

## Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Hearing – 2/12/2021

### Questions on Notice

#### QUESTION 1 – page 56

**The Hon. WALT SECORD:** Thank you, Mr Agis, for your opening statement. I have been on this Committee since the very beginning. I have to say that is the most deficient opening statement I have heard. Your local health district has been under enormous pressure. I would have expected an apology in your opening statement. There has been an Ombudsman's investigation into systematic failures in your health district—and not an apology! You have had patient suicides. You have had preventable deaths. You have had 30 nurses leave in a two-year period. You have had 10 out of 18 senior doctors leave the town. Can you please explain to the Committee what is happening at Broken Hill Hospital?

**Mr AGIS:** Thank you for the question. In terms of the challenges of providing health services in a remote setting—

**The Hon. WALT SECORD:** No, sir—

**The Hon. TREVOR KHAN:** Let him answer, Walt.

**The Hon. WALT SECORD:** I want to hear practical steps and measures. Sir, lay them out.

**The Hon. TREVOR KHAN:** Point of order: The member has asked a very lengthy question—indeed, a diatribe. Having put that lengthy proposition, it is really over to the witness to respond to the multiple assertions that were made without interruption.

**The Hon. WALT SECORD:** I take your point of order; I accept that. I will sit here quietly and I will listen to the chief executive officer respond to those statements of documented facts. Those were not made up.

**The CHAIR:** Proceed with your answer, Mr Agis.

**Mr AGIS:** Thank you, Chair. Again, there were a number of questions. Of course I will try to remember. If I neglect any, I am sure I will be reminded. He talked about suicide. It is one of the challenges, certainly, of our time, not only in remote communities but right across rural communities—indeed nationally and internationally. The numbers do suggest that we need to do more. As with any other health service, that is our commitment. And I do absolutely and sincerely give condolences to all the families who have had to endure suicide. Having worked in the field as a clinician for over 20 years in mental health, I can tell you firsthand the experiences of both clinicians and families in response to suicide and mental illness. So I speak with some authority in that regard. In terms of the nurses leaving, there is nothing unusual in that. We have a churn of staff every year. What made it more challenging, absolutely, is COVID in the last two years. But if you look at the numbers over the last two to three years, the number of people—the churn has been very similar and I am more than happy to provide that figure on notice.

#### ANSWER

In 2018, there were 30 separations of part-time/full-time permanent nursing staff. This has decreased to 19 for 2021. The number of nursing staff resigning has been decreasing over the last four years.

#### QUESTION 2 – page 58

**The Hon. WALT SECORD:** How many doctors have left because of clinical variation, meaning not following best practice but going off and doing what they thought was best?

**Dr SMART:** I do not have that number for you and I am not sure I would even be able to find it at this stage, but we could certainly try and find that information.

**The CHAIR:** Can I just make this point very clear. I will jump in here. That is quite a significant acknowledgement, if I could use that word, Dr Smart, that you have made, from the probing question. I understand that. Surely that information is available. It surely cannot be the position that the number cannot be identified over a particular period of time—surely.

**Dr SMART:** Absolutely, and as I said I am happy to take it on notice—I should have used that phrase, sorry—and provide that information.

## ANSWER

Four **locums** were not re-engaged in 2021 after the completion of their locum contracts at Broken Hill Base Hospital. Two Medical Officers, who were also locums, were not re-engaged after their contracts expired in 2020.

Locum engagement is generally a short to medium term contract. All doctors who discontinued employment were **locums**.

None of Far West Local Health District's (FWLHD) permanent staff at the Hospital have left.

## QUESTION 3 – page 59

**The Hon. WALT SECORD:** Ms Sutton, if you could answer that question. So give me the terminology of what they are called and how many are there at Broken Hill Hospital at the moment and how many had there been last year?

**Ms SUTTON:** Okay, thank you. They are actually called HARM scores, so that they break between HARM score 1, which is a death, unexpected—that is one example—to HARM score 4, which could be a near miss or you gave a patient the wrong medication and there was no adverse outcome. They could have had a slip or a trip—that is a HARM score 4. I will have to take that on notice around how many HARM scores we have. We do collect that information but I do not have that information in front of me.

**The Hon. WALT SECORD:** Would you give me an indication: Are there many for a hospital of your size?

**Ms SUTTON:** I cannot answer that. I do not have that information in front of me.

**The Hon. WALT SECORD:** Can you take that information on notice? Back to Mr Agis, you mentioned in your opening statement that 98 per cent of patients reported "very good" and "good". What do you base that on?

**Mr AGIS:** That is the Bureau of Health Information report. That was a media release. I am more than happy to provide that information, if you please.

