
Minutes

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

Date: 27 June 2022

Time: 10.30am ACST (11.00am AEST)

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

Administration Matters

Members:

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

In Attendance:

Ms Sheree Farrell	Manager Integrated Violence Prevention
Ms Corina Kemp	Executive Manager Aboriginal Health and Community Relations
Mr Gunjan Kothari	A/Director Performance and Strategy
Ms Judy Robinson	Manager Risk Management Unit
Mr Dale Sayers	Financial Accountant
Ms Vanessa Smith	A/Director Mental Health, Drug and Alcohol
Ms Priscilla Stanley	Manager Health Promotion, Public Health Unit
Ms Melissa Welsh	Director Allied Health, Partnerships and Innovation
Ms Kate Williams	Senior Executive Assistant to the Chief Executive
Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)

Meeting Opened 10.37 AM ACST/ 11.07PM 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

Nil.

Item 3. Disclosure of Interest

Paul Kemp advised that he is the General Manager of Murdi Paarki Regional Housing Corporation.

Item 4. Order of Business/Urgent Business

The Chair advised that the Reflections on our Care section of the agenda needed to be brought further up the agenda. The order of the agenda was currently under review with the meeting trialling a new format today. The Chair advised members that any changes or feedback regarding the agenda order can be discussed throughout the meeting today.

Item 5. Minutes of Ordinary Board Meeting 30 May 2022

Resolution: **The Minutes of the Ordinary Board meeting held on 30 May 2022 be received as a true and correct record.**
Moved Wincen Cuy, seconded Jason Masters, Carried.

Item 6. Action List

Action Item 20 – 25 Partner Informal Meetings

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 meeting would now be held over until November 2022 when a further informal meeting will be attempted to be scheduled. The Secretariat advised that the RFDS meeting had been rescheduled.

Item 6.1 Action Item Response 22-02 Business as Usual post COVID

Item 6.1.1 Public Health Unit Report

Priscilla Stanley Manager Health Promotion, Public Health Unit FWLHD and WNSWLHD joined the meeting via videoconference to provide a high level overview of the update brief provided in the meeting papers. The Board noted the brief and discussed the key points.

The Public Health Unit spans two LHDS, WNSWLHD and FWLHD which pose challenges, these were evident during the response to COVID. The financial constraints of the budget were highlighted in respect to what the unit may or may not look like for FWLHD going forward. COVID funding will continue however it is hard to retain or attract to positions when they are temporary due to the span of funding i.e twelve months.

Business as usual going forward sees Public Health focusing on communicable diseases such as Syphilis, Japanese Encephalitis, and rheumatoid heart disease. Working with primary care providers, developing prevention programs e.g, housing for health program, tobacco and tobacco compliance of illegal tobacco sales, 'Sales to Miner's program'.

Vapes are a significant public health problem and challenge across the State. The unit are focusing on raising awareness in adolescents however this can also be a challenge with one compliance manager and two surveillance officers over the two LHDs.

The department takes care of childhood vaccination rates which are well managed within FWLHD. The childhood lead program is another focus of the department with oversight into

what lead levels were. Lead in the FWLHD is beyond health as far as responding to lead in Broken Hill. Currently there is a Public Health Officer Trainee looking at lead in Broken Hill.

Previously received \$250K FWLHD and \$250K Maari Ma from Lead funding. EPA received further funding to conduct abatement work within the community. Do not know what funding sources look like by the end of the financial year.

It was discussed that FWLHD have been moving forward with programs without the funding as previously provided. Overall multi agency coordination has continued without funding being attached.

FWLHD received communication to revise contract and deliverables during the contract period. The FWLHD have funded with own revenue this year. The FWLHD had a conversation regarding funding and sort the MoHs support similarly to the 2015 – 2020, government grant given to EPA.

EPA have not had a funding source dedicated since 2020. Working in the unknown and had been unable to land grant. The gap the FWLHD will need to take on is \$0.250M per year as well as \$0.250M at Maari Ma also.

Action: FWLHD to write to the Ministry requesting for the Lead Program to continue in partnership with Maari Ma Aboriginal Corporation.

Item 6.1.2 Health Promotion Unit Report

Melissa Welsh, Director Allied Health, Innovation and Partnerships joined the meeting to present on the Health Promotion unit business as usual going forward from COVID. The key points were discussed.

