
Minutes

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

Date: 26 April 2022

Time: 11.30am ACST (12.15am AEST)

Venue: Auditorium, First Floor, Broken Hill Community Health Centre and via PEXIP

Members:

Mr Umit Agis	Chief Executive
Dr Andrew Refshauge	Board Chair
A/Prof Lilon Bandler	Board Member
Ms Mariette Curcuruto	Board Member
Mr Paul Kemp	Board Member
Ms Sally Pearce	Board Member
Mr Jason Masters	Board Member
Ms Pam Tucker	Board Member

In Attendance:

Ms Wendy Gleeson	Executive Director Nursing & Midwifery/Clinical Governance
Ms Corina Kemp	Executive Manager Aboriginal Health and Community Relations
Dr Timothy Smart	Director Medical Services
Mr Damien Van Rosmalen	A/Director Performance and Strategy
Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)

Meeting Opened 11.45 AM ACST/ 12.15PM AEST

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 Ngayampaa; the Wadigali; the Malyangaba; and the Wangkumara. We acknowledge and pay respects to the Elders past and present and their ancient wisdoms. We also acknowledge the communities of today and the Aboriginal community members who are part of our communities.

Item 2. Apologies

Mr Wincen Cuy	Board Member
A/Prof Michelle Dickson	Board Member
Mr Justin Files	Board Member

Item 3. Disclosure of Interest

Nil new disclosures made.

Item 4. Order of Business/Urgent Business

Item 5. Minutes of Ordinary Board Meeting 31 March 2022

Resolution: **The Minutes of the Ordinary Board meeting held on 31 March 2022 be received as a true and correct record.**
Moved Paul Kemp, seconded Sally Pearce, Carried.

Item 6. Action List

Item 6.1 Remote Service Model of Care

Action Item 21 – 57 Maari Ma Health Informal Meeting

Ongoing. The Board Chair advised that no response had been received from Maari Ma following a formal letter of invitation to meet informally with both Chief Executives and Board Chairs. This action to be combined with Item 20-25.

Item 21 – 56 Draft Scorecard within Finance Report

Complete. The Chief Executive advised that the Performance and Strategy Directorate have presented a draft snapshot scorecard incorporating the board requests from the December 2021 meeting at Item 11.2.8 in today's meeting papers.

Item 20-25 Informal Afternoon Tea Coomealla Health Aboriginal Corporation

Heldover. The FWLHD Chief Executive and Board Chair were due to informally meet with CHAC Chief Executive, Summer Hunt and Board Chair, Sharlene Knight tomorrow, Friday 1 April 2022 however this was postponed to 12 April 2022 and has been further postponed with a date to be confirmed.

Item 22 – 03 Aboriginal Health Respecting the Difference Training

Heldover. Respecting the Difference Training tentatively scheduled for 31 May 2022 following the May remote site Board meeting.

Item 22-07 Correspondence to Professor David Lyle

Complete. A letter to be drafted by the CE on the Board behalf thanking Professor David Lyle for work completed across the FWLHD. Secretariat has drafted a letter awaiting approval from CE and Chair to be forwarded to Professor David Lyle out of session.

Item 22 – 08 Co-Located GP Clinics

Completed out of session. Board Members to have conversation offline with eHealth team regarding legalities of patient information sharing.

Item 22 -09 Collaborative Commissioning – Endorsement of Head Agreement further information requested

Completed out of session. The Board have been provided with a risk assessment detailing the financial commitments of FWLHD upon signing the Head Agreement out of session via email from the Secretariat on 14 April 2022.

Item 22 – 10 Aboriginal Health – DAMA & DNW Rates Strategy

Complete. Executive Director of Nursing and Midwifery/Clinical Governance, Wendy Gleeson has drafted a Take Own Leave Strategy included at Item 9.1.5 in today's meeting papers for the Boards discussion and endorsement.

Item 7. Reflections of Care

Item 7.1 Patient Story

The Board noted the patient story provided in the papers.

Item 7.2 Staff Story

The Board noted the staff story provided in the papers.

