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## Minutes

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

Date: 29 August 2022

Time: 10.15am ACST (10.45am AEST)

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

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### Members:

Mr Brad Astill	Interim Chief Executive
Dr Andrew Refshauge	Board Chair
Mr Wincen Cuy	A/Board Chair
A/Prof Lilon Bandler	Board Member
Ms Mariette Curcuruto	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:

Mr Nick Brooker	Senior Project Director, Health Infrastructure
Mr Ben Ferry	Senior Project Director, Health Infrastructure
Mr Gert Halbgebauer	Project Director, Health Infrastructure
Ms Christy McManus	Towards Zero Suicides Project Coordinator
Ms Catherine Taylor	Director Rural and Regional, Health Infrastructure
Mr Dale Sayers	Financial Accountant
Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)

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### Meeting Opened

10.45AM ACST/ 11.15AM AEST

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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

Andrew Refshauge	Board Chair
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### Item 3. Disclosure of Interest

Nil new declarations were made.

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

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Corina Kemp joined the meeting at 10.45am CST/11.15am EST

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The Board agreed to address the Item of Aboriginal Health first on the agenda with Corina Kemp, Executive Manager Aboriginal Health and Community Relations joining the meeting to provide update on the Reconciliation Plan (RAP), Community Engagement and Community Partnerships.

### **Item 12.2.3 Progress on the Reconciliation Action Plan**

The Board noted the quarterly RAP report. Ms Corina Kemp, Executive Manager Aboriginal Health and Community Relations joined the meeting to discuss. Key points of the report were:

- FWLHD are continuing to work in partnership with Maari Ma and CHAC. Same vision, same mission and same goals.
- FWLHD continues to focus on Aboriginal workforce development, working on some leadership and management positions within the organisation, also mapping out some of the gaps within the LHD and building on opportunities where they may best fit.
- National Closing the Gap (CTG) Conference being held in September 2022 with four Aboriginal candidates elected to attend. The delegates attending are Aboriginal Health Worker who has worked across an AMS and mainstream health services who currently works in the Palliative Care Directorate, Aboriginal Clinical Leader, Mental Health Drug and Alcohol Services and the Aboriginal Health Practitioner from a Remote Health Service site and the Executive Manager Aboriginal Health and Community Relations.
- The FWLHD are looking to develop a new Reconciliation Action Plan (RAP) via mentorship from Reconciliation Australia. Learnings from CTG conference will be incorporated into the new succinct, realistic and achievable plan working toward closing the gap in the FWLHD communities.

### **Item 12.3.External Relationships**

#### **Item 12.3.1 Quarterly Community Engagement Report**

#### **Item 12.3.2 Maari Ma and Coomella Health Aboriginal Corporation (CHAC)**

The Board discussed that the informal afternoon tea/video conference between partner Chief Executives and Board Chairs was not working. It was noted that the action needed to remain on the action list to ensure that effective communication was occurring between all partners and that relationships were being maintained and strengthened.

The Interim Chief Executive advised that he had met with the Acting Chief Executive of Maari Ma. Maari Ma and the FWLHD share the same vision, same mission, and same goals and will continue to meet, with the next meeting to occur in September 2022 to reconvene conversations. The Board saw this as a very important relationship building opportunity. Discussed at the meet and greet were the potential for the two organisations to share education and training opportunities. It was noted that shared job opportunities could work in the mainstream and NGO sector, in particular with Aboriginal Health Practitioner traineeships, Medical Registrar placements and negotiating shared GP placement with Maari Ma and the hospital being a very attractive opportunity.

The Board discussed best practice placements and other placement models that may exist nationally and internationally. A meet and greet was also attended with Greg Sam Chief Executive of the RFDS, where it was discussed that FWLHD, RFDS and Maari Ma could provide a very fascinating placement combined. The Board noted how invaluable a placement is when a student can see the connection across hospital delivered care and community care during training.

The FWLHD is also discussing what roles could satisfactorily be converted to Aboriginal identified positions to increase the Aboriginal workforce. The FWLHD would like to achieve 13% Aboriginal identified workforce to be consistent with the population demographic however are currently sitting at 7%. The Chief Executive identified that action needed to be completed in this space. Opportunities in Wilcannia and Menindee exist where often FWLHD has trouble attracting mainstream nurses to roles, where Aboriginal Health Practitioners could safely provide some of these services.