Current Health Promotion (HP) services delivered to the FWLHD are aligned to the Ministry of Health (MoH) priority areas for prevention which are Healthy Eating and Active Living (HEAL) and Tobacco Control. There are associated key performance indicators and targets for these programs which are implemented across all Local Health Districts (LHDs) in NSW. Following the pause on services to assist in the COVID-19 public health response, business-as-usual activities in these priority areas have resumed.

Since the reactivation of Health Promotion (HP) services in January 2022, the team has had a large focus on re-engaging with program partners and delivering on key strategies outlined in the annual program business plans. Some strategies have needed to be modified to address the public health risk of COVID-19 and for consideration of services such as clinical and education that have been impacted during the past 12 months.

Annual planning processes have commenced to continue to deliver these outlined HP services into the 2022-23 financial year. The FWLHD provide funding annually to the WNSWLHD to deliver agreed MoH services. Health Promotion is a shared service with WNSWLHD.

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

Nil staff story provided.

Item 17 Correspondence

Item 17.1 Letter from Mr Peter Black to Dr Andrew Refshauge D22/5489

Item 17.2 Letter of Response to Mr Peter Black D22/5799

The Board noted the letter received and the response forwarded to Mr Black.

The Board discussed the issue raised by Mr Black regarding wound care in the outpatient and emergency departments. The Chief Executive advised the Board that currently this was under review by the FWLHD and had currently been flagged at the Strategic Executive Meeting as a gap. A centralised coordinated approach should be provided. The current model will be reviewed to see how best this can be managed.

Priscilla Stanley joined the meeting 10.38am ACST/ 11.08am EST.

Melissa Welsh and Mariette Curcuruto joined the meeting at 10.40am CST/11.10am EST

Strategic Matters

Item 7.1 Presentation

Item 7.1 Pillar Three People, Culture and Organisational Development Governance Presentation

The Board welcomed David Green to the meeting to present on Pillar Three, the key points of the presentation were:

- Rural incentive scheme, funding used to supplement staffing to reduce workload on existing staff, with 20 agency nurses recruited on 13 week placement's, allowing planned leave for staff recuperation and purchase wellness/WHS goods and services.
- Review of existing recruitment practices, implementation of existing rural and remote initiatives. What attracts applicants to FWLHD?
- Attraction and retention strategies, possible implementation of overseas recruitment pipelines with preliminary work being undertaken with other rural LHDs.
- Develop recruitment, work experience and exit pathways that meet the needs of the applicants (increasing FWLHD attractiveness) and secures employees within the broader NSW Health sector. Linkages with other NSW public sector recruitments agencies, i.e education, police etc.
- Marketing strategies, implementation of social media based recruitment pipelines including LinkedIn and Facebook.
- Develop relationships with Regional Development Australia (RDA) and local larger employers to work co-operatively in the landing and securing of new employees in the region.

The Board welcomed the commencement of a concierge service to new employees during the on boarding stage and suggested that the FWLHD consult with other government departments regarding what they already may have in place.

Item 8. Chief Executive Report

Item 8.1 KPI Dashboard Report

The KPI Dashboard report was noted. The Board suggested that a narrative/ trend report regarding key indicators be provided linking in with the Chief Executive report.

Action: A narrative to be provided regarding indicators that aren't being met, with the KPI report being addressed alongside the Chief Executive report.

Moved Pamela Tucker, Seconded Paul Kemp, carried.

Item 8.2 Chief Executive Report

The Board noted the need for the Chief Executive Report to follow the KPI dashboard report in the new agenda format.

The Chief Executive went through the report noting key points.