Item 8. Chief Executive Report

Item 8.1 KPI Dashboard Report

The KPI Dashboard report was noted.

Moved Pamela Tucker, Seconded Paul Kemp, carried.

Item 8.2 Chief Executive Report

The Chief Executive went through the report noting key points.

- Positive COVID case numbers have seen a decrease across the region. This has come earlier than expected and is following the trend of urban areas. The Mundi Mundi Bash was held over the last week with an expected rise in community transmission with 8000 to 10000 visitors to the event. The event was very well organised, FWLHD had an increase in people presenting to the ED, category 4 and 5. An extra testing clinic will continue for 2 weeks post event in Broken Hill.
- FWLHD is leading the state average in community booster and staff booster vaccination rates. 5 – 11 year olds vaccination rate is sitting at 42% FWLHD below the State average of 50% continuing to be a challenge. The District will be targeting AFL events and swimming carnivals to get more buy in from parents. A successful clinic at the regional aquatic centre was ran where a number of 5 year olds were vaccinated. Pop up clinics are being held across the remote sites, working closely with Maari Ma and RFDS to continue specific engagement and making vaccination as easy as possible to access. The Chief Executive advised that the Education Department will not allow Health Districts to administer vaccinations through Health Hubs in primary schools.
- Flu vaccines for Health Staff are provided across the District. The Board discussed the revenue opportunity for the FWLHD to provide flu vaccination services to private organisations across the District for a fee for service. The Chief Executive took this on notice and will explore this opportunity.
- The number of applicants applying for vacancies across the FWLHD has increased as has successful agency recruitment. The FWLHD are going through the process to

engage more HealthX nurses, particularly in the remote sites. Previously HealthX staff commence however do not stay in the remote sites. Going forward the FWLHD propose HealthX staff rotate through the remote sites completing a four monthly stint in before returning to Broken Hill in an effort to increase the retention rate. Previously 12 HealthX commenced and only 2 were retained.

- The new State award for BIC employees has been made seeing back payments accrued being paid to the relevant workforce.
- Ministry are focusing on transfer of care, FWLHD do well, currently getting daily data from Deputy Secretary that highlights some of the challenges with bed flows, FWLHD have not had too many issues in this regard.
- The vICU was launched by Ministers during their recent visit to the Broken Hill on Wednesday 20 April 2022. The Board discussed their interest in vICU activity data and knowing the number of patients that FWLHD are able to safely keep in the District as a result of the project.
- Overdue waitlists are becoming an issue for the FWLHD, who are exploring the opportunity to increase surgeries by entering into private provider agreements primarily based in Adelaide providing patients on the overdue waitlist a choice to have surgery completed in Adelaide. The Ministry have provided some funding to do this and the District have some ability to fund. The Board discussed other opportunities to increase surgeries however workforce availability sees FWLHD unable to complete surgeries on weekends.
- In regard to Planning and Infrastructure positive news has been received for the District, During the Ministers visit to the FWLHD, Minister Taylor, Deputy Premier and Secretary, announced funding for the Broken Hill Health Service ED redevelopment and Mental Health Inpatient Unit.
- Now that the RFDS extra shift is operational, FWLHD will be looking at the performance of pilot related delays.
- The Broken Hill Health Service is still challenged for staffing in ICU and ED, this is stabilising however there are still some challenges, still continuing not admitting inpatients to Wilcannia with management querying the sustainability of the emergency department service at the MPS however a decision was made that the FWLHD were required to maintain this service as a priority. The Executive have come up with strategy, planning to stabilise over the service over the next eight weeks.
- Philanthropy Project Coordinator has commenced, working on plan of action initially targeting Aboriginal Health SBATs and AINs. Sydney LHD are providing education and contact has been made with a very well established Philanthropic department. Ministry legal advisors will be involved.
- The Chief Executive and Board congratulated the two nurses from the FWLHD who received State awards recently. With FWLHD winning two out of eight categories. The Board wished to congratulate the recipients formally with an individual letter on their behalf.

Action: Secretariat to draft letters of congratulations on behalf of the Board to both NSW State Nursing and Midwifery award recipients for Board Chair sign off and distribution.

