
Minutes

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

Date: 22 June 2020

Time: 10.00am CST (10.30am EST)

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

Present:

Dr Andrew Refshauge	Chairman
A/Prof Lilon Bandler	Board Member
Ms Mariette Curcuruto	Board Member
Mr John Harris	Board Member
Mr Paul Kemp	Board Member
Mr Stephen O'Halloran	Board Member
Ms Sally Pearce	Board Member
Mr Umit Agis	Chief Executive
Mr Steven Gleeson	Finance Manager

Videoconference:

Dr Michelle Dickson	Board Member
Dr Andrew Olesnicky	Director Emergency Services BHHS

In Attendance:

Ms Fiona Lawrance	Director People and Culture
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

Meeting Opened 10. 03am CST

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.

Item 2. Apologies

Mr Wincen Cuy	Board Member
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Item 3. Disclosure of Interest

Nil

Item 4. Order of Business/Urgent Business

The Chair changed the order of business to bring forward Item 12.1 Aboriginal Health Motion to be discussed after Item 6 Action List.

Item 5. Minutes of Ordinary Board Meeting 25 May 2020

Resolution: **The Minutes of the Ordinary Board meeting held on 25 May 2020 be received as a true and correct record.**
Moved Lilon Bandler, seconded Mariette Curcuruto. Carried

Item 6. Action List

6.1 19-20 – Acknowledgement of Country – Comprehensive Maps

Paul Kemp advised the Director Aboriginal Health and Planning is currently following up with traditional owners.

6.2 19-21 – Service Agreement Local Priorities

The Board was provided a quarterly update via five separate Briefs in the five local priorities;

Priority 1

- The LHD has completed three applications for Medicare Section 19(2) exemption for the remote facilities of Dareton, Balranald and Menindee.
- The LHD Medicare Section 19(2) exemption applications target non-admitted and non-referred services including nursing and midwifery services, allied health, dental services and services delivered in the Emergency Department by a GP VMO.
- The progress of the three applications submissions to the Commonwealth has stalled pending failure to gain support from the partner organisations Western NSW PHN (WNSW PHN) and Maari Ma Health.
- The LHD has consulted with the MOH Senior Policy Officer, Strategic Reform and Planning in regard to the feasibility of progressing the applications to the Commonwealth without the support of the PHN or Maari Ma Health.
- The MOH advised it is crucial to have support from the Primary Health Network (PHN) and the local Aboriginal Medical Service (AMS) support to meet the key principle of the s19(2) initiative:
- The MOH has reviewed the 3 submissions and provided feedback in regard to any changes that need to be made to applications. Minor modifications need to be made to the Balranald and Menindee s19(2) applications.
- WNSW PHN Chief Executive has provided support in principle for the Dareton s19(2) application. The LHD is awaiting formal signed consent to be attached to the application.
- WNSW PHN has provided correspondence indicating they would not support the Balranald and Menindee applications without Maari Ma Health agreeing to support the applications.
- Maari Ma Health has provided correspondence outlining their intention to not support the LHDs s19(2) applications for Balranald or Menindee, pending further consultation. This is being undertaken.

Priority 2

The LHD is continuing to actively work with the RDN, WNSW PHN, CHAC and Wentworth Shire Council to develop sustainable service models across the Wentworth Shire LGA to support the needs of the community.

- Wentworth Shire will support CHAC to provide GP services 2 days per week in the Wentworth Township from the council owned GP premises.

- The LHD is in discussions with CHAC to create opportunities and models of care to increase access to GP services across Wentworth LGA out of LHD facilities including:
 - Provision of consultation rooms within the Buronga HealthOne for Outreach GP and practice Nurse Clinics to better connect and service clients living within the Buronga community catchment area
 - Provision of GP VMO rights to all CHAC GPs to enable direct community admission rights into the Wentworth Health Service for TACP, sub-acute, low level drug and alcohol rehabilitation and palliative care services.
- The LHD and Wentworth Shire Council representatives are exploring the potential to create a Health Precinct within Wentworth Township to engage and sustain GP acute and sub-acute inpatient services within the community.
- The LHD is exploring the potential models of care to increase service delivery types to across the Wentworth LGA.