Further discussion with the General Manager of Mildura Base Hospital was had in regard to sharing workforce and student placements with a focus on Allied Health positions. The Board noted the importance of facilitating La Trobe University placement to ensure recruitment pipelines were open as a potential employer of this cohort.

The Board thanked Corina Kemp for all of her work and for her continued attendance at the Board meetings. The Interim Chief Executive acknowledged the workload Corina has and advised the Board that the support role for the Aboriginal Health Team had been regraded to hopefully attract an Administration Assistant that can provide support to Corina and team.

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Corina Kemp left the meeting at 10.57am CST/11.27am EST

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## **Item 5. Minutes of Ordinary Board Meeting 25 July 2022**

The Board advised that the minutes needed to include the discussion on Monkeypox. The minutes were endorsed pending this inclusion. The Secretariat amended the minutes to include discussion pertaining to Monkeypox.

**Resolution:**                    **The Minutes of the Ordinary Board meeting held on 25 July 2022 be received as a true and correct record.**  
Moved Sally Pearce, seconded Jason Masters, Carried.

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## **Item 6. Action List**

### **Item 6.1 Action Item 21 – 40 Priority Two – Sub Acute Rehab Unit Enhancement - Service Model**

**Complete.** The Board discussed the reopening of the Sub Acute Rehabilitation Unit and expressed their support. It was noted that the Rehabilitation model had moved to a day hospital model of rehabilitation currently. The Board discussed why this service is not provided to Paediatric patients and the ideal total hours of therapy a rehabilitation patient would receive per day. It was noted that included in the therapy hours were activities of daily living such as showering, preparing meals, walking, running errands etc. The Board queried the pathway for an acute inpatient to a rehabilitation day patient and if pre-operative rehabilitation was included in the service. The Chief Executive advised that a response to these queries would be provided out of session to Board Members.

**Action:** *Chief Executive to provide out of session response to Board regarding Sub Acute Rehabilitation Unit Model of care queries raised.*

## **Item 6.2 Action Item 22 – 11 Wentworth Redevelopment Urgent Care Centre Model Brief D22/8526**

**Complete.** The Board were provided a brief advising of the Urgent Care Centre (UCC) model being investigated for the Wentworth Health Service redevelopment to support care into the future. The Ministry of Health (MOH) has endorsed Infrastructure requirements including the UCC model as the scope of the redevelopment to enable the project to move to schematic design. The MOH support the development of an UCC and future proofing to enable the potential development of an Emergency Department subject to meeting NSW Health's role delineation. The project team has commenced socialising with the broader community and local stakeholders the UCC model for the Wentworth Redevelopment.

The Board expressed concern, the provision of an UCC would be misinterpreted as providing an Emergency Department service. This is currently not in the current plan. The Interim Chief Executive advised that currently there is no urgent care provided in Wentworth however the population is growing at a fast rate within the area including Gol Gol and Buronga. The model of care needs to be investigated as the implementation of an Emergency Department cannot be introduced immediately once the need arises. The implementation must be a staged approach. The Board discussed the implications of providing an Emergency Department service in Wentworth and supported the need to build the hospital to ensure there was capability when such a service was required and could be staffed sufficiently. The Board would further discuss sustainability with the LHD and Health Infrastructure to ensure ratings are prioritised in the redevelopments and that buildings are sustainable into the future.

### **Action Item 22 – 08 KPI Dashboard Report**

See Item 8.1

### **Action Item 22 – 06 Suicide Rates in Wilcannia Community/Model of Care in ED**

See Item 7.1, Completed. Presentation provided by Towards Zero Suicides Project Coordinator.

