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## Minutes

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

Date: 28 September 2020

Time: 10.00am CST (10.30am EST)

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

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### Present:

Dr Andrew Refshauge	Chairman
A/Prof Lilon Bandler	Board Member
Mr Wincen Cuy	Board Member
Mr John Harris	Board Member
Mr Paul Kemp	Board Member
Mr Stephen O'Halloran	Board Member
Mr Umit Agis	Chief Executive
Mr Michael Kelly	Interim Director Performance and Strategy

### Videoconference:

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

### In Attendance:

Ms Donna Cruickshank	Director Aboriginal Health and Planning and Community Engagement
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

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**Meeting Opened** 11.03am 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

Dr Andrew Olesnicky	Director Emergency Services BHHS
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### Item 3. Disclosure of Interest

Nil

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

Nil

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## **Item 5. Minutes of Ordinary Board Meeting 24 August 2020**

**Resolution:**                **The Minutes of the Ordinary Board meeting held on 24 August 2020 be received as a true and correct record.**  
Moved John Harris, seconded Lilon Bandler. Carried

The Board members discussed the use of the name Studer and if the localised Aboriginal name should be used in its place. It was noted Studer is a National Program and the name is recognised widely.

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## **Item 6. Action List**

The Board members discussed the Balranald Dental Business Case. Dental services across the region are limited and COVID-19 has impacted on State wide wait lists. Discussions have taken place with RFDS on providing regular clinics in Balranald and other remote sites.

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

Held over.

### **6.2     19-27 – Informal Afternoon Tea with Maari Ma**

An email extending the invitation once again was sent to the Chief Executive, Maari Ma Health who responded the invitation was received and a response would be forwarded in due course.

### **6.3     19-44 – Telstra Mobile Coverage**

An update was provided via two briefs. The Board members discussed the outcome. Telstra advised there was nothing further that could be progressed to improve mobile service coverage within Wilcannia Hospital and community without Government provided funding via the mobile coverage blackspot program. It was noted Telstra was required to deliver services to rural and remote areas but have stated they would not do so unless funding was provided.

Complete

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

Held over.

### **6.5     20-13 – Patient and Staff Stories**

UDRH Students are now back at the Broken Hill Health Service and a roster is being developed for story taking.

**Action:**                **Provide a timeline that stories will begin to be taken by UDRH students out of session.**

### **6.6     20-14 – Health Intelligence Unit Reports**

Bar graphs have now been included in the Health Intelligence Unit Reports.

Complete

### **6.7     20-26 – Cross Border Issues**

Links for State media releases on current border restriction information have been provided on the Far West local Health District website.

Complete

### **6.8     20-27 and 20-28 - Comparative DAMA Rates**

An analysis on lowering the DAMA rates and follow up on patients discharging and Transfer of Care planning has been provided in reports provided at Item 9.1.1.



Complete

#### **6.9 20-29 - Workforce participation rates**

A breakdown of percentage of new staff that are Aboriginal compared to the percentage of staff leaving to reflect turnover has been provided in reporting at Item 9.2.1.

Complete

#### **6.10 20-30 - MHDA Location Contacts**

A breakdown by Aboriginality and location of MHDA contact data for the 2019-2020 period was provided to the Board members via a Brief.

Complete

#### **6.11 20-31 Mitigation Strategy Analysis**

An analysis of the mitigation strategies involving the use of HealthX nursing staff and Agency nursing staff was provided via a Brief. It was noted there are no foreseen reductions in costs for the short term but benefits in the long term are predicted.

#### **6.12 19-21 Service Level Agreement Priorities 1-10**

The quarterly updates were provided via Briefs for each priority.