Priority 3

Palliative Care and Cancer Services

- COVID-19 has impacted on any redevelopment or co-design of health services working with Aboriginal people, resulting in minimal reporting items.
- Director Palliative Care and Cancer Services and Dr Sarah Wenham have been attending the Ministry of Health COVID-19 Community of Practices related to state-wide strategic planning for COVID in palliative care services
- As part of COVID-19 FWLHD planning, Palliative Care have been working with General Manager District Health Services to look at how Broken Hill and our smaller communities within District Services can be supported by palliative care in the event of end of life care being required as a result of COVID-19.

Mental Health Drug and Alcohol Service

- Far West Local Health District submitted two projects for funding as part of the NSW Mental Health Commission Lived Experience Framework grants program.
- *Project 1.* To support capacity-building activities and innovative projects that embed mental health drug and alcohol lived experience into our service systems, by the creation of a peer network/lived experience collaborative to increase consumer and carer participation and leadership in the health sector and put people at the centre of decision making Increasing participation, influence and leadership of people with lived experience of mental health issues placing people at the centre of decision making.
- *Project 2.* The appointment of 0.5 FTE Aboriginal Mental Health Drug and Alcohol Peer Worker. The position would drive principles of co-design and partnership to culturally inform MHDA service delivery across the district, with emphasis on improving access to appropriate services and the exploration of improving culturally diverse pathways and models of care and the health outcomes of Aboriginal consumers of MHDA services.

COVID-19

- As part of the Federal Government's mental health response to COVID-19, with an initial commitment of \$74million, for increasing essential mental health services and support for all Australians, FWLHD has had the opportunity to submit initiatives that would support in the provision and recovery phase of the COVID pandemic.
- In consultation with Maari Ma Aboriginal Health Service the LHD put forward a request for:

- 2 FTE Aboriginal MH Trainees in partnership with Maari Ma Aboriginal Health Service to build capacity of the Aboriginal workforce to ensure priority populations are supported through COVID period and recovery.
- 1 FTE Aboriginal MH peer worker to engage with indigenous community around promoting COVID- 19 safe activity planning and recovery.

District Health Services

The LHD is planning to commence a number co-design and clinical redesign projects in partnership with the community and external partners in the next 12 months once COVID-19 restrictions have been lifted to enable broader community consultation and engagement.

- The Better Cardiac Care for Aboriginal People project continues to be delivered to Aboriginal people at Maari Ma in partnership with LHD Aboriginal Health Worker and clinicians, and Maari Ma clinicians
 - Coomealla Health Aboriginal Corporation (CHAC) is interested in introducing the Better Cardiac Care for Aboriginal People program in Dareton in partnership with the Chronic Disease Team.
- The LHD is in initial discussions with Aboriginal community members, CHAC, Department of Education, UDRH and the MOH Integrated Care Team to create a modified Schools Based Primary Health Care RNs (PHCRNs) role within the Dareton community. The program will target vulnerable families and children reaching into the First 2000 Days and following through a child's schooling until Yr12.
 - The co-design opportunity is the initial discussion and planning stage with the Department of Education, UDRH and CHAC.
 - A draft project overview is planned for completion by the end of June 2020.
 - The LHD has rescheduled a meeting with the MOH Integrated Care team to discuss the proposal and to secure funding to support the LHD to co-design a solution in partnership with local Aboriginal people in FY21.

Priority 4

Ministry driven job share opportunity

On Thursday 27 February 2020 as part of the Ministry of Health NSW Health Workforce of 2030- Think Tank Workshops the need for Rural LHD partnerships for Employee development was tabled.

The Director People and Culture attended the development of NSW Workforce 2030 Vision. The requirement for these partnerships is to support and expand rural employment and to share hard to find employee placements.

FWLHD driven job share opportunity

Employees who are currently employed in Broken Hill Health Services must be terminated and then rehired to be able to transfer to roles within the FWLHD Regional Health Services, as these instrumentalities operate under State Awards. This fact inhibits job share / secondment opportunities between FWLHD services, as the conditions of employment between State Awards and BHTEU are not the same.

The new FWLHD Industrial Award expected to be provided in August 2020 is expected to provide FWLHD wide application, which will support the job share opportunities at the LHD internal level for employee's right across the FWLHD, as there will be no difference in award coverage between Broken Hill Health service and the District services.

