
Minutes

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

Date: 27 July 2020

Time: 10.00am CST (10.30am EST)

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

Present:

Dr Andrew Refshauge	Chairman
A/Prof Lilon Bandler	Board Member
Mr Wincen Cuy	Board Member
Mr John Harris	Board Member
Mr Stephen O'Halloran	Board Member
Mr Umit Agis	Chief Executive
Dr Andrew Olesnicky	Director Emergency Services BHHS
Mr Steven Gleeson	Finance Manager

Videoconference:

Ms Mariette Curcuruto	Board Member
Dr Michelle Dickson	Board Member
Ms Sally Pearce	Board Member

In Attendance:

Ms Denise McCallum	General Manager District Health Services
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

Meeting Opened 11.32am CST

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.

Item 2. Apologies

Mr Paul Kemp	Board Member
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Item 3. Disclosure of Interest

The Chair advised a Board member had queried conflicts of interest in relation to the restructure, if friendships should be declared. The Chair noted any small town would pose potential conflicts with personal relationships and each Board member should keep that in mind and update the Conflicts of Interest register if and when required.

Item 4. Order of Business/Urgent Business

Order of Business was changed.

Item 5 Minutes of the Ordinary Meeting 22 June 2020
Item 9 Chief Executive Report
Item 6 Action List
Item 10 Presentation
Item 7 Reflections on our Care
Item 11.1 Aboriginal Health Sub Committee Report
Item 8 Aboriginal Health
Item 11.2 Finance and Performance

After Item 11.2 the meeting followed the remainder of the agenda as set.

Item 5. Minutes of Ordinary Board Meeting 22 June 2020

Resolution: **The Minutes of the Ordinary Board meeting held on 22 June 2020 be received as a true and correct record.**
Moved John Harris seconded Stephen O'Halloran. Carried

Mariette Curcuruto joined the meeting at 11.38am

Item 9. Chief Executive Report

Item 9.1 KPI Dashboard Report

Noted

Item 9.2 Chief Executive Report

The Chief Executive went through the report noting key points:

- Popup clinics have been established in the communities of Wentworth, Dareton, Buronga, Euston and Balranald. The Local Health District is working in partnership with the RFDS, CHAC, Maari Ma Health local shires, and the WNSW LHD Public Health Unit in providing mobile clinics on the border communities.

Michelle Dickson joined the meeting at 11.40am

- The LHD supported the RFDS to provide a COVID Screening and Respiratory Clinic in Wilcannia. Further clinics will be scheduled in partnership with the RFDS across the communities of Wilcannia, Menindee, Ivanhoe and Tibooburra.
- The Far West Local Health District held its quarterly Joint Consultative Committee meeting on Tuesday 14 July 2020 at 2.30pm with good attendance from all relevant Unions.

The Board members discussed if there had been any impact on areas in the restructure due to responses from employees. The Chief Executive advised some reporting lines had been changed where needed, however there had been no impact on either Tier 2 or 3. A full organisation structure will be uploaded to the Intranet when finalised.

- Recruitment is underway to fill a number of NUM vacancies as a result of incumbents returning home. These are currently backfilled until recruitment process is finalised.
- The Broken Hill Midwifery Group Practice (MGP) celebrated reaching five years of providing a midwifery-led continuity of care model to local mums and their families. It is widely considered to be one of the most beneficial models of maternity care and is shown to promote a normal and positive labour and birth experience for women and increase the likelihood of a healthy baby born at term.

The Board members discussed cross border restrictions. The Chief Executive noted any person requiring medical attention was not subject to cross border restrictions. Planning was underway to ensure a return to home plan was in place for continuing support.

The Chief Executive advised work had begun on the Breast screen waiting area with additional funds from the MoH.

The Board members discussed the effect the restructure may have on positions moving from Tier 2 to Tier 3. The Chief Executive advised the positions in question would not lose any delegations and meetings would be attended as normal.

