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## Minutes

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

Date: 28 June 2021

Time: 10.15am CST (10.45am EST)

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

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### Present:

|                       |                 |
|-----------------------|-----------------|
| Mr Umit Agis          | Chief Executive |
| Mr John Harris        | Board Member    |
| Mr Paul Kemp          | Board Member    |
| Mr Stephen O'Halloran | Board Member    |

### Videoconference:

|                       |              |
|-----------------------|--------------|
| Dr Andrew Refshauge   | Chairman     |
| A/Prof Lilon Bandler  | Board Member |
| Ms Mariette Curcuruto | Board Member |
| Mr Wincen Cuy         | Board Member |
| Dr Michelle Dickson   | Board Member |
| Ms Sally Pearce       | Board Member |

### In Attendance:

|                      |   |
|----------------------|---|
| Ms Carolyn Burlew    | Independent Chair Audit and Risk Committee                        |
| Mr Muku Ganesh       | Director Performance and Strategy                                 |
| Professor David Lyle | Director of Research FWLHD & Head of Department, Broken Hill UDRH |
| Dr Timothy Smart     | Director Medical Services   |
| Ms Hannah Everuss    | Board, Committees and Policy Clerk (Minutes)                      |

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**Meeting Opened** 10.00 AM CST/ 10.43AM EST

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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

Dr Olumuyiwa Komolafe Staff Specialist

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### Item 3. Disclosure of Interest

Nil to add.

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

Nil.

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## Item 5. Minutes of Ordinary Board Meeting 31 May 2021

**Resolution:**                    **The Minutes of the Ordinary Board meeting held on 31 May 2021 be received as a true and correct record.**  
Moved John Harris, seconded Paul Kemp, Carried.

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## Item 6. Action List

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

#### Priority 1 – Virtual Care

An internal brief quarterly update was supplied to the Board regarding the SLA local priority one – Progress the Virtual Care service model across the District to enhance local access to services. The Board enquired if the LHD had spent the funding provided for the initiative and it was confirmed by the CE that an additional \$35,000.00 was received from the MoH and had been spent.

Noted. Moved John Harris and Seconded Sally Pearce, carried.

#### Priority 2 – Dareton Modified Primary Health Care Registered Nurse (WHIN) School Based Program.

An internal brief quarterly update was supplied to the Board regarding the SLA local priority two. The progress on the priority was noted by the Board.

Noted. Moved Mariette Curcuruto, seconded Lilon Bandler, carried.

#### Priority 4 – Implement a Men’s Health Strategy to Increase Access to Service.

An internal brief quarterly update was supplied to the Board regarding the SLA local priority four. The Board discussed why this was targeted and gender specific in its nature. The Chief Executive advised that the strategy was developed in response to men across the District doing particularly poorly in regard to some health indicators. A Board member advised that the targeted workshops featured throughout the roadshow are well received by the community and outreach audiences.

Noted. Moved Paul Kemp and Seconded Wincen Cuy, carried.

#### Priority 7 – Implement Suicide Prevention Strategy – Towards Zero Suicides

An internal brief quarterly update was supplied to the Board regarding the SLA local priority eight. The Board discussed that it would be beneficial to have statistics on the rate of suicide in the region to compare and see how the strategy is working.

Noted. Moved Sally Pearce and Seconded Stephen O’Halloran, carried.

***Action: Suicide statistics for the FWLHD to be provided to the Board at the 26 July 2021 meeting to measure improvement strategy is having.***

The Board discussed the introduction of the Safe Haven and the model of care provided by this service. The Chief Executive advised that the new Safe Haven building in its permanent location was opened last week and confirmed that the Safe Haven is an alternative to ED for someone who is experiencing difficult psycho social issues. The Initial triage is completed in ED but if preferred by the consumer can be completed in the environment of the Safe Haven Café as it is may be more inviting. The Safe Haven is staffed by Peer Workers and when required can engage other professionals. A Clinician is attached to the service providing oversight jointly with Mission Australia. There is a formal referral pathway. The Clinician

initially assessing the consumer must make sure that criteria is met prior to the referral as the Safe Haven do not deal with acute relapse of illness or acute suicidal behaviour.

Noted. Moved Michelle Dickson, Seconded Mariette Curcuruto, carried.

The Chief Executive advised that the SLA priorities from financial year 20 – 21 would be passed onto the Operational Executive and however were on track to be completed. It was noted that the Service Model for the Rehabilitation in Broken Hill has been revised and not a completely new service developed.

### **Item 6.2 Action Item 21-31, Aboriginal Health Reports**

The DAMA and DNW data has been provided in the format of comparison rates rather than actual numbers and report has been reduce to one page.