### **Action Item 21 – 42 Aboriginal Health, Item 9.1 Clinical Services, Item 9.1.4 Smoking During Pregnancy Comparative Rates**

See Item 12.1.4

### **Action Item 22 – 14 Board Charter and Protocols to be reviewed**

**Complete.** Board Charter and Protocol word version circulated to Board Members for review.

### **Action Item 22 – 13 Service Agreement and Budget Adoption Brief to be provided**

**Complete.** See Item 10.1

### **Action Item 22 – 11 Wentworth ED Service Plan**

**Complete.** See Item 6.2

## **Strategic Matters**

### **Item 7.1 Presentation**

#### **Item 7.1 Suicide Prevention – Towards Zero Suicides Project Coordinator, Christy McManus**

The Board welcomed Christy McManus to the meeting to present on Suicide Prevention, the key points of the presentation were:

- Update towards zero suicides projects in FWLHD. Two key services delivered by FWLHD. Suicide mobile prevention. In suicidal crisis, currently operating in BH only. Safehaven Café, building onsite at BHHS with a lounge room like atmosphere, anyone can present to building. The building exists to prevent suicidal crisis and was co designed with people of lived experience.
- An external review of the Safehaven is currently being completed, FWLHD are awaiting formalised feedback. However consumers have all been positive in regard to Safehaven experience.
- The biggest challenge is recruitment. The SPOT team, currently have one peer worker and agency nurse staffing the team. The key goal of the service is to expand to outreach communities, Wilcannia and Dareton. The plan is to pilot the service in Wilcannia however this cannot be done until permanent staff are recruited.

The Board queried the timeframe that recruitment may be expected to be completed. Currently the clinician positions had been advertised three times with no suitable applicants applying, unfortunately the pilot will not move ahead until positions are filled. There is hope that the regional recruitment incentives may entice suitable applicants. The team are considering a position that rotates through community mental health and SPOT. Once the SPOT service is embedded into the community mental health team the position will be able to be filled and the project can move forward. The opportunity of partnerships once the program is implemented were discussed.

The Board discussed the referral pathways. The focus of toward zero suicides project is to change the initial focus being assessment when a patient presents with suicidal ideation. Connection should be built first with the patient. Establish what is causing the distress, look at safety plans around and look at intent after this. The Mental Health team are learning this approach. Teams however have been scared they will be in trouble if they haven't ticked all of the question boxes. Education in working with someone through the de-escalation process in the Emergency Department or Mental Health Inpatient Unit is being provided.

The Suicide Prevention Framework is focused on changing to a non-blaming, clinician responsible model of care where the patient is empowered to make decisions about care.

Other services operating within the community such as Mission Australia, the Wayback Support Service program, can provide assertive follow up to someone who has had a suicidal attempt. Follow up continues for 6 months from this service. Currently in the planning stages, a service called Standby is being developed to provide bereavement support to frontline workers and schools to support following the death of someone by death by suicide. The program will be contracted out to NGOs around NSW. There will be a telehealth service and these teams will travel out and meet with schools and meet with those experiencing distress from death by suicide.

The Board queried how those living on remote stations are provided with mental health support and suicide prevention services. The Outreach services MEC 1800 number is the best referral source for the FWLHD in this situation. RFDS and Maari Ma still go through

SPOT team. Once the pilot is implemented in Wilcannia this should also help to service remote stations in these areas. The MEC team are able to be put through to SPOT after hours team and telehealth on call team to provide support. RAMP workers are going out to remote sites when there is a need, not specifically there to counsel however are a connection for services to promote and link one another.

In the case of post suicide crisis response, cultural training is provided to all staff. There are two staff members, peer worker and a clinician who work specifically with the LGBTIQI group, Aboriginal people, men and specific age groups. Having representation from groups is within the design of the services. It was noted that putting an Aboriginal artwork on the wall doesn't make it culturally appropriate. It was noted that 20% of patients who accessed the service were 3 transgender patients and 2 non binary patients attending service.

The Safehaven is undergoing a promotional drive, the community will start seeing coasters in all of the bars and pubs within the District. 9 September is World Suicide Prevention Day, and there will be a particular focus around the BHHS Safehaven with media in the coming weeks. SPOT team is not directly advertised to the community due to it being available to after hours services only at this current time who refer to SPOT team. The reason being is that patients need to be triaged prior to being seen by the SPOT team. Service partners are aware how to refer to the SPOT team.

It was discussed how Mission Australia partner with FWLHD. Currently contracted to operate Safehaven physically in Broken Hill. Unfortunately Mission Australia do not service or operate a remote service delivery model. Another Safehaven site would need to be introduced to be able to deliver the model of care Safehaven is.

The Board passed on feedback and felt that this was an outstanding presentation with speaker addressing key issues and talking to the Board Members rather than to the presentation.

