
Minutes

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

Date: 31 October 2022

Time: 11.00am ACDT (11.30am AEDT)

Venue: Meeting Room 2, Broken Hill Health Service, Broken Hill and via Microsoft Teams

Members:

Mr Brad Astill	Interim Chief Executive
Dr Andrew Refshauge	Board Chair
Mr Wincen Cuy	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:

Ms Apsara Kahawita	Director Performance and Strategy
Ms Julie Manoel	Director Nursing/Midwifery and BHHS Site Manager
Ms Jodie Miller	A/Director Clinical Operations
Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)

Meeting Opened

11.00AM ACDT/ 11.30 AM AEDT

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 Paul Kemp	Board Member
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Item 3. Disclosure of Interest

Nil to update.

Item 4. Order of Business/Urgent Business

Nil.

Item 5. Minutes of Ordinary Board Meeting 26 September 2022

Resolution: **The Minutes of the Ordinary Board meeting held on 26 September 2022 be received as a true and correct record.**
Moved Wincen Cuy, seconded Lilon Bandler Carried.

Item 6. Action List

Action Item 21 – 61, Aboriginal Workforce Strategy

Complete. An update regarding the Aboriginal Workforce Strategy was provided in Item 14.2.4 of the meeting papers today. The update will be next due to the Finance, Performance and Workforce Board Sub Committee in March 2023 and then onto the Board.

Action Item 22 – 17 Sustainability Ratings Health Infrastructure

Complete. Addressed at Item 6.1 of the meeting papers today.

Item 22 – 19 Lead Program

Ongoing. The Chief Executive received advice from the Director of Public Health that a response has not yet been received by FWLHD to the letter forwarded by FWLHD Board Chair regarding Lead Program funding.

Item 22 – 22 Buronga HealthOne Official Opening

Complete. Two Rivers Health Council to receive an invitation to the Buronga HealthOne Official Opening once a date has been re-set by the Minister.

Item 22 – 24 Agenda Order – Reflections on Our Care

Complete. Reflections of our Care has been moved up on the agenda to Item 7.

Item 22 – 25 Invitation to join Health Council

Complete. An invitation to join the Two Rivers Health Council has been extended to the Story Teller through the Manager Consumer Experience, Community Engagement and Integration.

Item 22 – 26 Correspondence to Health Council Chairs re development of action plans

Ongoing. Once all plans have been finalised letters will be forwarded to Health Council Chairs to thank the members for their hard work in completing the plans.

Item 22 – 21 Partners Board to Board Dinner Function

Complete. FWLHD partners to received invitation a Board to Board Dinner Function in Broken Hill.

Future Actions Due:

Action Item 22 – 28 Virtual Health – Telecommunications Contingency Planning

Ongoing. Action not due until 28 November 2022. Board to be presented with a paper explaining the virtual health contingency planning in case of a telecommunications outage.

Item 22 – 23 FWLHD Aboriginal Procurement

Ongoing. Action not due until 28 November 2022. Following the initial report an ongoing six monthly report will be tabled providing procurement with Aboriginal business across the FWLHD.

Item 22 – 29 Safety and Quality Board Sub Committee Meeting Date Changes

Complete. The Safety and Quality Board Sub Committee meetings have been scheduled prior to the Board meeting commencing 28 November 2022. It was noted by the Board that this may not be possible when meetings are planned to be held remotely. In this case the Safety and Quality meetings would be held on the second Friday of the month as previously scheduled.

Item 6.1 Action Item 22 – 17 Sustainability Health Infrastructure Statement

Complete. Health Infrastructure provided a brief to the FWLHD Board explaining the sustainability approach for the delivery of FWLHD projects, including the Wentworth Health Service redevelopment and Broken Hill Hospital Redevelopment including population and data modelling for Wentworth.

The Board discussed the brief and noted their concern that the population change/modelling in planning for the facility at Wentworth may not be accurate knowing of plans for growth within NSW region bordering Mildura. It was noted that data coming out from the area locally shows completely different data. The Board asked that Health Infrastructure review their projections in light of other data provided.

Action: *The Interim Chief Executive to request Health Infrastructure review their population growth projection in the Wentworth/Buronga/Dareton/Gol Gol/Euston area based on local data as raised by the Board.*

The Board also queried if a Green Start assessment as planned for the BHHS ED and MH expansion had been completed for the Wentworth redevelopment. It was noted that the current flooding would provide a good reference to whether or not the site for the new Wentworth redevelopment is suitable.