Please see Item 9.1 and 9.1.2 as included in meeting papers. **Complete.**

### **Item 6.3 Action Item 19-20 – Acknowledgement of Country – Comprehensive maps**

Action item is ongoing, the timeframe in knowing the definite boundaries is uncertain as not all traditional owner groups having been granted native title at this stage, they are identified on the indigenous map however the true and correct boundaries are yet to be determined. This process can take some time. To be completed out of session. **Heldover.**

### **Action Item 21-30 Presentation invitation to David Lyle to present to the FWLHD Board**

Professor David Lyle presented at the 28 June 2021 Board meeting regarding the FWLHD Research Expansion Model. Please see presentation attached within Board papers at Item 10. **Complete.**

### **Action Item 21-33 Calendar of Events**

Clinical Excellence Commission Board in service on Safety and Quality has been added on 27 September 2021 to the calendar of events. Please see Item 16 of meeting papers. **Complete.**

## **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 patient story was noted by the Board. Moved Sally Pearce, Seconded Paul Kemp.

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Wincen Cuy joined the meeting at 10.20AM CST/ 10.50AM EST

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

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

The KPI Dashboard report was noted. Moved Stephen O'Halloran, Seconded Paul Kemp, carried.

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

The Chief Executive went through the report noting key points:

- The FWLHD Coronavirus response continues with no new case detected in the FWLHD. The FWLHD has recently been notified that FWLHD will be a Pfizer vaccination hub, the clinic will commence on 28 June 2021. The outer District vaccination locations are awaiting the arrival of a fridge prior to the Pfizer vaccination hubs commencing. The CE advised that currently the situation regarding COVID was evolving quickly due to the recent outbreaks recorded in Sydney. Sydney had been moved to red alert and placed in lockdown whilst the FWLHD had moved from green alert to amber requiring all FWLHD staff clinicians and non-clinicians to wear masks inside. Visiting hours to the hospitals and MPS facilities have again been enforced with the number of visitors reduced and hours reduced. One entry and exit point had been re-established at all health facilities across the District in response to this. The Junior Medical Officers from Concord NSW were due to commence their rotation on Monday 28 June 2021 and were able after being isolated and tested for COVID and undergoing basic assessments. Alternative accommodation arrangements had also been sought for these clinicians to minimise the risk to other clinicians staying in the staff quarters. It remains business as usual for the current outpatient clinic however other regions have been impacted with seventy per cent of locum specialists having pulled out. The situation continues to be monitored and the LHD will respond accordingly and as directed.

The Board discussed the communication around the vaccination clinics and how this was completed for the Euston and Balranald. It was advised that something may need to be printed in the Robinvale Centennial or Swan Hill Guardian as the media channels and papers were different to that of the Sunraysia region.

***Action: Chief Executive to discuss with Media Officer the most appropriate way of reaching these communities in regard to communications.***

The Chief Executive confirmed that the draft Aboriginal Workforce Plan had been circulated to the members of the Workforce Development Committee on 16 June 2021 in preparation for the final Workforce Development Committee meeting to be held on Thursday 15 July 2021.

### **Overdue Surgery**

- The Director of Medical Services advised that the overdue surgery numbers were relatively low. A resignation from a general surgeon has been received the position is being advertised and will be reappointed. This is usually not an issue for the FWLHD. Currently there are no category one surgeries overdue and fourteen category two elective surgeries overdue. Additional orthopaedic surgeons that we previously engaged are currently not returning therefore FWLHD are reliant on one orthopaedic surgeon however there is negotiation happening with another surgeon. The Ophthalmologist is visiting the FWLHD in the coming week and this will address the current overdue surgeries. The Urologist has agreed to additional VMO time in the FWLHD. The current Urologist we have engaged has been associated with the

District for a very long time and is happy to extend time here and assist us. In regard to Colorectal surgery the FWLHD would normally refer or transfer out to the RAH for more complicated surgeries. However it has been proposed by the colorectal surgeons that they rotate from the RAH twice monthly rotating from the RAH and completing these increased complexity surgeries in Broken Hill and alleviate referral to the RAH reducing sub-acute elective surgeries.

## **Clinical Operations**

- The Chief Executive advised that the ETP clinical targets were not being met for triage two and three categories. Beds are available within the hospital however consumers are not through the Emergency Department within the target timeframes. The Director of Medical Services explained that many factors may attribute to this such as congestion in the ED however it is hard to pinpoint one reason. Previously Dr Tim Smart was involved in a similar project within a regional QLD facility where the triage process was systematically reviewed, this review process will be undertaken at the Broken Hill Emergency Department where the whole journey from the admission interface will be analysed to improve triaging times. The ED review has seen some changes already take place such as the most senior nurse now being freed up from triaging and now working on the floor. All ED nursing staff are being trained in triaging and are being supported by the Critical Care CNC who is now permanent based in the department and the Emergency Department Medical Director. The Executive recognise the ED as a staff specialist area but believe it is important to upskill all of the nursing staff in the department to provide some flexibility and coverage to allow for more senior staff members to work on the floor. The windows at the waiting area of the ED have also been changed to restrict the view into the patient treatment areas of the department.

