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## Minutes

Ordinary Meeting of the Board of the Far West Local Health District

Date: 25 November 2019

Time: 10.00am CST (10.30am EST)

Venue: Auditorium, First Floor, Broken Hill Community Health Centre

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### Present:

Dr Andrew Refshauge	Chairman
Mr John Harris	Board Member
Mr Paul Kemp	Board Member
Mr Stephen O'Halloran	Board Member
Dr Michelle Dickson	Board Member
Ms Sally Pearce	Board Member
Mr Brad Astill	Interim Chief Executive
Ms Noni Inglis	Director Finance and Corporate Services
Ms Diana Ferry	Executive Officer
Dr Andrew Olesnicki	Director Emergency Services BHHS

### Videoconference:

A/Prof Lilon Bandler	Board Member
Ms Mariette Curcuruto	Board Member

### Invitees:

Ms Carolyn Burlew	Independent Chair FWLHD Audit and Risk Committee
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### In Attendance:

Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)
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**Meeting Commenced:** 10.06am CST

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### Item 1. Acknowledgement of Country

The Far West Local Health District acknowledges the traditional owners of the lands within its boundaries including Barkandji/Paakantji; the Muthi Muthi; Wilyakali; and the Ngiyampaa. We acknowledge and pay respects to the elders past and present and their ancient wisdoms. We also acknowledge the communities of today and the Aboriginal community members who are part of our communities.

The Chair advised a meeting had been held with the Barkandji Group, Health Infrastructure and representatives from FWLHD in relation to the Buronga HealthOne Project which has resulted in the acceptance of a long term lease agreement.

**Action:** Draft a letter to Health Infrastructure on behalf of the Board, thanking them for their efforts in relation to the acceptance of a long term lease with Barkandji Group.

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## Item 2. Apologies

Mr Wincen Cuy                      Board Member

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## Item 3. Disclosure of Interest

Nil

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## Item 4. Order of Business/Urgent Business

The Chair changed the order of business for *Item 11.1 Audit and Risk Committee Annual Report* to be presented by Carolyn Burlaw, Independent Chair of the FWLHD Audit and Risk Committee next on the Agenda. The remaining agenda to stay in place.

### Audit and Risk Committee Annual Report

Carolyn Burlaw, Independent Chair FWLHD Audit and Risk Committee introduced herself to Board members and noted the requirement for the Audit and Risk Committee Chair to report to the Board on an annual basis. The FWLHD Audit and Risk Committee were intending to have two locally based meetings in 2020 to allow members to better understand the District with the remainder of meetings throughout the year to be held via videoconference and teleconference. Two new Independent members had recently joined the Committee.

Carolyn Burlaw noted outstanding audit recommendations were of concern with some recommendations outstanding over 600 days. The Board members discussed the outstanding recommendations and reasons why they were not being completed in a satisfactory timeframe. It was noted the Internal Auditor may need extra support around closing risks and concern was placed around the process of escalating risks that are outstanding.

**Action:      Interim Chief Executive to provide an updated Risk Register to the December 2019 Board meeting with a progress report to the Audit and Risk Committee at the March 2020 meeting.**

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## Item 5. Minutes of Ordinary Board Meeting 28 October 2019

**Resolution:                      The Minutes of the Ordinary Board meeting held on 28 October 2019 be received as a true and correct record.**  
Moved Stephen O'Halloran, seconded Sally Pearce. Carried

Mariette Curcuruto noted the sequence of removing her from the Audit and Risk Committee and adding Sally Pearce to the membership had been incorrect in that Sally Pearce should have been appointed after Mariette Curcuruto was stood down, which took place at the 28 October 2019 Board meeting.

The Board members agreed and formally appointed Sally Pearce to the Audit and Risk Committee membership.

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## Item 6. Action List

### 6.1      19-20 – Acknowledgement of Country

The Chair asked if there were other words the Board could use while waiting for the Native Title process to take place. Paul Kemp advised it was best to wait and go through the Native Title process so as not to offend.

**Action:                      Paul Kemp to work with Donna Cruickshank in contacting the Chief Executive of the Barkandji Group to assist in moving forward.**



## **6.2 19-23 – Reconciliation Action Plan**

Michelle Dickson advised due to the postponement of the Respecting the Difference training, the workshopping of the Reconciliation Action Plan did not occur, however it will be discussed at the December 2019 Paliira Mala Steering Committee.