- The Mental Health Drug and Alcohol Service are pleased to announce that Mission Australia are the successful tender for the Safe Haven Café model expression of Interest. The intention is to fund Mission Australia in partnership with MHDA to deliver an after-hours safe café haven model that is person-centred, promoting hope, and responding holistically to a person's needs. The Alternatives to Emergency Department services will redirect people to appropriate and immediate support nearby to emergency departments, where rapid and compassionate care can be provided by mental health peer workers in a non-clinical environment. This is part of the Towards Zero Suicides in care project.
- The Care Navigator Initiative, a FWLHD funded model, employed through General practice is a comprehensive, proactive care initiative that target the 'at risk' or early identification of those developing a Chronic Disease to stay healthy or reduce the impact of developing a Chronic disease to improve the health outcomes for patients and economic impact to our future health service.
- The Buronga HealthOne project is progressing. The Tender Evaluation Committee has met and has reviewed the Tenders price information with the preferred tender. Work is continuing to finalise the Lease Agreement. A meeting has been organised with the Chief Executive Officer Barkandji Group to progress the future directions of the project and strengthen their involvement.
- Funding has been granted for 2 Aboriginal Mental Health Practitioner Trainees to Maari Ma Health for 12 months. They have agreed to fund the remainder of the 2 years for the Trainees to complete their studies

The Chief Executive advised the FWLHD Internet and Intranet are in planning for an upgrade. All Directorates now have a Clinical Governance Committee in place and the Risk Committee has also been implemented and were now ready to develop a Risk Appetite.

The Board members discussed succession planning and the need of an overarching Workforce Development Plan. A Local Health District Workforce Committee has been established.

The Board members discussed the possibility of patient/visitor designated parking bays at the Broken Hill Health Service and how they may be achieved. The benefits of a Mobile Clinic for the District was also discussed and a van is currently being modified to meet those standards.

The Board members discussed the restructure further noting membership at Committee meetings will be affected. Some members may need to attend on a rotational basis. The Chief Executive advised a Complaints Manager had now been appointed and a flow chart of the process was also now available.

Lilon Bandler joined the meeting at 12.29pm.
Umit Agis left the meeting at 12.29pm

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

Item 6. Action List

6.1 19-20 – Acknowledgement of Country – Comprehensive Maps

Held over.

6.2 19-44 – Telstra Mobile Coverage

An update via a Brief was circulated out of session. Key points of the Brief are:

- Mobile Coverage and Internet access are challenges faced by remote communities, affecting staff within facilities and in staff accommodation.
- Communities in Far West have lost mobile service coverage and the LHD lost Health Wide Area Network (HWAN) during a power outage event, affecting emergency and failover communication processes.
- The Australia Communications & Media Authority (ACMA) have formally identified coverage issues which are acknowledged by Telstra, however there were no immediate plans in place to address.
- Health ICT have been working closely with Telstra as a priority, to improve coverage where possible and work has been undertaken, or scheduled, in both Menindee and Wilcannia to address in-building coverage
- The lack of coverage within the broader community at both Menindee and Wilcannia remains difficult to address and currently not within the current scope of Telstra to improve.
- Health ICT are also working with Telstra and other telecommunication and Internet providers to improve access to services.
- The Far West LHD Board received advice via a Board member about a new technology and issued an action to contact the provider and review the technology. A meeting took place, with the provider taking away actions to provide further advice around how the technology offered could be guaranteed to work in NSW clinical environment.

6.3 20-12 – Aboriginal Health Motion

Aboriginal Health has been included on the Agenda as a Standing Item with sub headings.

Complete

6.4 20-13 – Patient and Staff Stories

Held over.

6.5 20-14 – Health Intelligence Unit Reports

The Health Intelligence Unit is currently upgrading all FWLHD reports to include the new 2020/21 KPI's and Indicators, and will replace the current line graphs with bar graphs commencing August 2020.

6.6 20-15 – Small Site Solutions

During May and June this year, eHealth has completed 3 workshops to validate requirements and evaluate the use of GP platforms for small sites and co-located facilities. Representatives from across FWLHD attended these Workshops together with Maari Ma Health, RFDS, eHealth, PHN, Western NSW LHD's CIO and members of the Application Delivery Support Team.

There are 4 proposed models for discussion:

- Model 1 - Improved distribution of "My Health Record" and improved distribution of Event Summaries and Shared Health Summaries. (0-6 months)
- Model 2 - Single HIE Interface with NSW Health HIE. (12 months+)
- Model 3 - Portal Access to NSW Health - read only portal
3a - Portal access to HealtheNet- read only portal.

