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## Minutes

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

Date: 26 October 2020

Time: 10.30am CST (11.00am EST)

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

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### Present:

Dr Andrew Refshauge	Chairman
Mr Wincen Cuy	Board Member
Mr John Harris	Board Member
Mr Stephen O'Halloran	Board Member
Mr Umit Agis	Chief Executive
Mr Michael Kelly	Interim Director Performance and Strategy

### Videoconference:

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

### In Attendance:

Dr Andrè Nel	Director Medical Services
Ms Judy Robinson	Manager Risk Management Unit
Ms Denise McCallum	General Manager District Health Services
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

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**Meeting Opened** 10.28am 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: the Barkandji; the Muthi Muthi; the Wilyakali; the Ngiyampaa; 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.

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### Item 2. Apologies

Mr Paul Kemp	Board Member
Dr Michelle Dickson	Board Member
Dr Andrew Olesnicky	Director Emergency Services BHHS

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### Item 3. Disclosure of Interest

Lilon Bandler advised she had been asked to provide a Coroner's Report in relation to an admission at the Wilcannia Residential Aged Care facility, within her role with RFDS.

Sally Pearce advised she is currently employed on a three month contract with University of Sydney, however the tenure was not related to health matters.

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#### Item 4. Order of Business/Urgent Business

Nil

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#### Item 5. Minutes of Ordinary Board Meeting 28 September 2020

**Resolution:**                **The Minutes of the Ordinary Board meeting held on 28 September 2020 be received as a true and correct record.**  
Moved Wincen Cuy, seconded John Harris. Carried

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#### Item 6. Action List

##### 6.1    19-20 – Acknowledgement of Country – Comprehensive Maps

Held over.

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Judy Robinson joined the meeting at 10.30am

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##### 6.2    20-33 - Risk Appetite for Endorsement

The Board members discussed the Risk Appetite and the target risk ratings at length. The target risk ratings are based on the MoH matrix and colours are set by that matrix.

The Board members discussed the Goals, the identified enterprise risks and risk appetite for each Goal. The Risk Appetite Statement will be reviewed once the new Strategic Plan is developed. New goals can then be identified and re assessed using the risk matrix.

The Board members requested sufficient time to review the Strategic Plan, which is due by 1 July 2021, and to develop the new Risk Appetite. A draft Strategic Plan will be available in the first quarter of 2021.

It was noted the Risk Appetite Statement was standard for a first Risk Appetite, and that it would mature and increase over time.

**Action:**                **Obtain the Risk Appetite Statement from Western NSWLHD and another urban LHD, and circulate out of session.**

**Action:**                **Provide a draft Strategic Plan by March 2020 meeting.**

Endorsed

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Judy Robinson left the meeting at 10.57am

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##### 6.3    19-27 – Informal Afternoon Tea with Maari Ma

A response received from Maari Ma Health was received via email declining the invitation. The Board members discussed the need to keep the invitation extended.

**Action:**                **The FWLHD Board Chair to contact the Maari Ma Board Chair to discuss further.**

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Denise McCallum joined the meeting at 11.07am

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##### 6.4    19-46 – Mobile Dialysis Unit

An update was provided via a Brief.

- There are six patients living in the LHD remote communities that are receiving haemodialysis services in Satellite Haemodialysis Units across Broken Hill, Swan Hill and Mildura.
- Presently all clients living in remote communities currently receiving haemodialysis were deemed not suitable by the Territory Hospital home Dialysis Training Unit (HDTU) for self-care dialysis.
- The remote facilities do not have clinicians with the specialised skill, knowledge and competence necessary to care for patients requiring dialysis treatments.

The Board members discussed ways in which services could be provided. Facility based dialysis can be activated in a short time frame however criteria in remote communities did not meet peritoneal dialysis requirements.

