

---

## Minutes

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

Date: 23 March 2020

Time: 9.30am CST (10.00am EST)

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

---

### Present:

Mr Wincen Cuy	Board Member
Mr John Harris	Board Member
Mr Umit Agis	Chief Executive
Mr Steven Gleeson	A/Director Finance and Corporate Services
Dr Andrew Olesnicky	Director Emergency Services BHHS

### Videoconference:

Dr Andrew Refshauge	Chairman
A/Prof Lilon Bandler	Board Member
Ms Mariette Curcuruto	Board Member
Mr Stephen O'Halloran	Board Member
Ms Sally Pearce	Board Member

### In Attendance:

Ms Dale Sutton	Executive Director Nursing and Midwifery/Director Clinical Governance
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

---

### Item 1. Closed Meeting: 9.30 am CST

---

### Item 2. 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 Ngaympaa; 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 3. Apologies

Dr Michelle Dickson	Board Member
Mr Paul Kemp	Board Member

---

### Item 4. Disclosure of Interest

Nil

---

### Item 5. Order of Business/Urgent Business

The Chief Executive provided an update on COVID-19. Currently the Intensive Care Unit is working to move to a ten bed capacity. Additional areas were also being sought for ICU use in the event of excess admissions. Staffing surge capacity plans were being finalised for Tier

1, 2, 3 and 4 workforce. All staff will be utilised to provide support where and when needed. Additional ventilators have also been ordered.

The Chief Executive advised he had met with the Southern Cross Aged Care CEO who has offered the Far West LHD additional staffing if required. Meetings with local GP's and Practice Managers have also taken place, to collaborate and work together.

---

Andrew Olesnicky joined the meeting at 9.57am

---

Regular webinars are being set up, and other clinical resources are being looked at in ways to keep staff informed. Regular bulletins and twice weekly updates were also occurring along with Emergency Operation Control meetings. The media had been contacted in relation to social responsibility in providing a balanced view and weekly meetings were now occurring to provide correct information.

The Board members discussed the use of Telehealth in remote sites, staff travel in the District and postponement of non-essential services. Mariette Curcuruto noted the Workforce Development Committee had discussed surge planning, use of staff in different areas and fatigue management. The Chief Executive noted the importance of caring for staff welfare and the MoH had not yet provided a directive to move to offsite ways of working.

---

## **Item 6. Minutes of Ordinary Board Meeting 24 February 2020**

**Resolution:**                    **The Minutes of the Ordinary Board meeting held on 24 February 2020 be received as a true and correct record.**  
Moved Mariette Curcuruto, seconded Lilon Bandler Carried

---

## **Item 7. Action List**

### **7.1     19-20 – Acknowledgement of Country**

Paul Kemp was not at the meeting.

### **7.2     19-25 – People Matter Employee Survey Results Update**

The Workplace Culture Coach provided the cultural index statistics and responses to what other LHD's are doing in response to the People Matter Employee Survey Results 2019. In the Far West staff consultation sessions have taken place. Feedback from consultation sessions; data and comments have been reviewed for key themes with identified actions. In addition to the themes identified, Ways of Working sessions are being held across the organisation with a focus on CORE values; Effective Communication; and Appropriate Workplace conduct.

Complete

### **7.3     19-34 Patient Story, Complaints Process**

The Board members discussed the complaints process. The Chief Executive noted the current complaints process could be streamlined as presently it relied on the receiver to enter the complaint into IMMS. KPI's were being met with response within 48 hours.

---

Dale Sutton joined the meeting at 10.22am

---

The Chair noted a summary of complaints should be provided to the Board on a regular basis.

Complete

#### **7.4 19-36 - KPI Reports**

An update was provided to the Board by the District Health Information Manager via a Brief. The Chief Executive advised the Health Intelligence Unit was based within Western LHD. Far West LHD now have a small unit, Health Information Analytics and Performance (HAIP) Unit, to work with Western to provide local information sooner.

Complete

#### **7.5 19-40 – Clinical Governance Report – Sharing and management of patient information**

A paper from the Rural eHealth Governance Group was provided to the Board members showing the scope of the initiative. The scope of the work will:

1. Validate requirements and evaluate use of GP platforms for small sites and co-located facilities.
2. Analyse options for integration with core NSW Health eMR environment.
3. Identify other enabling requirements; eg. Consent management, security and privacy.
4. Indicative costs and roadmap.

The Chief Executive noted there may be a slight delay in deliverables, however, there was a clear plan on moving forward to address the issue.

