
Minutes

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

Date: 26 July 2021

Time: 10.15am CST (10.45am EST)

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

Present:

| | |
|---------------|-----------------|
| Mr Umit Agis | Chief Executive |
| Mr Wincen Cuy | Board Member |
| Mr Paul Kemp | Board Member |

Videoconference:

| | |
|-----------------------|------------------|
| Dr Andrew Refshauge | Board Chair |
| A/Prof Lilon Bandler | Board Member |
| Ms Mariette Curcuruto | Board Member |
| Dr Michelle Dickson | Board Member |
| Ms Sally Pearce | Board Member |
| Dr Olumuyiwa Komolafe | Staff Specialist |

In Attendance:

| | |
|----------------------|---|
| Mr Muku Ganesh | Director Performance and Strategy |
| Ms Corina Kemp | A/Executive Manager Aboriginal Health and Community Relations |
| Ms Denise McCallum | General Manager District Health Services |
| Ms Dale Sutton | Director Clinical Governance/Executive Director Nursing and Midwifery |
| Ms Claire McKendrick | Director, Claire McKendrick Consulting |
| Ms Hannah Everuss | Board, Committees and Policy Clerk (Minutes) |

Meeting Opened 10.30 AM CST/ 11.00AM EST

Item 1. Acknowledgement of Country

The Far West Local Health District acknowledges the traditional owners of the lands within its boundaries including: the Barkandji; the Muthi Muthi; the Wilyakali; the Ngaympaa; the Wadigali; the Malyangaba; and the Wangkumara. 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.

Item 2. Apologies

Nil

Item 3. Disclosure of Interest

Nil to add.

Item 4. Order of Business/Urgent Business

Nil.

Item 5. Minutes of Ordinary Board Meeting 28 June 2021

Resolution: **The Minutes of the Ordinary Board meeting held on 28 June 2021 be received as a true and correct record.**
Moved Sally Pearce, seconded Michelle Dickson, Carried.

Correction to be made regarding Muku Ganesh time of leaving meeting.

Item 6. Action List

6.1 TAB 1 Item 19 – 21 Service Level Agreement Local Priority Updates

Priority 7 – FWLHD Suicide Statistics

An internal brief update was supplied to the Board with a comparison of LHD suicide rates across NSW. It was noted that the LHD boundaries do not align with the ABS statistical areas. The Board found this information useful and understood the difficulty of measuring movements yearly for the FWLHD.

6.2 TAB 2 Item 21 – 34 Media Reach in the District

The Board noted the media strategies for the District and the communication channels available to Wentworth, Dareton and Balranald. Umit Agis advised that the Local ABC and Sunraysia media outlets are currently being met with weekly for the Balranald and Euston region.

The Board extended their thanks to the FWLHD Media Officer for being readily available to respond when required during the current pandemic.

6.3 TAB 3 Item 21 – 36 Smoking During Pregnancy Comparative Rates and Initiatives the FWLHD are involved

The Board advised this report provided much better information than the monthly report as included under Item 9.1.4. The work required to produce this report was recognised. It was moved that the Board receive an annual report rather than a monthly report.

Item 7. Reflections on our Care

Item 7.1 Patient Story

The patient story was noted by the Board. Moved Lilon Bandler, Seconded Michelle Dickson.

Item 7.2 Staff Story

The staff story was noted by the Board. Moved Sally Pearce, Seconded Paul Kemp.

Dr Komolafe joined the meeting at 10.41AM CST/ 11.11AM EST

Item 8. Chief Executive Report

Item 8.1 KPI Dashboard Report

The KPI Dashboard report was noted. Moved Lilon Bandler, Seconded Wincen Cuy, carried.

Action: It was discussed that the term under Domain Incidents within the KPI dashboard report, 'unnecessary death' was misleading and that the headings of SAC needed to be updated to be consistent with the new terminology of harm score.