It was noted discussions had not taken place with Clinicians to explore alternative options. Renal Physicians are able to consult via telehealth, visiting communities on a regular basis, with Renal Nurses based in the community and options may be available to link with Western NSWLHD.

**Action: Provide a further update at the February 2021 meeting.**

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Denise McCallum left the meeting at 11.22am

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#### **6.5 20-05 – NOUS Group Training**

Held over.

**Action: Secretariat to follow up with MoH again and if unsuccessful, notify the FWLHD Board Chair for assistance.**

#### **6.6 20-13 – Patient and Staff Stories**

A roster of student story takers is underway with four medical students currently available for training sessions. A request has been sent to FWLHD Patient Story accredited trainers requesting training of the students to begin. Students should be rostered by March 2021.

Complete

#### **6.7 20-21 – Recruitment and On boarding**

An update was provided via a Brief. Key points of the Brief are:

- New recruitment marketing is showing positive results.
- Several positions being identified as hard to fill have recently been recruited to.
- In the last month 63 recruitment requisitions were requested with 4 days taken to approve, 18.4 days to review the applicants and interview and then a further 12.8 days to gain a recommendation to appoint and conduct reference and background checks.
- The MoH KPIs require the total recruitment process to be completed within 40 days. FWLHD KPI is currently 45.7 days. This KPI is affected by 46% of recruitment processes taking greater than the KPI. If this percentage was addressed the FWLHD would meet State KPI requirements.
- It is the intention to implement a management procedure to remove requisitions that are likely to exceed 50 days with follow up to the relevant Manager or Director.

The Board members discussed the Brief noting there should be more clarity on strategy, timelines and outcomes.

The MoH KPIs require the total recruitment process to be completed within 40 days. FWLHDs KPI is currently 45.7 days. The Brief states 'It is the intention to have the Recruitment Unit implement a management procedure to remove requisitions that are likely to exceed 50 days with follow up to the relevant Manager or Directorate'. The Board members questioned this statement noting concern that the 50 days would be removed to improve statistics. The Chief Executive advised this was not the case. The data would be broken down to show the outliers separately.

It was also noted there is no strategy on behalf of the LHD to keep vacancies vacant.

**Action: A further update to be provided at the February 2021 meeting.**

#### **6.8 20-32 - Executive Committee Redesign**

To be discussed at Item 18.2 Update on Board Sub Committee Membership Attendance.

Complete

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#### **Recess 11.30am to 11.48am**

Mariette Curcuruto and Andre Nel joined the meeting at 11.48am

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#### **6.9 20-25 – Informal Afternoon Tea Quarterly Roster**

Approved

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The Chair changed the order of Business to bring Item 10 Presentation forward.

### **Item 10. Presentation**

#### **Item 10.1 Dr André Nel, Director Medical Services**

Dr André Nel, Director Medical Services went through his presentation. Key points of the presentation are:

##### **Clinical Directors**

Five Medical Leads in Speciality have now been appointed with another currently being recruited to. Some FIFO Specialist positions are being changed from Agency to long term contracts which will result in some areas operating with permanent staff and not Locums.

##### **Positions appointed across the LHD and RFDS**

Five employees are now appointed across the LHD and RFDS. The Specialist Rural Generalist training program is going well and collaboration with other organisations is progressing.

The Board members discussed shared services across LHDs. There has been some discussion with Western NSW LHD Emergency Department to rotate Registrars. Processes need to be formalised.

##### **Development Training Pathways**

Having positions available prior to completing the development training pathways is beneficial in that, on completion of training the position is filled. Offering this as an employment package is recommended. Independent pathways are also being included.

##### **Telehealth**

Due to the restructure, Telehealth has been added to the portfolio. Two Coordinators have been appointed and Guidelines are being developed on what outcomes are expected.

The Board members discussed the use of telehealth and how services can be enhanced without offering unsafe practice. Follow up consultations could occur via telehealth at the convenience of the patient in many instances. The focus is on how to present telehealth and use it effectively.