## **6.2 19-29 – Menindee Telstra Issues**

An update from Denise McCallum, General Manager District Health Services was sent to the Chair out of session. The Chair requested it be placed on the December 2019 agenda for discussion.

Complete

## **6.3 19-30 – Staff Story – Small Acts of Kindness**

The video "Small Acts of Kindness" was circulated via email to Board members.

Complete

## **6.4 19-31 – Medical Services Recommendation Report**

Responses to the Medical Services Recommendation Report were circulated to Governing Board members.

Complete

## **6.5 19-27 Informal afternoon tea with Maari Ma**

The Maari Ma Health Board are due to meet on 12 December 2019 and a response will be returned post meeting.

Stephen O'Halloran asked if the agreement in relation to the gifting of land to Maari Ma Health was finalised. The Interim Chief Executive advised he had met with Maari Ma Health with Donna Cruickshank and the outstanding issues in the agreement had now been resolved.

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## **Item 7. Reflections on our Care**

### **Item 7.1 Presentation – Noni Inglis, Director Finance and Corporate Services**

Noni Inglis, Director Finance and Corporate Services introduced herself and provided an overview of the Finance and Corporate Services and organisational chart. The presentation focused on the key challenges each area faces:

- Finance and Corporate Services Profile:
  - Full Year Budget Expense \$15.787M – 12% of Far West budget
  - Full Year Budget Revenue \$1.286M – 1% of Far West budget
  - Full Year FTE 70.1 – 9% of Far West budget
- Biomedical Services:
  - Donation of patient monitors with \$120,000 from the Kiosk
  - Installation of new Emergency Department bed for White Cliffs Hospital
  - Key challenge – Managing workforce planning
- Finance:
  - FY19 annual financial statements of high standard
  - FY20 budget preparation of high standard
  - 1.5 day General ledger Close
  - Took ownership of Revenue functions and staff
  - Upgrade of eClaims system to PBRC
  - Consolidated the business partner model
  - Key challenges – 1 Day General Ledger Close, outcome budgeting July 2020



- Maintenance:
  - Key challenges – Buronga HealthOne land acquisition, gifting of land to Maari Ma, AFM project (direction from HI), breastscan installation, large scale Photovoltaic power generation system for Broken Hill Health Service.
- Travel:
  - Key challenges – new travel policy for NSW Government, testing of new booking system being implemented in November 2019 to go live February 2020.
- Procurement and Fleet
  - Key challenges – maintaining a Fleet service this is effective for travel within the Health Services across the District, WHS issues regarding motor vehicles and Telstra boosters, working with WNSWLHD to move telephone ordering to SARA.
- District Properties:
  - Key challenges – sufficient and purpose built staff accommodation to attract and retain staff across the District, high need across District for additional staff accommodation.
- Performance Unit:
  - Key challenges – building the ABM literacy throughout the District, establish a working relationship between FWLHD and WNSWLHD HIU, electronic scanning into eMR, recruitment to Manager Health Information and Performance.

Noni Inglis noted the achievements of the Finance team and individual awards received.

The Board members discussed the accommodation availability across the District and the possibility of increasing accommodation.

Lilon Bandler raised the issue of the management of the outpatient clinic in Wilcannia after the gifting of land to Maari Ma was complete. The Interim Chief Executive advised that point had been discussed at their last meeting and Maari Ma had expressed they were happy to continue the arrangement.

#### **Item 7.1 Patient Story**

Noted

The Board members discussed the complaint process and the process of taking staff and patient stories.

**Action: Diana Ferry to provide a Brief on the process of complaints to the March 2020 Board meeting.**

#### **Item 7.3 Staff Story**

Noted

#### **Item 7.4 Clinical Governance**

##### **Item 7.4.1 Health Care Quality Committee Chair Report**

Lilon Bandler advised of a change to the membership of the Committee to appropriately include the Manager Patient Safety and Clinical Quality. This has contributed significantly to the quality and timeliness of information. Lilon Bandler noted she had started to understand the processes of RCAs and CRs better.