*Priority 1 - Progress the Virtual Care service model across the district to enhance local access to services.*

Noted

*Priority 2 - Enhance child health services in line with the First 2000 Days of Life initiatives and improve access to services for children and families throughout the district.*

Noted

*Priority 3 - Revitalise the branding of the district with a creative marketing strategy*

Noted

*Priority 4 - Implement a Men's Health strategy to increase access to services.*

Noted

*Priority 5 - Data Improvement Project – Quality improvements for Non-Admitted and Emergency Department Data Collections; and expansion of scanning for Emergency Department and inpatient medical records.*

Noted

*Priority 6 - Develop a Workforce Strategic Plan*

Noted

*Priority 7 - Implement Suicide Prevention Strategy – Towards Zero Suicide*

Noted

*Priority 8 - Collaborate with Western LHD to build capacity in Primary Care to reduce diabetes*

Noted

*Priority 9 - Develop a Rehabilitation Service in Broken Hill*

Noted

*Priority 10 - Develop and Implement the Governance Structure*

Noted



Complete

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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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## **Recess 11.44pm to 11.52pm**

Sally Pearce left the meeting at 11.44pm

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

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

The Board members discussed the KPI dashboard report noting the impacts of vacancies in clinical Directorates. Some impacts noted are increased waiting lists and workloads being absorbed by others causing fatigue. Support is provided to staff in those instances, however recruitment of positions and recruitment timeframes were ongoing challenges.

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Sally Pearce joined the meeting at 12.40pm

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The Board members discussed the target occupancy rate of 85%. Closing beds on the system has been an issue and data is currently being investigated. Education and training is needed to ensure tagging is done correctly.

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

The Chief Executive went through the report noting key points:

- Whilst overall number of new COVID-19 cases detected in NSW has been steadily reducing over recent weeks, NSW Health remains concerned about the number of cases from unknown origins and continues to reinforce the need for LHD's to be vigilant to ensure we reduce the risk of infection and prevent further spread of the disease.
- In recent weeks the number of presentations for testing at our COVID-19 testing points has reduced. Whilst the exact reason cannot be identified, the increased media focus on lifting restrictions, the change of weather and reduced presence of cold and flu symptoms could all be contributing factors.
- As of 24 September 2020 border restrictions between South Australia and New South Wales have eased. However, a permit is required before entry.
- The recently developed COVID-19 Residential Aged Care (RAC) Community of Practice group continues to meet regularly and are planning to conduct desktop training exercises to test RACF outbreak management plans and the ability for the LHD to provide a rapid response to support RACF in the management of a COVID-19 outbreak within RACF.
- Ongoing concern is the trend in Psychological claims. Processes around developing a training program for Managers in early recognition of incidents is currently underway. There are a number of forms of support for staff in the early stages.



The Board members discussed ongoing bullying claims and if the claims are in clusters from the same departments. Cases are being monitored and are coming from varying areas. The LHD is being proactive and are addressing Work Health and Safety issues.

- Emergency Department Treatment Performance for FWLHD for August, 2020, was 78.7%, which was lower than the July rate (80.0%) and below the 2020/21 target of 81%
- The on boarding of a Director of Emergency and dedicated patient flow /discharge planner will be tasked to work with inpatient units to improve the movement of patients from the ED. It is expected that with these key roles in place operational performance in this regard will improve.
- The new Allied Health, Partnerships and Innovation Directorate includes Integrated Care, Occupational Therapy, Physiotherapy, Speech Pathology, Dietetics, Social Work, Medical Imaging, Pharmacy, Pathology, Child and Family Health and Oral Health. Initial scans have been undertaken across each unit within the directorate to identify opportunities and risks.

The Board members discussed the impact on the capacity of sonography services due to vacancies. Recruitment is underway for a Chief Radiographer and a Sonographer/Radiographer. A risk assessment has been completed for the limited sonography service, a locum sonographer has been engaged for short term contract while seeking a longer term or permanent option. The Acting Chief Radiographer will also be pursuing strategies to increase sonography capacity at the Broken Hill Health Service.

