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## Minutes

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

Date: 29 March 2021

Time: 11.15am CDST (11.45am EDST)

Venue: Wentworth Multipurpose Service, HACC Room

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### Present:

Dr Andrew Refshauge	Chairman
Mr Stephen O'Halloran	Board Member
Ms Sally Pearce	Board Member
Mr Umit Agis	Chief Executive

### Videoconference:

A/Prof Lilon Bandler	Board Member
Ms Mariette Curcuruto	Board Member
Dr Michelle Dickson	Board Member
Mr John Harris	Board Member
Dr Andrew Neal	Director of Medical Services
Mr Muku Ganesh	Interim Director Performance and Strategy
Mr Mark Dykgraaf	Director Clinical Operations

### In Attendance:

Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)
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**Meeting Opened** 11.10 AM CDST/ 11.40AM EDST

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### Item 1. Acknowledgement of Country

The Far West Local Health District acknowledges the traditional owners of the lands within its boundaries including: the Barkandji; the Muthi Muthi; the Wilyakali; the Ngiyampaa; the Wadigali; the Malyangaba; and the Wangkumara. We acknowledge and pay respects to the Elders past and present and their ancient wisdoms. We also acknowledge the communities of today and the Aboriginal community members who are part of our communities.

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### Item 2. Apologies

Mr Wincen Cuy	Board Member
Mr Paul Kemp	Board Member
Dr Olumuyiwa Komolafe	Staff Specialist

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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 22 February 2021**

**Resolution:** The Minutes of the Ordinary Board meeting held on 22 February 2021 be received as a true and correct record.  
Moved John Harris, seconded Sally Pearce. Carried.

## **Item 5.1 Minutes of Ordinary Board Meeting 21 December 2020**

**Resolution:** The Minutes of the Ordinary Board meeting held on 21 December 2020 be received as a true and correct record.  
Moved Stephen O'Halloran, seconded Michelle Dickinson. Carried.

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## **Item 6. Action List**

### **6.1 19-27 – Initiatives between FWLHD, Maari Ma and CHAC**

Action items ongoing, further discussion in board meeting minutes below. Held over.

### **6.2 19-21 – Service Level Agreement 2020 – 2021**

An update on each of the local priorities were provided by way of Briefs.

***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***

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***

Complete.

***Priority 7 Implement Suicide Prevention Strategy***

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.

### **6.3 20 – 38 - Audit and Risk Committee**

The Board discussed the issue of membership regarding the FWLHD Audit & Risk Committee. It was noted that Sally Pearce is on the prequalification list of the people who can be on an Audit & Risk Committee as per Treasury policy. The board discussed the issue of membership regarding the Audit and Risk Committee.

**Action: Sally to advise the Board of her decision regarding becoming a full committee member of the Audit and Risk Committee at a later date.**

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

### **Item 7.1 Patient Story**

Noted. The story has been presented to the Executive and the Executive are acting on the issues that are raised. The Chief Executive assured the Board that the actions have been developed around these and are passed onto the Workforce Committee for further review and referred to Human Resources if they concern staff members.

### **Item 7.2 Staff Story**

NA.

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

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

Noted.

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

The Chief Executive went through the report noting key points:

- COVID clinics at all sites are operational with the COVID-19 Drive Through testing site operating 7 days a week at Broken Hill Community Health Centre since the start of March 2021. The LHD has in place a summer plan in case there is a surge in visitor numbers and a concomitant rise in demand for testing.
- Far West LHD will commence COVID-19 mass vaccination on the 24<sup>th</sup> March 2021 of category 1A and 1B LHD staff. This process will include FWLHD own Residential Aged Care patients (RAC) in the District facilities and our community partners, such as: Royal Flying Doctors Service (RFDS); NSW Ambulance; NSW Rural Fire Service; NSW Pathology; NSW Police; Coomealla Aboriginal Health Cooperation (CHAC) and State Emergency Service (SES). Maari Ma has chosen to undertake their own vaccination.
- The District will receive 2080 doses of the Oxford/ Astra Zeneca COVID-19 vaccine. A total of 1331 staff, patients and community partner's employees have been identified to receive the vaccine under category 1A and 1B. Clinics have been established in Broken Hill and commenced on 24 March and will continue to 1 April. Within the district locations, Wentworth/ Dareton will commence on 30 March and continue until 1 April, Balranald 30 March to 1 April, and Menindee/ White Cliffs/ Wilcannia 29, 30 and 31 March with the District conducting outreach clinics in Tibooburra on 30 March and 6 April and Ivanhoe 29 March and 9 April in partnership with the RFDS. The Chief Executive advised that low rates of reactions have been reported and in turn there has been no notable rise in absenteeism due to vaccine reactions. It is advised that Panadol be taken prophylactically thirty minutes prior to receiving the vaccine.