### **Public Health**

Due to the restructure, Public Health is also new to the portfolio. This service has been provided by Western for some time and currently discussions with MoH on what reporting is required is being investigated. Health promotion will feature in the first report, due in the coming month.

The Board members discussed what services identify as Public Health as opposed to Community Health.

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Dr André Nel left the meeting at 12.15pm

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

### **Item 7.1 Patient Story**

Noted

### **Item 7.2 Staff Story**

Noted

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

### **Item 8.1 KPI Dashboard Report**

The Board members discussed the data, noting excess leave. There will be a shutdown period of two to three weeks over Christmas where leave is taken across all services.

Leave and Mandatory training has also been introduced into Performance Reviews to increase compliance rates.

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

The Chief Executive went through the report noting key points:

- The number of new cases detected in NSW continues to remain low with a recent period of no community transmissions also being recorded. NSW Health remains concerned about the lowered test numbers and continues to explore options to maintain an optimum level of surveillance.
- The easing of border restrictions between NSW and South Australia has been a welcome move that reduces the requirement for a quarantine period for people entering SA from NSW. It is envisaged that this will improve the flow of specialist medical services into NSW, as well as providing residents of NSW easier access to specialist health care and travel options in SA. The Director of Medical services continues to monitor this situation and provide periodic briefings to the EOC Team.
- The MoH have advised test results provided by SMS are critical in shortening the timeframes of advice. FWLHD introduced automatic registering and rates are now sitting at 85%.
- Focus in workplace incidents is currently on psychological claims, intervention and prevention, with training being offered in detection and prevention. All open claims are being managed with proactive and structured claims management strategies in consultation with Risk Manager, Recover at Work Coordinator and Insurer.

- Transfer of Care from the Ambulance Service to the Emergency Department for September 2020 was 89.4%, compared to the August rate of 92.5%, which was below the target of 90.0%. These results are being addressed by the General Manager, District Health Services. A review across the District has identified the need for improved documentation in the eMR FirstNet for the smaller sites by Nursing staff.
- The Brief sent to Minister Hazzard for the redevelopment options for Wentworth as a Multipurpose Site, MPS, has been received positively by the Minister and has been forwarded to the Treasury for consideration.
- FWLHD supported the MoH submission to the Parliamentary enquiry by providing exemplars on effective partnerships on behalf of the Rural CEs Group.

The Board members discussed the report noting the Multipurpose site in Wentworth. Meetings have taken place with the Minister and the Wentworth Mayor around the project and further discussion will take place with Health Infrastructure. Murray House Aged Care Facility have been approached and invited to be included in an integrated care model.

**Resolution:**                    **The Chief Executive Report be received and noted.**  
Moved Lilon Bandler, seconded Mariette Curcuruto. Carried

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## **Item 9. Aboriginal Health**

### **Item 9.1 Clinical Services**

The Chief Executive advised there were nil reports under Item 9.1 Clinical Services to aligning the flow of information to allow for reports to first be presented to the Clinical Governance Committee for review. All reports will be provided at the next meeting.

#### **Item 9.1.1 Comparative DAMA Rates**

Nil

#### **Item 9.1.2 Comparative DNW Rates**

Nil

#### **Item 9.1.3 Admission rates compared with population numbers**

Nil

#### **Item 9.1.4 Smoking during pregnancy comparative rates**

Nil

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## **Item 9.2 Workforce**

### **Item 9.2.1 Workforce participation rates**

The Board members discussed the participation rates noting there has been a drop in Aboriginal recruitment.

### **Item 9.2.2 LHD Progress on State Strategic Plans**

The Board members discussed the Brief noting the Workforce Plan will be presented in the November 2020 Board meeting papers after the draft has been reviewed by Executive. Following this the Aboriginal Workforce Plan will be updated.

