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## Minutes

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

Date: 13 December 2019

Time: 10.00am CST (10.30am EST)

Venue: Auditorium, First Floor, Broken Hill Community Health Centre

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### Present:

Dr Andrew Refshauge	Chairman
Ms Mariette Curcuruto	Board Member
Dr Michelle Dickson	Board Member
Mr John Harris	Board Member
Mr Paul Kemp	Board Member
Mr Stephen O'Halloran	Board Member
Ms Sally Pearce	Board Member
Mr Brad Astill	Interim Chief Executive
Ms Noni Inglis	Director Finance and Corporate Services
Ms Diana Ferry	Executive Officer
Dr Andrew Olesnicky	Director Emergency Services BHHS

### Videoconference:

Nil

### In Attendance:

Ms Jenelle Bussell Board, Committees and Policy Clerk (Minutes)

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**Meeting Commenced:** 10.00 am CST

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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 Barkandji/Paakantji; the Muthi Muthi; Wilyakali; and the Ngiyampaa. We acknowledge and pay respects to the elders past and present and their ancient wisdoms. We also acknowledge the communities of today and the Aboriginal community members who are part of our communities.

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### Item 2. Apologies

Mr Wincen Cuy	Board Member
A/Prof Lilon Bandler	Board Member

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### Item 3. Disclosure of Interest

Nil

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

Nil

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#### **Item 5. Minutes of Ordinary Board Meeting 25 November 2019**

**Resolution:**                **The Minutes of the Ordinary Board meeting held on 25 November 2019 be received as a true and correct record.**  
Moved John Harris, seconded Mariette Curcuruto. Carried

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#### **Item 6. Action List**

##### **6.1    19-20 – Acknowledgement of Country**

Paul Kemp advised he met with the Chief Executive of the Barkandji Group who held maps that may be of assistance. They would like to meet with the FWLHD Board to discuss.

**Action:**                    **Paul Kemp to provide contact details to Diana Ferry to invite the Barkandji Group to attend one of the 2020 Board meetings.**

##### **6.2    19-23 – Reconciliation Action Plan**

The Chair advised the Reconciliation Action Plan was discussed at the earlier Aboriginal Health Committee meeting. The RAP will be workshopped by the Aboriginal Health Committee and the Paliira Mala Steering Committee with final endorsement by the Board. The Board members discussed the importance of having the right people involved in the workshopping of the vision statement and who the statement should come from. Michelle Dickson explained the process to develop a RAP to the required standards, and noted the Aboriginal Health Framework should be a starting point.

Complete

##### **6.3    19-32 – Buronga HealthOne Project**

Correspondence attached at Item 15.2.

Complete

##### **6.4    19-33 – Risk Register**

The Interim Chief Executive advised a progress report will be provided to the Audit and Risk Committee at the March 2020 meeting.

##### **6.5    19-35 - Clinical Risk Register**

The Clinical Risk Register has been updated and responsibilities changed accordingly.

Complete

##### **6.6    19-36 - KPI Reports**

The Interim Chief Executive advised contact with the Health Intelligence Unit had not yet occurred.

##### **6.8    19-37 - Workforce Development Report**

Correspondence attached at Item 15.1.

Complete

##### **6.9    19-38 – Board and Executive Planning Day**

A draft program had been forwarded to all Board members.

Complete

## 6.10 19-39 – Annual Public Meeting

A draft Year in Review was forwarded to all Board members

Complete

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### Item 7. Reflections on our Care

#### Item 7.1 Patient Story

Noted

#### Item 7.2 Staff Story

Noted

#### Item 7.3 Clinical Governance

##### Item 7.3.1 Clinical Governance Report

The Board and Committee members discussed the report. John Harris noted the report was large and involved, and questioned who was responsible and how was it managed. Mariette Curcuruto advised the Health Care Quality Committee now met on a monthly basis which has assisted in keeping on top of issues, such as the lack of a centralised data base in Wilcannia and the risks that may be incurred. The Board members discussed the funding needed to obtain a centralised data base.

The Interim Chief Executive noted there was a lot of work being completed around the Accreditation and responsibilities were being shared across the Executive.

Recommendations that came out of RCAs were reported to the Health Care Quality Committee as required and responsibilities were given to relevant persons to action.

The Board members discussed the risk register.