Item 8.2 Chief Executive Report

The Chief Executive went through the report noting key points:

- The FWLHD Coronavirus response continues with no new cases detected in the FWLHD. Mildura has experienced an outbreak with four confirmed cases which raised concerns for the FWLHD. In response to demand, weekend COVID testing clinics have been opened in Wentworth and testing hours extended. Wentworth would normally test between 25 – 30 people in one week. Once a case of COVID was confirmed in Mildura, Wentworth conducted 450 tests within four days. Ten staff within the FWLHD were tier one and tier two contacts. Tier one being in the same place as an infected case and tier two, someone who was in contact with a tier one contact. All tier one contacts are required to quarantine for fourteen days. Arrangements have been made for the five staff members who fall into this category to work from home. Staff from the LHD who work in Mildura are screened daily. There has been one close contact who visited Mildura and resides in Broken Hill, they are currently in quarantine.
- The FWLHD vaccination clinics are progressing. Currently the FWLHD has administered 4100 vaccinations within the District. This does not include the number of vaccinations administered by the RFDS who are active in the Central Darling Area in outreach vaccination clinics in Menindee, Tibooburra, Wilcannia and Ivanhoe.

People and Culture

- The CE advised that the new cohort of School Based Apprentices (SBATs) were commencing in the District. There are no major workplace incidents to report.
- A meeting with Board members Michelle Dickson and Mariette Curcuruto has been convened to discuss the draft Aboriginal Workforce Strategy further before presenting to the FWLHD Executive and then onto the Board. The CE thanked Michelle and Mariette for their contribution and time spent revising the document.

Overdue Surgery

- The CE advised that the Gastroenterology elective procedures were now included in the new data table provided in the CE report and explain the increase in number of overdue surgeries.

Performance, Strategy and Planning

- The financial position for the end of the year delivered was as forecast. The FWLHD closed the year out with a small surplus in expenses. The own source revenue result was inflated due to the purchasing of goods with some funds provided by the MoH which will provide some relief in outer years. It was noted the value of having a list of

urgent needs for the District on hand. All projects are pretty well all completed with new projects coming on board.

Aboriginal Health and Community Relations

- Corina Kemp has commenced in the acting role of Executive Manager Aboriginal Health and Community Relations. Corina will be joining the Board today to announce some exciting news regarding an Aboriginal artwork that was commissioned representing all FWLHD Nations people, marking a milestone for the FWLHD.

Clinical Operations

- The issue of inter-hospital transfer delays is continuing with a number of meetings being held with the RFDS, NSW Ambulance and ACC. The FWLHD is currently in the process of writing a brief in collaboration with the NSW Ambulance to create an appropriate model of care for escalation. The RAH have advised that they are struggling to manage their own demand and that SA residents will be their priority. This causes some tension in the model of care as RAH a tertiary referral hospital. The lockdowns and border closures are also causing issues when arranging for retrieval of patients. There are currently weekly NSW regional LHD meetings being held providing a good forum for like regions to discuss a number of important issues.
- An overnight medical on call physician is now available to the Broken Hill Health Service commencing on 2 August 2021. It was raised by the Medical Council that a second physician was required when activity within the hospital increased after hours.
- The Director of Clinical Operations has resigned and will be finishing on 30 July 2021. An internal staff member will be relieving this role from Monday 2 August 2021 while the process of recruiting is completed. The border closures and lockdowns are creating an extra layer of difficulty. The appointment of the Director of Medical Services has progressed with a preferred candidate awaiting MADAC approval and appointment letter before an announcement can be made later this week.

Resolution: **The Chief Executive Report be received and noted.**
Moved Paul Kemp, seconded Wincen Cuy. Carried.

Item 9. Aboriginal Health

Item 9.1 Clinical Services

Item 9.1.1 Comparative DAMA Rates

Noted.

Item 9.1.2 Comparative DNW Rates

Noted.

Item 9.1.3 Admission rates compared with population numbers

Noted. The Board discussed why the length of stay was significantly shorter for Aboriginal patients. Dr Komolafe advised that Aboriginal people who present were more likely to have greater acuity, were less likely to have a long stay in hospital, were less likely to be in the physical rehabilitation program and were less likely to be placed on maintenance awaiting placement due to the nature of their presentation. It was noted that further primary healthcare prevention is required for these presentations to be prevented.

Item 9.1.4 Smoking during pregnancy comparative rates

Noted. Discussion was had around the benefit of an annual report as opposed to the monthly report provided. It was agreed that an annual report would be more useful.

