

Western NSW LHD Board Meeting August 2021  
Virtual - Video  
Wednesday 4 Aug 2021, 9:30 — 12:30 AEST

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## **ACKNOWLEDGEMENT OF COUNTRY**

The meeting commenced at 9.30am with the Chair providing an Acknowledgement of Country.

### **Attendance of Members**

Matthew Irvine (Chair), Darren Ah See, Fiona Bennett, Jason Cooke, Annette Crothers, Dr Colin McClintock, Amanda O'Brien, John Walkom.

### **In Attendance**

Scott McLachlan, Chief Executive, Mark Spittal, Executive Director Operations; Peter Bonnington, Director Finance; Adrian Fahy, Executive Director Quality, Clinical Safety and Nursing; Dr Mark Rice, District Medical Staff Executive Council; Lauren Nott, Secretariat.

#### **1 Apologies**

Nil

#### **2 Conflicts of Interest**

The updated conflicts of interest were noted. There were no changes.

#### **3 Draft minutes of Board meetings held 7 July 2021**

Minutes of the Board meeting held 7 July 2021 were endorsed by the Board.

#### **4 Action Register from Board meeting held 7 July 2021**

Progress on action items was noted.

#### **5 Chair Report**

The Chair was impressed with how quickly and effectively the LHD was able to respond to the changing COVID situation. It was pleasing to see the Executive team lead from the front and assist with the testing centres. It is also acknowledged that staff are seeing some extreme situations. The Chair advised he will send a message out to staff.

There were some issues re vaccinating people from outside the LHD. There are now protocols in place for this.

#### **6 Chief Executive Report**

Mr McLachlan spoke to the report which was noted by the Board and highlighted that while high activity continues, the LHD is generally maintaining a strong performance and remains on level 0 with MoH.

COVID situation continues to evolve:

- While there has been no further spread at this stage within the LHD there was COVID fragments detected in sewage at Molong. Testing clinics were set up in Molong in response. This morning a sewage test at Mudgee indicated low level fragments of COVID. The LHD is looking at standing up a testing clinic in Mudgee this afternoon.
- Statewide – the situation in Sydney continues with approx. 200 cases each day. The spread is generally over households and workplaces. The wider Sydney hospital

network is under pressure with growing numbers being hospitalised. This adds pressure across the state due to the referral role of the Sydney hospitals.

#### Vaccinations

- Approx 17% of the population of the LHD is currently vaccinated. This is below the state average.
- Pfizer vaccine diverted to Sydney – the LHD has approx. 1000 doses per week for second doses. People with appointments impacted by this have been contacted and advised of the delay or diverted to Astra Zeneca.
- A communication strategy has been developed with the PHN to vaccinate 80% of the LHD by December. This strategy includes working with private organisations and industry leaders for a 'whole of region' approach to vaccinations.
- Other vaccinations (Nova Vax and Moderna) may be available October.
- The LHD has plans to move to a new vaccination booking system in approx. three weeks. This will cover the three regional hubs, call centre, mobile teams around LHD, other providers such as AMS, GPs.
- LHD staff – Currently almost 60% have had at least one vaccination. This is on track with other LHDs.
- Private RACs – approx. 90% of residents vaccinated with at least one dose. Staff are on target as 1A priority group with 60 -75% having two doses.
- The LHD is planning on scaling up regional vaccination hubs. Leases have been signed and facilities are being set up.
- Pharmacies should be receiving vaccines in near future.

While there is generally good progress on capital works, there has been impact on some projects as contractors are restricted to Sydney.

#### 6.1 WNSWLHD Performance Scorecard

The scorecard was noted by the Board and a brief discussion held.

It was noted that while there is a considerable variance in meeting the MoH statewide Telehealth target the LHD is the highest performer across the state.

#### 6.2 NSW Health League Table

The Chair spoke to the Health League Table (May 2021) which was noted by the Board and a discussion held.