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Diana Ferry joined the meeting at 10.34am

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There are currently six clinical care/patient safety risks with a high risk rating:

- Inadequate after hours medical cover for Broken Hill Hospital;
- Lack of permanent medical staff at the Broken Hill Hospital;
- Failure to develop systems for the sharing and management of patient medical information in rural hospital settings;
- ICT/ Cyber security failure or breach preventing telephony, computer systems or data use across corporate and /or patient systems; and
- Mental Health Inpatient Unit unable to manage complex or high risk patients due to infrastructure and staffing. Patients needing to be transferred to tertiary facilities for acute and long term care.

The Board members discussed the failure to develop systems for the sharing and management of patient medical information in rural hospital settings and ways to move forward.

**Action: Obtain a quote from an external contractor to develop a system for the sharing and management of patient medical information in a rural hospital setting.**

The Board members discussed the Clinical Governance Report further and the possibility of reducing the size. Mariette Curcuruto noted she was hesitant to reduce it but would take it to the Health Care Quality Committee for discussion.

The Chair suggested the Director Clinical Governance be invited to speak to the report on a three monthly basis.

**Action: Invite Director Clinical Governance to attend the Board meeting on a three monthly basis to talk to the Clinical Governance Report.**

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## Item 8. Chief Executive Report

### 8.1 KPI Report

Noted

The Interim Chief Executive noted the data provided in the Health Performance Report at Item 10.4 provided more accurate data and was the report the MoH focused on.

### 8.2 Chief Executive Report

Key points from the Interim Chief Executive Report:

- The current Full Time Establishment (FTE) for the District at FN10 is 687.87. This is 45.82 below the budgeted staff establishment.
- The Christmas /New Year period has been identified as an opportunity for the LHD to work with staff to reduce the excess leave liability and potentially access the Ministry of Health incentive arrangements. Importantly it enables our staff to have some well-earned rest and recreation and spend time with their families over the festive period.
- Five (5) RCA's are currently in progress and there are eleven (11) Clinical Review's in progress. One (1) RCA and four (4) Clinical Reviews have been completed since last meeting.
- Two workplace incident claims closed during November 2019 with eighteen (18) claims remaining open over the current fund years as at 30 November 2019, including the four (4) new claims received in November 2019. Claim frequency remains low (2.84/100 FTE for the current year and 2.39/100 FTE for the open 5 fund years) which is a demonstration of the continuing strong safety culture across the LHD.
- Emergency Department Treatment Performance for November 2019 was 88.1%, which is an improvement on the October rate (85.4%) but still slightly below target (target 90.2%). Transfer of Care from the Ambulance Service to the Emergency Department for November 2019 was 92.1% which was above the target of 90.0%.
- There was no (0) Category 1 waiting for surgery at the end of September 2019, no (0) category 2 elective surgery patients and no (0) Category 3 patients overdue at the end of October 2019.
- The thirty (30) recommendations within the "*Review into the Operation and Effectiveness of the Medical Services and Medical Credentialing Functions at the Broken Hill Health Service*" undertaken by Dr Denis Smith have been completed and the Ministry of Health advised of completion
- A Christmas BBQ will be provided for staff and visitors on Wednesday 18 December 2019 between 11am and 2pm to thank everyone for their service through the year. Board members are welcome to participate. Arrangements have been made to provide after-hours staff and staff at other sites with some refreshments to help them celebrate the Christmas season.

- The Broken Hill Health Service currently has twenty two (21) vacancies for Registered Nurses and Midwives for the month of November, one (1) more than October. The District facilities have eleven (11) vacancies, one (1) more than October. The District collectively have twenty two (22) agency nursing staff employed on contracts, and we continue to advertise for permanent staff. Broken Hill has seventeen (17) agency staff employed and the District Services have five (5) currently.
- Nominations from Far West LHD nurses and midwives are open for the 2020 NSW Health Nursing and Midwifery Education Program Graduate Certificate courses funded by the NSW Ministry of Health. The District has received eight (8) nominations to date for the graduate certificate courses.
- The Hon Brad Hazzard MP, Minister for Health and Medical Research, visited Wilcannia and Menindee Health Services on 26-27 November 2019 and met informally with staff, partner organisations, clients, and members of the local health councils. A range of local issues were brought to his attention. The Minister undertook to provide additional funding for a new BiPap machine for Wilcannia, and a new Ultrasound machine and contribute to the funding of the Health Council walking track in Menindee.
- Ivanhoe Hospital Auxiliary celebrated 80 years of raising funds to support the local Health Service. The FWLHD hosted an afternoon tea and provided a plaque to commemorate the occasion which will be displayed in the foyer of the hospital.
- Following the successful implementation of Patient and Guest Wi-Fi services at the Broken Hill Health Service and Broken Hill Community Health Centre, Patient and Guest Wi-Fi is currently being rolled out to all other facilities in the district.
- The Tibooburra HealthOne refurbishment project has been completed. Final commissioning and deficit checks will be conducted in early December prior to handover. A community open morning is being held on 17 December 2019 to show the community the newly refurbished facility. An official opening will be organised for March/April 2020.