Complete

#### **7.6 19-43 – Medical Workforce Strategy**

Mariette Curcuruto advised she had received a report from Dr Andre Nel out of session. The report highlighted the points she had sought clarification on in relation to the retaining of PGY3-4 Medical staff.

Complete

#### **7.7 19-44 – Telstra Mobile Coverage**

The Chief Information Officer provided an update on Telstra Mobile coverage issues. Mobile coverage continues to be a significant challenge across the rural and remote communities, affecting staff within facilities and accommodation. The Australian Communications and Media Authority (ACMA) have formally identified coverage issues are acknowledged by Telstra, however no immediate plans are in place to address this. Health ICT are working closely with Telstra as a priority to improve coverage where possible.

#### **7.8 19-45 Safety of FWLHD employees while travelling remotely**

The Board members discussed the update provided via Brief from the General Manager District Health Services. The Chief Executive advised investigation into the use of UHF radios was underway and a booster telephone device was also available which could prove a valuable tool. The Board members discussed the safety issues involved in driving on and off road. Steven Gleeson advised all vehicles had regular servicing and monthly maintenance checks.

Complete

#### **7.9 20-01 VAN Redesign Project**

The Director Mental Health Drug and Alcohol provided an update via a Brief which included a Redesign Project Management Plan that articulated the Projects goals, objectives, timelines and scope. The redesign project management team continue to ensure the smooth progression of the project by regularly reviewing the projects Gantt chart, communication plan and risk management plan.

Complete

### **7.10 20-02 Risk Register - Thomas Greer Report**

The Chair advised this was discussed in closed camera session.

Complete

### **7.11 20- 03 Consultation and Engagement Strategies**

The Consultation and Engagement Strategies were forwarded to the MoH within the given timeframe.

Complete

### **7.12 19-21 Service Agreement Quarterly Update**

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

Priority 1 – Currently the LHD is applying for Medicare Section 19(2) exemption across all remote facilities targeting 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.

Priority 2 - The LHD is actively working with the RON, WNSWPHN, and CHAC to develop sustainable service models across the Wentworth Shire LGA to support the needs of the community and to coincide with the opening of the Buronga HealthOne.

Priority 3 – The General Manager District Health Services, Director Palliative Care and Cancer Services, Director Mental Health Drug and Alcohol and Director People and Culture combined a report showing a number of initiatives that have been completed or instigated across the LHD. Some of these initiatives are, but not limited to; Aboriginal Minor Capital Works Program, MoH Palliative Care Roundtable discussions, Maari Ma are members of the FWLHD Palliative Care and End of Life Steering Committee, Better Cardiac Care for Aboriginal people, Ngarpa – Aboriginal Mental Health and Drug and Alcohol Group, MHDA Consumer and Carer Action Group and Tripartite Partnership meetings.

Priority 4 – On 27 February 2020 as part of the Ministry of Health NSW Health Workforce of 2030 – Think Tank Workshops, the need for Rural LHD partnerships of Employee development was tabled. The developmental secondment arrangement is currently being considered to allow development of FWLHD employees requiring support with Western LHD and Nepean Blue Mountains LHD where accommodating contacts are known.

Priority 5 –

Tibooburra HealthOne:

- Tibooburra Health Service was refurbished during 2019 and works were finalised in December 2019.
- The model of care in Tibooburra already met the HealthOne model of collaboration; integration; and shared patient care as work undertaken between the Royal Flying Doctor Service and the LHD.
- The refurbishment has allowed the services to be enhanced as appropriate as there are now additional contemporary clinical areas allowing for additional staff and services to attend on clinic days.
- Enhanced technologies have been provided to enable access to higher level services through the LHD and other sites via Telehealth.
- Work will continue between the Royal Flying Doctor Service and the LHD as well as other providers to ensure enhancing services pertains to community needs.

Buronga HealthOne:

- The Buronga HealthOne is still in stage 2 planning for the design and construction phases. The Construction phase will commence in April 2020 with the projected program to be finalised in April 2021.
- Over the coming 12 months work will be undertaken with the Manager; Team; partners and stakeholders including Coomealla Health Aboriginal Corporation (CHAC) to review current service models and potential service models that respond to the communities needs in a variety of modalities.
- The planning and design of an enhanced hub and spoke service model will include the sharing of spaces; collaborative patient/client care; and use of new technologies to access specialist services previously underutilised and to sustain services unable to be provided face to face.