Strategic Matters

Item 7 Presentation - Pillar Four Operational Performance Governance

Ms Jodie Miller, Acting Director Clinical Operations joined the meeting to present on Pillar Four, Operational Performance Governance. An overview of the Directorate's structure and how it sits within the organisational structure was provided with Remote Health Services, the Broken Hill Health Service Nursing and Midwifery Directorate, District Disaster, Security and Supports as direct reports.

The largest risk identified for FWLHD currently is the inability to attract and retain workforce. Competition for labour is evident internationally for both Nursing and Medical professions. Consequently premium labour costs overtime, and agency employment costs have increased. The Directorate is closely monitoring staff fatigue as a result.

The FWLHD are initiating social media campaigns trying to entice students to work for the FWLHD over the Christmas/New Year break. There are current Workforce incentives available to attract permanent staff and to use for agency staff. However this can create issues for staff who currently work for the District. The incentives are being targeted to

remote sites for staff including the current workforce. BHHS staff were previously being rotated to support the remote sites however BHHS no longer has the capacity to do this.

Further recruitment strategies are being consulted in terms of services being provided virtually. This is not new for Mental Health Drug and Alcohol previously recruiting two senior virtual clinicians successfully with one located in Tasmania another on the NSW coast. Due to COVID staff and patients are more familiar with virtual methods of service delivery. The BHHS has seen an increase in ED presentations with a decrease of GP access in the community, in line with all LHDs. A virtual solution to provide GP services is being explored.

The Directorate has experienced lightbulb moments throughout COVID allowing virtual connections to be made with NGO partners, providing oversight into operations on a day to day basis, ability to provide senior clinician support and in reach to remote clinical sites for support.

Further challenges impacting on operations are a lack of childcare availability. At least 30 skilled staff have been identified who could potentially return to work if they had access to childcare with a working group looking at childcare opportunities in the community. Security management another focus of the Directorate with a security governance committee being created providing transparency and oversight of the security portfolio to ensure the District meets legislative requirements. Recommendations from the Anderson security report are being implemented along with the Protecting People and Property policy. The Risk Management team from Western NSW LHD assists FWLHD. The Clinical Operations Directorate have been active in this space completing security risk assessments. Some challenges have been the implementation of a new more comprehensive risk assessment audit tool released by the MoH part way through the process with high turnover of HSMs and vacant positions during this time. The FWLHD has applied for a six month extension to MoH to ensure FWLHD can complete the See It audits comprehensively in light of these developments. The BHHS completed these audits last month.

It was noted that SafeWork NSW commenced a compliance program in early August focusing on violence and social risks, visiting 30 facilities across NSW with BHHS and Menindee being visited this week. The achievements of the Directorate were highlighted with the implementation of the telestroke, vICU projects in partnership with the Sydney LHD and Buronga HealthOne new facility.

The Board discussed the workforce challenges with the presenter highlighting the impact COVID has had on recruitment pipelines with border closures effecting the District's reliance on a transient workforce. Vacancies have been created in a similar way with older staff reevaluating their life goals leaving the workforce, students and agency wishing to be closer to family with the risk of border closures. This is being experienced across the whole of NSW. It was noted that part of the solution to these challenges will be a virtual workforce, flexible working arrangements, upskilling the current workforce, engaging international nursing and student recruitment pipelines and multidisciplinary teams with more prevalence in team nursing. Previously the workforce was predominantly lead by a Registered Nurse workforce. FWLHD are consulting with Tafe to increase the employment of Enrolled Nurses and Assistants in Nursing. The same workforce pressures are being felt by Mental Health Drug and Alcohol and Allied Health Staff who are therefore unable to assist nursing staff as they previously would have.

Jodie Miller left the meeting at 11.35am ACDT/ 12.05pm AEDT

Item 8 Reflections on Our Care

The Interim Chief Executive advised the current trained story takers were clinical staff who were currently unable to collect participant stories due to staff shortages. To rectify this a call was being put out to all staff for expressions of interest in story collection training to replenish the pool of story collectors.

Item 8.1 Staff Story – Samuel

The Board noted the staff story provided and thanked the story teller noting the School Based Apprenticeship Training pathway is no barrier to employees achieving significant roles within the organisation. The Board highlighted the importance of providing higher education pathways for the non-clinical workforce.

Item 8.2 Staff Story – John

The Board noted the staff story provided and thanked the story teller. The Board noted both story tellers had identified career goals in leadership and management within the organisation requiring further support and mentoring. The importance of putting enough resources around entry and mid-level positions was highlighted. The Interim Chief Executive noted more promotion around career development pathways was needed. Internship programs were currently being negotiated for implementation within the District, allowing staff to complete the internship locally instead of having to complete placements elsewhere.