### **Item 9.2.3 Progress on the Reconciliation Action Plan (RAP)**

#### **Item 9.2.3.1 Reconciliation Action Plan (RAP) Quarterly Update**

Nil

## Item 9.3 External Relationships

### Item 9.3.1 Maari Ma and Coomealla Health

Nil

Lunch 1.02pm to 1.23pm

## Item 11. Board Sub Committee Reports

### Item 11.1 Aboriginal Health

#### Item 11.1.2 Aboriginal Health Committee Chair Report

The FWLHD Board Chair advised he had chaired the meeting held that morning and had put forward the Boards thoughts in taking a more active role in Aboriginal health.

It was acknowledged the Mental Health Drug and Alcohol Clinical Leader, was recognised for receiving the Community Champion Award. This is a significant achievement.

#### Item 11.1.1 Aboriginal Health Committee Minutes 24 August 2020

Nil

## Item 11.2 Finance and Performance

### Item 11.2.1 Finance and Performance Committee Chair Report

The A/Finance and Performance Committee Chair advised discussion was around mitigation strategies and budgeting for workforce.

### Item 11.2.2 Finance and Performance Committee Minutes 21 September 2020

Noted

### Item 11.2.3 Finance Report September 2020

Major items of the financial report are:

#### Overview

#### General Fund

	<u>20/21</u> <u>YTD</u> <u>Actuals</u>	<u>Variance</u> <u>to Budget</u>		<u>20/21</u> <u>FY</u> <u>F'cast<sup>1</sup></u>	<u>Variance</u> <u>to budget</u>
<b>Total Expenses</b>	<b>31.553M</b>	<b>1.259M</b>	U		
Employee Related	19.475M	0.909M	U		
VMO Payments	2.062M	0.142M	U		
Goods & Services	6.777M	0.142M	U		
Grants	0.948M	0.000M			
Repairs, Maintenance & Renewals	0.550M	0.062M	U		
Depreciation and Amortisation	1.737M	0.000M			
Borrowing Costs	0.005M	0.004M	U		
<b>Total Revenue</b>	<b>31.103M</b>	<b>0.022M</b>	F		

Own Source Revenue	3.369M	0.022M	F		
Government Contributions	27.734M	0.000M			
<b>Crown Acceptance &amp; Other (revenue)</b>	<b>0.468M</b>	<b>0.000M</b>			
Asset Transfers - Internal	<u>0.000M</u>	<u>0.042M</u>	U		
<b>Total Result: Surplus/(Deficit)</b>	<b>0.013M</b>	<b>1.284M</b>	U	<b>3.418M</b>	<b>0.000M</b>
<b>Adjustments</b>					
- COVID-19 (currently unfunded)	0.168M	0.168M	U	0.168M	
- Superannuation (retrospective)	0.056M	0.056M	U	0.056M	
<b>Underlying Result: Surplus/(Deficit)<sup>2</sup></b>	<b>0.237M</b>	<b>1.060M</b>	U	<b>3.194M</b>	

1. The 20/21 FY forecast will be done from October onwards - the Ministry policy is that in the first 3 months of the year the forecast will equal the full year budget
2. The Underlying Result is intended to reflect operating performance relative to budget, with identified major anomalies removed.

<b>FTE</b>	<b>FY21 FN07</b>	<b>Variance to Budget</b>
	681.71*	70.21 F

\*Excludes 11 HealthX agency staff.