Priority 5

Buronga HealthOne

- The Buronga HealthOne is in the Construction phase of the project, application for tenders have closed and tender evaluation has commenced.
- The project is planned to be finalised in April 2021.
- Aboriginal community representatives, Coomealla Health Aboriginal Corporation (CHAC) and Wentworth Health Service Health Service Manager will make up the membership of the Change Management Working Group and PUG. The Change Management Working Group will review and plan current and potential service models that respond to the communities needs in a variety of modalities across the 'Hub and Spoke' model including:
 - Access to virtual clinics and models of care
 - Provision of GP services across all sites via CHAC GP.
 - Provision of allied health and primary health services in partnership across all sites
 - Shared care models of care across the CHAC and the LHD teams

6.3 19-44 – Telstra Mobile Coverage

John Harris noted he has been advised that connection to the existing Telstra tower is possible and the next step is to have formal discussions on actual requirements. The Chief Executive to pass information to the Chief Information Manager for further follow up.

Action: Chief Executive to forward provided details to the Chief Information Manager for further follow up and investigation on new technology options.

6.4 20-04 - Reserved Matters

John Harris advised the Brief on Reserved Matters had been circulated out of session. To be discussed at Item 16 Other Business.

Complete

6.5 20-05 - NOUS Group Training

- There have been no changes in the MoH position regarding NOUS Group Training availability.
- The MoH will notify the LHD once they start to re-evaluate with easing of restrictions.
- External training is at the expense of the individual LHD, unless the program is a Ministry led course, in which case, the MoH will fund the development and provision of the training and the LHD covers the cost of attendance.
- The Australian Institute of Company Directors offers a Company of Directors – Self Paced On-Line Course (attached) at a cost of \$6,869.00 non-member and \$4,879.00 member. More information can be found at <https://aicd.companydirectors.com.au/>
- Hardy International have been contacted for further options. At present they only offer groups of Board Chairs from different LHDs.
- Contacting Hardy International has prompted them to now discuss, within their team, options they may be able to provide specific to FWLHD Board members. They will respond in due course.

6.6 20-06 – Aboriginal Health Standing Items

To be discussed at Item 12.1 Aboriginal Health Motion.

Complete

6.7 20-08 - MoH-BHTEU Award Arbitration – Financial Estimates

In the short term there are not likely to be any cost implications, the Ministry's award application proposes to retain existing salary levels and conditions for employees currently employed under the BIC Agreement. This includes in relation to annual leave and long service leave.

There is a possibility of a small cost increase resulting from a decision to expand annual leave and allowance entitlements to the small number of non-clinical employees in Broken Hill employed in state award classifications not covered by the BIC Agreement, but this is unlikely.

Where a role is deleted and no suitable alternative role exists, NSW Health has to follow the relevant policy (Managing Excess staff of the NSW Health Service). There are specific provisions around how redundancies are offered.

The Board members discussed the risk around offering redundancies at the current time. The Chief Executive advised that redundancy was not on the table at this time.

Complete

6.8 20-09 - Organisation Structure

A detailed organisation structure was circulated to Board members out of session.

Complete

6.9 20-10 - Hospital in the Home

- In February 2020, a discussion occurred with representatives from MoH about HITH, and they encouraged inclusion of any NAP data where it prevents a person from being in hospital (bed type 25).
- Following team review of HITH and alternative models in early March 2020, it was deemed that: there was a continuing need for a HITH service; that improved data controls could be implemented; that quality controls could be implemented (including the increased involvement of the wound care CNS and the need for a medical/surgical lead to be the admitting clinician); and that there needed to be better mapping and alignment of the overlapping services (HITH, Wound Clinic and Community Nurses).
- In mid-March 2020, the BHHS rapidly responded to COVID surge preparations and the HITH space was seconded as ICU overflow. The HITH patients were referred to community nurses or the wound clinic (operating from Specialist Clinics at BHHS). This has had the consequence of filling community nurse capacity and preventing timely uptake of new referrals, and increasing the use of ED for after-hours IV antibiotics. Staffing in the community was increased to support this process.
- Now that the COVID surge is moving to stand-by mode, the HITH model will be revisited, with the view to exploring home based and hospital based HITH eligible services, and to seek a better alignment of the various services under an ambulatory care model. Hospital based HITH services will remain on hold while the physical space is being held for ICU COVID surge preparedness. This hiatus will provide the opportunity to continue the review work and to plan resumption of an alternative HITH/ambulatory nursing model when the physical space becomes available.