## ANSWER

An unplanned event that causes harm or has the potential to cause harm to a patient is known as a clinical incident.

FWLHD recorded the following clinical incidents over the last two years:

### Severity Assessment Code/Harm Score 1 Reportable Incident Briefs (RIBs) received by the NSW Ministry of Health

2020	2021*
8	5

Source: Clinical Excellence Commission (CEC) Patient Safety Database

## Severity Assessment Code/Harm Score 2

2020	2021*
40	35

## Severity Assessment Code/Harm Score 3

2020	2021*
756	265

\*Up to 22 December, 2021

Source: Severity Assessment Code/HARM Score 2 and 3 data obtained from IIMS and ims+

All NSW Health staff are required to report incidents, near misses and complaints in the statewide incident management system. In 2019-20, the new incident management system, ims+ was rolled out across NSW. Incidents in ims+ are rated using the Harm Score matrix. Incidents notified before 2020 in the previous incident management system, IIMS, were scored using the Severity Assessment Code (SAC) matrix.

FWLHD conducts comprehensive reviews of all serious clinical incidents (SAC/Harm Score 1) in line with the NSW Health *Incident Management Policy* (PD2020\_047). The review process involves making recommendations where needed to improve safety and quality of care.

The Bureau of Health Information patient survey website was referenced in the opening statement of Mr Agis and is available at:

[https://www.bhi.nsw.gov.au/BHI\\_reports/patient\\_survey\\_results/adult\\_admitted\\_patient\\_survey\\_2020](https://www.bhi.nsw.gov.au/BHI_reports/patient_survey_results/adult_admitted_patient_survey_2020)

## QUESTION 4 – page 60-61

**Ms CATE FAEHRMANN:** I wanted to go to, firstly, the situation in Wilcannia. What KPIs has the LHD set for increasing the life expectancy there for males, we heard today, from 37 and for females from 42?

**Mr AGIS:** I think setting a KPI or an expectation that is less than—that is freely enjoyed by the general community will be doing a disservice to our Aboriginal communities. Our expectation—as, indeed, the expectation of the ministry for this—is that every citizen should be able to live to the full extent of their lives. I guess, from that point of view, our aim is to make sure that our Aboriginal community enjoy the same length of life as everyone else does. I hope that answered the question.

**Ms CATE FAEHRMANN:** No, it does not, actually. I am sorry but it does not. It is not a new revelation that the life expectancy of Aboriginal men in Wilcannia has been—I have always thought it was 36; today we have heard 37 from the witness Michael Kennedy. Firstly, is that correct? Is that the average life expectancy for Aboriginal men in Wilcannia?

**Mr AGIS:** I will have to take that on notice. It is certainly—look, I will take that on notice. [Disorder].

**The CHAIR:** Dr Smart might know.

**Dr SMART:** Sorry. I am new to the area. I do not have that record, but certainly we can provide that information on notice, yes.

**Mr AGIS:** That would usually be held by our public health unit. Certainly I am more than happy to also give more detailed understanding, on notice, around the life expectancy and what contributes to life expectancy.

## ANSWER

Life expectancy and socioeconomic status is affected by:

- Social determinants of health, including economic stability, education access and quality, health care access and quality, neighbourhood and the build environment, and the social and community context, and

- Health behaviours such as smoking, alcohol consumption, poor diet and physical inactivity.

Average life expectancy is not calculated in small populations such as Aboriginal men in Wilcannia due to the small number of individuals. Larger population numbers are required to provide a reliable estimate.

The NSW Government implements the NSW Plan for the National Agreement on Closing the Gap. NSW Health leads on targets for life expectancy, healthy birthweight, early child development and suicide reduction.

Specifically, the NSW Plan commits as part of the National Agreement to Close the Gap in life expectancy within a generation, by 2031.

The NSW Plan supports a strong place-based approach to address disparity, building on community resilience and providing for local leadership and partnership to accelerate improvement.

### QUESTION 5 – page 62

**The Hon. TREVOR KHAN:** Just to follow up on that, Mr Agis, if there has been a funding proposal that has been put forward to the State and the Commonwealth, are you able to share with the Committee that funding proposal?

**Mr AGIS:** Actually, we are not the lead agency for that; it is actually the PHN. They have taken the lead, so I do not have access to the actual funding proposal details.

**The Hon. TREVOR KHAN:** I accepted from your previous answer that you were not the lead agency, but if you can, it would be very interesting to see it. If you can get it, we would love to see it, if I can put it that way. But it requires your cooperation and the PHN. It is the sort of thing that I suspect the Committee would like to support if we can.