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Christy McManus left the meeting at 10.10am ACST/ 10.40am AEST

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Mariette joined the meeting 10.55AM CST/ 11.23AM EST.

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

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

The Board requested analysis and narrative around the measures that aren't meeting target within the KPI Dashboard report previously.

The KPI Dashboard report was noted. The Board were provided with a narrative/ trend report regarding key indicators throughout each section of the report. It was noted to be able to do this the data needed to interrogate initially, allowing the governance committees time to review the data and formulate actions within their reports.

The Chief Executive advised that the narrative provides feedback and commented on Emergency Transition and Transfer of Care were the FWLHD has seen small breaches, in regard to time to off load the ambulances. Due to the low numbers FWLHD are reporting, missing the opportunity to record the offloading of one ambulances drops KPI to 70%. There is a unique scenario for the remote health sites for example when an ambulance picks up a patient in Menindee or Wilcannia there is never a breach in offloading as the same team are those provided care at the service therefore there is no breach and nil delay. Staff are focused on treating the patient rather than 'stopping the clock'. Data team are currently working with local teams and MoH on what can be done around this issue. The Board discussed endocrine complications with the majority due to fasting prior to surgery.

The Board discussed the timeliness of the data and suggested that the narrative could address different domain each month or be provided quarterly with a detailed analysis and feedback. It was noted by the Chief Executive that some data was collected monthly, quarterly and some annually. The report is contingent on the patient being discharged, issue cannot be analysed until patient is discharged and data is collected and finalised.

**Action: Most recent KPI Dashboard report to be tabled at the Board meeting. With narrative and feedback to be confirmed on frequency that it will be provided.**

## **Item 8.2 Chief Executive Report**

The Interim Chief Executive, Brad Astill noted key points within the report. As previously discussed, recruitment remains high priority focus, as well as other staffing strategies FWLHD can implement. Activity and clinical targets discussed earlier in KPI Dashboard. It was noted that Health Infrastructure will be talking to the Board today regarding progress on Wentworth redevelopment and the BHHS Emergency Department and Mental Health Inpatient Unit redevelopments.

The Regional Health Division visited the District in July and did a complete tour of the District and were quite impressed with the accommodation facilities available at Wilcannia, Menindee and Wentworth. It was noted that FWLHD had completed COVID vaccination done well, flying vaccination teams and ongoing visits to sites with the drive being quite successful.

Clinical Operations have been doing a lot of work around Mundi Mundi Bash with a comprehensive first response site at concert that has avoided patients being transferred to BHHS. The event was highly successful with a low level of flow on impact to services

The Anderson review into security and safety seen actions ongoing. It was noted there is a great calibre of work being done through MHDA team.

An official opening of the Buronga Health One facility should occur in the near future with partners being invited such as the University of Sydney, agency, Maari Ma, CHAC and RFDS. FWLHD are continuing to discuss longitudinal student placements and are very enthusiastic in supporting the continuation of 4 and 5 month placements. This placement model has received fantastic feedback from students with 85% of their learning targets being achieved in FWLHD. This is an important recruitment pipeline in attracting new graduates to the area.

The Board discussed the Anderson security review and WHS Audits that were due to be conducted in September in all FWLHD sites. A query was raised that is White Cliffs going to be visited to appreciate the issues at this site or is it seen as a sub group of Wilcannia. It was noted that findings would be applied equally across all sites and that all sites would be audited individually.

**Action: Offline feedback to be provided to Lilon Bandler, Board Member regarding White Cliffs and the Anderson security report.**

The Board queried if there had been any response received from the Secretary regarding the lead program letter forwarded to the Ministry in July regarding FWLHD lead program funding. The Chief Executive advised that nothing had been received but would enquire if a pending response was being drafted. It was noted that community advertising had seemed to have fallen away with the underlying impact still present impacting health outcomes of residents. The Board noted the opportunity for the FWLHD to form a lobby group leading into the election if needed to promote this need within the community.

**Action: Chief Executive to follow up with the Secretary if there is any pending response to the Board Chairs letter enquiring about Lead Funding for Broken Hill.**

The Board discussed how active the Executive Manager Aboriginal Health and Community Relations had been. Noting the reporting within the Chief Executive report of the engagement occurring across the District. It was noted that this work required a lot of time in the community, visiting with community, paying respect. Without this body of work these initiatives cannot happen. The concern for Corina's workload was raised and Aboriginal staffing numbers in leadership roles, with the FWLHD needing to continue to look at recruitment issues across the organisation. It was noted that the body of work in this area is growing however the workforce is not.