- Challenges at the moment 5 – 11 year olds COVID vaccination rates, consistent with the State.
- Third dose with staff stuck at 80%. Have been continuing to target and approach for vaccination. No significant increase over the last month. A fair assumption, a number of staff not keen on having booster vaccination, having the two mandated, however suspected 20% may not have had the vaccination if it weren't mandated.
- Maintaining effort with vaccinations. Sitting at about 64% for the community for third dose. Had to make decision to decrease vaccination clinic hours to three days a
- ETP, area of concern, triage one, triage two and three falling behind not four and five. Challenge, a governance meet twice daily focusing on this. Lost three doctors from ED who are COVID positive. Impacted triage.
- Transfer of care has not been a problem recently. Ambulance ramping not an issue for FWLHD.
- In regard to Elective surgery, surgeons being approached to do extra theatre lists when they are visiting.
- Buronga Health One official tour and opening to community for walk throughs on 8 July 2022 with staff moving into the building on 14 July 2022.
- Final site for Wentworth Hospital redevelopment has been approved by the Board. Consultation with Wentworth Council will commence shortly. Wentworth CSB draft provided in January 2022. Feedback given, new team look at final CSB. Further reviewed, further work to be done. Four months has been lost due to staff having been redeployed to SHEOC.
- Mental Health and ED governance has been set up around new expansion of ED.
- FWLHD have revised governance around adult dental service delivery. The KPI is now based on how many patients are seen going forward rather than how many clinics are offered. FWLHD will take on Broken Hill dental adult service with RFDS continuing remote clinics.

- Telestroke service has commenced with the third highest time in the State of 24 minutes in regard to engagement being reported.
- Incentive funding being provided, one off package for COVID, with 20 FTE coming into the BHHS. Further ongoing funding received to incentivise permanent employment regional employment. Ongoing challenge to staff remote sites of the FWLHD. Currently looking at an out of the box rotating roster to staff these areas with BHHS being the base.

Resolution: The Chief Executive Report be received and noted.

Moved Jason Masters, seconded Sally Pearce. Carried.

Vanessa Smith, Corina Kemp and Sheree Ferrall joined the meeting 11.45am ACST/
12.15pm EST.

Matters for Decision

Item 9. Reports for Endorsement

Item 9.1 NSW Aboriginal Mental Health and Wellbeing Strategy 2020 – 2025 FWLHD Implementation Plan

Vanessa Smith Acting Director Mental Health Drug and Alcohol, Corina Kemp Director Aboriginal Health and Community Relations and Sherree Ferrall, Manager Integrated Violence Prevention Response Services joined the meeting to present the NSW Aboriginal Mental Health and Wellbeing Strategy 2020 – 2025 FWLHD Implementation Plan to gain the support from the Board and endorsement of the plan.

An overview of how the plan was developed was provided to the Board, with the strategies overall aim to improve the social and emotional wellbeing of Aboriginal community members being guided by the FWLHD Aboriginal Health Framework and further supported by the FWLHD Aboriginal Workforce Plan.

The Board noted the need for this with hospitalisation rates 2.5 times higher for non Aboriginals, 2 times higher for potentially preventable admissions and 3.8 times higher for mental health behavioural admissions. The Board endorsed the NSW Aboriginal Mental Health and Wellbeing Strategy 2020 – 2025 FWLHD Implementation Plan and submission of the final plan to the Ministry of Health.

Resolution: The Chief Executive Report be received and noted.

Moved Lilon Bandler, seconded Justin Files. Carried.

Judy Robinson joined the meeting 1.00pm ACST/ 1.30pm EST.

Item 10. Reports for Noting

Item 10.1 Alex Braes Coronial Inquest Findings

Judy Robinson, Risk Management Unit Manager joined the meeting to present the coronial inquest findings.

The Board discussed the actions taken by the LHD since the incident on 20 September 2017.

- The Business Rule is no longer in place and observations are taken on all patients presenting to the emergency department for triage.
- A designated wheelchair has been made available for emergency department patients.
- The Chief Executive convened high level regular meetings with the RFDS and NSW Ambulance in relation to addressing systematic issues in relation to retrievals. This has resulted in the drafting of NSW-level retrieval escalation flowchart, advocacy and securing of an additional RFDS overnight pilot.
- Retrieval and transfer was added to the Enterprise Risk Register and notification to MoH of same.
- FWLHD established formal referral pathways and support within NSW Health. NSW Health have drafted a Guide to Retrievals and Bed-Finding for Far West LHD. This document has been circulated to Senior Executives within Far West LHD, NSW Ambulance and RFDS for final review.
- NSW Ministry of Health have met with SA Health regarding the inter-state transfer issues and are progressing with formal agreement between the two Health entities.
- Since 2018 the LHD reviews all Inter-Hospital Transfers. As part of this process the practice is that if a patient dies and the death is regarded as an “unexpected death” it is treated as a ‘serious incident’, and is notified and escalated within the Health Service and to the MoH via a reportable incident brief (RIB). This process is supported by NSW Health policy and staff are educated to understand that this is the requirement.
- Education and training occurs around the scoring of incidents, particularly Harm Score 1’s and 2’s (previously SAC 1 and 2) with every rotation of Junior Medical Officer’s.
- The Director Clinical Governance has a 30 minute session at Corporate Induction for all new employees each month.
- In the event of an unexpected death of a patient, a Preliminary Risk Assessment Team is sent into the area within 72 hours.
- Clinical Governance Unit reviews all incidents and have confirmed the Harm Score 1, which then prompts the generation of a RIB to go to the MoH.