### Financial Stable Operations

The financial risks identified throughout the year that lead to the expenditure overrun continue to be the same:

- Short term / high turnover of Medical workforce in the BHHS Emergency Department.
- Shortage of senior nurses / reliance on agency model.
- Premium employee related costs such as Agency Medical and Agency Nursing and overtime costs continue to inflate the employee related costs.
- Aging infrastructure plant & equipment.
- 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

Develop and implement a discrete number of short and medium term improvement initiatives including:

Short term initiatives:

- Incorporating a more complete estimate of staff on-costs into expenditure requests to reduce the risk of accumulating a shortfall in overhead funding;
- Developing a short term solution to reduce the non-recovery of revenue as a result of the BIC action;
- Reviewing and reconfiguring, as appropriate, data capture responsibilities (including revenue related), to ensure correct coding and revenue capture;
- Creating "cheat sheets" for relevant admin staff to reduce data capture error rates and revenue non-compliance;
- Cleaning up contracting arrangements with clinicians to maximise cost and revenue recovery and non-compliance with revenue and charging policy;



- Reviewing ABF data to identify revenue / funding capture opportunities;
- Requesting each Director to put forward realistic short term efficiency improvement opportunities for their Directorates.

Longer term initiatives:

- Developing LHD employee proposition, branding and associated messaging to increase staff attraction and retention;
- Developing and implementing lower turnover clinician models that rely less heavily on external suppliers, and in part build on the point above;
- Addressing some of the impediments, such as communications challenges, for staff in the districts;
- Continuing with the ongoing rollout of telehealth;
- Developing the data based insight on the systemic factors driving costs in remote districts like FWLHD and build narrative with MoH to have these factors appropriately reflected in service and funding agreements;

The Board members discussed the mitigation strategies noting the mix of workforce has not previously been budgeted for. Roadmaps are being addressed to capture strategies to optimise costs of service in the Far West context. Short term strategies will be developed first followed by sustainable strategies for the long term.

High turnover of workforce and lack of handover and training is an ongoing issue resulting in a gradual erosion of corporate knowledge. Due to this, investigations into data capture to correct the quality, and create training collateral will address the short fall.

Preparations are underway for the second half of the Service Level Agreement with MoH. An economic activity map is being developed to show gaps, and to inform MoH of economic consequences for operating in this context. It will also assist in showing areas MoH could provide funding for to allow improvement.

The Chief Executive acknowledged the work being done by the Interim Director Performance and Strategy and the Finance team.

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Mariette Curcuruto left the meeting at 1.38pm returning at 1.39am

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#### **Item 11.2.4 Financial Reports**

Noted

**Resolution:**                    **The Finance Reports be received and noted.**  
Moved John Harris, Seconded Wincen Cuy. Carried

#### **Item 11.2.5 MoH Narrative – September 2020**

Noted

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Michael Kelly left the meeting at 1.44pm

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### **Item 11.3 Health Care Quality**

#### **Item 11.3.1 Health Care Quality Committee Chair Report**

The Health Care Quality Committee Chair advised focus of discussions, was on the continued discussion about the place, the accuracy, and the timing of data provided to the committee. This remains unresolved, but there is steady progress. Mandatory training and the continued poor compliance rates was also discussed at length.

The Safety and Quality Account 2019-2020 was included in the papers for the meeting the day prior to the meeting occurring. The late inclusion resulted in the need to address matters in the report outside of the meeting. The Chair noted her concerns around the report having

been noted as “operational” or a failure on her part to understand the detail, and was sent a further eight documents to review. A process of ensuring that committee members are kept informed and briefed in a timely fashion would be appropriate and would allow appropriate perusal of documents.

There is a need to continue work on ensuring the clinical governance framework for FWLHD includes an appropriate pathway for documentation (incidents, data and minutes) to be collated, and appropriately available to the Health Care Quality Committee, so that the Committee can be confident about the quality of the data, the narration that accompanies it, and responses of the LHD to matters arising and the progress of those responses.

The fundamental principles of clinical governance address good care and improvement of care.