The Board discussed if the Regional Division has any plans in place or provided any feedback regarding Monkeypox. The Chief Executive advised that there has been nothing specific, with vaccination in Sydney drive targeting vulnerable communities first. T

The Board discussed if the FWLHD were able to conduct SAER activities independently. The Chief Executive noted that FWLHD were currently reliant on CEC however the assistance has seen a double edge sword scenario arise with review leads having a poor understanding of rural and remote context/issues. The FWLHD are training own staff so that we are not reliant on contextualising and SAERs can be run locally. It is important to become self-sufficient in this area.

**Resolution: The Chief Executive Report be received and noted.**

Moved Jason Masters, seconded Sally Pearce. Carried.

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## **Item 9. Reflections of Care**

### **Item 9.1 Patient Story**

Nil patient story provided.

### **Item 9.2 Staff Story**

Nil staff story provided.

The Chief Executive advised that there was a story submitted however it was noted that this had previously been provided to the Board in May 2022. Staff are working to provide a story in September 2022.

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## **Matters for Decision**

### **Item 10 Reports for Endorsement**

#### **Item 10.1 FWLHD Budget Adoption FY 22 – 23**

The Board discussed the budget adoption process and their involvement in this process. The MoH set the Service Agreement and funding that comes into the District. The Organisation then distribute the overall budget envelope within the Directorates in order to deliver services against the Service Agreement. The board support the budget adoption.



In future the Board would like to see the Service Agreement and Budget adoption brief tabled in August firstly at the Finance and Performance Board Sub Committee and then onto the Board for noting.

The Chief Executive advised that there were minor issues around allocations of activity where FWLHD provided feedback to the MoH with the response to all issues being positive.

The Board noted the Budget Adoption brief and revised Service Agreement.

The Board queried if there was an Aboriginal procurement policy for the FWLHD and enquired if the FWLHD had any data about Aboriginal Lead businesses in the District and local procurement activity.

**Action: Chief Executive to provide feedback regarding local Aboriginal procurement activity and Aboriginal Procurement Policy.**

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Morning Tea break from 11.20am EST/ 11.50am returned at 11.30am EST/ 12.00 noon EST.

### **Item 10.3 Corporate Governance Attestation Statement**

Endorsed. The Board endorsed the Corporate Governance Attestation Statement.

### **Item 10.4 Clinical Governance Attestation Statement**

Endorsed. The Board endorsed the Clinical Governance Attestation Statement.

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Gert Halbgebauer, Catherine Taylor, Ken Brooker and Ben Ferry joined the meeting 11.50am ACST/ 12.20pm EST.

### **Item 10.5 Preferred Site for the Broken Hill Hospital Redevelopment Mental Health Unit and Emergency Department**

Gert Halbgebauer, Catherine Taylor, Ken Brooker and Ben Ferry from Health Infrastructure joined the meeting to discuss MHIU and ED at the BHHS.

The Board agreed that the ED should be refurbished in its current location, due to clinical relationships with imaging and theatres being adjacent with the location for the MHIU having several different location opportunities.

It was suggested that the Mental Health Inpatient Unit should be placed by back of service, with the opportunity for outdoor courtyards as well as a designated visitations afterhours access point to be built. Option A was supported by the Board for this reason.

Health Infrastructure advised that options A, B & C were presented to the Executive User groups and an informed decision to support option A was agreed, based on objective consultation process. The next steps of the project are finalising the master plan.

The Board enquired what level of sustainability Health Infrastructure are looking at in terms of new buildings. IT was noted that the Board would like to ensure that the build is fit for the future. The Board requested feedback regarding the sign off of new builds and wished to know the assessment criteria for sustainability ratings.

Health Infrastructure advised that they were not currently at this stage of planning but had noting that adding additions to existing buildings can affect assess to sustainability rating due to the refurbishment as opposed to a new development. HI are interested in meeting the

sustainability targets of the FWLHD, as part of HI delivery, as a minimum aim for four star sustainability rating.