Lilon Bandler noted she continues to work with the Committee to recognise:

a) The shift the perception that clinical governance is punitive, to a recognition of the opportunity to reflect on our care, and see opportunities for improvement, and to learn from our mistakes;



- b) The need to see data as a means to an end, not an end in itself. Data provides us with the evidence we need for decision making, and gathering it is not the end-point;
- c) The need to ensure that data is available in a timely and therefore useful way; and
- d) The processes involved in clinical governance need constant oversight, not intermittent, accreditation deadline driven work.

Lilon Bandler advised she has asked Dale Sutton, Director Clinical Governance to provide regular updates on the progress towards the accreditation visit in July 2020. She has agreed to do so for each of the committee meetings.

Lilon Bandler thanked the Committee, and the FWLHD staff for their work towards improving clinical governance and therefore patient care.

#### **Item 7.4.2 Clinical Governance Report**

The Board and Committee members discussed the KPI Reports, in particular the Clinical Review Recommendations. The Interim Chief Executive noted since the compiling of the report some of the listed Clinical Review Recommendations had now been completed. The Board members discussed the lag in reporting of data.

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#### **Recess 11.40am to 11.49am**

Carolyn Burlew left the meeting.

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The Board members discussed the Clinical Risk Register and the persons responsible.

**Action: Jenelle Bussell to follow up on the update of the Clinical Risk Register persons responsible to change Stephen Rodwell to Chief Executive and reformat so register is readable in pdf.**

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Diana Ferry returned to the meeting from the recess at 11.57am

Mariette Curcuruto asked Diana Ferry to leave the meeting due to conflict of interest at 11.57am

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Mariette Curcuruto noted her concern around reputation in relation to the BIC award litigation and questioned if it should be placed on the Risk Register. The Board members discussed the risks involved and the difficulties that may occur if included.

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Diana Ferry returned to the meeting at 12.13pm

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#### **Item 8. Chief Executive Report**

##### **8.1 KPI Report**

Noted

The Board members discussed the KPI report data in particular the Monthly Scorecards provided by the Health Intelligence Unit. Andrew Olesnicky questioned the Emergency Department discharge summary data and explained how the process the Emergency Department follows does not reflect in the data provided. The Board members discussed the current lack of options available in the IIMS system for recording pressure injuries correctly.

**Action: Diana Ferry to contact HIU to see how data is recorded to ensure there are no inaccuracies.**

##### **8.2 Chief Executive Report**



Key points from the Interim Chief Executive Report:

- The full time establishment (FTE) for the District at FN09 is 699.40. This is 34.79 below the budgeted staff establishment.
- A performance of **Grace under Pressure** was held on Friday 8 November 2019 for all Broken Hill Clinicians. This live theatre show saw 40 Clinicians attend the Broken Hill Musicians Club from 5.30 until 9.30pm. The 4 actor show was well received and a very positive workshop followed the play. The gathered information from the workshop will be presented by the Pam McLean Centre in the form of a Cultural status report to the FWLHD in the coming weeks.
- Site visits have commenced with the Culture Coach and Director People and Culture to meet with FWLHD Staff to explore provided feedback and to workshop how best to address the low rating identified concerns, as raised in the People Matters Employee Survey. At each site the relevant General Manager will also be in attendance where possible.
- There was no (0) Category 1 waiting for surgery at the end of September 2019, no (0) category 2 elective surgery patients and one (1) Category 3 patients overdue at the end of October 2019.
- The progress on the thirty (30) recommendations within the *“Review into the Operation and Effectiveness of the Medical Services and Medical Credentialing Functions at the Broken Hill Health Service”* undertaken by Dr Denis Smith has progressed well with three of the recommendation only being outstanding, the revised completion date for these three recommendations being the 30<sup>th</sup> November 2019.

The Interim Chief Executive advised a response had been forwarded to the MoH and remedial actions were now in place.