The Board members discussed how patients are coping with changes and the clinical risk involved in placing patients in temporary settings. COVID-19 has created a review of the model of care currently provided. Part of the review is to determine where HITH fits and if it would fit into the Community Health Centre.

6.10 20-11 - Amend the Agenda

The order of the Agenda was changed to have Item 10.1 sit under Item 11.3 Health Care Quality; and the order of business is now adjusted to list the Sub Committee Chair Reports before the Sub Committee minutes under Item 11 Board Sub Committee Reports.

Complete

Item 12. Business on Notice

Item 12.1 Aboriginal Health Motion

Lilon Bandler proposed to move a motion that:

“Aboriginal health be a standing item on the agenda of this board. This item should be separate from the report of the Aboriginal Health committee, just as Clinical Governance is separate from the report of the HCQ committee.

The following sub-headings are suggested for inclusion in this item:

- *Comparative DAMA rates*
- *Comparative DNW rates*
- *Admission rates compared with population numbers*
- *Smoking during pregnancy comparative rates*
- *Workforce participation rates*
- *Plans to provide support for each Aboriginal employee*
- *Maari Ma and Coomealla Health relationship work*
- *Support for Director, Aboriginal Health and her team*
- *Other matters”*

The Board members discussed the proposed motion. The motion stems from an undertaking to include Aboriginal Health on the Agenda in April 2019.

The Board members discussed the role of the Aboriginal Health Sub Committee, and how the motion will bring together information across all Sub Committee's to a central point for the Board.

The Board members discussed the individual standing items listed in the motion noting some of the items may not need to be included at Board level.

Resolution: **The Motion be received and accepted with the following amendments. Aboriginal Health be included as a Standing Item on the Agenda with sub headings of:**

- ***Comparative DAMA rates***
- ***Comparative DNW rates***
- ***Admission rates compared with population numbers***
- ***Smoking during pregnancy comparative rates***
- ***Workforce participation rates***
- ***Maari Ma and Coomealla Health relationship***
- ***LHD Progress on State Strategic Plans***
- ***Progress on the Reconciliation Action Plan (RAP)***

Action: **Secretariat to include Aboriginal Health on the Agenda as a Standing Item with the sub headings listed:**

- ***Comparative DAMA rates***
- ***Comparative DNW rates***
- ***Admission rates compared with population numbers***

- **Smoking during pregnancy comparative rates**
 - **Workforce participation rates**
 - **Maari Ma and Coomealla Health relationship**
 - **LHD Progress on State Strategic Plans**
 - **Progress on the Reconciliation Action Plan (RAP)**
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Item 7. Reflections on our Care

The Board members discussed the possibility of incorporating UDRH into the process of the collection of patient stories and how it could be included in student learning.

Action: Chief Executive to consult with UDRH to discuss the possibility of incorporating the patient and staff story collection process into their program.

Item 7.1 Patient Story

Nil

Item 7.2 Staff Story

Nil

Item 8. Chief Executive Report

Item 8.1 KPI Dashboard Report

Noted

Item 8.2 Chief Executive Report

The Chief Executive went through the report and noted key points:

- An agreement has been signed off with Maari Ma to work together in relation to COVID-19 testing and test analysis.
 - Drive-thru testing clinic has been set up on a trial basis in Broken Hill in partnership with the local Council and the BHCHC car park. The public continue to utilise these for screening and testing.
 - A 2 week trial of pop up COVID Screening and testing Clinics across Wentworth, Dareton and Buronga were undertaken, with a further 2 weeks planned for mid-June 2020.
 - The LHD supported the RFDS to provide a COVID Screening and Respiratory Clinic in Wilcannia. The clinic was poorly attended and further clinics will be scheduled in partnership with the RFDS across the communities of Wilcannia, Menindee, Ivanhoe and Tibooburra towards the end of June.
 - Elective surgery has been ramped up to almost 100% theatre capacity. Almost all outlier surgeries are planned to be caught up by August 2020.
 - Sub-acute Mental Health Rehabilitation Unit has reopened 5 beds. Further beds are planned to be opened, pending further review.
 - Senior executive and clinicians working group has been established to plan the gradual reintroduction of specialist services across the District, including Allied Health.
-

Michelle Dickson left the meeting at 11.50am and returned at 11.52am

Andrew Olesnicky left the meeting at 11.52am and returned at 11.53am

- The MoH-BHTEU Award arbitration commenced with Hearing dates of 5 to 8 and 19 to 22 May 2020 in the NSW Industrial Relations Commission (NSW IRC) before Senior

Commissioner Sloan. The matter was held via teleconference due to COVID-19 ban on travel with submissions by both parties now to be presented and decision attendance required for the 14 August 2020 at the NSW IRC.