Resolution: The Chief Executive Report be received and noted.
Moved Jason Masters, seconded Sally Pearce. Carried.

Lilon Bandler rejoined the meeting 12.15pm ACST/ 12.45pm EST.

Wendy Gleeson joined the meeting at 1.10PM CST/1.40pm EST

Item 9. Aboriginal Health

Item 9.1 Clinical Services

Item 9.1.1 Comparative DAMA Rates

The Board discussed and noted the DAMA rates.

Item 9.1.2 Comparative DNW Rates

The Board discussed and noted the DNW rates.

Item 9.1.3 Admission rates compared with population numbers

Noted.

Item 9.1.4 DAMA/DNW Benchmarking against LHDs

The Chief Executive advised benchmarking data has been provided to give context in regard to FWLHD performance in this area.

Item 9.1.5 Draft Take Own Leave Strategy

Wendy Gleeson, Executive Director Nursing and Midwifery/Clinical Governance was welcomed to the meeting. Wendy presented the draft Take Own Leave Strategy to the Board for discussion and endorsement.

The key points of the strategy were:

- DAMA admitted, DNW and LOR in ED rates were the focus of this improvement strategy with the FWLHD planning to engage and consult with staff, community and partners. The strategy acknowledges the patient journey begins upon initial presentation to the service and wish to ensure there is a continued journey.
- Support for the Aboriginal workforce, culturally proficient non Aboriginal workforce and governance accountability to be achieved by the implementation of a Steering Committee which will interlock with other FWLHD strategies.
- The five focus areas of the strategy are understanding, identifying, developing, review and adapt and communication/transfer of care.
- It was noted that patients leave care prior to the completion of service for a number of reasons, with the majority leaving due to personal and family reasons. The FWLHD will be pulling data together and analysing in context through consultation with the patient during the survey process. A formalised process of data collection in regard to feedback will be implemented.
- The FWLHD will be focusing on what we are doing well and what do we need to address. Currently there is no Ministry target for improvement regarding DAMA, DNW and LOS for patients the FWLHD has committed to decreasing the rates by 1%

each financial year. With an aim to recruit and retain an Aboriginal workforce that reflect the population dynamic of 13% across the FWLHD.

- Cultural training for the executive and senior managers is undertaken and case studies are used twice annually to educate staff.
- Respecting the Difference training is currently provided however is an entry point training experience. The FWLHD wish to develop staff further to provide an improved Aboriginal experience of service.
- The importance of ensuring the environment is culturally appropriate through rounding with patients, discussion at handover, looking at admission process, admission check list that is gone through with patients, what can be done better when patients are brought into the service and settled into rooms etc.
- That FWLHD leadership and Executive apply and understand cultural safety with advanced cultural training to be provided.
- Minimise the need for patients to be re telling their history, by ensuring good communication is received from referring health service, less questions we have to ask and similarly provide comprehensive history when patients are referred back to community. Providing a plan of what to do if patients become unwell.
- Internal processes, ensuring that the communication is fluent throughout the service, effective communication, advised through ED, then ward and then onto GP at discharge. Information is being shared across all areas. In relation to family, key element needed to be looked at so they are kept updated. May nominate someone upon coming into hospital; issues or concerns etc can be fed back to whole family
- If patient chooses to DAMA, conversation with to be had with patient, what can we do to improve service, choose to go home, good follow up, research shows that those that DAMA have poorer health outcomes, reinforce if they are deteriorating to seek medical assistance.
- Currently follow up occurs with patient or community medical provider if stated in discharge plan. Recent implementation of DAMA policy will see education provided to staff, if patient left without being seen, patient is followed up with.

The Board discussed the language used in the opening paragraph of the strategy 'authorised discharge' advising this reflected an internal process however gives the power to the medical and nursing professionals and suggested the language be changed to recommended discharge to adapt and engage with the patient and demonstrate a power balance. The Board agreed that this language needed to be adapted.