- The Nursing and Midwifery Directorate have developed the Nurse Practitioner Engagement and Development Strategy for 2020-21. This framework identifies opportunities in FWLHD to develop and implement Nurse Practitioner roles to address service gaps and improve access to care, and for FWLHD nurses to transition to Nurse Practitioner roles.
- The Nursing and Midwifery Directorate has successfully recruited to the Project Officer position to implement the Nursing/ Midwifery Unit Manager and Nurse Manager Professional Development Framework.
- The Buronga HealthOne project is progressing. The Tender Evaluation Committee has been finalising the tender process to progress the preferred Tenderer. Work is continuing to finalise the Lease Agreement and lease for the land. A meeting was held between the CE, Executive Director of Health Infrastructure and the Barkandji Nation's CEO to progress the project.
- The Virtual Rural Generalist Service (VRGS) is an innovative model of care which aims to set the standard in rural and remote virtual care across Australia and to address the longstanding challenges of recruitment and retention across many rural and remote sites across NSW. The VRGS expansion project is in partnership with Western, Murrumbidgee and Far West Local Health Districts. FWLHD has undertaken an 8 week scoping on the feasibility of implementing the VRGS into two LHD facilities Wentworth and Balranald. A Feasibility Scoping Report has been compiled for review and discussion with the CEs and DMS to determine next steps.
- Far West LHD won the ACI Health Innovation Award - Connections in the Far West. Premier citations were awarded to three employees for contribution to the emergency mental health response provided during the bushfire crisis and the Aboriginal Mental Health Drug and Alcohol Clinical Leader was awarded a community Champion Award from the NSW Mental Health Commissioner.
- Interim Directors of Performance and Strategy and Clinical Operations have commenced in their respective roles and the Interim Director Nursing/Site Manager has also been appointed.



- A Joint presentation with PHD, WNSWLHD, Royal Doctors network and FWLHD to the Federal Minister took place around obtaining funding for a Collaborative Care initiative.
- There is currently a Parliamentary enquiry into rural health.

The Chief Executive provided a presentation on the FWLHD Executive Committee Redesign. Key points of the presentation are:

- Full implementation of the revised FWLHD governance structure is expected to be in place by November 2020.
- FWLHD Executive Committee needs to maintain both a strategic and an operational posture in its executive governance to ensure achievement of its long and short term goals.
- Two tiered approach to enhance focus on two interrelated areas of organisational activity. FWLHD Strategic Executive Committee and LWLHD Operational Executive Committee.
- There are four pillars of governance, each with its own Committee, with underlying Committees reporting to them. The upper FWLHD Strategic Committee is the primary Executive Leadership body and its role is to determine matters, or make recommendations to the Chief Executive and through to the Board, regarding direction and operations of FWLHD. The FWLHD Operational Executive Committee is responsible for the deliberations encompassing corporate, clinical, financial, planning governance and workforce systems of the FWLHD.
- The Chief Executive will chair the FWLHD Executive Committee (approx. 2 hours) and the FWLHD Operational Executive Committee (approx. 3 hours).

The Board members noted the Model By-Laws should be checked to ensure compliance.

**Action:           Ensure the Committee structure is in compliance with the Model By-Laws and circulate out of session.**

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

**Lunch Recess 1.00pm to 1.19pm**

## **Item 9. Aboriginal Health**

### **Item 9.1 Clinical Services**

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

Noted

The Board members raised an issue that responsibility with discharge against medical advice and did not waits should not lie with Aboriginal Liaison Officers and it should be ensured when talking about Aboriginal Health, it is everyone's business and should not be delegated to Aboriginal employees.

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

Noted

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

Noted



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

Noted

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### **Item 9.2 Workforce**

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

Noted

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

Nil

#### **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**

The FWLHD is meeting with the Barkandji Nation at the end of October 2020 to clarify the process around earlier discussions in relation to skilled work for local people.

The FWLHD is awaiting a response from Maari Ma Health in relation to acceptance of an invite for both Boards to meet for an informal afternoon tea. The afternoon tea had previously been postponed due to COVID-19, however it was noted COVID-19 may be ongoing and building relationships needed to continue occurring with restrictions in mind.