## People and Culture

- FWLHD has undertaken its own people and culture workforce wellbeing survey which showed that most staff were proud to be working for the LHD and within their teams. The results show that work is needed around change management in certain departments. Briefings were held with middle managers and Executive to facilitate upskilling in this area. A suite of training is being developed for middle managers to have conversations with their staff early when grievances arise.

## Overdue surgery

There were twenty (20) Category 2 elective surgery patients and sixty 60 Category 3 patients overdue at the end of February 2021. Total overdue = 80 mainly:

- Ophthalmology – 20 - Orthopaedics – 40
- The Chief Executive advised the Board that extra theatre lists had been created for overdue surgeries to be completed. Andre and Mark have provided feedback that this will be completed by December 2021. The ongoing challenge being as overdue surgeries are completed there are more requests for surgery being received. Discussions with the Ministry of Health are being had to increase the number of theatre lists to address this problem. However this will be dependent on the capacity of extra theatre time being available. Currently, two theatres are being operated at one time with the surgeon going between each whilst theatre time is at approximately 80-85% capacity.

## Aboriginal Workforce Strategic Plan

- People and Culture Directorate have provided an undertaking to deliver an engaged Aboriginal Workforce Strategic Plan 2021-2026 to the Chief Executive and Board. Currently we are at the consultation phase where yarning sessions have occurred at Dareton with staff from Balranald, Wentworth and onsite at Menindee. Individual feedback has been received and is being collated from the staff Forum held on 10 February 2021 with the Chief Executive. Weekly meetings have occurred and continue with the Board Members and key stakeholders. A draft plan is being reviewed by the A/Director Aboriginal Health, Planning and Community engagement to ensure previous deliverables are captured into the current DRAFT Plan.

**Action:** *Hannah to confirm upcoming meeting date for Workforce Committee where report will be tabled.*

## Aboriginal Health; Planning and Community Engagement

### Aboriginal Health

- The Consultant Claire McKendrick has commenced her consultation process in the development of the Aboriginal Health Framework.

**Action:** *Community engagement report to be provided to the Board displaying quarterly trends.*

## Service Level Agreement: Top 5 Priorities

- The Chief Executive advised the Board that the LHD identified a significant financial and clinical risk of not having a negative pressure room in our major hospital, Broken Hill. This currently presents an issue in the treatment and containment of COVID and any other infectious disease. Currently the Sub Acute Rehabilitation Unit (SARU) ten bed

ward has been closed to be used as the negative pressure facility. The LHD has been required to keep this facility closed to enable our COVID response plan. The Ministry have shown interest in supporting the installation of a negative pressure room at the Broken Hill Hospital at an approximate cost of eight hundred thousand to one million dollars. A brief has been supplied to the Ministry outlining this at the MOHs request. The other area raised is that our Emergency Department is no longer fit for purpose. There is a planning process being undertaken and we will be presenting the MOH with our wish list in regarding to improvements to the Emergency Department at the Broken Hill Hospital and increased car parking.

### **Parliamentary Enquiry into Remote Health Services**

- The Chief Executive attended the beginning of the Parliamentary enquiry into rural and remote health services and advised that the emerging issues coming forward were the ability for rural and remote areas to attract general practitioner services and retain their workforce. The FWLHD is not on the list of hearings. There have been 13 submissions, three related directly to patients. Four submissions relating to Wentworth and lack of general practitioners and Allied Health Services. The rest of the submissions are related to LHD workforce and lack of service in regional areas.

### **Infrastructure and Sustainability Purchases**

- The Information Technology refresh is likely to go ahead this year as the LHD has financial capacity to purchase and roll out new IT infrastructure. Muku Ganesh has identified an opportunity to obtain funds to install solar panels at the Broken Hill facility. Muku Ganesh is putting through a proposal to secure funding for this and he is quite positive that we it will be successful.
- The Chief Executive recently attended a conference by the Clinical Excellence Commission. The key presentation was completed by Obstetrician Michael Nichol looking at Broken Hill's maternity services. There has been a review completed in this area and one of the findings is that governance and leadership is lacking in many of the LHDs and there are still concerns around a number of critical incidents that are occurring both pre and post-natal and often the data that is being looked at is two years old. This is a focus of the ministry, discussion at the Quality and Safety meeting should be held around the services that the FWLHD offer.