Resolution: **The Smoking During Pregnancy Comparative Rates and Initiatives report to be tabled annually in place of the monthly report previously provided.**
Moved Wincen Cuy, seconded Paul Kemp, Carried.

Item 9.2 Workforce

Item 9.2.1 Workforce participation rates

Noted. The Committee discussed the workforce participation rates. The separation and commencement of Aboriginal employees analysis was provided.

Resolution: **The Aboriginal Health Reports be received and noted, analyses and actions are supported by the Board.**
Moved Lilon Bander, Seconded Michelle Dickson. Carried.

Item 9.3.External Relationships

Item 9.3.1 Maari Ma and Coomella Health Aboriginal Corporation (CHAC)

The CE confirmed that he had met with Aunty Maureen O'Donnell and discussed the vision for Maari Ma and FWLHDs ongoing relationship. Aunty Maureen was keen to reengage with the FWLHD and at Board level. A meeting with Aunty Maureen, Bob Davis, Andrew Refshauge and Umit Agis will be arranged.

The FWLHD continues to work closely with CHAC on an ongoing basis in particular in regard to COVID surge planning. CHAC have created additional testing clinics as well as allowing FWLHD to use their rapid testing facility.

Resolution: **The use of the acronym ATSI should not be used and Aboriginal or Aboriginal and Torres Strait Islander people be used instead in all FWLHD documents.**
Moved Michelle Dickson, Seconded Lilon Bandler. Carried.

Ms Dale Sutton joined the meeting at 11.15AM CST/11.45AM EST

Ms Mariette Curcuruto joined the meeting at 11.20AM CST/ 11.50AM EST

Item 10. Presentation

Item 10.1 Ms Dale Sutton – Director Clinical Governance/ Executive Director Nursing and Midwifery – Pillar One

Key talking points of the presentation were:

- Aboriginal Health outcomes that fall within Pillar One, Clinical Governance.
- Prevention and early intervention programs in regard to Aboriginal Health.

- The Memorandum of Understanding between Maari Ma and FWLHD regarding Aboriginal Maternal and Infant Health Services (AMIHS).
- Implementing a model of Aboriginal Immunisation Healthcare as not all Aboriginal People choose Maari Ma to provide their healthcare.
- School Based Apprenticeship and Traineeships Program and Aboriginal Cadetships.
- Aboriginal Health Workers/Practitioners working within the Multidisciplinary team alongside mainstream services both acute and in the community.
- Partnerships with Maari Ma Aboriginal Health Corporation, Coomealla Health Aboriginal Corporation, University Department of Rural Health and the Department of Education in delivering Aboriginal Health services, education and improving services.
- KPI Dashboard measurable outcomes and data specifics that fall within Pillar One, Clinical Governance.
- NSW Dashboard Safety and Quality of Care for FWLHD and NSW comparison report. The Board expressed their interest in this report and asked for this to be included annually.

It was discussed the need for services not to overlap with partner organisations. It was confirmed that when delivering a service for example to Aboriginal mothers and children the FWLHD was working together collaboratively with Maari Ma to ensure this was not the case.

Dale Sutton left the meeting at 11.35AM CST/12.05PM EST

Item 11. Board Sub Committee Reports

Item 11.1 Quality and Safety Committee

Item 11.1.1 Quality and Safety Committee Chair Report

Andrew Refshauge Board Chair advised he was Acting Chair of the June Safety and Quality Committee Meeting as we await the appointment of two new Board Members. It was reported that the Clinical Governance Unit had implemented a Deteriorating Patient Committee to oversight and address the issue of non-escalation of the deteriorating patient. With the issues being multi factorial involving, junior staff, capacity to raise issues with senior staff, junior medical capacity with ongoing action being taken. Pressure injury incidence has seen a significant improvement however there has been an increase in falls for FWLHD in June 2021.

Item 11.1.2 Patient Safety and Clinical Quality Report June 2021

Noted. The Board advised that the report had significantly improved in its content including analysis and action items.