The Board discussed traditional Aboriginal medicine noting the survey feedback received from some patients who DAMA or DNW advising they wished to receive Aboriginal or 'bush medicine' traditional methods of Aboriginal medicine and questioned how a statement addressing this could be incorporated into the strategy. It was noted by the Board that the FWLHD must ensure that they are respectful to the traditional owners, the different approaches to this throughout different countries could pose a challenge, a key to overcoming with be to consult and seek approval from the Traditional Owners whom are the only ones able to initiate this process with their own people. Must come from traditional owner group. Awareness is required initially.

The Board discussed the need for wait times to be communicated consistently.

It was noted that the FWLHD had a set process to manage racist behaviour that was set out by the Code of Conduct.

The Board discussed the definitions of cultural awareness, confidence etc and the move to cultural safety. Academic articles will be distributed out of session to ensure the correct terminology is reflected in the document accurately. It was noted that education and training for staff was required in this area and recognising the distinction was important.

The Board thanked the Executive Director of Nursing & Midwifery/ Clinical Governance for the work on the strategy.

Item 9.2 Workforce

Item 9.2.1 Workforce Participation Rates

Noted. The Board questioned when the Aboriginal Workforce Strategy KPIs will be reported upon.

Action: Quarterly report on Aboriginal Workforce Strategy to be provided.

Item 9.2.3 Progress on the Reconciliation Action Plan

Nil. Quarterly update report next due until May 2022.

The Chief Executive and Executive Manager of Aboriginal Health and Community Relations advised that the Reconciliation week t-shirt for all staff and Board Members would be available prior to reconciliation week.

Action: Reconciliation week t-shirts to be mailed to Board Members prior to reconciliation week and worn during the Board's remote site visit to Wilcannia.

Item 9.3.External Relationships

Item 9.3.1 Quarterly Community Engagement Report

Nil. Quarterly update report next due until May 2022.

Item 9.3.2 Maari Ma and Coomella Health Aboriginal Corporation (CHAC)

The Chief Executive highlighted that there were currently on track with joint service development with Buronga Health One facility, two GPs from CHAC have been contracted to provide Wentworth GP service, seeing patients and meeting with the teams for two hours daily and can be consulted after hours if need be. This model will likely be adapted to the Buronga Health development. In regard to Maari Ma, working on joint development around vaccination also reviewing current contract with Maari Ma. Not getting much report in regard to their activity, highlighted with service planning. There is currently work going on around this.

Damien Van Rosmalen joined the meeting at 2.20PM CST/2.50pm EST

Item 10. Presentation

The acting Director of Performance and Strategy, Damien Van Rosmalen provided a presentation regarding Pillar Two – Corporate Governance. The key points of the presentation were:

- Implementation of a Procurement Committee to provide support and guidance, with an overall function to improve governance,
- Ministry has a plan to increase use of Aboriginal vendors in terms of preferred vendors and providers. FWLHD looking at how to increase Aboriginal involvement in procurement, how best can we do this? How do we get out to these communities and let them know there is opportunities to work with the health service going forward.
- Looking at opportunities of Aboriginal cadetships in Finance roles.
- New data analyst position for FWLHD, enhancing ABP, data reports, can interpret data, position is very welcomed.
- Health Service Planner on board. Initial focus is around Buronga HealthOne development. Integrating this particular directorate to form future projections on Health Service needs. Chief Executive noted that master plan for Broken Hill Health Service completed in 2015 did not have future planning incorporated.
- Staff accommodation is number one pressing issue, longer term solutions coming online however need more short term solutions. Significant travel challenges, environmental sustainability to be considered etc.
- Travel booking centre adding additional LHDs and NSW Ambulance to support, commercial opportunity for FWLHD.
- Challenges in procurement, remoteness, opportunities to build relationships outside FWLHD.

The Board discussed savings opportunities in regard to freight and volume purchasing medical and surgical supplies. An opportunity to partner with other Districts to increase volumes will be explored. The FWLHD do not currently have in place solid contracts in freight currently with the variability regarding fuel pricing this was seen as an opportunity.

The Board discussed the charter of responsibility regarding freight services, liability can lie with directors regarding any accidents if drivers are required to drive over their approved number of hours. It was requested this be considered in light of any freight contracts.