Dareton HealthOne:

- Planning is underway to review the Dareton service provision including the appropriate ICT solutions for enhanced care

---

## **Item 8. Presentation**

### **Item 8.1 Dale Sutton, Executive Director Nursing and Midwifery/Director Clinical Governance**

Dale Sutton, Executive Director Nursing and Midwifery/Director Clinical Governance introduced herself and noted Accreditation would most likely be delayed due to COVID-19. Work would continue towards meeting the current deadline until formal notification was received. Key points of the presentation are:

NSQHS Standards are to protect the public from harm and to improve the quality of health care. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

There are 8 Standards that cover high prevalence adverse events.

The standards require the implementation of organisation-wide systems and assist health service organisations to align patient safety and quality improvement programs. The Clinical Governance Standard and the Partnering with Consumers standard set the overarching system requirements for the effective implementation of the remaining 6 standards, which deal with specific high-risk clinical areas of patient care.

#### **Standard 1 – Clinical Governance**

- Clinical Governance Framework to be reviewed and updated
- Clinical Governance Strategic Plan / business Plan to be developed
- Aboriginal Health Framework developed
- Reconciliation Action Plan developed
- Identify Risk Management Framework
- Set up system for analysis of complaints, feedback and actions taken
- Implementation plan for My Health Record
- Implementation of the Colonoscopy Clinical Standard of Care, review and evaluate

#### **Standard 2 – Partnering with Consumers**

- Monitoring our processes with partnering with consumers, implementing strategies to improve our process, evaluating and monitoring
- Evaluate current consumer information available

- Review Patient Booklet – consent, health advocacy services and interpreter information
- Review feedback obtained from Post -Discharge Phone –calls
- Evaluate feedback from volunteers and committee members about their induction, orientation and training programs provided.

#### Standard 3 – Preventing and Controlling Healthcare Associated Infection

- Antimicrobial stewardship portfolio needs to be allocated to another Pharmacy personnel due to resignation of AMS Pharmacist to progress the rest of this body of work.

#### Standard 4 – Medication Safety

- Improvement required for medication reconciliation process, engagement of consumers in this process
- Implementation of e-med audits
- Completion of discharge summaries

#### Standard 5 – Comprehensive Care

- Progressing work to meet Advisory AS19/15 requirements developing the comprehensive care plan
- Developing Journey Board Business Rule
- Largest body of work is around screening and assessment for comprehensive care.

#### Standard 6 – Communicating for Safety

- Procedure and education for patient identification for non-clinical staff (meal delivery)
- Review of Brochure Development

#### Standard 7 – Blood Management

- Revision Management of Blood and Blood Products Policy
- *My Health Learning* patient blood management education compliance

#### Standard 8 – Recognising and Responding to Acute Deterioration

- Combining all currently existing (4) policies into an overarching Clinical Emergency Response Service (CERS) Framework
- Development underway for community nursing services policy around processes for detection and escalation of deteriorating patient
- Development of clear pathway for rapid referral to mental health services when a patients mental state acutely deteriorates.

The Board members discussed the presentation. Dale Sutton noted between the Team Leaders of the Standards there were 40 policies that required review and update or required a new policy to be written. Work will continue on each Standard into the future.

## **Item 9. Reflections on our Care**

### **Item 9.1 Patient Story**

Noted

The Board members discussed the Patient Story and noted the amount of time that had passed. The Chief Executive noted the story related to culture and staff values. Strategies are being built around staff engagement and values and would have addressed issues raised.

---

Andrew Refshauge left the meeting at 11.04am – Wincen Cuy was appointed acting Chair

---

Lilon Bandler noted the need of a complaints point of contact to assist with the management of complaints received.

### **Item 9.2 Staff Story**

Noted

---

## **Item 10 Clinical Governance**

### **Item 10.1 Patient Safety and Clinical Quality Report**

The Chair asked for comment on the Patient Safety and Clinical Quality Report as it was taken to be read. Lilon Bandler questioned why the My Health Learning mandatory training data was omitted from the report. The Chief Executive advised Executive were now getting greater visibility in reporting and each Directorate would be focusing on moving forward. Quarterly reporting to the Board in this area would be more beneficial.