### ANSWER

FWLHD residential rehabilitation and detox facility for Broken Hill business case is currently in progress.

The aim of the proposal is to ensure that residents of far west NSW have access to high quality treatment and support for addiction.

The steering committee, convened by the Western Primary Health Network, is currently in consultation with community and seeking support from partner agencies and those with a lived experience. Once the proposal is complete, the committee will seek funding from both NSW and Commonwealth governments to progress the project.

### QUESTION 6 – page 63

**The Hon. TREVOR KHAN:** It is one thing to have people employed as catering or cleaning staff, it is another to have them in health and allied professions where they might work in country and stay. That is what I am interested in seeing. What are you trying to do to build a stable workforce with people who the Aboriginal community might relate to and aspire to become themselves, if that sounds in any way coherent.

**Mr AGIS:** It does, certainly. My apologies, I did not want to give the answer [inaudible]. Again, I can take that detail on notice.

### ANSWER

The NSW Plan for Closing the Gap focuses on employment and economic prosperity.

Specifically, as part of a whole-of-government effort, NSW Health contributes to:

- Socio-economic target 7: By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67 per cent.
- Socio-economic target 8: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62 per cent.

- Priority Reform 5 (NSW-specific): Employment, Business Growth and Economic Prosperity  
The NSW Ministry of Health will support Local Health District planning efforts in these domains..

The Far West Local Health District (FWLHD) recognises the history of colonisation and the impacts of employment opportunities on Aboriginal People in far west NSW. FWLHD is committed to improving the employment rates for Aboriginal people across various health disciplines.

FWLHD currently employs Aboriginal people and has provided opportunities for growth that include support for career progression in further training and education within a variety of disciplines. This includes Executive Management, Mental Health, Drug and Alcohol, Nursing, Medical, Administration, Radiography, Dental, Security and Hotel Services.

Aboriginal Health Workforce opportunities within FWLHD include Cadetships and Traineeships, Student Based Traineeships, Aboriginal Mental Health and Drug and Alcohol Traineeships, and Aboriginal Health Practitioner Traineeships.

FWLHD Aboriginal Health Workforce:

### **FWLHD Executive Manager Aboriginal Health and Consumer Relations**

The FWLHD Executive Manager, Aboriginal Health and Consumer Relations is positioned with the Chief Executive Unit. This position provides strategic direction, operational alignment and planning to improve Aboriginal Health within far west NSW, as well as cultural governance to the Aboriginal Health Workforce. It also enables community engagement with Cultural Leaders and Elders within far west NSW for the District.

### **Traineeship Program - Mental Health and Drug and Alcohol (MHDA) and Violence Abuse and Neglect**

The Aboriginal MHDA Clinical Leader provides clinical and strategic direction for the Mental Health and Drug and Alcohol Service, and provides cultural oversight to the Violence Abuse Neglect Service.

The Aboriginal MHDA Trainee Program is coordinated by the Aboriginal MHDA Clinical Leader. FWLHD has five Aboriginal MHDA Trainee positions.

The Aboriginal MHDA Clinical Leader works in partnership with Royal Flying Doctor Service – MHDA Services and the Aboriginal Medical Services (Maari Ma and Circular Health Aboriginal Corporation) MHDA Services to ensure culturally appropriate and accessible MHDA Services are being delivered across far west NSW.

### **Lower Western Sector – Dareton**

An Aboriginal MHDA Trainee position is located within the Dareton Community Mental Health and Drug and Alcohol Team.

### **Broken Hill**

Three Aboriginal MHDA Trainee positions are located within the Broken Hill Community MHDA Team. Aboriginal MHDA Trainees provide Outreach Services to the Menindee and Wilcannia Communities with the Broken Hill Community MHDA Service.

One Aboriginal MHDA Trainee position is located within the Broken Hill Child and Adolescent Mental Health Service who attends the Outreach Clinics in Wilcannia once per fortnight with the Child and Adolescent Mental Health Service.

### **Aboriginal Student Based Traineeship**

There are four Aboriginal Student Based Traineeships in FWLHD:

- One based in Dareton / Wentworth
- One based in Menindee

- Two based in Broken Hill.

### **Violence Abuse and Neglect Aboriginal Trainee**

FWLHD is the first district within NSW to employ a trainee within the Violence Abuse Neglect Service. This position also provides outreach services to rural and remote communities and is based in the Violence Abuse Neglect Service Team in Broken Hill.

### **Aboriginal Health Workers and Practitioners**

Aboriginal Health Workers and Practitioners are located across far west NSW and are employed in various specialised roles that include chronic care, the Aboriginal Maternal and Infant Health Service, and hospital - Aboriginal Liaison Officers.