The Board discussed the cybersecurity risk, managed by eHealth state wide, third party vendor contract without oversight by eHealth, part of the same system as the Ministry, if there is an attack there is minimum coverage until the full platform is brought back online.

Upcoming decommissioning of Health Information Exchange was discussed with a number of platforms ran to replace, however those particular programs be up and running by time the licence expires, currently on track with Edward work to be completed by December 2022.

The Board noted the presentation and thanked the Acting Director of Performance and Strategy for providing.

Item 11 Board Sub Committee Reports

Item 11.2 Finance, Performance and Workforce

Item 11.2.1 Finance, Performance and Workforce Committee Chair Report

The Chair of the Finance, Performance and Workforce Committee advised that there were no concerns from the Finance and Performance Committee, The Committee discussed the annual financial statements that had been endorsed by the Audit and Risk Committee for

submission to the Ministry. The Board Chair welcomed Acting Director of Performance and Strategy, Damien Van Rosmalen to provide the Finance report.

Item 11.2.2 Finance, Performance and Workforce Committee Minutes

The Board noted the 21 March 2022 minutes.

Item 11.2.3 Finance Report March 2022

Major items of the financial report are:

March 2022 Overview

Mar-22 FY2021/2022 \$'M												
to budget	Month Actuals	Variance to Budget			YTD Actuals	Variance to Budget			FY Forecast	Variance to budget		
				%				%			%	
Expenses:	6.301	0.500	F	7	49.480	1.739	F	3	87.771	0.826	F	1
Employee Related	0.787	0.126	U	-19	5.423	0.867	U	-19	9.249	1.667	U	-22
VMO Payments	2.513	0.571	U	-29	22.676	0.725	U	-3	38.388	2.530	U	-7
Goods & Services	0.208	0.000	F	0	1.717	0.000	F	0	2.864	0.000	F	0
Grants	0.148	0.096	F	39	1.155	0.109	F	9	1.877	0.090	F	5
Repairs, Maintenance & Renewals	0.602	0.000	F	0	4.223	0.000	F	0	7.415	0.000	U	0
Depreciation and Amortisation	0.001	0.000	F	0	0.011	0.002	U	-32	0.018	0.004	U	-33
Borrowing Costs	0.002	0.003	F	0	0.002	0.003	U	0	0.000	0.000	F	-
Other Expenses	10.562	0.104	U	1	84.687	0.251	F	0	147.582	3.285	U	-2
Total Expenses												
Revenue:	0.290	0.150	U	-34	2.842	0.212	U	-7	4.868	0.313	U	-6
Patient Fees	0.230	0.230	U	-50	2.166	1.300	U	-38	3.750	2.310	U	-38
User Charges	0.119	0.021	F	22	0.994	0.011	F	1	1.827	0.184	F	11
Grants and Contributions	0.019	0.105	U	-85	0.230	0.632	U	-73	0.378	1.096	U	-74
Other Sources of Revenue	0.658	0.464	U	-41	6.232	2.133	U	-25	10.823	3.535	U	-25
Own Source Revenue	11.168	0.000	F	0	74.000	0.000	F	0	122.246	0.000	F	0
Doubtful debts	11.826	0.466	U	-4	80.232	2.133	U	-3	133.069	3.535	U	-3
Government Contributions												
Total Revenue	1.264	0.570	U	-31	(4.455)	1.882	U	-73	(14.513)	6.820	U	-89
Net Cost of Service : Surplus/(Deficit)	0.166	0.000	F	0	1.356	0.000	F	0	2.595	0.000	F	0
	0.043	0.043	F	-	0.083	0.083	F	-	0.312	0.142	F	84
Crown Acceptance												

Asset Transfers – Internal	1.473	0.527 U	-26	(3.016)	1.799 U	6	11.606	6.678 U	-136
Total Result: Surplus/(Deficit)	0.727	0.394 F	-118	1.044	0.647 U	-163	(3.618)	3.481 U	-2,549
Less: COVID-19 Incremental	(0.746)	0.133 U	-22	(1.972)	1.152 U	-140	(7.988)	3.197 U	-67

	BAU		Covid-19		FWLHD Total	
	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget
FTE – FN20 (Ending 07/00/22)	668.16	101.73 F	41.37	43.19 U	717.27	60.52 F
Trendline of monthly FTE						

*Excludes 8 YTD HealthX agency staff.

