

GEOGRAPHICAL NAMES ACT 1966

PURSUANT to the provisions of Section 10 of the *Geographical Names Act 1966*, the Geographical Names Board has this day assigned the names listed hereunder as geographical names in the suburb of Macquarie Park.

- *Campbells Common* located adjacent to Jarvis Circuit
- *Tirriwan Reserve* located on the corner of Halifax Street and Wicks Road

The position and extent for these features is recorded and shown within the Geographical Names Register of New South Wales. This information can be accessed through the Board's website at www.gnb.nsw.gov.au

NARELLE UNDERWOOD
Chair
Geographical Names Board
PO Box 143
BATHURST NSW 2795

Reference number:(n2020-377)

HEALTH ADMINISTRATION ACT 1982

NSW CLINICAL RISK ACTION GROUP TERMS OF REFERENCE

I, Elizabeth Koff, Secretary, Ministry of Health, acting as the authorised delegate of the Minister for Health, do hereby appoint the NSW Clinical Risk Action Group (CRAG) as a committee pursuant to section 20(4) of the *Health Administration Act 1982* (the Act) and authorise CRAG to conduct investigations and research in accordance with section 23 of the Act, as follows:

1. Purpose

The CRAG is responsible for the assessment and oversight of management of serious clinical adverse events reported to the Ministry of Health via Reportable Incident Briefs (RIBs), which are prepared specifically for the CRAG's purpose, and ensuring that appropriate action is taken.

The CRAG will analyse information reported to it on specific incidents and identify issues relating to morbidity and mortality that may have significant implications for the provision of health care within the State of New South Wales.

2. Committee and statutory privilege

The CRAG is constituted under section 20(4) of the Act.

The CRAG is afforded privilege under section 23 of the Act for the purpose of conducting research or investigations into morbidity and mortality occurring within NSW.

Material created for and by the CRAG is privileged and cannot be disclosed or released, otherwise than in accordance with these terms of reference, without the approval of the Minister for Health or the Minister's authorised delegate.

3. Key Responsibilities and functions

The CRAG will examine and monitor the nature and trend of serious clinical incidents reported in clinical RIBs. The CRAG will:

- Obtain information on clinical adverse events reported in the form of RIBs
- Identify unsafe practices or systems issues which may compromise patient safety and impact on mortality and morbidity.
- Establish appropriate procedures for the CRAG's operation, consistent with the Risk Management – Enterprise-Wide Policy and Framework – NSW Health PD2015_043.
- Advise the Secretary and the Minister, through the analysis of serious clinical incidents, on means to address and reduce the occurrence of such incidents and associated risks, and oversee the implementation of appropriate actions to minimise the impact of the consequences of such incidents and prevent their future occurrence.
- Oversee policy and strategy development to ensure identified risks are appropriately managed.
- Obtain advice and assistance from relevant Branches of the Ministry of Health and Pillar Agencies as it considers appropriate to assist it in the performance of its functions.
- Provide RIBs to other section 23 committees.

- Exchange information that relates to serious clinical incidents and incident trends with other section 23 committees.
- Collate and analyse de-identified data about serious clinical incidents from information received by CRAG, including Root Cause Analyses reports, and share such data with other NSW Health agencies and researchers when doing so is considered appropriate by CRAG.
- Receive copies of Root Cause Analyses conducted in accordance with Division 6C of Part 2 of the *Health Administration Act 1982*.
- Access information relevant to serious clinical incidents and incident trends from regulatory and investigative agencies.
- Review these procedures from time to time as required.

4. Chair

In carrying out its role, the CRAG will be chaired by the Chief Executive of the Clinical Excellence Commission. In the event that the Chief Executive, Clinical Excellence Commission is unavailable, the Deputy Secretary, Patient Experience and System Performance, Ministry of Health will chair the meeting.

5. Secretariat

The Secretariat for the CRAG will be provided by the Patient Safety Directorate, Clinical Excellence Commission. The Strategic Relations and Communications Branch of the Ministry of Health will provide administrative support by receiving and distributing clinical RIBs on behalf of the CRAG.

6. Sub-committees of the CRAG

The CRAG may establish sub-committees to assist with the functions of the CRAG and delegate such functions of the CRAG, consistent with these Terms of Reference, to those sub-committees as the CRAG considers appropriate.

7. Reporting

The CRAG will provide information and report on actions and outcomes of the CRAG through the preparation of regular reports based on de-identified data to:

- the Minister for Health and Secretary (annual report)
- the community through a bi-annual report on incident management in the NSW public health system
- the Executive of the Local Health Districts (LHDs) and Specialty Health Networks (SHNs) through the Senior Executive Forum
- the Directors of Clinical Governance of the LHDs/SHNs

The CRAG may also prepare such additional reports, including to the community or to NSW Health agencies, that the CRAG considers appropriate having regard to its purpose.

The CRAG may determine that any report prepared by the CRAG may also be made publicly available on the Clinical Excellence Commission website.

8. Data sharing

The CRAG may provide de-identified data, including data taken from Root Cause Analysis reports, to any NSW Health agency for the purpose of further research, investigations or assessment by that agency.

The CRAG may, upon request, provide students or researchers access to de-identified data held by CRAG for the purpose of research projects that the CRAG considers align with the CRAG's objectives. Any such access must be subject to an appropriate confidentiality agreement.