The Chief Executive advised the 2.5% wages withheld in question has been accounted for and will be released when required.

- CE staff forums continue to be held every second Wednesday of the month. The high attendance and the cordial interaction with the executive during these sessions indicates positive acceptance of these forums.
- Consultation with staff and the industrial bodies commenced on 14 May 2020 and is expected to take 4 weeks. Consultation closed on Monday 15 June 2020.
- The Chief Executive presented the proposed structure during an additional live staff forum, as well meeting with individual teams. An additional staff forum was also convened for a live discussion on 10 June 2020. We have received useful feedback which included the observation that this is the first time a Chief Executive had consulted with staff on structural changes of this type.

Paul Kemp excused himself from the meeting at 11.59am

- Workplace Incident claim frequency has risen to 3.22 from the previous 2.66/100 FTE for the current year. The 5 years claims frequency remains low at 2.78/100 FTE for the open 5 fund years. This demonstrates a continuing trend of a strong safety culture across the LHD.
- Overall payments have decreased this month by 49%. This is due to changing insurer and no payment being made on any claim prior to 1 January 2020. Ongoing concern is the trend in Psychological claims which on average cost \$50,000 per claim.
- The Broken Hill Health Service Clinical Governance structure is being finalised and will be operational in the second half of 2020.
- Active flu vax program in Dareton/Buronga saw over 1000 residents being inoculated, as well as over 400 in Balranald. The combination of health service-based clinics and community pop-up clinics proved to be a successful strategy in securing the high numbers. The significance of these results are amplified when one considers the fact that these services also maintained their COVID-19 clinics or introduced additional pop-up clinics.
- Coomealla Health Aboriginal Health Corporation Chief Executive and FWLHD Chief Executive met in Dareton in June 2020. Also present were the Director of Aboriginal Health and Planning and General Manager of District Health Services. Discussion centred around identifying service development opportunities and strategies to develop closer working relationships. The following were agreed to:
 - FWLHD will initiate a letter to formally enter into negotiations for the CHAC Wentworth GP to have visiting rights to Wentworth Hospital.
 - Identify 1-2 joint projects per year with at least twice yearly governance meeting to oversee their development and execution.
 - Formally invite CHAC to be a member of BurongaOne service delivery model of care working group.
- During the same trip the Chief Executive met with the General Manager, Wentworth Shire Council, to discuss the opportunity for the development of a health precinct in the city centre to enable a sustainable GP model and an integrated care model. There is strong support from both the FWLHD Executive and the Shire, for the new Wentworth Hospital build to be in the town centre.

The Board members discussed the benefits a health precinct would have to the community of Wentworth and what services could be integrated.

Umit Agis left the meeting at 12.21pm

Recess 12.26pm to 1.33pm

Umit Agis and Fiona Lawrance joined the meeting at 1.33pm

Andrew Olesnicky joined the meeting at 1.37pm

There has been a significant increase in the use of Telehealth. Prior to COVID-19 the average Telehealth utilisation was 170 sessions. This average is now at 700. Prior to COVID-19 PEXIP use was 50 sessions. This is now at 450. Additionally, PEXIP accounts have increased from 18 to 82.

The Board members discussed the benefits of Telehealth and moving forward, how the flow on effect may be beneficial. Telehealth so far has been very successful.

The Board members discussed the data provided in the Health Intelligence Unit report. Lilon Bandler suggested histograms be included in the presentation of the data to allow easier review.

Action: Chief Executive to consult with District Manager Health Information and Performance on changing the presentation of data in the Health Intelligence Unit reports to include histograms.

The Board members asked on the status of the small site solutions project. The Chief Executive advised the project was well underway and the District Manager Health Information and Performance was actively involved.

Action: District Manager Health Information and Performance to provide an update on the small site solutions project.