The Interim Chief Executive advised there were now enough funds available to provide a much needed fence around the Tibooburra Health Service as requested.

The identified strategic risks for the LHD are:

- SR1 Workforce Skills and Capabilities
- SR2 Access to Patient Data
- SR3 Aboriginal Health
- SR4 Physical Security
- SR5 Quality and Safety
- SR6 Strategic Asset Management
- SR7 Emergency Management
- SR8 Financially Sustainable Operations
- SR9 Clinical Care & Patient Safety

The Board members discussed the risks.

- Far West LHD's Expression of Interest to become a referring site for the NSW Telestroke Service has been successful. Broken Hill Hospital has been allocated to Phase 3 of implementation, anticipated to commence in late 2020. The Acute Stroke Work Plan has been completed showing good progress with the MoU in place for a 24/7 Telehealth Service with Royal Adelaide Hospital Neurology Department.

The Chair asked after the Breastscreen funding. Noni Inglis advised there had been recent discussions on how to gain further funding. A number of organisations had been approached without success. Another cost analysis had been completed which resulted in a reduction of required funds needed and they were working on ways to achieve the fund availability in house.

**Resolution:**                    **The Chief Executive Report be received and noted.**  
Moved Mariette Curcuruto, seconded Michelle Dickson. Carried

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## **Item 9. Aboriginal Health**

### **9.1 Aboriginal Health Committee Chair Report**

Michelle Dickson advised the Aboriginal Health Committee met earlier that morning. The Reconciliation Action Plan was discussed along with workforce development. As the Committee was relatively new, the agenda was building, with standing items, such as Scholarships and Access to Care now being included.

Michelle Dickson noted the graduation of one of the Aboriginal Mental Health team with the hope she would stay in the District on her return from leave.

Mariette Curcuruto again noted her concern about staff burn out and how to adequately support Aboriginal employees who are called upon out of working hours. Michelle Dickson advised reports were regularly provided to the Committee on how the Emergency Department Practitioners were settling into their roles and consideration was being made around developing plans to avoid burnout.

The Board members discussed the importance of people in the community being able to contact members of standing in the community for assistance or guidance when needed and ways to make it easier for staff to talk about issues. The Interim Chief Executive noted there were Aboriginal Staff Network Forum days due to be held in the New Year along with the Leaders and Innovators Forum. Discussions with the Director Aboriginal Health and Planning had also taken place to see what else can be done to assist in this area.

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## **Item 10. District Performance**

### **10.1 Finance and Performance Report**

#### **10.1.1 Finance and Performance Committee Chair's Report**

Nil

#### **10.1.2 Finance Report**

Noni Inglis provided the Board and Committee members with highlights from the Finance and Performance Report.

<b>General Fund</b>	<b><u>FY19 YTD</u></b>	<b><u>Variance to Budget</u></b>
<b>Result for the Year</b>	<b>\$1.661M Deficit</b>	<b>\$0.521M U</b>
<b>Total Expenses</b>	<b>\$51.790M</b>	<b>\$0.874M U</b>
Employee Related	\$31.430M	\$0.496M U
VMO Payments	\$3.345M	\$0.413M U
Goods & Services	\$12.536M	\$0.017M F
Grants	\$0.995M	\$0.000M
Repairs and Maintenance	\$0.723M	\$0.020M F
Depreciation and Amortisation	\$2.756M	\$0.000M
Borrowing Costs	\$0.003M	\$0.000M
<b>Total Revenue</b>	<b>\$49.375M</b>	<b>\$0.354M F</b>
<b>Full Year Projection</b>	<b>\$3.673M Deficit</b>	<b>\$0.808M U</b>
<b>FTE</b>	<b><u>FY19 FN11</u></b>	<b><u>Variance to Budget</u></b>
	690.48*	45.11 F

\*Excludes 7 HealthX agency staff.