## **Other Business**

- The Buronga One Health facility has been confirmed with construction works to commence in July 2021. Communications regarding the strategy have been activated and media releases distributed throughout the region. A letter drop and rough timeline have been provided to the community regarding the project.
- The Ministry of Health has announced its support in the FY21-22 budget for a new Multipurpose Service to be built in Wentworth. The FWLHD has a great relationship with the Wentworth Council and have worked in collaboration to lobby the Ministry for a new service. The Ministry has granted the FWLHD a further \$0.5M for governance by an external consultant around the build.
- The FWLHD underwent the accreditation process from 7 – 11 June 2021, the CE is pleased to report that the District met all standards with no urgent recommendations or issues to be addressed. There have been six system improvement recommendations received. This was the first time the whole of the District underwent the accreditation process. The main feedback received from the surveyors was that staff engagement was very high. Discussion was had regarding the Clinical Quality documenting and recording within the minutes of the Board meetings. Analysis of action provided within the sub Committee reports and meeting minutes is required to be documented in the minutes. It was suggested that Safety and Quality be moved up higher on the agenda. The draft report has been provided by the surveyors with no significant issues noted. The surveyors provided feedback that the culture was transparent and that the FWLHD had good governance and reporting in place. The Board discussed the need to release positive media promoting this result within the District communities.

The CE advised that letters had been forwarded internally within the organisation to teams and individuals thanking them for their wonderful performance.

- There has been an upward trend in our inter-hospital transfer red flags, due to an increase in delays. The two main causes for delays are bed block at the tertiary accepting site (most commonly Royal Adelaide Hospital) and a lack of plane/pilot hours to transfer the patient. A submission has been put to the Ministry to create an afternoon shift for retrievals with the RFDS and NSW Ambulance within the District. The FWLHD are discussing where to refer if substantial delays are likely to occur. A review of the standard operating procedure will be undertaken and a conversation around when the FWLHD should evacuate to an alternative tertiary facility will be had to truncate the conversation when the situation does arise. The first priority should be the patient's safety and not the proximity of the tertiary facility to family. An extraordinary meeting has been called by the FWLHD between the RFDS, ACCC and NSW Ambulance to escalate the issue to find solutions. Board Members have expressed their support in this occurring. It is noted an alternative plan is needed.
- The Board asked the CE what is working well:
  - Greater visibility across the organisation with great teamwork being witnessed, a committed workforce that can be seen through the level of enthusiasm and engagement witnessed by the surveyors recently.
  - The Board provided feedback to the CE and advised that greater visibility has been provided within the CE report over the last eighteen months providing an improved snapshot of what is happening within the District. Improvements can be seen in the data quality provided.
- The Board asked the CE what is not working well:
  - As discussed above the retrieval delay trend is worrying with the CE focusing on action to be taken regarding this.
- The Board ask the CE if he had all of the systems and resources required. The CE advised that agency staff shortage was concerning however was being experienced across the State with agency nurses being consumed in the metropolitan vortex of COVID. The reliance on overtime is currently fairly heavy for nursing and allied health disciplines. With NUMs being mindful of staff fatigue.
- The Board asked the CE who he would like to recognise:
  - The CE advised he wished to acknowledge the Clinical Governance team and Director, all standard leads and advised that he had provided thank you letters to those mentioned for their efforts in the lead up and during the accreditation process.

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

## **Item 9. Aboriginal Health**

### **Item 9.1 Clinical Services**

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

Noted. The Board acknowledged the report including percentage graphs had improved readability and made the analysis and actions much easier to follow.

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

The Chair advised of a project that had been received well in another area allowing for Aboriginal Torres Strait Islander consumers being raised to a category one at the triaging stage. This received a great response throughout the Aboriginal Torres Strait Islander communities and therefore positively affected the health services targets. The Chair advised that the structure may be the problem rather than other things. The CE agreed that the standard timeframes were too long and will discuss this approach with the team. The Chair will forward data regarding this project to provide some further background.