Year-to-Date March 2022

- The **expenditure** result year to date is \$1.442M unfavourable to budget.
- The **revenue** result year to date is \$3.838M unfavourable to budget.

The LHD received a 0 rating in its latest performance review by the Ministry.

Expenses

For the month of March, FWLHD is \$0.47m unfavourable to budget on total expenses, exclusive of COVID-19 costs. The unfavourable result is attributable to the back payment of salaries and entitlements to staff employed under the BIC award; while accruals were taken up to offset this impact, retrospective adjustments to annual leave provisions exceeded initial estimates. File note made in any future incidences that annual leave entitlements need to be accounted for accordingly.

For the year to date period as at March, FWLHD is \$1.30m favourable to budget on total expenses, exclusive of COVID-19 costs. Despite this favourable result, over-budget performance is noted in premium labour which has increased \$0.28m (2%) compared to the same period last year. Travel restrictions in the first half of the financial year has impacted significantly on workforce recruitment and retention; maintaining staffing levels has necessitated the increased utilisation of premium labour.

Revenue

The Own Source Revenue result for the February month is \$0.33m unfavourable to budget, with the YTD result as at March being \$2.75m unfavourable to budget. Revenue performance has been impacted by reduced activity as a result of COVID-19 restrictions, as well as the continuing impact of the decommissioned FastTrack model. Furthermore, increases to revenue targets of \$0.65m were received under the FY22 Service Agreement despite a declining population. Discussions are ongoing with the Ministry of Health regarding the current and future challenges in revenue generation in FWLHD.

COVID-19

COVID-19 incremental expenditure of \$12.68m has been incurred for the YTD period, with \$11.61m received in budget relief for these expenses. This variation is attributable to timing

differences, with relief funding received retrospectively following each month closure. Increased expenditure is noted for the month of March attributable to the acquisition of significant Rapid Antigen Test stock to support the anticipated increase in COVID-19 infection heading into the winter period. Trending data indicates that the incremental spend on COVID-19 initiatives is reducing, however costs relating to security, special community accommodation and Pathology testing are expected to continue for the remainder of the financial year. The expiry dates to be checked on the RATs, if expired they should be returned to Healthshare.

Forecast

The forecasted full year expense result for FWLHD is \$0.29m favourable (excluding COVID-19), assuming vacant positions will be filled in a staged manner from 1 April 2022 including the on boarding of additional New Graduate Nurses. It is also assumed activity levels will return to pre-COVID levels from April onwards. The forecasted full year Own Source Revenue result for FWLHD is \$3.76m unfavourable to budget, with revenue performance challenged with restricted activity levels and position vacancies.

Activity

Coding for February 2022 has been completed within Ministry timeframes and coding for March is well underway. Activity performance to target continues to be a challenge with COVID-19 restrictions impacting the generation of activity. Most notably, Acute Admitted and Non-Admitted activity remain well below target, with a strong link to the reductions and restrictions on non-urgent elective surgery.

Despite overall under-performance, improved performance is noted in Sub Acute and Non Acute inpatient NWAU, with activity for the month of February exceeding target by 66%.

Efficiency Improvement Programs (Roadmaps)

FWLHD received a savings target of \$0.60m at the beginning of the financial year. Three strategies were developed to address this target, specifically Reduced Travel costs, Reduced Prosthetics costs and Maternity Workforce realignments. All strategies are performing well above target, with \$1.03m of savings recognised for the YTD period as at March.

Item 11.2.4 Financial Reports – February 2022

Noted.

Item 11.2.5 MoH Narrative – March 2022

Noted.

Item 11.2.6 Workforce Report

Noted.

Item 11.2.7 Headcount and FTE March 2022

Noted.