- The District will retain twenty two (22) out of twenty seven (27) 2019 New Graduates into the New Year. Currently we have found twenty (20) positions for the twenty two (22) that want to remain with us and we are working on the other two (2) positions that are currently unallocated.
- Zero Suicides in Care – The FWLHD is one of three (3) LHDs lucky enough to have Joe Rafferty Chief Executive of Mersey Care NHS UK attending the LHD on 24 November 2019 for a day meeting with senior executive staff, consumers and clinicians. Joe has implemented the zero initiative and has been a major driver for this transformation globally.
- The Ministry has announced that the Palliative Care Aboriginal Health Workers recently funded for each LHD are now permanent positions, and a second 0.5 FTE had been announced. Broken Hill has a 0.6 FTE and the new 0.5 FTE will work in Dareton Palliative Care Team. Notified positions now permanent.
- FWLHD has partnered with WNSW PHN, WNSWLHD and the RDN in developing a joint Expression of Interest to secure \$2-3m at the Collaborative Commissioning. Two joint EOI submissions have been lodged for the first round on funding targeting two care pathways: Chronic Disease Diabetes and the First 2000 Days project V-ReACaH (Virtual Extended Rural Antenatal Child and Adolescent Hub) to support vulnerable children and families. We will know whether we are successful by the end November 2019.

**Resolution:**                    **The Chief Executive Report be received and noted.**  
Moved John Harris, seconded Stephen O’Halloran. Carried

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## Item 9. Aboriginal Health

### 9.1 Aboriginal Health Committee Chair Report

Michelle Dickson advised the Committee had discussed:



- The development of the Aboriginal Health Framework and the consultation plan – this will be an ongoing item to keep the Committee updated with progress. Work with Maari Ma will be occurring to assist the process for developing the Framework.
- Aboriginal health uniform – Information has gone to the Aboriginal Health workforce including Mental Health Drug and Alcohol staff regarding an Aboriginal health uniform and the preferred way for the design and commissioning for an artwork/logo. On the feedback received from staff the decision was made to commission an artist and quotes will be sourced.

### Item 9.2 Vision Statement

The Board members discussed the progress and moving forward with the development of the RAP Pan. Michelle Dickson asked if the Board was happy for the sub-committee to progress with the development and provide back to the Board for endorsement upon completion. The Board members agreed.

### Lunch Recess 1.00pm to 1.15pm

## Item 10. District Performance

### 10.1 Finance and Performance Report

#### 10.1.1 Finance and Performance Committee Chair's Report

Noted

#### 10.1.2 Finance Report

Noni Inglis provided the Board and Committee members with highlights from the Finance and Performance Report.

<b>General Fund</b>	<b><u>FY19 YTD</u></b>	<b><u>Variance to Budget</u></b>
<b>Result for the Year</b>	<b>\$0.774M Surplus</b>	<b>\$0.297M U</b>
<b>Total Expenses</b>	<b>\$41.660M</b>	<b>\$0.861M U</b>
Employee Related	\$25.288M	\$0.569M U
VMO Payments	\$2.715M	\$0.344M U
Goods & Services	\$10.082M	\$0.017M F
Grants	\$0.796M	\$0.000M
Repairs and Maintenance	\$0.579M	\$0.039M F
Depreciation and Amortisation	\$2.194M	\$0.000M
Borrowing Costs	\$0.002M	\$0.000M
<b>Total Revenue</b>	<b>\$41.810M</b>	<b>\$0.534M F</b>
<b>Full Year Projection</b>	<b>\$3.274M Deficit</b>	<b>\$0.284M U</b>

<b>FTE</b>	<b><u>FY19 FN08</u></b>	<b><u>Variance to Budget</u></b>
	699.40	34.79 F

### **Financial Risks**

The financial risks identified throughout the year that lead to the expenditure overrun were identified as being:

- Short term / high turnover of Medical workforce in the BHHS Emergency Department.
- Shortage of senior nurses / reliance on agency model.
- The growth in FTE.
- Premium employee related costs such as Agency Medical and Agency Nursing and overtime costs continue to inflate the employee related costs.
- The additional costs in goods and services expenses (Agency Fees, Travel & Accommodation) as related to the premium labour workforce.

### **Mitigation Strategies to Resolve Financial Performance Issues**

- Monitor, review and reconciliation of FTE.
- Monthly performance meetings between Finance and Cost Centre Managers; and CE & DoFCS with the top 3 underperforming departments to discuss risks and mitigation strategies.
- Adding internal controls into the recruitment process such as Finance approval before recruiting – Procedure to be implemented.
- Graduate Nurses recruitment strategy.
- Implement Medical Workforce plan – to stabilise ED medical officers.
- HealthX Senior Nurse recruitment strategy.