Concern was raised on the reliance on the Aboriginal Liaison Officer's capturing the information. The CE advised that the ALOs were involved in following up with the consumers who had left against medical advice and were the major source of extracting the information but were also assisted by the Patient Experience Officer who provides support to anyone within the department who is experiencing a longer wait time than usual or is contemplating leaving without medical advice but are not responsible for solving why the consumers left. Feedback has been received that the Patient Experience Officer is having a great effect on the outcome of patient's staying and the level of aggression decreasing which can sometimes be a challenge when consumers are sitting and waiting for long periods of time.

Recurrent funding has been announced for the position which has been received favourable by the FWLHD with the current PEO being recognised across a number of levels in the organisation for the great work they are doing.

***Action: Board Chair to forward information regarding Aboriginal Torres Strait Islander Emergency Department triaging project to CE for consideration.***

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

Noted.

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

Noted. Discussion was had around peer to peer support for Aboriginal cessation strategy having the most beneficial effect. A Board Member reported that metropolitan areas have been trialling referring the whole family to the program. Information will be forwarded to the CE regarding these programs. It was noted that pregnancy was seen as a great time/opportunity to introduce a circuit breaker to provide family with education and support. The Board discussed the benefit of receiving an update from the public health unit at the next Board meeting regarding smoking during pregnancy and the initiatives the FWLHD are involved in.

***Action: An update to be provided to the Board regarding smoking during pregnancy comparative rates and initiatives the FWLHD are involved in from the Public Health Unit.***

## **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 at the bottom of the report with commentary. The Chief Executive confirmed that the draft Aboriginal Workforce Plan has been provided to the Workforce Development Sub Committee members through Diligent and email for meeting scheduled for 15 July 2021. The commentary detailed casual, part time and contractual employees.

**Resolution:                   The Aboriginal Health Reports be received and noted, analyses and actions are supported by the Board.**

Moved Lilon Bander, Seconded Michelle Dickson.

## **Item 9.3.External Relationships**

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

The CE confirmed that the LHD was heavily engaged with CHAC at the moment whilst finalising the Buronga Health One model of care and the new Wentworth MPS. CHAC have shown a great willingness to provide consistency of service to the community and potentially providing an acute general practitioner in future. CHAC have indicated that they have a diabetic educator that is underutilised and therefore negotiations are ongoing to cover some service delivery in the Southern areas of the District.

It is business as usual with Maari Ma and continued funding of maternity works, focus around the first twenty weeks with increased interaction around smoking cessation and diabetes education. The LHD are exploring an integrated approach for diabetes management between FWLHD and Maari Ma.

There are particular specialities that the LHD and other organisations are unable to attract successfully in their own right. It has now been agreed than rather compete for the same talent pool, join forces and attract someone to fill the position and delivery the service to the community.

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**Lunch break 12.15 PM CST/ 12.45PM EST/meeting recommenced at 12.45PM CST/1.15PM EST**

Professor David Lyle joined the meeting 12.45PM CST/ 1.15PM EST

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## **Item 10. Presentation**

### **Item 10.1 Professor David Lyle – Director of Research FWLHD & Head of Department, Broken Hill UDRH**

The Chair and CE thanked David for attending the Board meeting and agreeing to present on the commencement the FWLHD Research Program. The CE advised the appointment of a Director of Research would contribute to the overall knowledge base and attraction/career development pathways for staff. Professor Lyle declared his current conjoint appointment with the FWLHD and University of Sydney's Broken Hill University Department of Rural Health. The Board and CE welcomed Professor Lyle to his new conjoint role of Director of Research for FWLHD and University of Sydney. It was noted that the BH UDRH are yet to sign off on a memorandum of understanding before the position will officially commence.

Professor Lyle presented on the benefits of research and evaluation, what the current situation within the FWLHD research environment was in regard to the research sustainability scale and what partnerships were in place already and how these could be strengthened. It was noted that a FWLHD Strategic Directions for Research 2020 – 2025 paper had been developed and that it was important to be coherent and consistent with other rural LHDs by establishing and promoting a culture of research. The proposed strategic priorities were outlined as establishing and promoting a culture of research, encouraging research capability, enabling rural health research and effecting communication and making a difference.

Discussion was had about future research opportunities that could be pursued and potential positions the strategy could create within the District to support the expansion. Professor Lyle also presented on ways in which the FWLHD could access funding grants in collaboration with other partners.

The Board expressed their interest in having some research support to help provide data and recommendations for structural redesign in areas such as the Emergency Department and Outpatient Departments that were currently being reviewed and questioned if there was potential for this to occur focusing on quantitative research rather than qualitative research. Professor Lyle confirmed that the type of research conducted will be determined by the needs of the workforce and or service development for service delivery and can be completed with mixed methods and through a multi-disciplinary approach. The Chief Executive and Board reiterated their interest in the scope for building the local workforce and building a culture of research.