The Board discussed the recommendations of the coroner:

1. That as a matter of urgency, the NSW Ministry of Health and the Department of Health and Wellbeing (SA) continue communications to agree and formalise cross-border arrangements for the transfer of critical care patients from Broken Hill to Adelaide tertiary care facilities whether in the form of ‘default mechanism’ or other formal arrangement.
2. That the matter be escalated to the Secretary NSW Health, if those discussions referred to in Recommendation 1 do not lead to the establishment of formalised arrangements, as envisaged in Recommendation 1, within 12 months from the date of these findings.

The Board discussed the location of Coronial Inquests, the Chief Executive suggested future Coronial Inquests should be held outside of Broken Hill to minimise media attention and harm for the family, the community and FWLHD staff. The Board did not support this view and suggested that the location of Coronial Inquests should ultimately be the decision of the family. If the inquest is held outside of Broken Hill at the request of the family, the FWLHD will support the family financially to attend the alternate location of the hearing.

The Board recommended that the FWLHD request NSW Health legal representatives seek file suppression orders at the beginning of the Coronial Inquest to prevent staff being named individually by the media.

Michelle Dickson joined the meeting 1.20pm ACST/ 1.50pm EST.

LUNCHBREAK 1.30PM – 1.50PM ACST/ 2.00pm – 2.20pm AEST

Item 11 & Item 12 addressed in different order of business, please see above Item 7 & 8.

Item 13. Aboriginal Health

Item 13.1 Clinical Services

Item 13.1.1 Comparative DAMA Rates

The Board discussed and noted the DAMA rates.

Item 13.1.2 Comparative DNW Rates

The Board discussed and noted the DNW rates.

Item 13.1.3 Admission rates compared with population numbers

Noted.

Item 13.2 Workforce

Item 13.2.1 Workforce Participation Rates

Noted. The Chief Executive reported that Scholarships had been purchased with the incentive funding provided by the Ministry. These will create extra opportunities in 2023.

Item 13.2.3 Progress on the Reconciliation Action Plan

Nil. Quarterly update report next due until August 2022.

Item 13.3.External Relationships

Item 13.3.1 Quarterly Community Engagement Report

Nil. Quarterly update report next due until August 2022.

Item 13.3.2 Maari Ma and Coomella Health Aboriginal Corporation (CHAC)

Noted.

Gunjan Kothari and Dale Sayers joined the meeting at 2.00pm CST/2.30pm EST

Item 14. Board Sub Committee Reports

Item 14.1 Safety and Quality Board Sub Committee Meeting

Item 14.1.1 Safety and Quality Committee Chair Summary Report

Item 14.1.2 Patient Safety and Clinical Quality Report May 2022

Key points of the May 2022 report are:

What's working well within the District April 2022:

- Management of Hospital Acquired Complications overall
- Rapid Response Audit Tool has been reconfigured with new reporting availability to produce ward specific results, monitor policy breaches and responses by managers
- 28 Day Unplanned Readmissions

What's not working so well – concerns in the District April 2022:

- Endocrine and Cardiac Hospital Acquired Complications
- VTE risk assessment completion rates remain below KPI
- Complaint Management – resolution within 35 days is below target (80%) for the reporting period at 40%

The Committee discussed that there was nothing particularly concerning currently reported or discussed at the meeting. What are we focusing on, for the Safety and Quality, medical and surgery monitoring. The PSCQ report includes falls, pressure injuries, hospital acquired infections and medical documentation.

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

Item 14.1.3 Quality and Safety Committee Minutes 13 May 2022

Noted.

Item 14.2 Finance, Performance and Workforce

Item 14.2.1 Finance, Performance and Workforce Committee Chair Report

The Board Chair welcomed Acting Director of Performance and Strategy, Gunjan Kothari and Financial Accountant, Dale Sayers to provide the Finance report.