The Board felt that a four star building was not acceptable level for a government agency and wanted to ensure that the new builds/ redevelopments occurring in the District did not just meet the bare minimum standard. HI agreed to continue to inform the Board throughout the planning stages. It was noting that nil impact would be placed on parking, if any parking was sacrificed it would be reinstated.

The Board discussed if the traditional owners of the land had been engaged in regard to site clearings. Health Infrastructure will continue to engage with the Aboriginal Health Directorate and identify Aboriginal stakeholders and ensure that they are included in the Aboriginal working group. As the masterplan is still to be finalised and is confidential this process will take several months.

**Action: The Board to continue to discuss sustainability and be provided with details in sign of redevelopments and new builds in regard to sustainability ratings.**

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## **Item 11. Reports for Noting**

### **Item 11.1 Wentworth Health Service Redevelopment Update**

Ben Ferry Project Director, Health Infrastructure, addressed the meeting to provide update on the Wentworth Hospital redevelopment and progress that had been made since speaking with the Board in May 2022 post discussion around master plan formerly announced site for redevelopment.

It was noted that the Clinical Services plan has been endorsed by MoH. Urgent Care Centre in Wentworth, was discussed previously, enhancing inpatient health services, provided some additional staff accommodation on site and ambulatory services increasing presence for ambulatory care in partnership with new Buronga Health One.

Intensive community consultation had occurred since with community drop in sessions, two open drop in sessions, a number of staff presentations to all staff, Health Council meeting and Member of Parliament briefing in the last two weeks. It was reported that every stakeholder was unanimous in agreement of the location and masterplan of new build overlooking the river with the community very excited for it to come to fruition.

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***LUNCH 12.00pm – 12.30PM ACST/ 12.30pm – 1.00pm AEST***

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## **Matters for Discussion**

### **Item 12. Aboriginal Health**

#### **Item 12.1 Clinical Services**

##### **Item 12.1.1 Comparative DAMA Rates**

The Board noted the DAMA quarterly report

##### **Item 12.1.2 Comparative DNW Rates**

The Board noted the DNW quarterly report

### **Item 12.1.3 Admission rates compared with population numbers**

Noted.

## **Item 12.2 Workforce**

### **Item 12.2.1 Workforce Participation Rates**

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Paul Kemp left the meeting at 1.04pm CST/12.28am EST

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## **Item 13. Board Sub Committee Reports**

### **Item 13.1 Safety and Quality Board Sub Committee Meeting**

#### **Item 13.1.2 Safety and Quality Committee Chair Summary Report**

#### **Item 13.1.3 Patient Safety and Clinical Quality Report July 2022**

Key points of the July 2022 (June data) report were:

#### **What's working well within the District:**

- 100% of death screens completed for May. Nil red flags identified.
- 100% for Far West LHD 5 day new to investigate.
- Complaints management met KPI of 80% completion within 35 days.

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

- Serious Adverse Event Review (SAER) completion rate remains below target.
- Two falls with Harm Score 2 (due to fracture).

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.

The Director of Clinical Governance provided a presentation on the Serious Adverse Event Review (SAER) process to provide education and assurance of the review process. Process undertaken to identify any factors that caused or contributed to the incidents, and any practices, processes or systems that could be reviewed for the purpose of a recommendations reports.

In regard to endocrine complications caused when patients are fasting, the Committee were informed that a protocol was being developed to ensure a consistent approach is being taken, fluids provided, insulin replaced etc.

The Board discussed the wait in Broken Hill to see GPs, COVID having highlighted major system errors that government are currently looking at. Many patients are meant to see a GP in the week if discharged and unfortunately are having to represent due to no availability of GPs within this timeframe.

The Chief Executive advised that the cross border agreement was in place at a very high level, when it comes to transfer the patient, usually talking to a registrar on the ICU ward etc.

issue being that it is not filtered down that South Australia are expected to accept our parents. FWLHD can rectify the situation with a single call to Aeromedical Retrieval Service ACC and escalate who will find a bed for the patient. It was discussed that an educational process is required from all tiers that FWLHD staff should not be trying to seek beds.

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

### **Item 13.1.3 Quality and Safety Committee Minutes 15 July 2022**

Noted.