- Model 4 - Portal Access to PHN HIE

An eHealth Executive Summary, Roadmap and Recommendations will be tabled at the next eHealth's Rural Governance Group Meeting on Friday, 17 July 2020.

6.7 20-16 Recruitment and Onboarding

The current advertisement developed for Balranald has been circulated to Board members.

Complete

Action: Include on Future Actions to provide an update on how the improved advertising and marketing strategies have impacted on recruitment and on boarding.

6.8 20-17 – Telehealth

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

- A snapshot of telehealth occasions recorded on clinical systems (eMR, iPM, CHOC, MOSAIQ and SHIP) across the district has reported a 209% increment in post-COVID-19 phase (March 2020 thru May 2020) as compared to the preceding months.
- Traditional video conferencing systems utilisation - There has been an increment by 208% in the utilisation of our traditional video conferencing system (E164) for both clinical and corporate purposes in Post-COVID phase (Average 377 hours per month) as compared to Pre- COVID phase (Average 181 hours per month)
- Two key models have been identified as focus areas for telehealth in the near future; Paediatrics and Psychiatry.
- Telehealth occasions are being recorded into patient records as in the case of face to face consultations.
- As part of the FW LHD's strategic project, occasions have been analysed and areas for improvement identified. These have informed the diagnostics of the FWLHD's Telehealth and Virtual Care PMP.
- A draft Telehealth and Virtual Care Governance Framework has been developed and will be put up for endorsement by the FWLHD Executive. Each Directorate going forward will have identified KPIs to promote telehealth and virtual care.
- As part of a robust evaluation for telehealth and virtual technologies (including remote monitoring of chronic care patients in community settings) the district will report, analyse and measure utilisation, effectiveness and provider/ patient satisfaction and actions emerging for ongoing and continuous improvements.

Complete

6.9 20-18 – Health Performance report

Aboriginal Smoking while Pregnant data is now presented at Item 8.1.4.

Complete

6.10 20-19 – FWLHD Audit and Risk Committee Chair

The FWLHD Audit and Risk Committee Chair accepted the reappointment.

Complete

6.11 20-20 – Annual Calendar

The calendar has been updated to reflect delays due to COVID-19 restrictions.

Complete

Denise McCallum joined the meeting at 12.38pm

Item 10. Presentation

Item 10.1 Denise McCallum, General Manager District Health Services

Denise McCallum, General Manager District Health Services introduced herself and went through her presentation.

Key points of the presentation are:

- Changes to District Health Services are; Integrated Care Services have moved to Director Allied Health Partnerships and Innovation, Security Manager has moved to Director Performance and Strategy and Nurse Educators have moved back to Executive Director Nursing and Midwifery/Director Clinical Governance.
- Vision for the Future; Competent and skilled staff providing high quality care as close to home as possible, Culturally safe care is provided to all members of the communities and authentic engagement with our communities to deliver services needed by the community.

The General Manager District Health Services advised the next 12 months would provide an opportunity to review and improve models of care across the District. Potential for low level admissions was high on the list of areas hoping to show improvement.

Key Strategic Projects 2020-21

- Dareton First 2000 Days and Modified Primary Health Care Registered Nurse – School Based Program
- Diabetes Prevention among Men in Balranald
- Collaborative Commissioning for Diabetes (District Wide)

The Board members discussed cross border relationships and issues in discharge planning between States. It was noted District sites did not currently have Patient Flow Managers on site, however there may be a need.

COVID-19 Status

- Surge Plan – Live document, developed with external partners, agreed care pathways.
- Funding Improvements – z Vent BiPAP provided to all facilities with an Emergency Department, increased ICT devices for virtual care and Hot/Cold Areas in Emergency Departments and Surge Units, equipment for clinical areas, refurbishment project – isolation room in Balranald Emergency Department

Mobil Pop up Clinics and Respiratory Clinics

- Collaborating with partner organisations to provide pop up/mobile clinics across all communities – in response to surge and risk of community transmission

The General Manager District Health Services noted the development of a Health precinct in Wentworth was moving along well. The precinct would provide an Emergency Department, Sub Acute beds, GP services and more. The Board members discussed the benefits a Health precinct would bring to the community. The Chair thanked Denise McCallum for her presentation and acknowledged the work she was doing across the District.