### 7 Planning, Performance and Funding

#### 7.1 Financial Performance Report

Mr Bonnington spoke to the report which was noted by the Board and highlighted:

- Year end result saw a balanced baseline.
- Discussions continue with MoH re budget support for COVID response.

#### 7.2 2021-2022 Service Agreement

Mr Bonnington spoke to the brief and supporting documents. A discussion was held.

#### Recommendations

1. [The Board approved the contents of the 2021-22 Service Agreement](#)
2. [The Board recommended that the Chair and Chief Executive sign the 2021-22 Service Agreement](#)

3. The Board recommend that the Chair provide written response to the Secretary NSW Health as outlined in Attachment B
  4. The Board noted the signed Service Agreement was due to MoH by 31 July and the LHD have advised MoH of the delay in finalisation
- All members were in agreeance

### **7.3 2021-2022 Budget**

Mr Bonnington spoke to the brief and supporting documents. A discussion was held.

Over past years the Board has stressed the need to keep to budget and would like to thank the Executive team on the work undertaken to deliver health, meet demands and still remain on target. This sentiment was endorsed by the Board members.

#### **Recommendation**

The Board approved the 2021-2022 Budget as presented.  
All members were in agreeance.

### **7.4 Finance & Performance (F&P) Committee 27 July 2021 draft minutes**

The draft minutes of the F&P Committee were noted by the Board.

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

Director Bennett highlighted:

- 2021-22 Service agreement and 2021-22 Budget were recommended for Board endorsement.
- The tight budget for minor works and equipment and the work needed to be done to prioritise work in this area.

## **8 Clinical Operations**

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

Mr Spittal spoke to the report which was noted by the Board and highlighted:

- Work being done regarding rural generalists including working with universities for growing rural workforce for procedural facilities
- Access KPI Performance indicator recovery program or base and procedural facilities.
- ENT for Bathurst – the LHD is in the process of recruiting to this position after receiving a formal resignation from the previous incumbent.
- Bourke – temporary arrangements are still in place while the LHD recruits to the HSM role. There has been positive feedback from staff regarding the acting HSM and NUM.
- Lack of primary care in remote towns – Mr Spittal advised of actions taken by Ochre. While well-staffed, locums are being used across a number of sites as provision of doctors has been made more difficult with border restrictions. Intermediate sites such as Condobolin and Dunedoo continue to be monitored.
- The LHD continues to address issues at Warren. Agency nursing staff are now in place and the new GM for Northern Sector is providing support to HSM.

The CE advised the new PHN CEO has commenced and provides a fresh insight and approach to commissioning and contract of services.

## **9 Quality, Clinical Safety and Nursing**

### **9.1 Patient Story - Wayne's Story**

Mr Fahy spoke to the patient story which was noted by the Board.

Dr Rice advised the Board of the medical complexities faced within the LHD in regard to vascular surgery. The input of all involved in the treatment of this patient are to be congratulated.

### **9.2 Executive Director Quality, Clinical Safety and Nursing Report**

Mr Fahy spoke to the report which was noted by the Board highlighting:

- Work being undertaken around reducing diagnostic error and diagnostic bias
- 'Take Own Leave' state-wide reference group project work to be reviewed now that 12 months have passed. Actions taken include making the environment more culturally welcome and staff more receptive to culture. Aboriginal health indicators are addressed at HCQC.
- Preparations for Accreditation continue
- Patient experience surveys using mobile devices are seeing much higher response with over 80% rating their care as excellent or good.

### **9.3 Health Care Quality Committee (HCQC) Meeting 28 July 2021**

The draft minutes of the HCQC were noted by the Board.

### **9.4 HCQC Chair Comments**

Director O'Brien highlighted

- Pandemic update
- Consumer and patient engagement in formulating policy and procedures. This was raised as part of the accreditation process. How much engagement is there re policy and procedures? Mr Fahey advised some state wide working parties that focus on policies do have consumer representatives.