Dale Sayers Financial Accountant highlighted items of the Finance report.

- Included in \$1.25M forecast favourability including \$0.5M award increases and annual leave, if MoH do not fund or provide budget.
- Funds converted to capital, items purchased total \$1.94M on capital, \$1.3M repairs and maintenance. Two theatre camera systems, ultrasound machine, Philips diagnostic systems for radiology, six sterilisers, three transportable homes accommodation for staff, operating theatre recovery beds, remote health, ten ECGs, central monitoring system expansion.

Item 14.2.2 Finance, Performance and Workforce Committee Minutes

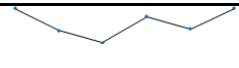
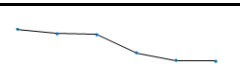
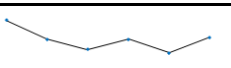
The Board noted the 23 May 2022 minutes.

Item 14.2.3 Finance Report May 2022

Major items of the financial report are:

May 2022 Overview

May-22 FY2021/2022 \$'M									
	Month Actuals	Variance to Budget		YTD Actuals	Variance to Budget		FY Forecast	Variance to budget	
		%			%			%	
Expenses:									
Employee Related	7.040	0.127 F	2	76.654	3.557 F	4	83.872	5.386 F	6
VMO Payments	0.788	0.163 U	-26	8.580	1.589 U	-23	9.364	1.769 U	-23
Goods & Services	2.858	0.427 U	-18	33.594	1.545 U	-5	36.796	1.628 F	4
Grants	0.213	0.002 F	1	2.553	0.001 U	-	2.864	0.000 F	-
Repairs, Maintenance & Renewals	0.303	0.170 U	-127	1.937	0.116 U	-6	3.892	1.931 U	-98
Depreciation and Amortisation	0.614	0.000 F	-	6.749	0.000 F	-	7.442	0.000 F	-
Borrowing Costs	0.001	0.000 U	-3	0.015	0.000 F	1	0.017	0.000 U	-1
Other Expenses	-0.005	0.006 F	-	0.347	0.001 U	-	0.346	0.001 U	-
Total Expenses	11.812	0.624 U	-6	130.429	0.314 F	-	144.593	3.313 F	2
Revenue:									
Patient Fees	0.320	0.120 U	-27	4.156	0.599 U	-13	4.534	0.647 U	-12
User Charges	0.356	0.133 U	-27	3.504	1.995 U	-36	3.720	2.340 U	-39
Grants and Contributions	0.143	0.003 F	2	5.900	0.030 F	1	6.023	0.017 F	-
Other Sources of Revenue	-0.025	0.147 U	-121	0.288	1.070 U	-79	0.325	1.150 U	-78
Own Source Revenue	0.794	0.397 U	-33	13.848	3.634 U	-21	14.602	4.119 U	-22
Doubtful debts	0.000	0.000 F	-	-0.010	0.010 U	-	-0.011	0.011 U	-
Government Contributions	13.750	0.000 F	-	118.560	0.000 F	-	125.795	0.000 F	-
Total Revenue	14.544	0.397 U	-3	132.398	3.644 U	-3	140.386	4.130 U	-3
Net Cost of Service : Surplus/(Deficit)	2.732	1.022 U	-27	1.969	3.330 U	-63	(4.207)	0.817 U	-24
Crown Acceptance	0.188	0.000 F	-	2.227	0.000 F	-	2.428	0.167 U	-6
Asset Transfers – Internal	0.000	0.000 F	-	0.093	0.004 F	4	0.271	0.102 F	60
Total Result: Surplus/(Deficit)	2.920	1.022 U	-26	4.289	3.326 U	-44	(1.508)	0.882 U	-141
Less: COVID-19 Incremental	-0.236	0.223 U	1,625	-0.398	0.254 U	-177	-0.692	0.537 U	-347
General Fund BAU Surplus/(Deficit)	3.156	0.799 U	-20	4.687	3.072 U	-40	(0.816)	0.345 U	-73

	BAU		Covid-19		FWLHD Total	
	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget
FTE – FN24 (Ending 22/05/22)	670.06	100.83 F	37.55	28.55 U	707.62	72.27 F
Trendline of monthly actual FTE						

*Excludes 8 YTD HealthX agency staff.