### **Aboriginal Mental Health and Drug and Alcohol Peer Support Worker**

An Aboriginal Peer Support Worker is based in the Lower Western Sector and operates between the Aboriginal Medical Service – Social and Emotional Wellbeing Team and the FWLHD Mental Health and Drug and Alcohol Service.

### **Aboriginal Health Practitioner Traineeships**

Two Aboriginal Health Practitioner Traineeships are based in the Broken Hill Base Hospital.

### **Strategic goals for the FWLHD Aboriginal Workforce include:**

1. Increasing Aboriginal workforce and opportunities for professional development within FWLHD by developing pathways into employment that may include Apprenticeships / Traineeships.
2. Increasing the opportunities for the Aboriginal Health Workforce to gain employment pathways into middle and upper management.
3. Building on relationships with education departments, including TAFE and universities to build the skills, knowledge and further education for Aboriginal People within far west NSW.
4. Building on workforce opportunities in partnership with the Aboriginal Medical Services - shared workforce opportunities.
5. Increasing cultural supports for the Aboriginal Workforce that may include cultural mentorship, cultural supervision and yarning circles / gatherings (network meetings).
6. Increasing Aboriginal Health Practitioner Traineeship opportunities across far west NSW.
7. Increasing workforce opportunities in partnership with the Aboriginal Medical Services.

### **QUESTION 7 – page 64**

**The Hon. TREVOR KHAN:** Ms Sutton, is there a target in terms of—this is the adjunct to the question I was asking Mr Agis. Is there an adjunct to the number of allied and health professionals that the health district is seeking to employ who are Aboriginal?

**Ms SUTTON:** I will have to take that on notice.

### **ANSWER**

FWLHD has no Aboriginal identified allied health roles. FWLHD does have Aboriginal Health Practitioner positions of 3.6 FTE for the Emergency Department in the Broken Hill Health Service.

The NSW Ministry of Health will continue working towards the national commitment to Closing the Gap by setting employment targets as part of Cluster and Local Health District planning, governance and accountability.

Closing the Gap provides for a strong measurement framework. The Ministry will collaborate with Government partners and the Community-Controlled Sector to assess Workforce capability in key domains including Allied Health.

#### QUESTION 8 – page 65

**The Hon. WALT SECORD:** In my opening statement, Mr Agis, I referred to a number of cases. What is the status of the case of 18-year-old Alex Braes, who died of an infected toenail, and of the newborn baby Alani Clark, who died.

**The Hon. TREVOR KHAN:** Point of order: That is not a clarification of a point. It is a new line of inquiry. Each group has been given a designated period of time. What we are going onto here is something, really, entirely new. It may well be something that can be put on notice, but otherwise the length of time that may be required to answer this will take us well and truly beyond what was proposed.

**The Hon. WALT SECORD:** To the point of order: When I was asking these questions in my block, the Hon. Trevor Khan took several points of order and gave lengthy explanations, which cut into my time. I was going to provide these examples and then ask a question that brings them together. If they decide to take it on notice, that is fine, but I would still like to—

**The CHAIR:** If I allow some latitude to draw this to a conclusion, I am not quite sure how much further you are going to extend beyond those couple of examples that you have given. I will provide a little bit of latitude, but the fact is that if there is quite a long list, it will take a long time to answer. So let us see.

**The Hon. WALT SECORD:** Let us go back to what were formally called "sentinel cases", and I will end it at that. I would like to know in the last financial year and in 2017-18, 2018-19, 2019-20 and 2020-21 and the current financial year, how many—you gave them four classifications, but I think we can all agree what were formerly known as "sentinel events" occurred at Broken Hill hospital? I will leave it at that. Thank you for your time.

#### ANSWER

Sentinel events are a rare group of incidents that are considered wholly preventable and result in serious harm to, or the death of, a patient. Between 2004 and 2019, eight sentinel events were reported on at a national level.

In July 2019, a revised sentinel events list came into effect. The revised list now includes 10 incidents which are reported on in all Australian states and territories.

#### Sentinel Events at Broken Hill Hospital

2017-18	2018-19	2019-20	2020-21
0	0	0	0

Broken Hill Base Hospital recorded the following clinical harm score 1 incidents in the last four years:

#### Safety Assessment Code/Harm Score 1 Reportable Incident Briefs (RIBs) received by the NSW Ministry of Health

2018	2019	2020	2021*
9	12	5	4

\* up to 22 December 2021

Source: Clinical Excellence Commission (CEC) Patient Safety Database