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David Lyle left the meeting at 1.28pm CST/1.58PM EST

Wincen Cuy left the meeting 1.28pm CST/ 1.58PM EST

Muku Ganesh joined the meeting 1.30pm CST/ 2.00PM EST

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## **Item 11. Board Sub Committee Reports**

### **Item 11.1 Finance and Performance**

#### **Item 11.1.1 Finance and Performance Committee Chair Report**

Nil.

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Wincen Cuy rejoined the meeting 1.45pm CST/ 2.15PM EST

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#### **Item 11.1.2 Finance and Performance Committee Minutes 24 May 2021**

Noted.

### Item 11.1.3 Finance Report May 2021

Major items of the financial report are:

#### 1. Overview (Item 5.1.1)

|   | <u>20/21</u><br><u>YTD</u><br><u>Actuals</u> | <u>Variance</u><br><u>to</u><br><u>Budget</u> |          | <u>20/21</u><br><u>FY F'cast</u> | <u>Variance</u><br><u>to budget</u> |
|---|--|---|----------|----------------------------------|-------------------------------------|
| <b>Expenses</b>   |  |   |          |                                  |                                     |
| Employee Related  | 72.549M                                      | 1.398   | F        |                                  |                                     |
| VMO Payments  | 7.657M                                       | (0.251M)                                      | U        |                                  |                                     |
| Goods & Services  | 26.373M                                      | (0.201M)                                      | U        |                                  |                                     |
| Grants  | 2.716M                                       | 0.000M  |          |                                  |                                     |
| Repairs, Maintenance & Renewals                           | 3.004M                                       | (0.783M)                                      | U        |                                  |                                     |
| Depreciation and Amortisation                             | 6.736M                                       | 0.000M  |          |                                  |                                     |
| Borrowing Costs   | 0.019M                                       | (0.017M)                                      | U        |                                  |                                     |
| Other Expenses  | 0.064M                                       | (0.037M)                                      | U        |                                  |                                     |
| <b>Total Expenses</b>                                     | <b>119.118M</b>                              | <b>0.109M</b>                                 | <b>F</b> | <b>132.897M</b>                  | <b>(0.090M) U</b>                   |
| <b>Revenue</b>  |  |   |          |                                  |                                     |
| Own Source Revenue  | 11.999M                                      | (1.743M)                                      | U        |                                  |                                     |
| Government Contributions                                  | 100.162M                                     | 0.000M  |          |                                  |                                     |
| Doubtful debts  | (0.075M)                                     | (0.075M)                                      | U        |                                  |                                     |
| <b>Total Revenue</b>                                      | <b>112.086M</b>                              | <b>(1.818M)</b>                               | <b>U</b> | <b>125.518M</b>                  | <b>(1.720M) U</b>                   |
| <b>Net Cost of Service :<br/>Surplus/(Deficit)</b>        | <b>(7.032M)</b>                              | <b>(1.709M)</b>                               | <b>U</b> | <b>(7.379M)</b>                  | <b>(1.810M) U</b>                   |
| Crown Acceptance  | 1.859M                                       | 0.000M  |          | 2.595M                           | 0.000M                              |
| <b>Total Result: Surplus/(Deficit)</b>                    | <b>(5.173M)</b>                              | <b>(1.709M)</b>                               | <b>U</b> | <b>(4.785M)</b>                  | <b>(1.810M) U</b>                   |
| <b>Management forecast adjustments</b>                    |  |   |          |                                  |                                     |
| - COVID-19 unfunded – expected to be funded by 30 June 21 | (0.189M)                                     | 0.088M  | F        | (0.519M)                         | (0.096M) U                          |
| <b>Management Forecast Result Surplus/(Deficit)</b>       | <b>(4.984M)</b>                              | <b>(1.797M)</b>                               | <b>U</b> | <b>(4.266M)</b>                  | <b>(1.714M) U</b>                   |
| <b>FTE</b>  | <b>FN24</b>                                  | <b>Variance to Budget</b>                     |          |                                  |                                     |
|   | 716.82*                                      | 43.29   | F        |                                  |                                     |
|   | 706.03*                                      | 53.29   | F        |                                  |                                     |

\*Excludes 11 HealthX agency staff.

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

- *May 2021*
  - a. The **expenditure** result for the month of **May** is a surplus of \$0.160M.
  - b. The **revenue** continues to be below target, however, consistent with the projection.