### Financial Risks

The financial risks identified throughout the year that lead to the expenditure overrun were identified as being:

- Short term / high turnover of Medical workforce in the BHHS Emergency Department.
- Shortage of senior nurses / reliance on agency model.
- The growth in FTE.
- Premium employee related costs such as Agency Medical and Agency Nursing and overtime costs continue to inflate the employee related costs.
- The additional costs in goods and services expenses (Agency Fees, Travel & Accommodation) as related to the premium labour workforce.

### Mitigation Strategies to Resolve Financial Performance Issues

- Monitor, review and reconciliation of FTE.
- Monthly performance meetings between Finance and Cost Centre Managers; and CE & DoFCS with the top 3 underperforming departments to discuss risks and mitigation strategies.
- Graduate Nurses recruitment strategy.
- Implement Medical Workforce plan – to stabilise ED medical officers.
- HealthX Senior Nurse recruitment strategy.

**Efficiency Strategies**

October 2019					
	FWLHD YTD Actual	FWLHD YTD Target	FWLHD YTD Variance	FWLHD Full Year Target	Ministry Full Year Target
Expense	\$0.805M	\$0.877M	-\$0.072M	\$3.140M	\$3.300M

The Employment related strategies Roadmap deteriorated in October falling short by \$0.070M. One additional HealthX Nurse was recruited in October which will provide additional savings in the Nursing Stability Roadmap. The proposed Roadmap for Reduced Overtime and Callout Costs for Radiology was abandoned which had a proposed savings of \$0.100M. Far West continues to identify potential Roadmap opportunities.

**Full Year Projection**

There is an unfavourable variance between the full year projection and full year budget of \$0.808M. This is as a result of the VMO's being forecasted at \$0.743M unfavourable compared to the budget.

**FTE**

The YTD FN11 actual is 690.48 FTE. This is 45.11 FTE less than the budgeted Staff Establishment.

36.0% of staff have excess leave balances in the reporting month compared to the prior year (FN11 2019) which was 40.0%. There has been a 0% movement in the excess leave balance from October 2019.

**Cash Position (Liquidity)**

YTD Operating Subsidy	Full Year Operating Subsidy Budget	% of Operating Subsidy used	% No of days through the year	Performing
\$41.737M	\$99.663M	41.9%	41.9%	On Target

*Note: Capital Subsidy is excluded*

**District and Network Return (DNR)**

The District and Network Return (DNR) R23.2 was signed off by the Interim Chief Executive and submitted on 13 November 2019.

Far West Average Cost per NWAU 19 increased significantly comparing with R22.2. The main reason for the variance is:

- Acute: employee related and VMO expenses increased by \$3.5m.
- Acute MH: use different costing methodology for MH Acute and MH Recovery unit, reallocation of psychiatrist costs. As a result, MH acute patients' cost increased.
- ED: employee related and VMO expenses increased by \$1.1m.
- SNAP: employee related and VMO expenses increased by \$2.6m; SNAP data was 100% grouped and Palliative care medical cost was allocated properly.
- NAP: price decreased due to huge activity increase.

Base on the DNR results, the Far West could negotiate higher Recognised Operational Cost for FY2021 funding.



The Board members discussed coding and resources and how improved documentation can affect revenue.

**Action:** Invite Rebecca Polack, Carolyn Williams and Eureka Van Der Merwe to present to the Board on coding and how to improve documentation.

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**Recess 12.00pm to 12.05pm**

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### **10.1.3 Financial Reports**

Noted

**Resolution:** The Finance Reports be received and noted.  
Moved Sally Pearce, seconded Stephen O'Halloran, Carried

### **10.1.4 MoH Narrative – November 2019**

Noted

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## **Item 10.2 Workforce Development Report**

### **Item 10.2.1 Workforce Report November 2019**

Mariette Curcuruto advised she intended to talk with the Audit and Risk Committee Chair in relation to the industrial award and would report back at the next meeting.