## **10 Medical and Dental Appointments Committee (MADAAC)**

### **10.1 MADAAC meeting held 21 July 2021 draft minutes**

The draft minutes and recommendations from the MADAAC meeting were noted by the Board.

### **10.2 MADAAC Chair Comments**

Director Walkom chaired his first MADAAC meeting noting the large volume of work and diligence undertaken regarding appointments and reappointments.

The CE advised a full briefing and review process for the Medical Administration Review will be commencing this week. This has been slightly delayed due to the impact of COVID restrictions in Sydney. A full update will be provided next Board meeting.

## **11 Audit and Risk Committee (ARC)**

### **11.1 ARC meeting held 15 July 2021 draft minutes**

The draft minutes of the ARC Meetings were noted by the Board

### **11.2 Enterprise Risk Register**

The Enterprise risk register was noted by the Board and a discussion was held.

CE noted this is a high level report with the full risk register endorsed by the ARC. A significant body of work has been undertaken in refreshing the assessment of risk and treatments. A full report will be provided after the next ARC meeting.

### **11.3 ARC Representative Comments**

Director Walkom commented on the caliber of the independent members of the ARC.

Director Bennett advised the primary focus of the ARC meeting was to endorse the 30 June 2021 financial statements for the LHD.

## **12 District Medical Staff Executive Council (DMSEC), Dr Mark Rice**

### **12.1 DMSEC meeting held 20 July 2021 draft minutes**

The draft minutes of the DMSEC meeting were noted by the Board.

### **12.2 DMSEC Representative Comments**

Dr Rice advised the MSEC members are grateful for the opportunity to attend Board meetings. This is working well and is helpful for the MSEC.

While it is disappointing the Board can't meet in person, it brings into perspective some issues experienced with Telehealth appointments.

Dubbo operating theatres - utilisation of sixth theatre may reduce in October when the surgery recovery program funding is complete. It would be good to see a wider scope of surgical services.

The CE spoke of the Western NSW Medical Workforce Report prepared by the University of Sydney with input from a considerable number of doctors within the LHD.

## **13 General Business and Business Without Notice**

### **13.1 2021 Corporate Governance Attestation Statement**

The CE spoke to the brief and supporting documents noting there are no areas of non-compliance.

#### **Recommendations**

1. The Board noted the contents of the 2021 Corporate Governance Attestation Statement at Tab A.
2. The Board noted the results of Internal Audit's review of the organisation's corporate governance framework against the Corporate Governance Compendium and the summary of supporting evidence submitted as Tab B.
3. The Board noted that the WNSWLHD Audit and Risk Committee recommended the 2021 Corporate Governance Attestation Statement to the Board at their 21 May 2021 meeting.
4. The Board approved the Statement for submission to the Ministry of Health's Corporate Governance and Risk Management Unit, and that the signatures of the Board Chair and Chief Executive be affixed to the second page of the Statement to reflect this approval.

All members were in agreement

**13.2 Board Representation on Sub-Committees**

The Board noted the content of the brief and a discussion was held.

Pending the appointment of any further Board members the Board determined the Board member representatives for:

- a. Audit and Risk Committee(ARC) – add Annette Crothers remove Fiona Bennett
- b. Finance and Performance Committee (F&P) – add Matthew Irvine
- c. Quality and Safety – Health Care Quality Committee (HCQC) – add Fiona Bennett
- d. Medical and Dental Appointment Advisory Committee (MADAAC) – add Matthew Irvine.

**13.3 Appointment of Board Deputy Chair**

The Instrument of appointment was noted by the Board.

To be reviewed at next meeting.

*Mr McLachlan, Mr Spittal, Mr Fahy, Mr Bonnington, Dr Rice and Ms Nott left the meeting.*

**14 Chief Executive Performance Review (closed session)**

A closed discussion was held.

**15 Reflection of Meeting**

**There being no further business the meeting was closed at 12.30 pm**

Signed:  Date: 01 September 2021