Key points of the report worth noting:

What's working well within the District:

- Pressure Injury prevention strategies have resulted in two consecutive months of no hospital acquired pressure injuries.
- Completion of RCA and Clinical Review recommendations has been consistent at 100%.

- There has been a six month period where no medication incidents causing serious harm (Harm score 1 & 2) have been recorded.

What's not working so well – concerns in the District:

- There has been a continued issue with delays of Inter-Hospital transfers. The NSW Ambulance, ACC and Far West LHD have met and will now be meeting on a monthly rather than quarterly basis to promptly respond and develop strategies to reduce delays in transfer.
- Medical record documentation by clinical staff, particularly nursing and medical staff remains a concern. The Health Information Management team are working to identify improvement strategies.
- Failure to escalate deteriorating patients. The LHD has established a 'Deteriorating Patient Committee' to oversight audits and reviews and identify improvement strategies.
- FWLHD 28 day readmission audit shows a significant percentage of patients are admitted within two weeks of discharge. The Essentials of Care Coordinator is reviewing these cases to identify themes and trends to inform strategies to address.

Resolution: **The Safety and Quality reports be received and noted.**
 Moved Mariette Curcuruto, Seconded Lilon Bandler. Carried.

Item 11.1.3 Quality and Safety Committee Minutes 28 June 2021

Noted.

Muku Ganesh joined the meeting 11.45AM CST/ 12.15PM EST

Item 11.2 Finance and Performance

Item 11.2.1 Finance and Performance Committee Chair Report

The Finance and Performance Chair advised that all operational staff should be congratulated for the positive financial end of year result. The CE and Director of Performance and Strategy agreed that the overall financial position was a result of an organisation wide effort.

Item 11.2.2 Finance and Performance Committee Minutes 21 June 2021

Noted.

Item 11.2.3 Finance Report June 2021

Major items of the financial report are:

**FWLHD Finance and Performance Committee
30 June 2021 Finance Report
1. Overview (Item 5.1.1)**

| | <u>20/21</u> <u>YTD</u> <u>Actuals</u> | <u>Variance</u> <u>to</u> <u>Budget</u> | | <u>20/21</u> <u>FY F'cast</u> | <u>Variance</u> <u>to budget</u> |
|---|--|---|----------|----------------------------------|-------------------------------------|
| Expenses | | | | | |
| Employee Related | 78.591M | 1.965M | F | | |
| VMO Payments | 8.405M | (0.265M) | U | | |
| Goods & Services | 29.606M | 0.345M | F | | |
| Grants | 2.932M | 0.052M | F | | |
| Repairs, Maintenance & Renewals | 3.750M | (1.516M) | U | | |
| Depreciation and Amortisation | 7.399M | (0.221M) | U | | |
| Borrowing Costs | 0.021M | (0.018M) | U | | |
| Other Expenses | 0.184M | (0.011M) | U | | |
| Total Expenses | 130.886M | 0.332M | F | 130.886M | 0.332M F |
| Revenue | | | | | |
| Own Source Revenue | 13.271M | (2.204M) | U | | |
| Government Contributions | 111.951M | (2.359M) | U | | |
| Doubtful debts | (0.070M) | (0.070M) | U | | |
| Total Revenue | 125.152M | (4.633M) | U | 125.152M | (4.633M) U |
| Net Cost of Service : Surplus/(Deficit) | (5.734M) | (4.301M) | U | (5.734M) | (4.301M) U |
| Crown Acceptance | (0.006M) | 0.000M | | (0.006M) | (0.006M) U |
| Asset Transfers – Internal | 0.000M | (0.170M) | U | (0.000M) | (0.170M) U |
| Total Result: Surplus/(Deficit) | (5.740M) | (4.471M) | U | (5.740M) | (4.471M) U |
| COVID-19 | | 0.290M | F | | 0.290M F |
| Management Forecast Result Surplus/(Deficit) | (5.740M) | (4.761M) | U | (5.740M) | (4.761M) U |
| FTE | <u>FN26</u> 692.64* | <u>Variance to Budget</u> 69.17 | F | | |

*Excludes 11 HealthX agency staff.