Andrew Olesnicky experienced intermittent connection from 1.43pm

Resolution: The Chief Executive Report be received and noted.
Moved John Harris, seconded Stephen O'Halloran. Carried

Item 9. Presentation

Item 9.1 Fiona Lawrance – Director People and Culture.

Fiona Lawrance, Director People and Culture introduced herself and went through the new organisational governance structure.

Key points of the presentation are:

- Schedule monthly meetings to review workforce statistics and to provide strategic direction to address required KPI's.
- To provide awareness to FWLHD Executive Team of all workforce matters being experienced at a local facility level and their impact on the district.
- Promotion and review of workforce organisational structures, recruitment and on-boarding initiatives, succession planning promotion, review of classification and incremental positions promotions, review of FTE in regards to budget spend to ensure broader district workforce requirements and responsibilities are achieved.
- Actively support the growth of Aboriginal and Culturally and Linguistically Diverse employments.

- Provide a constructive reporting and development launch-pad for workforce proposals to the FWLHD Executive.
- FWLHD People, Culture and Organisation Development Pillar Workforce Committee has been established. This Committee will combine the feedback from all Directorate WHS Committees and feed up to the Executive and Board providing stronger governance and oversight. WHS will be placed on the Agenda of all Minuted Meetings in the District and corresponding, all Position Descriptions updated to include a WHS address requirement for all staff. More than one officer to be trained in Work Health and Safety for sustainability and uninterrupted compliance in all FWLHD Facilities. Business Partners be trained along with the Hotel Services Manager to support the broader business and to adjust the WHS Committee culture. FWLHD overarching Work Health and Safety Committee established.

Recruitment and On-boarding

- FW LHD Recruitment advertising processes have been upgraded.
- Recruitment and Marketing Lead has commenced work.
- Greater focus on monitoring recruitment trends.
- Effectiveness of recruitment strategies.
- Short and long term plans underway to enhance recruitment advertising to attract high-quality applicants.

The Board members discussed the different ways in which positions could be advertised to better target people to the region.

Action: Director People and Culture to provide the current advertisement developed for Balranald for circulation to Board members.

The Board members discussed the Strategic Workforce Plans, Succession Planning and the how the new Governance Workforce Committee is being developed. Michelle Dickson noted Initiatives coming from the MoH will require an Aboriginal Workforce Plan to assist in funding for specific upcoming programs. Director People and Culture advised there was a need to deliver a whole of Workforce Plan foremost, and then individual plans would flow from there.

Industrial Relations and Payroll

Director People and Culture advised there will be a new award. It will enable FWLHD to be a cohesive covered industrial body. The benefits for the LHD will be the ability to transfer through job positions and enable an automated payroll.

The Board members discussed the process for complaints.

Future Action

- Business Partners positions established to work closely with the FW LHD Executive Team to develop a People, Culture and Organisational Development agenda that closely supports the strategic aim of the organisation to be an “Employer of Choice”.
- 2 x FTE positions created (from existing FTEs), one each for Broken Hill Health Service and District Health Services
- People and Culture Directorate has taken on Executive Sponsorship of the Staff Recognition and Health Innovation Awards Committee from the Clinical Governance Unit effective May 2020.
- Clinical Governance Unit will continue to be represented on this Committee for the Health Innovation Awards.

Item 10.4 Workforce Development

Item 10.4.1 Workforce Development Committee Chair Report

Nil

Item 10.4.2 Workforce Development Committee Minutes

Nil

Item 10.4.3 Workforce Report

Noted

Item 10.4.4 Headcount and FTE May 2020

Noted

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

Fiona Lawrance left the meeting at 2.54pm

Steven Gleeson joined the meeting at 2.54pm

Item 10.2 Finance and Performance

Item 10.2.1 Finance and Performance Committee Chair Report

Nil

Item 10.2.2 Finance and Performance Committee Minutes 18 May 2020

Noted

Item 10.2.3 Finance Report May 2020

Steven Gleeson noted major items of the financial report.