Item 9 KPI Reports

Item 9.1 KPI Dashboard Report

The Board noted the KPI Dashboard report. Transfer of care ambulance offloading measures had improved with FWLHD on target. The Interim Chief Executive noted that the BHHS were currently looking at the patient flow within the hospital trying to improve the movement from ED into the wards and then from the wards to home/discharge. The Ministry are supporting the FWLHD by visiting and providing education on patient flow in the hospital. Surgery was noted as an ongoing challenge for FWLHD, in particular shoulder surgeries. A cost effective solution has been negotiated with an external private provider to complete these particular surgeries.

Item 9.2 Chief Executive Report

The Interim Chief Executive, Brad Astill noted key points within the report.

The Board queried if the BHHS needed to curtail a service that would provide a short term solution to help relieve pressure on the workforce. The Interim Chief Executive advised that if required a strategy was in place with staff being recalled from non-ward based positions to work on the wards within the hospital. This is currently a balancing act and is something that BHHS are reviewing constantly in light of vacancy numbers. The normal operation of services has not yet been interrupted. Often staff are reallocated to different wards to ensure staffing balance across all areas. Staff have been commended for their flexibility and resilience.

The Chief Executive advised funding had been received for Palliative Care services. This funding would be focused to the remote sites and in particular service delivery of Palliative Care Services to the Aboriginal community and the staffing model outside of Broken Hill.

Resolution: The Chief Executive Report be received and noted.

Moved Jason Masters, seconded Sally Pearce. Carried.

Matters for Decision

Item 10 Reports for Endorsement

Item 10.1 FWLHD Clinical Governance Framework 2022

Item 10.2 2023 FWLHD Safety and Quality Account

Item 10.3 Terms of Reference – Safety and Quality Board Sub Committee

The Board endorsed the FWLHD Clinical Governance Framework for 2022, FWLHD Safety and Quality Account and Terms of Reference for the Safety and Quality Board Sub Committee noting this had also been discussed at the Safety and Quality Board Sub Committee on 14 October 2022.

The Board queried the process of consultation for Internal Briefs in regard to the Aboriginal Health impact, often this section was left blank or stated nil impact. The Board requested the Executive take a considered response to this, with many briefs impacting the Aboriginal community and requested a statement be made if consultation had occurred or not.

The Interim Chief Executive advised that it was dependent on the type of document in regard to the level of consultation. Internally the Executive Manager, Aboriginal Health and Community Relations would be consulted, whom has a role in linkage to various Aboriginal community organisations. High level documents that FWLHD produce such as Strategic plans etc are taken to the Aboriginal Community for consultation. Such plans look to the future and the importance of engagement is understood. In respect to the Safety and Quality Account etc these documents are annual requirements of the Ministry that state what the FWLHD has achieved.

It was noted by the Interim Chief Executive that this was a space that more information could be provided. It was noted by the Board that they had agreed to disband the Aboriginal Health Committee incorporating Aboriginal Health into all Committee's with the understanding that this is 'everybody's business'. The Executive were encouraged to have a sense of engagement in this matter with an embedded process that wasn't centred around one person undertaking consultation.

Item 10.4 Terms of Reference – Finance, Performance and Workforce Board Sub Committee

The Board endorsed the annual review of the terms of reference for the Finance, Performance and Workforce Board Sub Committee.

Item 11 Reports for Noting

Nil.

Matters for Discussion

Item 12. Aboriginal Health

Item 12.1 Clinical Services

Item 12.1.1 Comparative DAMA Rates

Item 12.1.2 Comparative DNW Rates

Item 12.1.3 Admission rates compared with population numbers

Nil. Quarterly report not due for Items 12.1.1, 12.1.2 and 12.1.3.

Item 12.2 Workforce

Item 12.2.1 Workforce Participation Rates

The Board noted the Workforce Participation Rates report.

Item 12.3 External Relationships

Item 12.3.1 Community Engagement Quarterly Report (due Feb, May, Aug, Nov)

Nil.

Item 12.3.2 Maari Ma and Coomealla Health

The Interim Chief Executive advised that he had been meeting with Maari Ma and CHAC with some great working relationships continuing and being newly established. CHAC and FWLHD are sharing workspaces in a common sense approach to deliver services conveniently for the public. The Board noted the Board to Board Dinner function where the Board and Chief Executive from each of the partner organisations had been invited to attend to continue and improve strategic relationships at this level.

Lunchbreak from 12.30pm ACDT/ 12.30pm AEDT returned at 1.30pm ACDT/ 2.00pm AEDT.