---

Dale Sutton left the meeting at 11.13am

---

## **Item 11. Chief Executive Report**

### **Item 11.1 KPI Dashboard Report**

Noted

### **Item 11.2 Chief Executive Report**

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

- The MoH-BHTEU Award arbitration moves forward with Ministry of Health lodgement of documents requiring arbitration occurring on the 11 December 2019. Scheduled Hearing dates have now been provided of 5 to 8 and 19 to 22 May 2020 with the Industrial Relations Commission - Commissioner Sloan to hear this matter in Broken Hill. The BHTEU maintain defined work bans at the Broken Hill Health Service.
- Focus is being placed on completion of annual Performance Reviews over the next 6 months as the current compliance is at 37.4%.
- Emergency Department Treatment Performance for February 2020 was 86.8%, which is an improvement on the January rate (81.8%) and was slightly above the state-wide target (81%). Transfer of Care from the Ambulance Service to the Emergency Department for February 2020 was 93% (compared to January rate of 95.3%) which was above the target of 90.0%.

The Chief Executive noted an error in the Emergency Department Treatment Performance for February 2020 was 86.8%, which is an improvement on the January rate (81.8%) and was slightly **below** the state-wide target (81%) and should in fact have said slightly **above** the state wide target.

- Two (2) Aboriginal Nursing Cadets will commence work with the Far West LHD in mid-April 2020.
- FWLHD is facilitating two (2) Diploma of Nursing (EN) scholarships for 2020. The successful applicants will commence in May 2020, and will undertake the required studies over the next two years.

- Coronavirus - COVID-19

Far West LHD has finalised the Coronavirus Pandemic Management Plan and submitted it to the Ministry of Health. As part of this management plan we have completed three 'Surge Capacity' plans for District Services, Broken Hill Emergency Department and Intensive Care Unit. The State has changed direction from Public Health oversight to now an operational plan for preparedness for influenza like illnesses, inclusive of screening for coronavirus.

Districts are meeting with the Ministry on a weekly basis for oversight of containment and management of coronavirus.

The Chief Executive and the Executive of FWLHD convened a meeting with the regional GPs, PHN and practice managers on 12 March 2020 to coordinate our services, share information and to create a supportive approach to managing patient care. This was well attended and there was a high degree of collegiate cooperation. The meeting resolved that we would convene further meetings as the situation warrants it.

---

Andrew Refshauge returned to the meeting at 11.24am and resumed Chair at Item 12.

---

The Board members discussed the report in particular COVID-19. Mariette Curcuruto questioned if supplies were being monitored. The Chief Executive advised monitoring was taking place and more gowns, masks, PPE wear etc. were being sourced to further replenish supplies. The Chief Executive also noted the closing down of essential services across the State.

Sally Pearce asked if plans were in place in regards to mental health drug and alcohol. The Chief Executive advised that services would be increased in that area. He also noted that social and physical isolation could cause surges in mental health presentations.

The Chief Executive advised all hospital based volunteer services had been suspended. Stephen O'Halloran asked if all Health Council meetings were also suspended. The Chair noted all Health Council meetings should be conducted via videoconference at this stage.

Lilon Bandler noted, when reporting on positions such as the Aboriginal Nursing Cadets, there was a need to recognise the positions are accompanied with a network of support.

**Resolution:**                    **The Chief Executive Report be received and noted.**  
Moved Lilon Bandler, seconded John Harris. Carried

---

## **Item 12. Board Sub Committee Reports**

### **Item 12.1 Aboriginal Health**

#### **Item 12.1.1 Aboriginal Health Committee Minutes 24 February 2020**

Noted

#### **Item 12.1.2 Aboriginal Health Committee Chair Report**

Nil

**Resolution:**                    **The Aboriginal Health Reports be received and noted.**  
Moved Stephen O'Halloran, seconded Mariette Curcuruto. Carried



## Item 12.2 Finance and Performance

### Item 12.2.1 Finance and Performance Committee Minutes 17 February 2020

Noted

### Item 12.2.2 Finance and Performance Committee Chair Report

Stephen O'Halloran advised he was acting Chair at the March 2020 meeting. The Chief Executive had advised the Committee members a lot of work was being done at Executive level and in the future the Finance meeting papers would be submitted to Executive before being brought to the Finance and Performance Committee.

### Item 12.2.3 Finance Report February 2020

Steven Gleeson noted major items of the financial report.

