutmore, Executive Director Aboriginal Health and Wellbeing joined the meeting

Brief was noted by Board and the Plan was endorsed.

Comments and feedback were considered and the changes made to the plan were outlined.

All the changes were received positively by the Board. Consideration is to be given to consider areas of responsibility for other executives. The foreword is to include signoff by Board Chair, CE and EDAH&W.

Motion

The WNSWLHD Board endorsed the WNSWHD Aboriginal Health Strategy 2018 – 2023.

Moved: Director Treweeke Seconded: Director Bennett

All in agreement

Health promotion strategy

J Wiggers has provided some insight and advice. Draft strategy has been rewritten and is being reviewed further with the release of HNA. Strategy is to go to the ELT in April.

Disability Inclusion plan

B Cutmore advised that an Aboriginal Health staff member is now on the committee for DIP.

D Ah See raised concerns identified for Wellington in HNA presentation. He advised he would appreciate assistance regarding health promotion for Wellington.

Executive Director Aboriginal Health and Wellbeing left the meeting

ITEM 13 Business Without Notice

- 13.1** C McClintock –LHD management structure does not reflect referral /clinical structure. Need to plan services district-wide with descriptive terms, for referral pathways. Need to have clear names for clinical areas to assist staff.

Action:

CE to look at terminology in clinical services framework with view to renaming northern and southern sector to reflect referral flows.

Action by: S McLachlan

Due by: 4 April 2018

ITEM 14 Closed Session

Discussion held.

There being no further business the meeting closed at 4.10pm.

Signed:  Date: 04 April 2018