The Broken Hill Health Service Health Council Members joined the Board Members for lunch. Discussion was had regarding the hospital complaints management process in which the Board agreed that the Health Council should receive an education session around to be able to provide this information to the community when approached and encourage formal complaints to be put forward. As previously noted, if the Health Service is unaware of a problem it cannot be fixed. The Health Council members were assured that all complaints are acknowledged and dealt with through a formalised statutory complaints process.

Action: The Broken Hill Health Council to receive education around the hospital complaints management process.

The Health Council suggested that a concierge service was required permanently for the Broken Hill Hospital foyer to show patients where to go, greet them with a smiling face and provide assistance to the aging community when they present to the Hospital. A request was made to brighten the foyer with artwork and comfortable lounge areas rather than cold hard surfaces. The Director of Nursing and Midwifery advised that lounges had been purchased to place in this area to make it more inviting.

A request to name a road after a dedicated local GP who also serviced the BHHS was made, suggesting this could take place as part of the hospital redevelopment. The Board noted that there is State policy around this that would need to be consulted. A further request was made to implement pets in therapy. A designated therapy pet could be used to visit those who did not have family or friends who could visit them whilst in hospital.

Item 13. Sustainability

Nil. The Board discussed sustainability at Item 6.1.

Item 14 Board Sub Committee Reports

Item 14.1 Safety and Quality Board Sub Committee Meeting

Item 14.1.2 Safety and Quality Committee Chair Summary Report

Item 14.1.3 Patient Safety and Clinical Quality Report

Key points of the September report (July data) were:

What's working well within the District:

- 28 Day readmission results
- Inter-hospital transfers
- Improvement in completion of Inpatient Experience Surveys

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

- ED Management Audit (EDMAT), District Health Services and Broken Hill ED
- Hospital acquired complications remain above KPI

The A/Committee Chair explained that endocrine and cardiac hospital acquired complications remain above KPI with a meeting being held to discuss strategies for improvement. The Interim Chief Executive confirmed that an endocrine pathway was in development to address hospital acquired hypoglycaemia. The effective implementation of this is being hindered by the rotation of the Junior Medical Officers. The nursing staff are being asked to champion the new pathway by encouraging doctors to ensure Dextrose is hung prior to surgeries when patients have been fasting for long periods.

The Board endorsed the Patient Safety and Clinical Quality September 2022 Report.

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 16 September 2022

Noted.

Apsara Kahawita joined meeting at 1.25pm ACDT/ 1.55pm AEDT

Item 14.2 Finance, Performance and Workforce

Item 14.2.1 Finance, Performance and Workforce Committee Chair Report

The Board further discussed data tabled at the Finance, Performance and Workforce Committee Meeting within the finance report regarding the Aboriginal patient attendances to the Broken Hill Health Service compared to the demographics of the community. It was noted that dependent on the month approximately 17.5 – 22.5% of the FWLHD's total Aboriginal population attended a FWLHD facility over the twelve month period. The Board queried what the reasons were for the higher presentation rate in comparison to the non-indigenous community. It was stated that the indigenous population in the area was increasing. The Chair of the Committee requested that this be investigated further. The Acting Director of Clinical Operations has been asked to report further on this data at the November Finance, Performance and Workforce Meeting.

Item 14.2.2 Finance, Performance and Workforce Committee Minutes

The Board noted the 19 September 2022 minutes.

The Director of Performance and Strategy advised that the Finance, Performance and Workforce Committee are going to be reviewing the Finance report aiming to make it more succinct.

Item 14.2.3 Finance Report September 2022

Ms Apsara Kahawita was welcomed to the meeting and to the position of FWLHD Director Performance and Strategy. Key points of the Finance report for September were discussed.

FWLHD are projecting that expenses will be on budget for the financial year. It was noted that the cost base generally has been increasing with new working arrangements in place, with Director of Performance and Strategy and Director of People and Culture working remotely. The incoming Director will be analysing the cost base further in terms of variable cost and fixed cost with an aim for FWLHD to be on budget at the end of financial year.

The FWLHD revenue target as set by the MoH is not going to be easily met. Private Health Insurance conversion is higher than state level however FWLHD do not have any other source of income. The FWLHD plan to notify the MoH early of concerns with meeting the revenue target. The incoming Director will query with the Ministry why the budget has increased however is unsure how successful this conversation will be.

FWLHD forecast COVID 19 expenses to be \$2.9M for full financial year. The MoH have queried if this is too high. The FWLHD have incurred \$0.7M in the first quarter of the financial year. Healthshare are currently working on a project to bring all consumables free of charge once to the LHD to minimise on freight charges.

The Board urged the new Director to check if all activity is being captured in regard to pre and post admission phone calls completed by nursing and allied health staff, outsourced activity to ensure FWLHD are charging for all services.