Item 11.2.4 Financial Reports

Key talking points from the Director of Performance and Strategy, Muku Ganesh were:

June 2021

The financial statement operating result for the year is a deficit of \$5.427 million, compared to budgeted deficit of \$1.401 million. This is due to:

1. Unfavourable variance in own source revenue of \$1.922 million as a result of:
 - reduced patient fees and lost travel booking revenue due to COVID-19 of \$1.272 million.
 - enhanced revenue target provided to the District of \$0.650 million.
2. Unfavourable variance in government contribution (subsidy) of \$2.359 million. This is a timing difference and was not projected in the monthly management reports. This timing difference is due to expenditure accruals, for which revenue will only be received (and recognised) upon payment of these expenditure. These accruals are:
 - Plant and equipment expenditure accrual of \$2.070 million.
 - Liabilities arising from the local Magistrate court case of \$0.390 million.

An explanation of major variance are:

INCOME STATEMENT

Expenditure

The District will record a favourable to expenditure budget variance of \$0.257 million. The following are the major variations to the comparative year.

- Long Service Leave provision has been recalculated as at 30 June 2021 by the Ministry of Health. As a result, the Far West has recognised a negative expense of \$0.437 million compared to previous financial year expense of \$2.647 million. This is due to the NSW Treasury actuarial factor decreased from 70.15% (FY20) to 51.42% (FY21) as a result of the triennial review and a reduction in the Commonwealth Bond yield.
- The reported actual expenditure also includes \$4.170 million for COVID-19 related expenditure. This expenditure has been fully reimbursed by the MoH.

Revenue

The District will record an unfavourable revenue budget by \$4.283 million. This is due to a timing difference of \$2.359 million and an unfavourable own source revenue variance of \$1.922 million.

- Unfavourable variance of \$2.359 million in the government contribution (subsidy) is due to the fact that the subsidy revenue is recognised on cash basis. There was a significant amount of expenditure accruals raised towards the end of the year (see balance sheet payables below), the MoH will only provide government contribution (subsidy) when these invoices are paid. This is purely a timing difference and will inflate the government contribution (subsidy) by a similar amount for next financial year.

- Un-favourability to the own source revenue target of \$1.922 million. Of this, \$1.272 million as a result of reduced private patient fees and lost revenue due to reduced travel booking associated with COVID-19. The remaining \$0.650 million is due the enhanced revenue target provided to the District by MoH in mid-December 2020.
- The reported government contribution (subsidy) also includes additional revenue of \$4.170 million for COVID-19 related expenditure.

The ABF activity final lodgement for 2020/2021 will occur after the end of the financial year to the Ministry. The target set by the Ministry is 20 August 2021. The chart auditor that was engaged has found 110 NWAU that have been miscounted or missed which will be lodged at this time. FWLHD may meet the NWAU target if not realise a small increase.

The revenue challenge for the new financial year have been raised with the MoH regarding the decrease in NWAUs funded by the Ministry and the increased own source revenue target retained in the Service Level Agreement with the District being limited by a decreasing and aging population.

BALANCE SHEET

- The District undertook a comprehensive revaluation of its land, building and infrastructure as at 31 December 2020. As a result, the District has recognised a revaluation increment of \$6.364 million. This is reflected in property, plant and equipment and equity.
- The payables (current liabilities) has increased by \$4.503 million. The main reason for this increase is due to \$2.45 million associated with the minor capital equipment, other equipment and other expenditure.

11.2.5 MoH Narrative – June 2021

Noted.

11.2.6 Workforce Report

Noted.

11.2.7 Headcount and FTE May 2021

Noted.

Resolution: **The Financial and Performance reports be received and noted, analyses and actions are supported by the Board.**
Moved Sally Pearce, Seconded Paul Kemp.

Muku Ganesh left meeting at 11.57PM CST/ 12.27PM EST.

Item 11.3 Audit and Risk

Item 11.3.1 Audit and Risk Committee Chair Report

Nil.

Item 11.3.2 Audit and Risk Committee Minutes 22 June 2021

Noted.