Item 11.2.8 Draft Snapshot Scorecard

The Chief Executive advised that the requests made by the Board in December 2021 have been included in the new draft snapshot scorecard. The Board discussed the scorecard provides a key KPI overview to summarise the report.

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

Item 11. Board Sub Committee Reports

Item 11.1 Quality and Safety Committee

Item 11.1.1 Quality and Safety Committee Chair Report

Item 11.1.2 Patient Safety and Clinical Quality Report February 2022

Key points of the February 2022 report are:

What's working well within the District:

- 100% of SEAR recommendations and Clinical Review recommendations completed on time (or extensions approved by appropriate Executive).
- Medication management – medication incidents within target and no harm score 1 or 2 incidents.

What's not working so well – concerns in the District:

- Serious Adverse Event Reviews (SAERs) completion rate remains below KPI target.
- Issues have been encountered with finding appropriately trained and experienced team leaders, as well as team members for the investigations. Working with the Clinical Excellence Commission to assist this process. FWLHD staff will attend Serious Adverse Event Review (SAER) training offered by the Clinical Excellence Commission in the first half of 2022.

The Committee discussed that this was not a FWLHD only problem. That is was state wide and something the Health Care Commission, had to have so many cases. This is not a FWLHD only problem. Currently an external team leader was engaged to lead reviews whilst other staff FWLHD members are trained in the process. The Board Chair advised that attendance at the clinical stream meetings had improved and that the Director of Medical Services would provide quarterly verbal update ongoing regarding this. The Committee discussed the result in the decrease of the Health Acquired Complications.

Resolution: **The Safety and Quality reports be received and noted.**
Moved Jason Masters, Seconded Lilon Bandler. Carried.

Item 11.1.3 Quality and Safety Committee Minutes 11 March 2022

Noted.

Item 11.3 Audit and Risk

Item 11.3.1 Audit and Risk Committee Chair Report

The Chief Executive reported that the governance of the Committee is working well. The Board were advised that the annual financial statements were endorsed by the Audit and Risk Committee with nil issues raised by the external audit. The Committee noted that the 'deemed appropriations' issue that did delay the submission of the final accounts in June 2021 is continuing between Treasury and The Audit Office. This however cannot be

influenced by the Audit and Risk Committee or the FWLHD. The Chair of the Audit and Risk Committee wished for this to be noted as it was unfair to organisations who work hard to produce their final accounts for submission and was beyond their control. This would apply State wide to every agency and does not change the substance of the accounts.

Item 11.3.2 Audit and Risk Committee Minutes - Nil

Nil. Minutes were tabled. Awaiting the Audit and Risk Ordinary Committee Meeting in June 2022 for the March 2022 minutes to be endorsed.

Item 11.3.3 Risk Management Unit - Work Health and Safety Report

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

Moved Sally Pearce, Seconded Lilon Bandler. Carried.

Item 12. Reports for Noting

Item 12.1 FWLHD Annual Operational Business Plan

The Board were provided a copy of the annual Operational Business Plan for noting.

The Board noted the FWLHD Annual Operational Business Plan.

Item 13 Reports for Endorsement

Nil.

Item 14. Business on Notice

Nil.

Item 15. Items for Discussion

Nil.

Item 16. Calendar of Events

Noted.

Item 17. Correspondence

Nil.

Item 18. Other Business

Nil.

Item 20. Next Meeting

Monday 30 May 2022

The Board discussed the agenda for the remote site visit to Wilcannia.

It was suggested that a facility and staff accommodation tour be planned, meeting with acting HSM of Wilcannia and Team Leader from White Cliffs as well as the Health Council representatives would be welcomed.

In camera

The camera session was held at the end of the Board meeting with Board Members only in attendance.

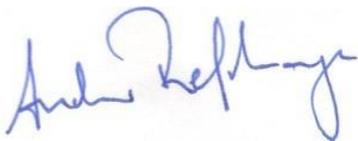
Meeting Close

3.00pm ACST/ 3.30pm AEST

Certified as a correct record.

Andrew Refshauge

Name



Signature

30/05/2022

Date