The CRAG may place conditions on the data provided to any agency or person.

9. Section 23 Committees

The exchange of information between committees established under the Act as necessary to enable the committees to undertake their functions is hereby authorised. These committees include and are not limited to:

- Special Committee Investigating Deaths Under Anaesthesia (SCIDUA)
- Collaborating Hospitals' Audit of Surgical Mortality (CHASM)
- NSW Maternal and Perinatal Committee
- Mental Health Sentinel Event Review Committee

10. Accountability

The CRAG reports to the Minister for Health through the Secretary, Ministry of Health.

11. Provision of Reportable Incident Briefs

In order to assist the CRAG from time to time with its functions, and to provide advice to the Secretary, the following officers of the Ministry of Health will be provided with copies of Reportable Incident Briefs:

- Deputy Secretary, Population and Public Health Division
- Deputy Secretary, Patient Experience and System Performance Division
- Deputy Secretary, Health System Strategy and Planning Division
- Deputy Secretary, People, Culture and Governance Division
- Executive Director, Strategic Communications and Engagement
- Executive Director, Legal and Regulatory Services
- Chief Nursing and Midwifery Officer
- Chief Psychiatrist
- Chief Executive, Clinical Excellence Commission
- Director, Patient Safety, Clinical Excellence Commission
- Director, Patient Safety First
- Executive Director, Strategic Communications and Engagement
- Executive Director, System Management Branch
- Director, Office of the Secretary; and
- Any other person as approved by the Secretary from time to time, such approvals to be in writing and provided to Legal and Regulatory Services Branch at the Ministry of Health.

The clinical Reportable Incident Brief distribution list will be reviewed by the CRAG annually or when position changes occur.

12. Membership

Membership of the CRAG consists of the following officers (or their delegates):

- Chief Executive, Clinical Excellence Commission (Chair)
- Deputy Secretary – Patient Experience and System Performance (alternate Chair)
- Deputy Secretary – People Culture and Governance
- Chief Executive, NSW Agency for Clinical Innovation
- Senior Clinical Advisor, Obstetrics, NSW Health
- Chief Cancer Officer and Chief Executive Officer, Cancer Institute NSW
- Chief Executive, NSW Ambulance
- Director, Patient Safety, Clinical Excellence Commission
- Executive Director, System Management Branch
- Chief Nursing and Midwifery Officer
- Chief Paediatrician, Health and Social Policy, MoH
- Chief Psychiatrist, NSW Health
- Director, Patient Safety First Unit
- Two Local Health District/Specialty Health Network Chief Executives
- Two Local Health District/Specialty Health Network Directors of Clinical Governance
- Any other person approved by the Chair from time to time; such approvals are to be in writing and provided to the Legal and Regulatory Services Branch at the Ministry of Health

13. Quorum

A quorum will be fifty per cent plus one of the members and must include the following:

- Deputy Secretary – Patient Experience and System Performance or Executive Director, System Management Branch.
- A representative from the Clinical Excellence Commission
- A Local Health District/Specialty Health Network Chief Executive

11. Meeting Frequency

Meetings are held on the third Wednesday of each month except in January. Additional meetings may be called by the Chair as required.

12. Review of Membership and Terms of Reference

Membership of the CRAG will be reviewed annually by the Committee.

These Terms of Reference repeal and replace the previous Terms of Reference of the CRAG published in the NSW Government Gazette on 18 December 2015

Elizabeth Koff

Secretary

Date: 11/11/19

Reference number:(n2020-378)

ERRATUM

HEALTH ADMINISTRATION ACT 1982
LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

Notice of Acquisition of Land by Compulsory Process for the
Purposes of the Health Administration Act 1982

In the notice published in NSW Government Gazette No 73 of 12 July 2019, n2019-2054 on page 2755:

1. the words “1” in the ‘Lot’ column and “731402” in the ‘Plan no’ column of Annexure A to the notice for ‘Yass District Hospital, Meehan Street, Yass 2582’ are replaced with “1 & 2” in the ‘Lot’ column and “1244251” in the ‘Plan no’ column; and
2. the word “1/DP731402” in the ‘Ref’ column of Annexure A is replaced with “1/DP1244251 & 2/DP1244251”.

This notice corrects the above errors.

The gazettal date remains 12 July 2019.

Bryson Wilson

Manager, Assets

NSW Ministry of Health

a duly authorised delegate of the

Health Administration Corporation

Reference number:(n2020-379)

LOCAL GOVERNMENT ACT 1993

Section 218CB
Determination to maintain rate path

I, the Hon. Shelley Hancock MP, Minister for Local Government, pursuant to section 218CB(4) of the *Local Government Act 1993*, do by this Determination vary the Determination made under section 218CB of the Act on 18 May 2017 and published in the NSW Government Gazette No 56 of 26 May 2017 at page 1814 (as varied by the Determination made under section 218CB of the Act on 17 October 2019 and published in the NSW Government Gazette on 21 October 2019) by inserting in Schedule B in alphabetical order:

Inner West Council.

This Determination shall take effect on the day that it is published in the NSW Government Gazette.

Dated this 7th day of February 2020.

SHELLEY HANCOCK MP

Minister for Local Government

Reference number:(n2020-380)