Item 11.3.3 Risk Management Unit - Work Health and Safety Report

The CE advised and as included in the report the explanation for the increase in reporting of incidents. The increased reporting of incidents does directly correlate with the new IIMS+ system introduction. The new system allows staff to choose from a larger range of categories, education has been undertaken and increased promotion of the system and its functionality has increased awareness and reporting across the District. This is a positive reflection of improved awareness translating into increased reporting and confidence in the system.

Resolution: The Risk Report be received and noted with the analyses and action contained within them be supported by the Board.

Moved Sally Pearce, Seconded Paul Kemp. Carried.

Ms Denise McCallum joined the meeting at 12.11PM CST/12.41PM EST

Item 10.2 District Health Services Presentation – Ms Denise McCallum General Manager District Health Services

Key talking points of the presentation were:

- Overview of District Health Services, eight facilities, six emergency departments, three inpatient facilities, five facilities providing a triple zero response and one primary healthcare only facility across the FWLHD spanning over four Local Government Areas and four Local Emergency Management Committees. District Aged Care services are also provided with a Health Care Council in each Community.
- Primary Health Care Registered Nurse School Based Program to embed Wellbeing and Health Inreach Nurse Coordination (WHIN) services to Wentworth, Dareton Primary and Dareton High School, Buronga and Gol Gol.
- For the first time the whole District underwent the accreditation process with assessors being happy with the work the LHD is doing. Within the final report provided by the assessors nil recommendations were received for Remote Health Service inpatient facilities and six recommendation actions related directly to Wilcannia and Balranald Multi-Purpose Service aged care services modules.
- COVID surge plans reviewed and updated, a COVID Aged Care Community of Practice developed District wide COP with private Aged Care facilities and local stakeholders and COVID Community Mass Vaccination Clinics in collaboration with RFDS and Maari Ma scheduled third weekly cycles of vaccination clinics in Wilcannia, White Cliffs, Menindee, Tibooburra and Ivanhoe. Regular weekly LHD run community mass vaccination clinics in Balranald and Wentworth LGAs.
- Buronga HealthOne new development due for completion mid 2022. New Wentworth Hospital development currently under planning development with Health Infrastructure and an external consultant. New Wentworth facility to introduce an enhanced service model to include an Emergency Department and low level acute care beds as identified by the community. Collaboration will occur with Nursing and Midwifery to identify professional development needs, staff profile, skill mix and development of a transitional Nurse Practitioner role. Director of Medical Services is currently reviewing the model of service to see what it needs to be in the future.

- School based apprenticeships and traineeship opportunities within the Remote Health Service communities were discussed. Possible linkings with TAFE to support and suggested linking with LaTrobe university students in Mildura to allow placements in FW District facilities. The CE advised that the Mildura Hospital were the feeder hospital for LaTrobe University in Mildura with a partnership currently being developed.

The Board noted the importance of community consultation in the development process of the new Wentworth Hospital facility. The CE advised that there will be meetings with the community in the lead up and during the planning process.

The Board discussed the challenges District Health Services face. Being financial constraints, infrastructure and redevelopment, changing service delivery models, workforce recruitment and retention, data and capturing activity and health data. With the main challenge being highlighted as recruitment and retention of a skilled workforce. There is an active plan in regard to recruitment and filling the gaps however the District is currently struggling to recruit to permanent relieving RN positions. The Balranald Diabetes Clinical Nurse Specialist position has been successfully recruited to with the successful applicant due to commence working across the three communities of Balranald, Dareton and Wentworth in the near future.

Item 12. Reports for Noting

Item 12.1 Health Performance Report May 2021

Noted.

Resolution: **The Health Performance Reports for May 2021 was received and noted.**
Moved Lilon Bandler, Seconded Sally Pearce. Carried

Item 12.2 Aboriginal Health Progress Report 2021

The Board noted the Ministry of Health report.

Resolution: **The Aboriginal Health Progress Report be received and noted by the Board.**
Moved Sally Pearce, seconded Mariette Curcuruto, carried.

Item 12.3 National Safety and Quality Health Service Standards (NSQHS) Assessment Ratings Report and Recommendations Action Plan

The National Safety and Quality Health Service Standards (NSQHS) Assessment Ratings Report was included for the Board to note.