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Donna Cruickshank joined the meeting at 1.29pm

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## **Item 10. Presentation**

### **Item 10.1 Donna Cruickshank, Director Aboriginal Health and Planning and Community Engagement**

Donna Cruickshank, Director Aboriginal Health and Planning and Community Engagement went through her presentation. Key points of the presentation are:

- HealthOne Tibooburra was completed in November 2019 and will be finalised with a 12 month defect assurance.
- HealthOne Buronga land acquisition is being finalised with Barkandji Nation and final confirmation to award the Tender for construction is in progress.
- Dareton is in the planning stage with successful rural minor works submission.
- Future Health Strategy involves working with the MoH and facilitating local LHD sessions, and establishing and organising virtual workshops. A virtual workshop involving Board members is currently being arranged.
- The Aboriginal Health Framework is being prepared. A consultation plan was being developed for Communities across the LHD pre COVID-19. A Consultant to assist with preparation and to review information and documents including the consultation plan is currently being engaged.
- The Aboriginal Workforce Strategy is being reviewed and work is commencing to update the strategy.
- Opportunities for 2021 are being reviewed for the School Based Apprenticeship/Traineeship program. Year 2 SBATs are set to achieve their certificates and are completing their final hours.



## Community Engagement

### ED Patient Experience project

- ED kiosk patient experience surveys
- GO Share program welcome bundles to the ED and discharge information for patients
- Patient Experience Survey for all staff twice a year – currently doing first one

### Volunteers –180

- Currently bring back Tai Chi –COVID plan completed –recommence offsite Wednesday 16 September 2020.
- Hospital kiosk return to site program developed –modifications include sneeze screen and potential side window to the kiosk.
- Training for 70+ volunteers in December –opening in New Year.
- Hospital visitor scheme on hold and each program is being assessed individually.
- COVID-19 business plans for all returning volunteer programs.

### National Standard 2

- On track and working towards completing the ART by December 2020; monthly meetings

### Health Councils

- Working towards returning to face to face meetings; returning forms; training developed to ensure COVID safe.
- Action plans due –outstanding due to COVID –work commenced to develop new action plans.

The Board members discussed the presentation, in particular Health Council membership. It was noted there may be a benefit in advertising what Health Councils are about in order to gain interest and attract members. It was noted the work the Manager Community Engagement is doing with Health Councils in relation to COVID-19 has been well received.

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## Item 11. Board Sub Committee Reports

### Item 11.1 Aboriginal Health

#### Item 11.1.2 Aboriginal Health Committee Chair Report

The Chair of the Aboriginal Health Committee provided an overview of the meeting. Focus of discussion was on:

- The impact of COVID19 on Aboriginal workforce, access to training (eg SBATS)
- SBATs still experiencing growth but investigating possible additional budget, as existing budget was based on previous predicted numbers.
- Overview of activity from each work area.
- Chair asked questions about support for Director of Aboriginal Health and asked what ways this committee could provide additional support.

### Key Issues

- Aboriginal Health Practitioner has a current vacancy.
- Border closures are making it very difficult to ensure provision of services at the rate needed, due to rostering challenges.
- Aboriginal workforce plan will form a part of the wider FWLHD workforce plan for 2021-2025.
- Collaboration with Maari Ma, in Mental Health Drug and Alcohol portfolio-including 12 month contract with Maari Ma to support Aboriginal Health Trainees, and possible Aboriginal Lived Experience position.
- Aboriginal Health Framework underway.



- Mental Health Drug and Alcohol Aboriginal Clinical Leader and Aboriginal VAN Trainee showcased and presented at VAN Clinical Network Yarns Forum.

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

Noted

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

Donna Cruickshank left the meeting at 1.50pm

## Item 11.2 Finance and Performance

### Item 11.2.1 Finance and Performance Committee Chair Report

The Interim Director Performance and Strategy provided early observations around finance. The MoH are of the view that FWLHD should move towards the State average NWAU. MoH need to recognise and appreciate the challenges that operating remote Health Services face compared to its city counterparts. At present the FWLHD is behind in terms of how activity information is used. Well-articulated strategic plans to optimise staffing models are needed to close gaps. MoH are willing to accept a coherent plan with milestones with core models over the next two or three years and would like strategies delivered by the end November 2020. Staff are currently working with MoH to show activity costs and structures the Far West works with.