The September financial summary report was noted by the Board.

The Interim Chief Executive advised that significant funding has been put aside for recruitment for hard to fill positions with FWLHD working hard to roll the incentive funding out to attract staff. It was noted that funding can apply to new roles however the scenario of 'what about' was understood. The District were contemplating what can be offered to all staff as a retention strategy and recognition strategy. It was noted that not only financial incentives were being considered. Staff are considering their life goals, thinking about taking

extended leave from work or retiring. The risk is if staff feel they don't see an end to this level of work they will leave. Resilience funding is being used to enable staff to take well earned leave to try and avoid such a situation and mitigate the risk of staff burnout/injury.

The Board noted that FWLHD have always shown a high level of resilience and had a larger leave liability in the past in comparison to other LHDs. The Chief Executive noted that the People Matters Survey highlighted this also. Responses received did not indicate staff burnout. However it was noted that staff have been working longer hours for an extended period of time, sustaining services in light of the current vacancies and hard to fill positions.

Item 14.2.4 Financial and Workforce Reports – September 2022

Noted.

Item 14.2.4 Aboriginal Workforce Strategy Update

The Interim Chief Executive advised that the FWLHD were identifying ways to implement and affect the stated aspiration of 13% of total FWLHD employees identifying as Aboriginal or Torres Strait Islander to mirror the local population demographic. FWLHD are looking at opportunities with Maari Ma to jointly train Aboriginal workforce. Development and internship and SBAT programs are being explored by the Executive in consultation with the Executive Manager Aboriginal Health and Community Relations with a focus on the Aboriginal population.

The Interim Chief Executive has been meeting with the Districts Aboriginal Health Corporations discussing service delivery and potential partnerships with other LHDs. Positive discussions have taken place about sharing across particular workforce groups. A strong linkage has been made with the Aboriginal Health team at the Mildura Base Hospital with staff working well together across the boundary of the river. This will hopefully help to increase overall number of employees across all areas of the workforce.

The Aboriginal Workforce Strategy Update was noted by the Board.

Apsara Kahawita left meeting at 1.14pm CST/ 1.44pm EST

Item 14.3 Audit and Risk

Item 14.3.1 Audit and Risk Committee Chair Summary Report

It was queried by the Board who recommends the Chief Executive sign the financial statements prior to submitting these to the Ministry of Health. The Board discussed from a corporate governance point of view the Board had responsibility to authorise the Executive to sign the final financial statements. The Board queried if it had been a longstanding practice of the Audit and Risk Committee. It was noted that normally the Audit and Risk Committee would make the recommendation that FWLHD were satisfied with the final financial accounts.

The Board Chair requested the final financial statements for 2021 – 2022 financial year to be forwarded to all Board Members out of session via email as a circular motion to endorse the financial statements.

Action: Board Secretariat to forward the final financial statement for 2021 – 2022 financial year to the Board as a circular motion in which all members must endorse out of session.

Item 14.3.2 Audit and Risk Ordinary Committee Meeting Minutes – 27 September 2022

The Committee noted the Chair approved minutes of the Audit and Risk Ordinary meeting held on 27 September 2022.

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 14.4 Annual Board Sub Committee Membership Review

The Board Chair advised that the annual Board Sub Committee Membership review would be undertaken in camera at the end of the Board meeting.

Item 15. Business on Notice

Nil.

Item 16. Calendar of Events

Item 16.1 Calendar of Events 2022

Item 16.2 Calendar of Events 2023

Item 16.3 Draft Board Annual Reporting Schedule 2023

The Board noted the calendars of events and annual reporting schedule for 2023.

Item 17. Correspondence

Item 17.1 Letter to the Board Chair re Board Member Reappointments.

The Board noted the reappointment of two Board Members and congratulated relevant members on their reappointment.

Item 18. Other Business

The Interim Chief Executive advised that the Senior Executive Forum of NSW Health would be held in the Broken Hill in November 2022 with an opportunity for the FWLHD to showcase its achievements and partnerships. Further LHD partnerships maybe explored during this time.

The Board noted a petition had been raised over the weekend in regard to haemodialysis in Wilcannia. The Executive Manager Aboriginal Health and Community Relations has tried reaching out to the author of the petition with no success. FWLHD are continuing to investigate solutions to dialysis service provision in Wilcannia.

Meeting Finalisation

Item 19. Closed Meeting

An in camera meeting was held with the Interim Chief Executive present at the finalisation of the meeting.

Item 20. Next Meeting

Monday 28 November 2022


Meeting Close

3.10pm ACST/ 3.40pm AEST

Certified as a correct record.

Andrew Refshauge

Name



Signature

28 November 2022

Date