Resolution: **The National Safety and Quality Health Service Standards (NSQHS) Assessment Ratings Report and Recommendations Action Plan be received and noted with the analyses and action contained within them be supported by the Board.**
Moved Paul Kemp, Seconded Wincen Cuy, carried.

Ms Corina Kemp joined the meeting at 1.00pm CST/ 1.30pm EST

Item 12.4 Corey Payne Aboriginal Artwork Artwork

Corina Kemp Acting Executive Manager Aboriginal Health and Community Relations joined the meeting to unveil the Aboriginal Artwork completed by Corey Payne to represent the eight Aboriginal communities in the FWLHD as our cultural artwork. Corina supplied a short biography of Corey Payne, a Paakintji/Wilayakali Aboriginal man born and raised in Broken Hill. The Cultural artwork as created by Corey for FWLHD acknowledges all Aboriginal Communities across the LHD signifying the diversity of the Tribal Groups.

The Board members discussed the artwork and asked if its use should be approved by the Ministry of Health.

Action: Seek MoH approval to use FWLHD Cultural artwork painted by Corey Payne Paakintji/Wilayakali man .

Ms Claire McKendrick joined the meeting at 1.45PM CST/ 2.15PM EST

Item 13. Reports for Endorsement

13.1 FWLHD Aboriginal Health Framework

Presenter: Claire McKendrick

Ms Claire McKendrick joined the meeting to present the Aboriginal Health Framework developed in partnership with Donna Cruikshank former FWLHD Director Planning, Aboriginal Health and Community Engagement, Corina Kemp Acting Executive Manager Aboriginal Health and Community Relations and the internal document reference group.

Key areas of the Framework discussed were:

- The vision of the FWLHD, key principles on how we work, engagement and partnerships, governance framework and plan to embed Aboriginal Health into governance of the organisation.
- The profile of the Aboriginal demographic in the FWLHD.
- Co-designed principles developed through consultation and engagement of the Aboriginal community and workforce.
- Development of strong partnerships through complex delivery to close the gap, in still trust, learn together show vulnerability and humility whilst genuinely engaging and investing in relationships.
- Recognise diversity of community who were consulted through working parties both informally and formally.
- Embedding responsibilities into the four governance pillars of the FWLHD organisation.

The Board thanked Claire for her work in partnership with the LHD and discussed what cultural safety meant. It was discussed that the framework takes a prospective stance of cultural proficiency adding to cultural knowledge, research and advocacy.

The Framework document will be branded with the FWLHD Cultural Logo as a FWLHD document. It was suggested that the report on health needs as referred to on page 7 of the document be referenced to provide clarity to the reader. The Board expressed their concern that the document did not include any measurable outcomes or provide direction on how the LHD were going to achieve improved health outcomes of Aboriginal people in communities.

The CE and Claire advised that the Framework talks to a way of working and engaging the community and workforce. The four pillars will have responsibility to action. Specific strategies are included in the Strategic Plan and Aboriginal Workforce Strategy. The key performance indicators in the Framework outline the areas the FWLHD are going to focus on and reflect NSW Health Dashboard Indicators and FWLHD Service Level Agreement. The FWLHD did not want to create strategy fatigue within the Aboriginal Health Framework.

The Board noted that they understood the Framework was essential in developing a solid support and important in underpinning the prioritised Aboriginal Health outcomes and wish to support the LHD to achieve the changes.

Resolution: The Aboriginal Health Framework be endorsed by the Board.

Moved Sally Pearce, seconded Michelle Dickson. Carried.

Item 14. Business on Notice

Nil.

Item 15. Items for Discussion

Nil.

Item 16. Calendar of Events

Noted.

Item 17. Correspondence

Item 17.1 Letter received re new Wentworth Hospital development

A letter was received suggesting the new Wentworth Hospital development remain at its current site. The CE confirmed there will be further community consultation. Funding has been supplied by Health Infrastructure to get project directors in place to enhance the consultation process that will include the Wentworth community.

Item 18. Other Business

Nil.

Item 19. Closed Meeting

2.30PM CST/ 3.00PM EST

Item 20. Next Meeting

Monday 30 August 2021

Certified as a correct record.

Andrew Refshauge

Name



Signature

27/09/2021

Date