**Premium Labour Costs**

Agency	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
<b>Nursing</b>													
\$ Employment Related	0.105M	0.174M	0.192M	0.187M	0.247M	0.181M	0.255M	0.215M	0.182M	0.204M	0.176M	0.220M	0.264M
\$ Goods & Services	0.050M	0.045M	0.046M	0.079M	0.054M	0.059M	0.063M	0.061M	0.051M	0.061M	0.057M	0.061M	0.066M
FTE	15	20	20	20	29	21	17	20	20	19	19	23	23
Head Count	18	18	18	22	25	21	24	16	22	19	20	24	21
<b>HealthX</b>													
\$ Employment Related												0.002M	0.103M
Head Count												6	7
<b>Medical</b>													
\$ Employment Related	0.221M	0.183M	0.171M	0.220M	0.104M	0.188M	0.205M	0.242M	0.192M	0.207M	0.167M	0.105M	0.226M
\$ Goods & Services	0.066M	0.098M	0.098M	0.044M	0.100M	0.044M	0.098M	0.100M	0.061M	0.051M	0.090M	0.093M	0.041M
FTE	6	7	Ventually new grad program will happen long term 0.063M	6	5	7	7	7	7	8	7	7	7
Head Count	7	8	5	8	6	8	8	8	8	11	10	6	11

*FTE is calculated on the hours worked for last pay run of the month. Headcount is the number of employees working on the last day of the month.*

Noni Inglis noted the introduction of HealthX staff was proving beneficial despite having not seen a decrease in agency staff as first predicted.

The Board members discussed the increase of FTE in Wilcannia and Balranald due to meeting award conditions and the benefits the New Graduate Program will have on reducing premium employee related costs.



### Full Year Projection

There is an unfavourable variance between the full year projection and full year budget of \$0.284M. Of this \$0.250M relates to the room rate changes for private health insurance.

### Scaling of Patient Experience in the ED Waiting Room

The Emergency Department applied to be involved in the Ministry pilot “Scaling of Patient Experience in the ED Waiting Room” but was unsuccessful. As a result of FW interest, the Ministry has funded a number of initiatives for the ED department with the aim to provide a better experience for people whom are waiting to be seen. The desired outcome of these changes is to make patients feel more comfortable; to assist in understanding the process of triage; and to understand why they are waiting. FW continues to look to initiatives to reduce did not wait attendances, especially for the Aboriginal people and it is hoped that these changes will assist in reducing this KPI. The initiatives commenced include a child’s play centre, phone charge docking station, red coloured chairs for patients waiting to be triaged, aboriginal artwork depicting the process of triage and a water cooler. An app called GoShare Discharge Information program and a welcome video which is sent to the patient mobile phone is in progress. A feedback kiosk is being installed which provides patients with the opportunity to provide feedback on their experience to better inform patients and to assist BHHS to improve the patient experience.

<b>Far West Triage Performance</b>					
<b>October 2019</b>			<b>YTD October 2019</b>		
<b>Cat 1 Target (100%)</b>	<b>Cat 2 Target (95%)</b>	<b>Cat 3 Target (85%)</b>	<b>Cat 1 Target (100%)</b>	<b>Cat 2 Target (95%)</b>	<b>Cat 3 Target (85%)</b>
100%	80%	74.2%	100%	77.9%	77.1%

Improving service levels in hospitals is a Premier’s Priority for 2019-2023. Timely access to emergency services improves health outcomes for patients and alleviates stress and anxiety for families and carers.

### Cash Position (Liquidity)

<b>YTD Operating Subsidy</b>	<b>Full Year Operating Subsidy Budget</b>	<b>% of Operating Subsidy used</b>	<b>% No of days through the year</b>	<b>Performing</b>
\$35.446M	\$99.319M	35.7%	33.7%	Not met

Note: Capital Subsidy is excluded

### District and Network Return (DNR)

The first draft submission was submitted on the 11 October 2019 which is within the Ministry required timeframes. Final submission of DNR for year ended 30 June 2019 is due by 15 November 2019 and this expected to be achieved.



### Excess Annual Leave Reduction Incentive Program

The MoH will be rolling out the excess annual leave reduction incentive program in 2019-20 following the success of the pilot conducted in 2018-19.

The three Local Health Districts (Central Coast Local Health District, Murrumbidgee Local Health District and South Eastern Sydney Local Health District) involved in the pilot reduced their excess annual leave days in aggregate by 9,880 days or 10 per cent.