Denise McCallum left the meeting at 1.05pm

Lunch Recess from 1.05pm – 1.30pm

Item 7. Reflections on our Care

Item 7.1 Patient Story

Noted

Item 7.2 Staff Story

Nil

Item 11. Board Sub Committee Reports

Item 11.1 Aboriginal Health

Item 11.1.2 Aboriginal Health Committee Chair Report

Michelle Dickson advised the Chair report would be circulated out of session.

Item 11.1.1 Aboriginal Health Committee Minutes

Noted

Item 8. Aboriginal Health

Item 8.1 Clinical Services

Item 8.1.1 Comparative DAMA Rates

Noted

Item 8.1.2 Comparative DNW Rates

Noted

Item 8.1.3 Admission rates compared with population numbers

Noted

The Board members discussed the data provided noting the YTD average length of stay for Aboriginal patients was 1.7 days, compared with non-Aboriginal patients of 3.2 days. The Board members discussed the way the data was presented and how it may have been reported on.

Action: Separate the data into individual sites to better see the length of stay in each area.

Steven Gleeson joined the meeting at 1.42pm

Item 8.1.4 Smoking during pregnancy comparative rates

Noted

The Board members discussed the data provided noting the results were improving but were still concerning. Smoking advertisements were successful in some States and working with Maari Ma Health may be an option to assist in improving rates further.

Action: Include the units for the y axis in the provided graphs.

Mariette Curcuruto left the meeting at 1.50pm

Item 8.2 Workforce

Item 8.2.1 Workforce participation rates

Noted

The Board members discussed the lack of information provided in the report noting there was no impact provided on the participation rates. The Board members again discussed the need of an up to date Aboriginal Workforce Plan.

Item 8.2.2 LHD Progress on State Strategic Plans

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

1. FWLHD is going through significant organisational changes and transformation in recent times. The FWLHD Workforce Strategic Framework 2020 - 2025 is being developed to align with the NSW Health Professionals Work Framework 2012 - 2022 and is informed by the strategic vision for the district, projected health care needs and sensitivities of our workforce needs. We believe the FWLHD's Workforce Strategic Framework 2021 – 2025 will serve as a pathway for the district to plan for and support our workforce and ensure that we are seen as an "Employer of Choice" over the next five years.
2. Workforce planning contributes to organisational effectiveness by ensuring FWLHD's current and forecasted workforce aligns with the health district's priorities. Workforce planning will be carried out as a systematic process by identifying and addressing gaps between the workforce of today and the human capital needs of tomorrow.
3. The FWLHD Workforce Strategic Framework will be a living document to guide and inform localised, detailed workforce planning across the district.
4. In order to meet their development needs and provide qualitative, person-centred care for our consumers by embracing new technologies, the FWLHD's Workforce Strategic Framework will supplement the planning process and outline key deliverables.
5. Workforce characteristics and trends will inform and support strategic thinking on workforce needs and will provide overarching governance on workforce strategies within the district including; Medical Services, Nursing and Midwifery, Allied Health, Aboriginal Workforce, and Corporate Services.

The FWLHD's Workforce Strategic Framework will be ready for implementation in October 2020 following appropriate consultations and relevant committee's endorsements.

Item 8.2.3 Progress on the Reconciliation Action Plan (RAP)

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

- The Reconciliation Action Plan (RAP) has been developed with guidance from the Executive Leadership Team (ELT) and the Aboriginal Health Committee as well as the National Reconciliation Australia website.
- The RAP final draft has been sent to the ELT for review and endorsement.
- After endorsement is received from the ELT the RAP will be sent to the Aboriginal Health Committee (out of session) for final endorsement to be presented to the Board August 2020 meeting for final approval.
- The RAP initiatives will commence implementation in September 2020.
- The RAP will be registered with the National Reconciliation Australia website in September 2020.

Item 8.3 External Relationships

Item 8.3.1 Maari Ma and Coomealla Health

Held over.

Item 11.2 Finance and Performance

Item 11.2.1 Finance and Performance Committee Chair Report

The Finance and Performance Committee Chair advised the Audit and Risk committee were extremely happy with the quality of the papers and acknowledged the Finance Team on making the process efficient and effective.