- *Year-to-Date May 2021*
  - a. Year-to-date Expenditure is favourable by \$0.109M, including COVID-19 of \$0.096M. However, the May expenditure also includes Bed replacement costs of \$0.09M.
  - b. The favourable employee related expenditure position (due to the vacant positions) has fully offset by the unfavourable G&S expenditure. The favourable year to date expenditure position is mainly due to:
    - rolling vacancies (around 46 FTEs)
    - travel cost savings of \$0.483M
    - prosthesis savings of \$0.3M due to reduced activity
  - c. Again, the Own Source Revenue continues to be a challenge and for the year-to-date the Own Source Revenue is unfavourable by \$1.818M, bring the net year-to-date result to an unfavourable position of \$1.709M
  
- *Full Year Forecast*
  - a. Our full year forecast for expenditure is a balanced position net of COVI-19.
  - b. The full year net result will be an unfavourable position of \$1.185M excluding COVID-19 related expenditure.

### **Activity**

- The District is on track to meet the purchased ABF activities. For the ten months to April, the District have produced 9,085 NWAUs against a target of 9,236.
- State wide the activity window closes 21 days after the month end. Hence, activity will be reported with a month lag.
- The activity for the ten months to April is below target by 151 NWAU.
- At the current rate the District is expected exceed its target by 0.5% for the full year.

### **Infrastructure, Asset Replacement and Asset Refreshment Programs**

The District had significant achievements with the Infrastructure, Asset Replacement and Refreshment Programs during 2020-21.

- Full spend of the minor capital works allocation of \$1.450 million achieved.

Additionally:

- Further \$0.320 million for minor capital works associated with Safe Haven Café and the Solar for CHC and Staff Accommodation. The Solar is expected to generate savings of \$31,000 per annum.
- Replacement of aging computer and laptop fleet at a cost of \$0.450. This is expected to generate a savings of \$0.150 million per annum for the next three years.
- Replacement of ageing IT infrastructure at a cost of \$0.330 million.
- VirtualCare and Telehealth equipment upgrade of \$0.540 million.

The Director of Performance and Strategy confirmed that the unfavourable own source revenue result was a result of decreased travel bookings through the FWLHD travel booking centre due to COVID at approximately \$0.400 million, missed private outpatient revenue from industrial strike action at a cost of \$0.200 million, enhanced own source revenue target set by MoH of \$0.650 million and the loss of revenue through the conversation of private outpatients to public outpatients. The FWLHD is hoping to be reimbursed from the Commonwealth in regard to vaccination related expenses however to what extent is not confirmed at this stage.

The Director of Performance and Strategy confirmed that the ABF activity final lodgement for 2020-21 will occur after the end of the financial year to the Ministry. The target set by the Ministry is 20 August 2021. The CE has approved for a clinician to analyse data and audit the chart to ensure activity is captured.

### **Item 11.1.5 MoH Narrative – May 2021**

Noted.

### **Item 11.1.6 Workforce Report**

It was reported that currently it is very difficult to get agency nurses to support us and therefore the wards are having to revert to managed overtime to fill short falls in the rosters. The NUMs are being mindful of fatigue when rostering overtime. All regional areas are feeling this pull from the agency staff being contracted in metropolitan areas in response to COVID and vaccination roll out.

#### **Item 11.1.6.1 Internal Brief – Industrial Relations – Emanuella Jacka Decision**

In regard to the FWLHD Internal Brief included in the papers the BHTEU claimed that the FWLHD have not applied the BHTEU 1997 Agreement conditions correctly, in regard to overtime payment for part time hour employees who work greater than 30 hours. This matter was heard in the Local Magistrates Court on the 22 March 2021. With an outcome being awarded to the BHTEU on the 31 May 2021 providing a ruling in favour of the Applicant (the BHTEU). The current convention is employees working between 30 hours up to 38 hours (full time) will be paid at ordinary hourly rate. The BHTEU contested this stating overtime be paid for greater than 30 hours. In the State Awards overtime is provided for greater than fulltime hours. The CE has discussed with the Ministry if they will appeal this decision. The Ministry have advised that they do not intend to appeal this case however if any further claims are made then they will ensure they will be engaging solicitors and will argue wrong interpretation of the agreement. The MoH barristers concede that the Local Court decision will not set a precedent. The Board queried if the LHD had accrued some expenditure to ensure payment could be made if these claims were successful by the expected twenty six further permanent part time employees the FWLHD currently employees. The Director of Performance and Strategy confirmed that funds had been set aside in case there were further successful claims.

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Muku Ganesh left meeting at 12.43PM CST/ 1.03PM EST.

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#### **Item 11.1.6.2 Mandatory Training Report**

The Mandatory training report was reviewed by the Board and discussion was had around the District maintaining the rate of leave liability in a time when it would likely increase.

### **Item 11.1.7 Headcount and FTE April 2021**

Noted.