#### **Item 11.3.2 Patient Safety and Clinical Quality Report**

Noted

#### **Item 11.3.3 Health Care Quality Committee Minutes 11 September 2020**

Noted

**Resolution:**                    **The Health Care Quality Reports be received and noted.**  
Moved Lilon Bandler, Seconded John Harris .Carried

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#### **Item 11.4 Workforce Development**

##### **Item 11.4.1 Workforce Development Committee Chair Report**

Nil

##### **Item 11.4.2 Workforce Development Committee Minutes**

Nil

##### **Item 11.4.3 Workforce Report**

Nil

##### **Item 11.4.4 Headcount and FTE September 2020**

Noted

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

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#### **Item 11.5 Audit and Risk**

##### **Item 11.5.1 Audit and Risk Committee Chair Report**

Nil

##### **Item 11.5.2 Audit and Risk Committee Minutes**

Nil

##### **Item 11.5.3 Risk Management Unit - Work Health and Safety Report**

Noted

**Resolution:**                    **The Risk Reports be received and noted.**  
Moved Mariette Curcuruto, seconded Stephen O'Halloran. Carried

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## **Item 12. Reports for Noting**

### **Item 12.1 Health Performance Report August 2020**

Noted

**Resolution:**           **The Health Performance Report August 2020 is received and noted.**  
Moved Lilon Bandler seconded Stephen O'Halloran. Carried

### **Item 12.2 30 June Annual Financial Statements**

Noted

**Resolution:**           **The 30 June Annual Financial Statements is received and noted.**  
Moved Sally Pearce, seconded John Harris. Carried

### **Item 12.3 MoH Board Report Far West LHD September 2020**

Noted

The Chief Executive noted an error in the mental health data had been detected and was being corrected by the MoH.

The Board members discussed the report noting Staff Performance Review Completion is behind target. This has been a long standing issue, however is currently being addressed to improve compliance.

**Action:**           **Provide the MoH Board Report for Western NSWLHD to compare compliance rates.**

**Resolution:**           **The MoH Board Report Far West LHD September 2020 is received and noted.**  
Moved Sally Pearce, seconded Stephen O'Halloran. Carried

### **Item 12.4 Nurse Practitioner Engagement and Development Strategy 2020-2021**

Noted

**Resolution:**           **The Nurse Practitioner Engagement and Development Strategy 2020-2021 is received and noted.**  
Moved Wincen Cuy, seconded John Harris. Carried

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## **Item 13. Reports for Endorsement**

### **Item 13.1 Safety and Quality Account 2020-2021**

The Board members discussed the Safety and Quality Account noting the lack of time given to review the documents sufficiently. Out of session discussions were held between two of the Health Care Quality Committee members, Chief Executive and Executive Director Nursing and Midwifery/Director Clinical Governance where areas of concern was resolved.

**Resolution:**           **The Safety and Quality Account 2020-2021 is endorsed.**  
Moved Andrew Refshauge, seconded Stephen O'Halloran. Carried

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## **Item 14. Business on Notice**

Nil

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**Item 15. Items for Discussion**

Nil

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**Item 16. Calendar of Events**

Noted

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**Item 17. Correspondence**

Nil

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**Item 18. Other Business**

**Item 18.1 Proposed Meeting Dates 2021**

Approved

**Item 18.2 Update on Board Sub Committee Attendance**

The Board members discussed the Committees required under the new pillar structure and how reporting under the pillars are expected to report up.

Aboriginal Health is being discussed at each Board meeting and through the pillar Committees can be covered more widely and thoroughly. The Board members suggested the Board presentation schedule include the Lead of each pillar to be invited to discuss Aboriginal health in their particular area at length.

Reporting through Committees was also discussed along with the possibility of joining some Committees together.

**Action: Provide a report at the next meeting mapping out what pillar Committees are required and how they will be reported to.**

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**Item 19. Closed Meeting**

2.49pm

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**Item 20. Next Meeting**

Monday 23 November 2020

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**Meeting Closed: pm**

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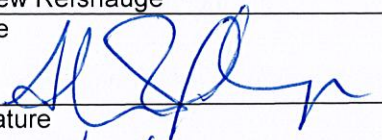
**Certified as a correct record.**

Andrew Refshauge

Name

Signature

Date

  
23/11/2020