General Fund	<u>FY20 YTD</u>	<u>Variance to Budget</u>
Result for the Year	\$0.358M Surplus	\$1.007M U
Total Expenses	\$115.302M	\$1.285M U
Employee Related	\$71.173M	\$0.754M U
VMO Payments	\$7.393M	\$0.814M U
Goods & Services	\$26.401M	\$0.165M F
Grants	\$2.199M	\$0.004M U
Repairs and Maintenance	\$1.811M	\$0.182M F
Depreciation and Amortisation	\$6.190M	\$0.036M U
Borrowing Costs	\$0.011M	\$0.006M U

Total Revenue	\$113.339M	\$0.319M F
Full Year Projection	\$1.730M Deficit	\$0.752M U
FTE	<u>FY24 FN17</u>	<u>Variance to Budget</u>
	682.31*	55.53 F

*Excludes 10 HealthX agency staff.

Efficiency Strategies

April 2020					
	FWLHD YTD Actual	FWLHD YTD Target	FWLHD YTD Variance	FWLHD Full Year Target	Ministry Full Year Target
Expense	\$2.490M	\$2.524M	-\$0.034M	\$3.260M	\$3.331M

Overall Roadmap performance is reasonable with a small unfavourable variance of \$34k. The Employment related Roadmap while still unfavourable by \$127k improved in April and the printing cost reduction and agency Roadmaps both unfavourable by \$26k and \$27k. Roadmaps that are travelling well are Balranald Solar, External Consultants and Travel booking initiative. Roadmap planning for FY21 and target discussions with the PMO are currently on hold due to NSW COVID priorities.

Financial Performance

<u>Result for the Year</u>	<u>FY20 YTD</u>	<u>Variance to Budget</u>
BHHS	\$54.359M	\$5.664M U
District Health Services	\$15.416M	\$0.249M F
Executive Services	\$20.929M	\$1.052M F
MHD&A	\$6.476M	\$1.361M F

Nursing and MO costs and agency costs

Nursing (\$'s in millions)	YTD actual	YTD Budget	Variance
S&W	28.059	29.373	1.314
S&W Agency	2.071	0.227	(1.844)
HealthX costs	1.057	0.624	(0.433)
G&S Agency	0.616	0.548	(0.068)
	31.803	30.772	(1.031)

MO's (\$'s in millions)	YTD actual	YTD Budget	Variance
S&W	1.348	2.825	1.477
S&W Agency	2.117	0.250	(1.867)
G&S Agency	0.773	0.662	(0.111)
	4.238	3.737	(0.501)

Full Year Projection

There is an unfavourable variance between the full year projection and full year budget of \$0.752M.

The VMO costs are forecasted to be \$0.865M unfavourable compared to budget. There are favourable variance forecasts for Goods & Services of \$0.239M, Repairs, Maintenance and Renewals of \$0.180M and Own Source Revenue of \$0.282M.

The salaries and wages are forecasted to be \$0.580M unfavourable compared to budget. The majority of this is as a result of the large reliance on agency and overtime to fill our senior medical and senior nursing workforce lines.

Covid-19

Identified Covid-19 related expenditure to May is \$0.802M operating and \$0.179M capital expenditure. To date there have been 2 cases of Covid-19 in the FWLHD. As yet there has been no demand for ICU services or increase demand on ED. Operating costs identified relate mainly to costs associated with running the Covid-19 Clinics to screen and test for Covid-19 across the district. The Capital costs relate to purchase of Ventilators for ICU. PPE equipment is being closely monitored to ensure adequate stock on hand to meet patient demands. Current forecast did not include any adjustment for Covid-19 as no significant incremental costs have been identified above budget adjustments already received. This will be monitored and adjusted when required.

FWLHD has received a \$0.472M Grant to aid improvements to Telehealth. FWLHD has to date placed orders to the value \$0.326M for equipment to improve Telehealth Services across the district.

The Board members discussed the processes, benefits and possible risks in the use of tele monitoring and Telehealth.

Action: Provide a report on the range of options and uses for Telehealth including thought to how it would be implemented, what it can be used for and how/if it will be recorded on patient record.

Item 10.2.4 Financial Reports

Noted

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

Item 10.2.5 MoH Narrative – May 2020

Noted

Steven Gleeson left the meeting at 3.12pm

Item 10. Board Sub Committee Reports

Item 10.1 Aboriginal Health

Item 11.1.2 Aboriginal Health Committee Chair Report

Nil

Item 11.1.1 Aboriginal Health Committee Minutes

Nil

Item 10.3 Health Care Quality

Item 10.3.1 Health Care Quality Committee Chair Report

Lilon Bandler acknowledged the work of the Patient Safety and Clinical Quality Manager and noted her appreciation.