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

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## **Item 11.2 Safety and Quality Committee**

### **Item 11.2.1 Safety and Quality Committee Chair Report May**

The Safety and Quality Chair advised that there was a considerable body of work that goes on to address the red flags as reported within the Patient Safety and Clinical Quality Report. The Board noted the report and supported the analysis and actions contained within it. The Chair advised the Board that through the introduction of the new Incident Management Policy and IIMs+ system the terminology of SAC has been replaced by Harm score.

The Committee discussed the establishment of the new Deteriorating Patient Committee in response to the continued issue of staff not escalating the deteriorating patient when escalation is required. Nursing staff are being provided graded assertiveness training in response to staff providing feedback by way of survey that they were in fear of reprisal if they did escalate. Flip cards with the acronym PACE have been purchased and provided to staff as a guide to follow when escalation is required. An example can be that a nurse will feedback that the doctor advised not to escalate, the nurse needs to be able to advocate for the patient and escalate confidentially to the next level if they are concerned. The Committee will also address delirium and mental health complex challenging behaviours.

The Director of Medical Services further commented that there is a cultural element afterhours and on weekends in particular junior clinicians hesitate to refer out. There is a need to recognise what is going on and address retrieval requirements and transfer delays as previously mentioned. The Chief Executive advised that the teams were working hard to ensure that staff start working proactively in referring out and not reactively.

The Board thanked John Harris, Board Member for his continued service as his term has come to an end after ten years. A new Safety and Quality Sub Committee chair will be appointed.

The Board support the suggestion made by the auditors to move Safety and Quality up within the agenda.

***Action: Secretariat to move Safety and Quality in the agenda to be discussed prior to Finance.***

#### **Item 11.2.2 Patient Safety and Clinical Quality Report**

It was noted that the things that were going well were:

- Complaint management process of completing complaints has improved, but has not reached target at this stage.
- Hand hygiene compliance has shown steady improvement to now be above target and the highest it's been for 6 months.
- Completion of RCA and Clinical Review recommendations has been consistent at 100%.
- The FWLHD has reached and maintained the target consistently for healthcare acquired infections, medication incidents, blood products and pressure injuries.

It was noted the things that weren't going well were:

- There has been a significant increase in delays of Inter-Hospital transfers over the last 2 months. These delays will warrant further discussions with Aeromedical Control Centre (ACC) and the Royal Flying Doctor Service (RFDS). Discussions will need to be had with referral tertiary centres that receive FWLHD patients.
- Medical record documentation by clinical staff, particularly nursing and medical staff is particularly concerning. Working with Health Information Management team 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.

- Failure to implement Falls Management Strategy for a patient in the Medical Ward whom had a combined total of 17 falls over a two-month period. Falls Coordinator working with the team to address this issue and further complex patients whom may warrant a 'staff special' to prevent falls.

Noted. As well, the analyses done have been accepted and the actions initiated are supported by the Board.

### **Item 11.2.3 Health Care Quality Committee Minutes 29 March 2021**

Noted.

**Resolution: The Safety and Quality reports be received and noted.**

Moved John Harris, Seconded Lilon Bandler. Carried.

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Carolyn Burlew joined the meeting at 2.25PM CST/ 2.55PM EST

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### **Item 11.3 Audit and Risk**

#### **Item 11.3.1 Audit and Risk Committee Chair Report**

Carolyn Burlew, Independent Chair of the Audit and Risk Committee joined the meeting to provide update to the Board regarding the progress the FWLHD had made in the Audit and Risk area. It was reported that risk is being handled much more effectively in FWLHD. The Finances for FWLHD are currently very pleasing.

Discussion was had regarding the Fraud and Corruption policy being endorsed by the Audit and Risk Committee at the 22 June 2021 meeting. The Chair advised that with maturity of the policy improvement will come. Carolyn has forwarded some analytical tools to the CE and Internal Auditor as developed by the WNSWLHD who wished to share with the FWLHD that may benefit the FWLHD. The Head Auditor is planning on coming to the FWLHD to show these tools however due to the current COVID situation hasn't been able to complete this visit.

Carolyn also advised the Board that sadly a valued Independent Member of the Audit and Risk Committee, John Hunter had passed suddenly. The CE confirmed contact had been made with John's family and condolences extended from the FWLHD and on behalf of the Board.

The Board thanked Carolyn Burlew for her contribution to the FWLHD as she steps down.

#### **Item 11.3.2 Audit and Risk Committee Minutes**

Nil.

#### **Item 11.3.3 Risk Management Unit - Work Health and Safety Report**

It was noted that the claim frequency remains low but the workers compensation payments have increased by 2 percent in May 2021.

As well, it was noted that all claims are being proactively managed.