### **Recruitment and on boarding**

- Jane Bostock will be joining the FWLHD executive team as the Director of Clinical Operations on 19 April 2021. The Chief Executive advised Mark Dykgraaf will be leaving the FWLHD his last day being 23 April 2021. There is currently a preferred candidate for the Director of Performance and Strategy with whom negotiations are underway.

### **Partnerships**

- The FWLHD Chief Executive met with the Chief Executive from Mildura Hospital, there has been a massive change in Mildura Hospital's philosophy in partnering with the LHD to address healthcare concerns in the region. The LHD falls within the community of the Mildura hospital with most of the category ones and twos being referred to Mildura hospital with many consumers requiring post op follow up. Previously there has been a significant issue around information exchange, discharge planning and people falling through the cracks. The Mildura Hospital CE has acknowledged this and we look forward

to working together on overcoming these issues with a planned visit to the FWLHD in future.

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

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**Lunch Break 12.50PM CDST/ 1.20PM EDST – 1.20PM CDST/ 1.50PM EDST**

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Mr Mark Dykgraaf joined the meeting 1.20PM CDST/1.50PM EDST

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### **Item 9. Aboriginal Health**

Discussion was had about the suitability of including possibly identifying factors within the Aboriginal Health data reports. Lilon advised it was not needed to have these details in the reports and could result in a breach of privacy. It was moved to remove the identifying data such as age, gender, diagnosis etc unless required to explain a trend. All board members were in favour of removing these details.

Moved Andrew, seconded, Michelle and Mariette. Carried.

**Action: Remove identifying factors in further reports that are provided to the Board.**

### **Item 9.1 Clinical Services**

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

Noted.

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

Noted.

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

Noted.

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

Noted.

### **Item 9.2 Workforce**

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

Noted.

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

Noted. The Strategic Plan was discussed by the Board and potential ideas for the Strategic plan. The following were proposed for consideration:

- Increase Aboriginal workforce across all levels
- Collaboration with Aboriginal Medical Services (AMSs)
- Transparent accountability
- Best practice, person centred care
- Empowering Aboriginal Health
- Expand successful Aboriginal health programs to general services
- Acknowledge long term Aboriginal employees

Separately, it was reported that the joint appointment of a transport officer in Balranald is working very well at getting consumers to attend to their healthcare needs and is receiving a lot of positive community feedback. The Chief Executive agreed the noted feedback should be passed onto the employee.

**Action: Letter to be sent to employee to provide positive feedback received by the Board.**

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

NA

#### **Item 9.3 External Relationships**

##### **Item 9.3.1 Maari Ma and Coomealla Health (also TAB 1 action list)**

The Chief Executive commented that the FWLHD, Maari Ma and CHAC do not communicate as effectively as we would like however there are a number of initiatives that are being undertaken and have been included as attachments to brief the board. Comprehensive discussions and partnerships are being developed and are ongoing.

Lilon queried the confidentiality policy that had been drafted between Wilcannia MPS and Maari Ma and informed the board that RFDS deliver services on behalf of the LHD in Wilcannia however the RFDS do not have access to Maari Ma's notes. The Chief Executive advised that until the project to create one data source between the organisations was completed it will remain an ongoing issue.

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#### **Item 10. Presentation**

##### **Item 10.1 Mr Mark Dykgraaf, Director of Clinical Operations**

The Committee passed on their appreciation and congratulations to Mark for his commitment and the work that he had achieved whilst being in the role of Director of Clinical Operations and acknowledged the large body of work that entailed establishing the Clinical Operations department with a clear path forward. The Chief Executive added that Mark has brought together his portfolio responsibilities in a manner that will continue to serve the LHD well for the future. Mark's last working day will be 23 April 2021.