### Item 11.2.2 Finance and Performance Committee Minutes 17 August 2020

Noted

### Item 11.2.3 Finance Report August 2020

Overview

#### General Fund

	<u>20/21</u> <u>YTD Actuals</u>	<u>Variance to</u> <u>Budget</u>		<u>20/21</u> <u>FY F'cast<sup>1</sup></u>	<u>Variance to</u> <u>Budget</u>
<b>Total Expenses</b>	<b>21.215M</b>	<b>1.107M</b>	U		
Employee Related	12.959M	0.491M	U		
VMO Payments	1.415M	0.122M	U		
Goods & Services	4.569M	0.365M	U		
Grants	0.725M	0.001M	F		
Repairs, Maintenance & Renewals	0.385M	0.128M	U		
Depreciation and Amortisation	1.157M	0.000M	F		
Borrowing Costs	0.003M	0.003M	U		
Other Expenses	0.000M	0.000M	F		
<b>Total Revenue</b>	<b>18.672M</b>	<b>0.015M</b>	F		
Own Source Revenue	2.251M	0.015M	F		
Government Contributions	16.421M	0.000M	F		
<b>Crown Acceptance &amp; Other</b>	<b>0.323M</b>	<b>0.000M</b>	U		



Asset Transfers - Internal	0.000M	0.028M	U		
<b>Total Result: Surplus/(Deficit)</b>	<b>(2.220M)</b>	<b>1.120M</b>	<b>U</b>	<b>(4.135M)</b>	<b>0.000M</b>
<b>Adjustments</b>					
- COVID-19 (currently unfunded)	0.535M	0.535M	U		
- Superannuation (retrospective)	0.056M	0.056M	U		
<b>Underlying Result: Surplus/(Deficit)<sup>2</sup></b>	<b>(1.629M)</b>	<b>0.529M</b>	<b>U</b>		
<b>Total Result 19/20</b>	<b>(0.346M)</b>	<b>0.702M</b>	<b>U</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><u>FY21 FN05</u></b>	<b><u>Variance to Budget</u></b>
	690.11*	57.31 F

\* Excludes 11 HealthX agency staff.

The Board members discussed the report. A letter from MoH has been received in relation to COVID-19 budget relief. MoH have agreed to provide funding to cover pathology fees, consumables, PPE and reduction in waiting lists for elective surgery.

A change in accounting processes is occurring, in that the LHD will move from PowerBudget to SMRS software. The change in software processes will better align the LHD with the MoH and will also create a common denominator with other LHD's.

The Board members noted the audit around radiographer call backs was concerning. A Directive from the Industrial Commission was received. The LHD must hold any action and communication until the issue is resolved.

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

Noted

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

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

Noted

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

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

The Health Care Quality Committee Chair provided an overview of the meeting. Focus of discussion was on review of data, and where and when data and minutes from other sections of the FWLHD clinical governance framework should be included.

Processes for working within the new clinical governance structure were discussed.



It was noted that the colonoscopy list includes 34 potentially overdue for their colonoscopy. Additional funding has been sought, to help clear back log.

When the clinical governance framework for FWLHD becomes clearer, documentation (incidents, data and minutes) will be collated, and appropriately made available to the Health Care Quality Committee.