The Manager of the Risk Management Unit WNSLHD/FWLHD has provided a report regarding the worker incident quarterly report. A Board Member queried the increase in reporting of incidents within the FWLHD and if this correlated with an increase in workers compensation claims. It was advised that the increase in reportable events may be due to

the introduction of the new IIMs+ system capturing a larger range of reportable events. An explanation will be provided at the next board meeting.

**Action:** *Director of People and Culture to confirm why there is an increase in reportable events with the Manager of the Risk Management Unit.*

#### **Item 11.3.4 Internal Brief Appointment of Independent Chair to Audit and Risk Committee**

It is recommended by the Chief Executive, Umit Agis and the Board Chair, Andrew Refshauge that John Isaacs become the new independent chair of the Audit and Risk Committee. Attached with the brief is a short biography of John's experience and involvement with WNSWLHD. Carolyn Burlew outgoing Independent Chair advised that she had spoken with one other independent member who was not interested in permanently chairing the Audit and Risk Committee. The Board were all in support of John Isaacs being appointed Chair of the Audit and Risk Committee.

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

Moved Sally Pearce, Seconded Lilon Bandler. Carried

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

##### **Item 12.1 Health Performance Report April 2021**

Noted.

**Resolution:** **The Health Performance Reports for April 2021 was received and noted.**

Moved Lilon Bandler, Seconded Sally Pearce. Carried

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

Nil.

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

Nil.

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#### **Item 15. Items for Discussion**

##### **15.1 Board Charter Review**

The Board requested that Aboriginal Health and Health Engagement be included in the standing agenda items, the conflict of interest paragraph be edited to reflect disclosures of interest and Board Sub Committees to be updated to reflect the dissolution of the Workforce Development Committee, now reported in the Finance and Performance Board Sub Committee meeting and the Aboriginal Health Committee reported in the FWLHD Operational Executive and FWLHD Board meeting. These items have been updated.

**Resolution:** **The Board Charter be endorsed and to be reviewed again in twelve months.**

Moved Sally Pearce, Seconded Paul Kemp. Carried

##### **15.2 Board Protocols Review**

Nil changes required.

**Resolution:** **Board Protocols to be received and accepted to be reviewed again in a twelve months.**  
Moved Mariette Curcuruto, Seconded Stephen O'Halloran. Carried.

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## **Item 16. Calendar of Events**

Noted. The Calendar has been updated to include the Clinical Excellence Commission in-service around Quality and Safety for the FWLHD Board Members on 27 September 2021 in the morning prior to the Board meeting.

Board Member Lilon Bandler attended the Health Council meeting in White Cliffs in June 2021. The Health Council asked Lilon to present to the board on their behalf for their wish to receive a plan for recruitment and retention or to see the Workforce plan.

**Action:** *The White Cliffs Health Council to be provided a copy of the Workforce Plan.*

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## **Item 17. Correspondence**

Nil.

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## **Item 18. Other Business**

### **18.1 2021 -2022 Service Level Agreement Local Priorities**

As part of the Service Agreement with the Ministry of Health and Far West Local Health District, the District has been asked to develop and implement 5 local priorities. These priorities will be included as part of the annual 2021-22 Service Agreement with the Ministry. The local priorities identified are:

- Remote Services Virtual Care Service Model. The CE confirmed this has already commenced however will allow the FWLHD to anchor the model across the sub speciality areas and progress further in the Emergency Department.
- Sub-Acute Rehabilitation Unit Enhanced Service. This will allow the next phase of the project to ensure we have the right skill set to enhance alternative hospitalisation and increase capacity of the rehabilitation service.
- Broken Hill Health Service Outpatient Services. The CE confirmed this will continue to ensure the action plan is actualised with this previously being identified as a key risk area.
- Broken Hill Health Service Intensive Care Unit (eICU) Collaborative project. The CE confirmed this will continue to ensure that the Broken Hill ICU operates as a level four unit. The FWLHD is aware that currently the ICU is operating much more like a high dependency unit.
- Reducing the Risk of Potentially Preventable Chronic Obstructive Pulmonary Disease (COPD) Hospitalisations. The CE advised that this is an area where we have the worst outcome.

The CE advised the budget received for the SLA FY 21/22 will be the same as FY20/21 including CPI increase.

**Resolution:** **The Service Level Agreement Local Priorities be received and accepted.**  
Moved John Harris, Seconded Stephen O'Halloran. Carried.

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**Item 19. Closed Meeting**

3.00PM CST/ 3.30PM EST

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**Item 20. Next Meeting**

Monday 26 July 2021 to be held in Menindee.

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**Certified as a correct record.**

Andrew Refshauge

Name



Signature

26/07/2021

Date