Mark Dykgraaf presented on the FWLHD Clinical Operations. Main points of the presentations were:

- The Operational Performance Governance, Pillar four, Directorate of Clinical Operations was established in October 2020.
- The Operational risk key areas are budget management, Division of Clinical Operations makes up for 47% of total. Monitored through monthly financials, manage agency fees, revenue capture working closely with Performance and Strategy department. Ensuring that our monthly data is measured against our requirements and key areas e.g, surgery timelines and ED performance. Key areas of action are monitored month to month.
- Strategic risk priorities were discussed around attracting and retaining workforce. Thirty two new graduate nurses commenced in 2021. Discussed where some strategies for developing our workforce with ongoing leadership programs, strengthening virtual care, EICU program, outpatients program and workforce program in partnership with the Performance and Strategy Unit.

- Security management was discussed as it falls within the Operations department. Historically security management had not been as closely managed as we had liked or developed. Security is now oversighted by the Operational Governance Committee. The Security Manager now reports to the DCO.
- There was a significant security audit completed in November 2020 which must be completed formally every two years ongoing in line with NSW Health 'Protecting People and Property' policy and ACHS standards. The audit was conducted over nine locations with 25 standards to measure against, 170 – 185 criteria being assessed identifying 1000 non compliances on a scale of low, medium and high risk requiring ongoing management that can be rectified or mitigated through policy, risk management and education.
- Another focus in the establishment of the DCO was disaster management around COVID, updating the HEPLAN around disaster management addressing operational risk to the LHD and ensuring we address our legislative responsibility.
- The DCSO has Implemented HSFAC training and linked health service managers with the disaster management teams in regional areas to strengthen the LHDs preparedness.
- Currently there are eleven security policies in draft format that will be tabled at the May 2021 Policy and Practice Committee for endorsement.
- The DCO is focusing on implementing built infrastructure across the LHD by installing surveillance cameras at the base hospital in Broken Hill.
- Mark presented on topics of interest of the Board on Aboriginal Health in regard to:
  1. Health Outcomes
  2. Prevention and Early Intervention
  3. Provisions of culturally respectful and non-discriminatory health services and practices
  4. Aboriginal Health Workforce initiatives
  5. Equitable and Timely Access to the best quality and safe care

Mark advised that the LHD is working toward a more comprehensive scorecard on Aboriginal Health, as currently it is fragmented. Work is continuing in regard to what an Aboriginal health scorecard really looks like.

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Mark Dykgraaf left meeting at 2.00PM CDST/ 2.30PM EDST.

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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**

The Committee noted that the financial position of the LHD continues to be reasonably strong. That the revenue position is unfavourable, being a state wide issue where NSW Treasury applied a significant increase in the revenue target part way through the financial year. Year to date and forecast position is favourable for expenditure. Strategies appear to be working successfully and we are back on budget.

The A/Chair of the Finance and Performance Committee acknowledged the great result for the month. We are forecasting a surplus in expenditure for approximately \$400,000 for this financial year. Mainly driven out of existing vacancies approximately 56 so far and estimating 40 for the rest of the year. VMO related oncost has applied ongoing pressure to expenditure. However with this year being challenging to recruit permanently it has been unavoidable.



The A/Chair of the Finance and Performance Committee acknowledged that the FWLHD was gifted \$650,000 in 2021. Overall there will be 0.9mil shortfall, due to private patient bed fees and recoveries associated with the travel hub. The travel hub was ran by FWLHD where some other health districts paid for our services to complete travel bookings however due to COVID bookings for travel being close to zero an approximate loss of \$400,000 this financial year has been estimated. The current budget forecast is based on approximately 40 vacancies going forward.

**Item 11.1.2 Finance and Performance Committee Minutes December 2020**

Noted.

**Item 11.1.3 Finance Report February 2021**

Major items of the financial report are:

	<u>20/21</u> <u>YTD</u> <u>Actuals</u>	<u>Variance</u> <u>to</u> <u>Budget</u>		<u>20/21</u> <u>FY F'cast</u>	<u>Variance</u> <u>to budget</u>
<b>Expenses</b>					
Employee Related	51.701M	0.559M	F		
VMO Payments	5.469M	0.237M	U		
Goods & Services	19.010M	0.260M	U		
Grants	2.003M	0.000M			
Repairs, Maintenance & Renewals	1.460M	0.012M	F		
Depreciation and Amortisation	4.604M	0.254M	U		
Borrowing Costs	0.014M	0.018M	U		
Other Expenses	0.009M	0.000M	U		
<b>Total Expenses</b>	<b>84.269M</b>	<b>0.051M</b>	<b>F</b>	<b>132.778M</b>	<b>0.208M F</b>
<b>Revenue</b>					
Own Source Revenue	8.455M	0.843M	U		
Government Contributions	72.884M	0.000M			
Doubtful debts	(0.071)M	0.070M	U		
<b>Total Revenue</b>	<b>81.268M</b>	<b>0.913M</b>	<b>U</b>	<b>125.010M</b>	<b>1.588M U</b>
<b>Net Cost of Service : Surplus/(Deficit)</b>	<b>3.001M</b>	<b>0.861M</b>	<b>U</b>	<b>7.844M</b>	<b>1.380M U</b>
Crown Acceptance	1.353M	0.000M		2.595M	0.000M
Asset Transfers - Internal	0.000M	0.114M	U	0.170M	0.000M
<b>Total Result:Surplus/(Deficit)</b>	<b>(1.648M)</b>	<b>(0.975M)</b>	<b>U</b>	<b>(5.080M)</b>	<b>(1.380M) U</b>
<b>Management forecast adjustments</b>					
- COVID-19 unfunded – expected to be funded by 30 June 20				0.135M	0.135M F
<b>Management Forecast Result Surplus/(Deficit)</b>	<b>(1.648M)</b>	<b>(0.975M)</b>	<b>U</b>	<b>(4.945M)</b>	<b>(1.245M) U</b>

FTE FY21 FN18 Variance to Budget

Not available

\*Excludes 11 HealthX agency staff.

Key Talking points by Interim Director Performance and Strategy:

Year-to-Date February 2021

Reflects a favourable variance of \$0.051M due to a favourable variance of \$0.507M for the month of February 2021.

Employee related expenses for the year-to-date reflects a favourable variance of \$0.559M, which is due to rolling vacancy across the District. This has been partly offset by the unfavourable variance in Goods and Services and VMO expenditure. Goods and Services and VMO expenditures reflect unfavourable variances of \$0.260M and \$0.237M respectively for the eight months to February 2021. Within the Goods and Services category, the agency related costs (such as, travel, accommodation and care hire) has an unfavourable variance of \$0.735M due to higher reliance on the VMO workforce due to the challenges associated with the recruitment of permanent medical workforce. It is anticipated that the unfavourable VMO expenditure is expected to reduce over the coming months with the commencement of a Senior Medical Officer in February 2021.

Full Year Forecast

The District's headline forecast reflects an unfavourable position of \$1.380M and the underlying position is also unfavourable by \$1.245M. The difference being COVID-19 related expenditure of \$0.135M, which, is expected to be reimbursed to the District by the end of financial year.

The COVID-19 forecast has been decreased from previous month due to reduction in activity and testing.

Own source revenue has been projected to reflect a shortfall of \$1.580M – this is a marginal increase of \$0.008M compared to forecast in January 2021. As noted in January 2021 papers the main contributors for this are:

Lower planned full year patient billable activity. COVID-19 has had an impact on ED presentations and this in turn has had an impact on medical ward patient revenues being lower.

The risk is that the patient fees target will not be achieved as it expected that trend for this is expected to continue till at least April 2021 once the COVID-19 vaccine has been distributed.

The enhanced \$0.650M target provided to the District by MoH in December 2020.

**Item 11.1.3 Financial Reports**

Noted.

**Item 11.1.4 MoH Narrative – February 2021**

Noted.

**Item 11.1.5 MoH Narrative – February 2021**

Noted.

**Item 11.1.6 Workforce Report**

Noted.

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

Noted.

**Resolution:** **Finance and Performance Reports be received and noted.**  
Moved Sally Pearce, Seconded John Harris. Carried

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

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

Noted.

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

Noted.

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

Noted – Verified at Quality and Safety Meeting held 29 March 2021.

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

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

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

Nil.

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

Nil.

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

Noted.

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

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

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

Noted.

**Resolution:** **The Health Performance Reports for January 2021 were received and noted.**  
Moved Stephen O'Hallaran, seconded Michelle Dickinson. Carried.

##### **Item 12.2 Outpatient Clinic**

**Resolution:** **The Health Performance Reports for January 2021 were received and noted.**  
Moved Sally Pearce, seconded Mariette Curcuruto. 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**

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**

Nil.

**Other Business**

Nil.

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**Item 19. Closed Meeting**

2.40pm CDST/ 3.10PM EDST

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**Item 20. Next Meeting**

Monday 26 April 2021

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**Certified as a correct record.**

Andrew Refshauge  
Name

Signature

Date