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

Noted

#### **Item 11.3.3 Health Care Quality Committee Minutes 14 August 2020**

Noted

**Resolution:**                    **The Health Care Quality Reports be received and noted.**  
Moved John Harris, Paul Kemp Carried

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### **Item 11.4 Workforce Development**

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

The Workforce Development Committee Chair provided an overview of the meeting. Focus of discussion was on

- Allied Health - Director of Allied Health, Partnerships and Innovation provided a presentation on the Directorate. It is of great concern that at the moment, key positions in Allied Health remain unfilled, such as a sonography position at the hospital and constant issues in recruiting and retaining staff in Occupational Therapy and Speech Therapy, particularly in senior roles.
- New format of Workforce Report developed but needs refinement.
- Overarching Far West Local Health Services Workforce Plan is to be developed and added to the current table of Plans for review and monitoring.
- A draft of the Overarching Plan and Aboriginal Workforce Plan to be provided to committee as soon as possible and a timeline and consultation plan to be provided and developed for both. A consultant has been engaged to assist with the Aboriginal Workforce Plan.
- Hotel Services and Support Services structure is currently being reviewed. Security is fully staffed at present but lacking in a casual pool.
- Work by the Training Hub regarding the Rural Generalist Pathway continues to be well received.

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

Nil

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

Noted

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

Noted

**Resolution:**                    **The Workforce Development Report is received and noted.**  
Moved Michelle Dickson, seconded Stephen O'Halloran. Carried

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## **Item 11.5 Audit and Risk**

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

The Audit and Risk Committee Chair provided a report with an overview of the meeting.

- The Committee received presentations from eHealth into Cybersecurity.
- The ICT Attestation Statement was not available for discussion at the meeting as all LHDs have been provided an extension. It is due to be signed by 4 September 2020
- Internal Audit Annual Report was received.
- The Committee members discussed the Risk Appetite and how it will be handled at Board level. Three Strategic Priorities will be assessed for risk and seven strategies for tolerance. These were discussed with the Board on 24 August 2020 in a two hour session

### **Recommendation/s resulting from the meeting**

The Committee recommends to the Chief Executive and Board that conclusions reached in the Letter of Certification are consistent with the Committee's understanding of the LHD's control framework.

The Committee endorsed the Corporate Governance Attestation Statement for approval by the Board, subject to requested changes.

The Internal Audit Plan for the 2020-21 year was endorsed.

The Committee members would like to acknowledge with the Board, the significant progress made around risk management.

### **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 Lilon Bandler, seconded Sally Pearce. Carried

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

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

Noted

**Resolution:**                    **The Health Performance Report July 2020 is received and noted.**  
Moved Paul Kemp, seconded Wincen Cuy. Carried

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

### **Item 13.1 Risk Appetite**

The Board members discussed the Risk Appetite noting there was need for further discussion and clarity before being endorsed.

**Action:**                    **Board members to use the Risk Appetite statement to provide comment back to the Secretariat to forward to Manager Risk Management Unit for consideration.**

**Action:**                    **Liase with Manager Risk Management Unit for a follow session to finalise the Risk Appetite.**

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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 Review of Committee Membership**

Discussion occurred in camera. A paper will be provided to the Board once Sub Committee Terms of Reference and Membership is reviewed by Board members out of session.

**Other Business**

The Board members discussed the lack of NOUS training being provided. The Chair advised he had attended the NSW Health Council of Board Chairs recently and all LHDs are affected. The Chief Executive advised he had been in discussion with the MoH who were looking at developing specific training for FWLHD Board members with provided funding.

**Action: Follow up with Paul Giunta, MoH on providing funding and specific training for FWLHD Board Members.**

The Board members discussed benefits of providing improved accommodation in relation to recruitment in remote sites and the possibility of raising funds by way of donations. Donations are tax deductible to the District. It was noted fundraising is a complex area and there was a specific skill set needed to successfully negotiate.

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**Item 19. Closed Meeting**

Nil

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**Item 20. Next Meeting**

Monday 26 October 2020

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**Meeting Closed: 2.36pm**

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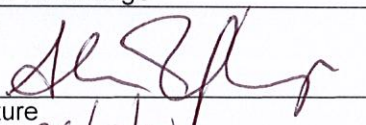
**Certified as a correct record.**

Andrew Refshauge

Name

Signature

Date

  
26/10/20