MoH encourages LHD's to consider this initiative in order to offset some of the pressures experienced in this financial year end. This initiative will allow the LHD to access cash and budget for certain employees according to certain business rules.

The target is a reduction in excess annual leave days by 10%

Base June 2019	10% Reduction	Target June 2020
3770 Days	376 Days	3394 Days

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### 10.1.3 Financial Reports

Noted

**Resolution:**                    **The Finance Reports be received and noted.**  
Moved Stephen O'Halloran, seconded Lilon Bandler, Carried

### 10.1.4 MoH Narrative – October 2019

Noted

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### Item 10.2 Workforce Development Report

#### Item 10.2.1 Workforce Development Committee Chair Report

Mariette Curcuruto advised the Committee had discussed HealthX agency staff and the fact they had not yet seen a reduction in staffing costs. A submitted draft Medical Workforce Plan was discussed at length and would be submitted to the Board at the December 2019 meeting for endorsement.

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Mariette Curcuruto asked Diana Ferry to leave the meeting due to a conflict of interest at 1.58pm

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Mariette Curcuruto advised Diana Ferry had raised concerns regarding the Workforce Development Committee Report that was submitted in the Workforce Development Committee meeting papers.

#### Item 10.2.2 Workforce Report October 2019

##### Workforce Risks

The current workforce risks include (but are not limited to):

1. An outdated BIC agreement, resulting in issues being raised by the union about remuneration and conditions of employment. There are unknown financial implication of union claims.



2. Broken Hill Health Service has a large junior nursing workforce, with 36% new graduates and transition to practice nurses, 18% year 3-4 nurses and 46% year 5-8 nurses. This increases pressure on senior nurses for clinical supervision, and can cause risks to patient safety.
3. Broken Hill Health Service is largely serviced by a locum medical workforce. This results in increased cost of service and poor continuity of care.
4. Due to locum medical workforce and agency nurses, there is a constant need of ongoing training and support for clinical application systems (such as electronic medication management, and electronic medical records). Insufficient time allocated to training of clinical staff can result in risks to patient safety.
5. Due to staff attrition, there is a constant need of ongoing training and support for corporate systems (such as HealthRoster).
6. Staff not taking Annual leave (dual risks identified – fraud & wellbeing)

### **FTE and Headcount**

The current FTE for the District at FN08 is 676. This is 63.10 below the budgeted staff establishment of 739.10 FTE.

### **Aboriginal Workforce (Item 5.2.1)**

Far West Local Health District is committed to improving the recruitment, retention and career development of Aboriginal people across all clinical, allied health and administrative positions.

Aboriginal staff account for 8.7% of the LHD workforce. This remains the same from August with 8.7%. There may be opportunity to increase this figure at recruitment of any vacant positions.

### **Annual Leave**

NSW Health Leave Matters policy outlines 30 days or more as excess leave. The Service Agreement Service Measure: Reduction in the number of employees with accrued annual leave balances of more than 30 days and Treasury Circular (TC14/11) consider a total leave balance (Annual, Public Holiday and Extra Leave) exceeding 30 days as excess.

253 (36%) staff have annual leave in excess of 30 days. This is a slight decrease from August of 259 staff. 47 staff across the District have not taken Annual Leave in the past 12 months, of which four staff are in excess leave.

### **NSW Health Senior Executive Development Program**

Melissa Welsh graduated from the third cohort of the NSW Health Senior Executive Development Program ten month program in July 2019. The District has put forward a nomination for the fourth cohort and are awaiting the outcome of a rigorous assessment process to see if the Far West will be represented in 2019/2020. The program reflects contemporary best practice executive talent development and is positioned as the premier leadership program for NSW Health. The 10 month program is intended to build a pool of candidates who are ready for future senior executive and Chief Executive roles within NSW Health.

**Action:            Secretariat to draft a letter of congratulations to Melissa Welsh from the Board.**



### **Careers Expo 2019**

The Careers Expo is an annual event held in Broken Hill that brings together a variety of service providers and employers, enabling students and members of the public to learn about the services that they provided and explore career pathways. The 2019 Careers Expo was held on 31 July 2019. Positive feedback was received from the students attending the event, with notable interest in the FWLHD SBAT program.