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Dale Sayers joined meeting at 1.07pm CST/ 1.37pm EST

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## **Item 13.2 Finance, Performance and Workforce**

### **Item 13.2.1 Finance, Performance and Workforce Committee Chair Report**

The Board Chair welcomed Financial Accountant, Dale Sayers to provide the Finance report.

Dale Sayers Financial Accountant highlighted items of the Finance report.

It was noted that July was not a reporting month for the Ministry. A summary report was provided regarding 2022 figures versus previous years. Employee related expenses increased by 4.47%, VMO vary from month to month, year to year, goods and services increase \$8,000, repairs and maintenance \$75,000, overall expenses \$10.90M increase COVID included in \$265,000.

The Chief Executive noted that FWLHD had received a fair bit of enhancement funding in FY22/23 working through how to utilise in regard to COVID workforce, initiatives, over time will be advised of the criteria that must be met.

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Dale Sayers left meeting at 1.14pm CST/ 1.44pm EST

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### **Item 14.2.2 Finance, Performance and Workforce Committee Minutes**

The Board noted the 18 July 2022 minutes.

Finance, Performance and Workforce are going to be reviewing report to making it more succinct.

### **Item 14.2.3 Finance Report July 2022**

The July Financial summary report was noted by the Board.

### **Item 14.2.4 Financial and Workforce Reports – July 2022**

Noted.

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## **Item 13.3 Audit and Risk**

### **Item 13.3.1 Audit and Risk Committee Chair Summary Report**

It was discussed that State wide issue between Treasury and Audit Office regarding the payment of superannuation had arisen and postponed the upcoming financial meeting of the Audit and Risk Committee.

Next meeting of Audit and Risk Committee will be held in person in Broken Hill 27 September 2022 and will follow the FWLHD Board meeting.

It was noted that new policy had come into effect with Sally Pearce being a prequalified Member and therefore remaining a voting Member of the Committee. Lilon Bandler will still attend the Audit and Risk Committee Meetings as a non-voting invitee.

### **Item 13.3.2 Audit and Risk Financial Committee Meeting Minutes – 14 April 2022**

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

### **Item 13.3.3 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.

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

Nil.

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## **Item 15. Calendar of Events**

Noted.

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## **Item 16. Correspondence**

### **Item 16.1 D22/8051 ICAC Report – NSW State Member for Drummoyne**

The Board noted the correspondence received.

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## **Item 17. Other Business**

### **Item 17.1 Feedback NSW Health Board Level Net Zero Leadership Training**

Board Member, Sally Pearce attended the climate training as provided by the MoH. , It was discussed that UK group have done a lot in sustainability space with UK Trusts, required to have green plans and clear timetables they are working toward. The training focused on carbon neutral, however noted overall sustainability is important.

Other LHDs were expressing their interest to work with other LHDs in this area. It may be worth exploring as a group then would be sizeable enough to potentially approach the Ministry to achieve sustainability targets together.

All Boards had clarity around sustainability and were interested in sharing about anything you would like to know. Every agenda item has sustainability item to drive sustainability and

encourage engagement. It was queried by the Board if FWLHD were still using Desflurane anesthetic gas as it has the most horrific CO2 emissions.

The Board noted the need to ensure that the new buildings and redevelopments across the District were on par with their metropolitan counterparts. Ensure sustainability rating of the buildings are future proofed from the beginning. Need to get building right, feel we are getting fobbed off. Sustainability.

**Action: Chief Executive to advise of sign off of new infrastructure builds regarding Sustainability concerns and redevelopments.**

**Action: Sustainability to be added as a Standing Agenda Item on the agenda**

### **Item 17.2 AICD Governance Analysis Survey**

The Board were reminded that the survey was due to be completed by the end of the week.

The Board discussed the need to have roadmaps tabled at the Board meeting to influence the strategic planning cycle leading into the KPI document and allow negotiations with the Ministry. It was noted that childcare was a particular interest for FWLHD, preventing a lot of skilled workers returning to work after maternity leave. The timeline of the planning process was to be continued to be discussed.

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### **Meeting Finalisation**

#### **Item 19. Closed Meeting**

#### **Item 19. Next Meeting**

Monday 26 September 2022

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### **Meeting Close**

1.30pm ACST/ 2.00pm AEST

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### **Certified as a correct record.**

Wincen Cuy

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

26 September 2022

\_\_\_\_\_  
Date