Item 10.2.2 Finance and Performance Committee Minutes 15 June 2020

Noted

Item 10.2.3 Finance Report June 2020

Steven Gleeson noted major items of the financial report.

Overview

General Fund	<u>FY20 YTD</u>	<u>Variance to Budget</u>
Result for the Year	\$0.289M Deficit	\$0.590M U
Total Expenses	\$127.953M	\$0.068M F
Employee Related	\$79.312M	\$0.454M U
VMO Payments	\$7.931M	\$0.365M U
Goods & Services	\$28.955M	\$0.712M F
Grants	\$2.399M	\$0.004M U
Repairs and Maintenance	\$2.406M	\$0.253M F
Depreciation and Amortisation	\$6.790M	\$0.065M U
Borrowing Costs	\$0.012M	\$0.007M U
Total Revenue	\$124.175M	\$0.595M U
Full Year Projection	\$0.289M Deficit	\$0.590M U
FTE	<u>FY20 FN26</u>	<u>Variance to Budget</u>
	680.78*	65.11 F

*Excludes 11 HealthX agency staff.

Compared to the previous month, FTE had risen slightly due to funding received for 5 Assistants in Medicine positions and 3 short term Nursing positions.

Budget Variations

The following are the budget variations received in June 2020:

Reference	Description	Revenue	Expense
N-SB20-409	Audit of Outpatient Clinic Appointment Lists	\$0.041M	\$0.041M
N-SB20-422	S100 Highly Specialised Drugs Co-payments	-	-

N-SB20-449	Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)	\$0.521M	\$0.521M
SCB20-215	HI WIP Transfer - June 2020	\$0.791M	\$0.030M
ICB20-109	FY20 Budget Alloc - ROU Leases Acquisitions	-	-
N-SB20-456	2019/20 Budget Relief – Covid-19 Response (June 2020)	\$0.552M	\$0.552M
N-SB20-443	Assistant in Medicine positions	\$0.022M	\$0.022M
N-SB20-472	High Cost Drugs Budget Adjustments	(\$0.267M)	(\$0.267M)
ICB20-132	FY20 BV - Minor Works and Equipment - COVID-19	-	-
SCB20-220	Budget Line Transfer Requested by FWLHD (H20/69417)	-	\$0.010M
N-SB20-457	Maintenance Assistance Program – COVID19	(\$0.005M)	(\$0.005M)
N-SB20-471	COVID-19 related Minor Capital Works Budget and Funding	\$0.180M	-
SB20-490	Depreciation and Amortisation budget adjustment 2019-20	-	(\$0.098M)
SCB20-229	FY20 BV - Minor Works and Equipment - COVID-19	-	-
N-SB20-497	Capital Budget Allocation Minor works and Equipment – COVID-19	\$0.378M	-
N-SB20-504	2019-20 Long Service leave accounting requirements and budget adjustments	\$0.737M	\$0.865M
N-SB20-505	2019/20 Budget Relief – Covid-19 Response (June 2020 #2)	\$0.010M	\$0.010M
N-SB20-508	2019/20 Budget Relief – Covid-19 Response (June 2020 #2.1)	\$0.357M	\$0.357M

The Finance Manager noted four budget adjustments had come through after the Journals had closed. These were large adjustments, mainly due to COVID-19 Budget Relief.

Note 1b of the Annual Financial Statements is being adjusted as there was reference to a Service Level Agreement being in place for the forward year, which was not the case. An Interim Service Level Agreement will be in place and the MoH is correcting this wording across all LHDs.

The Interim Budget was not as expected, a breakdown will be provided in due course.

Item 11.2.4 Financial Reports

Noted

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

Item 11.2.5 MoH Narrative – June 2020

Noted

Steven Gleeson left the meeting at 2.10pm

Item 11.3 Health Care Quality

Item 11.3.1 Health Care Quality Committee Chair Report

The Health Care Quality Committee Chair provided an update by way of a Brief. Key points of the Brief are:

- Executive Director Nursing and Midwifery/Director Clinical Governance was keen to point out continued progress on preparation for accreditation. This is likely to occur in 2021.
- Further work needs to occur around Mandatory Training data: what is the purpose of the Mandatory Training Report; what information is needed here; what level of detail will help
- An indication of the timing of the various committees that report to the Clinical Governance Unit would make it easier to know when to expect minutes from each meeting.
- Non-Aboriginal DAMA rates are reasonably stable; Aboriginal DAMA rates are usually higher (and sometimes a lot higher) with considerably more variation (partly reflecting the nature of the data).
- The DNW rates have improved across 3 years, though there are now some months that Aboriginal rates of DNW are less than non-Aboriginal.
- There is a piece of work required for this committee, around the provision of data and committee reports. For example, the following reports were not previously available to the committee: 28 day readmission audit, inter-hospital transfer audit, some of the falls data, hospital acquired complications. There needs to be a list of data, a list of committee meetings and their dates and frequency of meetings and membership. And then a determination about what should be included in the papers for the committee, and another about what should be included in the papers for the Board.

The Health Care Quality Committee Chair noted, for example, that the Board's papers have nothing about the mandatory training. This is a problem because it is a whole of organisation responsibility, and the issue spans more than one committee. The Health Care Quality Committee Chair suggested that the Clinical Governance Unit be asked to provide a report on the documentation around clinical quality and safety so that these matters can be appropriately repaired.

Item 11.3.2 Patient Safety and Clinical Quality Report

Noted

Item 11.3.3 Health Care Quality Committee Minutes 12 June 2020

Noted

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

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

Noted

The Board members discussed the content of the report noting a lot of the information included was dated and repetitive each month. The importance of the reports was to provide up to data that was relevant.

Item 11.4.4 Headcount and FTE June 2020

Noted

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

Item 11.5 Audit and Risk

Item 11.5.1 Audit and Risk Committee Chair Report

Noted

Key points of the report are:

- The quality of the financial statements and the supporting material was of a very high standard.
- They were delivered in a timely manner which enabled the Committee to review them over the weekend and for the staff to provide the answers during the same period.
- Most issues raised were addressed with only one matter still unresolved ie Note 1(b) *The Secretary of NSW Health, the Chair of the Far West Local Health District and the Chief Executive, through the Service Agreement have agreed to service and funding levels for the **forward financial year***

As the funding agreement received by the LHD at this stage is only for six months the wording in the MoH template was queried as inaccurate. The Committee members discussed the possible impact come September 2020 if a Service Level Agreement was not in place. The Committee members requested management to discuss the MoH on how to resolve the inaccuracy of the statement.

The staff who prepared the financial statements and the staff who worked over the weekend to resolve the Committee's question were acknowledged and thanked for their diligence and commitment.

Item 11.5.2 Audit and Risk Committee Minutes

Noted

Item 11.5.3 Risk Management Unit - Work Health and Safety Report

Noted

Resolution: **The Risk Reports be received and noted.**
Moved Sally Pearce, seconded John Harris. Carried

Item 12. Reports for Noting

Item 12.1 Health Performance Report May 2020

Noted

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

Item 12.2 Financial Statements 30 June 2020

Noted

Resolution: **The Financial Statements 30 June 2020 is received and noted.**
Moved Sally Pearce, seconded Wincen Cuy. Carried

Item 12.3 Board Report July 2020

Noted

Item 13. Reports for Endorsement

Item 13.1 Interim Service Level Agreement

Item 13.1.1 Cover Letter

Noted

Item 13.1.2 Interim Service Level Agreement

The Board members discussed the Interim Service Level Agreement noting there had been no growth in Budget. The Budget was based on the previous year activity.

Action: Secretariat to update the quarterly action to provide an update on the 5 local priorities with the new priorities.

Item 13.1.3 Summary KPI Data Supplement 2020-21

Noted

Item 13.1.4 Conditions of Subsidy 2020-21

Noted

Item 13.1.5 NSW MoH Accounts and Audit Determination

Noted

Item 13.1.6 NSW Health outcome and Business Plan 2020

Noted

The Interim Service Level Agreement was Endorsed and executed.

Item 14. Business on Notice

Nil

Item 15. Items for Discussion

Nil

Item 16. Calendar of Events

Noted

Item 17. Correspondence

Nil

Item 18. Other Business

Nil

Item 19. Closed Meeting

2.34pm

Item 20. Next Meeting

Monday 24 August 2020

Certified as a correct record.

Andrew Refshauge

Name



Signature

24 August 2020

Date