### **Rural Medicine Australia**

Far West LHD is collaborating with the Royal Flying Doctor Service (RFDS), and Broken Hill University Department of Rural Health (BDUDRH) and Regional Development Australia (RDA) to promote the Far West NSW region in general, and Broken Hill in particular at the Regional Medicine Australia conference in October 2019.

Preparation is underway to present as a united front at the conference and promote the key benefits that the region can offer.

### **Modernisation of the BIC Industrial Agreement**

NSW Ministry of Health has filed an application in the Industrial Relations Commission for a new Award for Broken Hill staff members. The proposed new Award provides staff with modern and up-to-date employment conditions, consistent with all other NSW Health employees. The proposed new Award also preserves beneficial provisions from the 1997 agreement for existing staff, including existing salary rates, and five weeks annual leave for staff who currently receive it.

The Award application has been filed now to ensure that a 2.5% pay increase can apply to all staff, backdated to 1 July 2019, once the Award is made. Before the new award commences, it will be the subject of detailed negotiations and conciliations between NSW Health and the unions on behalf of staff.

The first formal round of negotiations in the Industrial Relations Commission between NSW Health and the unions commenced on 27 August 2019 in Broken Hill, with further 1 hour consultation to occur on Friday 8 November 2019 via teleconference. Given the lodgement of a draft Award that is not acceptable to the Ministry of Health and Far West Local Health District the process of negotiation will now likely escalate to hearing in the NSW Industrial Relations Commission in the New Year.

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Diana ferry returned to the meeting at 2.06pm

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### **Item 10.2.3 Headcount and FTE October 2019**

Noted

**Resolution:**                    **The Workforce Development Report is received and noted.**  
Moved Michelle Dickson, seconded John Harris. Carried

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### **Item 10.3 Risk Report**

#### **Item 10.3.1 Risk Management Unit - Work Health and Safety Report**

The Board members discussed the Staff Incident Quarterly Report noting the drop in incidents across all categories.



**Resolution:**            **The Risk Dashboard Reports be received and noted.**  
Moved Paul Kemp, seconded John Harris. Carried

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**Item 10.4 Health Performance Report September 2019**

Noted.

**Resolution:**            **The Health Performance Report September 2019 is received and noted.**  
Moved Lilon Bandler, seconded John Harris. Carried

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**Item 11. Committee Reports**

**Item 11.1 Audit and Risk Committee Annual Report**

Discussed at Item 4.

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**Item 12. Business on Notice**

**Item 12.1 Safety and Quality Account 2019-20**

Endorsed

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**Item 13. Items for Discussion**

**Item 13.1 Board and Executive Planning Day 25 February 2020**

Diana Ferry provided a draft outline of the proposed Board and Executive Planning Day program. The Board members discussed the postponement of the Respecting the Difference Training Day and dates to reschedule.

**Action:**            **Diana Ferry to forward draft program to all members for discussion at the December 2019 meeting.**

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**Item 14. Calendar of Events**

Noted

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**Item 15. Correspondence**

**Item 15.1 Maari Ma – Closure of Ivanhoe Gaol**

Noted.

**Item 15.2 Minister Hazzard – Consultation and Engagement Strategies**

Noted

**Item 15.3 Patient Experience and System performance – Statewide Activity September 2019**

Noted

**Item 15.4 Response to Councillor Wheeldon – Resignation letter Two Rivers Health Council**

Noted



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**Item 16. Other Business**

Nil

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**Item 17. Annual Public Meeting**

Diana Ferry advised the annual Year in Review was currently with the graphic designer and was similar to previous years.

**Action: Diana Ferry to forward draft Year in Review to Board members for their review.**

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**Item 18. Closed Meeting**

2.22pm

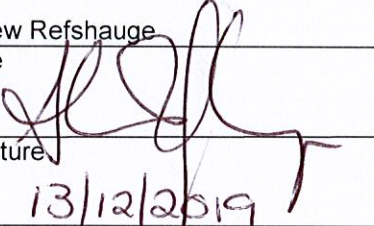
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**Item 19. Next Meeting**

Friday 13 December 2019

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**Certified as a correct record.**

Andrew Refshauge  
Name \_\_\_\_\_  
Signature  \_\_\_\_\_  
Date 13/12/2019 \_\_\_\_\_