Lilon Bandler advised the Health Care Quality Committee Chair report would be circulated out of session and gave an overview of the report.

The purpose of clinical governance is to support the workforce and visiting practitioners in the service to provide safe, quality clinical care. And a clinical governance framework describes the overall approach of the organisation for ensuring the quality and safety of clinical care.

Clinical care is health care that encompasses the prevention, treatment and management of illness or injury, as well as the maintenance of psychosocial, mental and physical wellbeing.

The committee has an awareness of the policies, procedures for implementation, and the culture of the LHD to ensure attention to the six pillars of clinical governance are addressed:

- Education and training
- Risk management
- Openness
- Research and development
- Clinical effectiveness
- Clinical audit

Lilon Bandler noted she had examined the Aboriginal DNW and DAMA data carefully:

- The non-Aboriginal DAMA rates are reasonably stable; Aboriginal DAMA rates are usually higher (and sometimes a lot higher) with considerably more variation (partly a reflection of the nature of the data).
- The DNW rates have improved across 3 years, though there are now some months that Aboriginal rates of DNW are less than non-Aboriginal.

The Board members discussed the triage process and the many factors that affect discharge rates.

Michelle Dickson left the meeting at 3.26pm

Item 10.3.2 Patient Safety and Clinical Quality Report

Noted

Item 10.3.3 Health Care Quality Committee Minutes 12 June 2020

Noted

Resolution: **The Health Care Quality Reports be received and noted.**
Moved Sally Pearce, seconded Mariette Curcuruto. Carried

Item 10.5 Risk Report

Item 10.5.1 Audit and Risk Committee Chair Report

Nil

Item 10.5.2 Audit and Risk Committee Minutes

Nil

Item 10.5.3 Risk Management Unit - Work Health and Safety Report

Noted

Resolution: **The Risk Reports be received and noted.**
Moved Stephen O'Halloran, seconded Lilon Bandler. Carried

Item 11. Reports for Noting/Endorsement

Item 11.1 Health Performance Report April 2020

Noted

Resolution: **The Health Performance Report April 2020 is received and noted.**

Moved Lilon Bandler, seconded John Harris. Carried

The Board members discussed the Pregnant Women Quitting Smoking figures in the report and questioned why the data was so old.

Action: Chief Executive to provide up to date local data on Aboriginal Smoking while Pregnant.

Item 11.2 Audit and Risk Committee Chair Appointment

The Board members discussed the reappointment of the Independent Chair of the FWLHD Audit and Risk Committee for further period of two years. The Board members approved the appointment.

Action: Secretariat to forward a signed letter or reappointment from the FWLHD Board Chair to the FWLHD Audit and Risk Committee Chair.

Item 13. Items for Discussion

Nil

Item 14. Calendar of Events

Noted

The Board members discussed the remote sites travel for future Board meetings due to COVID-19 and resolved the July 2020 Board meeting would be held in Broken Hill rather than Wilcannia.

Action: Update the annual calendar to reflect COVID-19 delays to remote site travel for Board meetings.

Item 15. Correspondence

Item 15.1 Letter of Appreciation

Noted

Item 16. Other Business

John Harris advised the Reserved Matters Brief had been circulated out of session which showed ten mechanisms for use when addressing items in the Charter. There are a few items that need attention and on completion the Board members could be satisfied they have met the requirements.

Stephen O'Halloran questioned the Dentist position in Balranald. The Chief Executive advised there is a review of the role at present which was looking at ways to sustainably employ and support a Dentist.

Michelle Dickson returned to the meeting at 3.54pm

Stephen O'Halloran questioned the use of a Dialysis van in Balranald. The Chief Executive advised criteria needed to be met and at present it was not viable. A report is due to be submitted at the August 2020 meeting in relation to this matter.

Item 17. Closed Meeting

4.00pm

Item 18. Next Meeting

Monday 27 July 2020

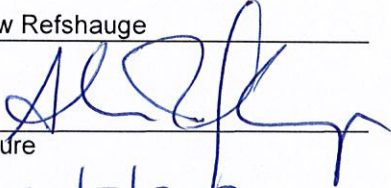
Certified as a correct record.

Andrew Refshauge

Name

Signature

Date



27/7/2020