The Medical Workforce Strategy had been put before the Workforce Development Committee who recommended some minor changes before submission to the Board. It was now completed and submitted at Item 12.4 for endorsement.

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### **Item 10.2.3 Headcount and FTE November 2019**

Noted

**Resolution:** The Workforce Development Report is received and noted.  
Moved Michelle Dickson, seconded John Harris. Carried

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## **Item 10.3 Risk Report**

### **Item 10.3.1 Risk Management Unit - Work Health and Safety Report**

The Interim Chief Executive advised he had met with the internal Auditor and all overdue recommendations actioned to him were now complete. Overdue recommendations have been forwarded to Executives for actioning. The Internal Auditor will now escalate any risk to him after 30 days due and if any excessive timeframes are needed to resolve any recommendations they will also be escalated. The Interim Chief Executive also advised he had increased meetings with the Internal Auditor to monthly to tighten reporting.

### **Item 10.3.2 Risk Register**

Noted

**Resolution:** The Risk Dashboard Reports be received and noted.  
Moved John Harris, seconded Sally Pearce. Carried

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#### **Item 10.4 Health Performance Report October 2019**

The Interim Chief Executive again noted this is the report the Ministry of Health refers to and noted the significant improvement on last year's figures. The Board members discussed the report, in particular the targets of women who smoke at any time during pregnancy.

**Resolution:**                **The Health Performance Report October 2019 is received and noted.**

Moved Stephen O'Halloran, seconded Michelle Dickson. Carried

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#### **Item 11. Committee Reports**

##### **Item 11.1 Audit and Risk Committee Chair Report**

The Interim Chief Executive advised he would table a report provided by the Audit and Risk Committee Chair in the closed camera session.

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#### **Item 12. Business on Notice**

##### **Item 12.1 Delegations Manual**

Noni Inglis advised the Delegations Manual has been developed according to the Ministry of Health template and Western NSW LHD Delegations Manual. Extensive consultation had been conducted across Far West LHD to ensure the specific scope of delegations is applicable. The Delegations Manual was endorsed by the Audit & Risk Committee on 26 November 2019.

Endorsed

##### **Item 12.2 Audit and Risk Committee Charter**

Endorsed

##### **Item 12.3 Audit and Risk Committee Internal Charter**

Endorsed

##### **Item 12.4 Medical Workforce Strategy**

The Board members discussed the Medical Workforce Strategy and Action Plan. Andrew Olesnicky noted the document was similar to one written around 3 years prior by Dr Kathleen Atkinson and some of the actions had been ongoing since then. Andrew Olesnicky noted his concern around the existing strategies to build the medical workforce capacity as there were currently doctors who wanted to stay in the area and work at the hospital but there was nothing on offer post intern or residency. There is a need of a more structured program that acknowledges that doctors are more senior and no longer an intern or resident.

The Board members discussed the ways to bridge the gap and the Rural Generalist Training.

Endorsed

**Action:**                **Mariette Curcuruto to contact Dr André Nel to provide a report in relation to retaining PGY3-4 Medical staff.**

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**Item 13. Items for Discussion**

**Item 13.1 Telstra Mobile Service Coverage**

Diana Ferry advised she had received correspondence from the Australian Communications Media Authority (ACMA) advising that Telstra were keen to look at new technology to address the issues surrounding the mobile and broadband service coverage. Far West LHD has been given contact details for the local regional advisor, Dave Camp. ACMA have suggested that Far West LHD should apply for long term infrastructure funding through the NSW regional connectivity program so that we don't have to pay for local solutions.

**Action: Provide a summary email to Board members of the correspondence received in relation to Telstra addressing issues.**

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**Item 14. Calendar of Events**

Noted

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**Item 15. Correspondence**

**Item 15.1 Letter to Melissa Welsh, General Manager Broken Hill Health Service.**

Noted.

**Item 15.2 Letter to Health Infrastructure**

Noted

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**Item 16. Other Business**

Nil

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**Item 17. Closed Meeting** 12.34pm

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**Item 18. Annual Public Meeting**

Opening 1.15pm – 2.00pm Close  
Media – 2.00pm – 3.00pm

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**Item 19. Next Meeting**

Monday 24 February 2020

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**Certified as a correct record.**

Andrew Refshauge  
Name

  
Signature

24/2/2020  
Date