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

Expenses

For the month of May, FWLHD is \$0.39m unfavourable to budget on total expenses, exclusive of COVID-19 costs. The result is attributable to vacancies across the LHD, offset by the purchase of one-off initiatives across Goods and Services and Repairs accounts with these one-off enhancements based on improved patient outcomes in preparation for the 2023 Financial Year.

For the year to date period as at May, FWLHD is \$0.85m 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 \$0.41m (43%) compared to the same YTD 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 May month is \$0.40m unfavourable to budget, with the YTD result as at May being \$3.63m 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 \$13.56m has been incurred for the YTD period, with \$13.02m received in budget relief for these expenses. This variation is attributable to timing differences, with relief funding received retrospectively following each month closure.

Trending data indicates that the incremental spend on COVID-19 initiatives is reducing, however costs relating to testing and screening, security costs and PP&E are expected to continue for the remainder of the financial year. Included in this COVID-19 expenditure are approved Workforce Recovery Initiatives which will be reimbursed through the established practices.

Forecast

The forecasted full year expense result for FWLHD is \$3.31m favourable (excluding COVID-19), assuming vacant positions will continue to be filled in a staged manner from 1 June 2022 including the on boarding of additional New Graduate Nurses. The adjusted forecast result is a result of budget supplementations of \$0.40m relating to IPTAAS received during

the month, as well as advice from Ministry of Health that unspent IPTAAS funds will not be subject to retraction. FWLHD is working with the Ministry on a one-off conversion of these surplus funds to Capital, with essential medical equipment needs identified and confirmed for delivery prior to 30 June 2022.

It is also assumed activity levels will remain at pre-COVID levels following a return to this level of activity from May onwards. The forecasted full year Own Source Revenue result for FWLHD is \$4.12m unfavourable to budget, with revenue performance challenged with restricted activity levels and position vacancies.

Activity

Coding for April 2022 has been completed within Ministry timeframes and coding for May 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, a significant increase in Emergency Department activity is noted in the month of April, along with above target performance in Sub and Non-Acute and Mental Health Non Admitted activity.

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 May.

The Committee discussed the forecast. The FWLHD have been able to transfer unspent IPTAAS budget to capital, historically IPTAAS expense budget equals actual. The MoH have allowed \$1.7M to be transferred into capital. The FWLHD have also set aside \$0.5M in anticipation of award changes.

The LHDs current favourable result \$1.25M, is likely to decrease by 30 June 2022. As purchasing from wish lists continues. The FWLHD have been able to spend \$1.3M on smaller items such as meeting room furniture in Wilcannia. Directors have been approached regarding items required, accommodation is in need particularly in Broken Hill, \$0.25M of funding has been heldover for six residential leases.

Item 14.2.4 Financial and Workforce Reports – May 2022

Noted.

Item 14.3 Audit and Risk

Item 14.3.1 Audit and Risk Committee Chair Summary Report

The Chief Executive reported that the governance of the Committee is working well. One issue the Committee had discussed, the Ministry policy comes into effect 1 July 2022, only authorised members on the pre-qualification list can only be voting members. All Board Members are welcome to attend. It was noted that it was not often that voting occurred.

Item 14.3.2 Audit and Risk Committee Minutes

Nil. 14 April 2022 Chair approved minutes were tabled. Awaiting the Audit and Risk Ordinary Committee Meeting in June 2022 for the 23 March 2022 and 14 April 2022 minutes to be endorsed.

Item 14.3.3 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 Wincen Cuy. Carried.

Item 15. Business on Notice

Nil.

Item 16. Calendar of Events

Noted.

Item 17. Correspondence

Item 17.1 Letter from Peter Black D22/5489

Item 17.2 Letter of response to Mr Peter Black D22/5799

Addressed after Item 7.2, change in order of business.

Item 18. Other Business

The Board Chair noted it was the Chief Executive, Umit Agis final Board Meeting. The Board thanked Umit for his hard work, commitment, leadership and respect shown to the organisation and Board throughout the Chief Executives tenure.

Item 19. Closed Meeting

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

Item 20. Next Meeting

Monday 25 July 2022

Meeting Close

2.45pm ACST/ 3.15pm AEST

Certified as a correct record.

Andrew Refshauge

Name



Signature

25 July 2022

Date