#### Overview

<b>General Fund</b>	<b><u>FY20 YTD</u></b>	<b><u>Variance to Budget</u></b>
<b>Result for the Year</b>	<b>\$1.566M Deficit</b>	<b>\$1.847M U</b>
<b>Total Expenses</b>	<b>\$82.392M</b>	<b>\$1.558M U</b>
Employee Related	\$50.446M	\$1.243M U
VMO Payments	\$5.227M	\$0.593M U
Goods & Services	\$19.532M	\$0.127M F
Grants	\$1.593M	\$0.004M F
Repairs and Maintenance	\$1.139M	\$0.167M F
Depreciation and Amortisation	\$4.430M	\$0.000M
Borrowing Costs	\$0.007M	\$0.002M
<b>Total Revenue</b>	<b>\$79.625M</b>	<b>\$0.290M U</b>
<b>Full Year Projection</b>	<b>\$4.087M Deficit</b>	<b>\$1.223M U</b>
<b>FTE</b>	<b><u>FY20 FN17</u></b>	<b><u>Variance to Budget</u></b>
	673.92*	60.32 F

\*Excludes 9 HealthX agency staff.

Steven Gleeson advised a year to date adjustment to the insurance refund revenue account was made due to cash class reclassifications.

#### Employee Related Costs

Employee Related Costs (ERC) - \$0.307M unfavourable for month and YTD \$1.243M unfavourable.

- Overtime reflects an unfavourable variance for the month of \$0.101M and YTD of \$0.571M. FWLHD budgets overtime at minimal amounts. Overtime drivers are BHHS Nursing to backfill sick leave, annual leave etc. due to limited casual pools. Call-Outs

across the Lower Western Sector directly impact overtime for the District. BHHS Radiology also contributes due to an after-hours on-call service model.

- Included is YTD \$0.222M which relates to an accrual processed in the current month relating to 2.5% increase that has not been paid to employees at 1 July 2019 under the BIC award.

#### Nursing and JMO costs and agency costs

<b>Nursing</b> (\$'s in millions)	<b>YTD actual</b>	<b>YTD Budget</b>	<b>Variance</b>
S&W	19.429	20.561	1.132
S&W Agency	1.725	0.227	(1.498)
HealthX costs	0.585	-	(0.585)
G&S Agency	0.501	0.292	(0.209)
	22.240	21.080	(1.160)

<b>JMO's</b> (\$'s in millions)	<b>YTD actual</b>	<b>YTD Budget</b>	<b>Variance</b>
S&W	0.967	1.942	0.975
S&W Agency	1.530	0.250	(1.280)
G&S Agency	0.554	0.377	(0.177)
	3.051	2.569	(0.482)

#### Excess Annual Leave Reduction Incentive

Results to end of February 2020 has seen a decrease of 249 days to a total of 3,521. June 19 baseline was 3,770 leave days. This only represents a 7% movement. It will be a challenge to achieve a 10% reduction by June 30<sup>th</sup> 2020.

Mariette Curcuruto questioned if decreasing excess leave was still possible due to COVID-19. The Chief Executive advised notification from the MoH had been received to *not* concentrate on reducing excess leave at this stage. Steven Gleeson advised if the MoH take the January 2020 results into account, the reduction of excess leave the Far West LHD may have met targets.

The Chief Executive advised a budget supplement had been received in relation to Private Patient Conversion Rates.

The Board members discussed additional expenses that may be incurred due to COVID-19. The Chief Executive advised a specific cost code had been created to track COVID-19 expenses which would be passed to the MoH for reimbursement at a later date.

Sally Pearce asked if there had been any progress in relation to extra funding for Breastscreen. The Chief Executive advised the project would go ahead at this stage. Initial costing was below the actual costs. A more stringent process around costing would be put in place for future projects.

---

#### Recess at 11.52am to 12.00pm

Wincen Cuy left the meeting at 11.52pm

---

#### Item 12.2.4 Financial Reports

Noted

**Resolution:**                    **The Finance Reports be received and noted.**  
Moved Wincen Cuy, seconded Sally Pearce, Carried

### **Item 12.2.5 MoH Narrative – February 2020**

Noted

### **Item 12.3 Health Care Quality**

#### **Item 12.3.1 Health Care Quality Committee Minutes 14 February 2020**

Noted

#### **Item 12.3.2 Health Care Quality Committee Chair Report**

Lilon Bandler advised Accreditation was continuing at present, however would most likely be postponed. In these difficult times it was important to be clear about RCA's and hopefully the timeliness of data was improving. The Intensive Care Unit were to present at the last meeting but due to the change of date will hopefully be presenting at the April meeting.

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

### **Item 12.4 Workforce Development**

#### **Item 12.4.1 Workforce Development Committee Minutes**

Noted

#### **Item 12.4.2 Workforce Development Committee Chair Report**

Mariette Curcuruto advised COVID-19 surge planning was discussed at the last meeting along with the importance of keeping staff informed and monitoring of their wellbeing. The Nurse Manager Nursing Leadership and Workforce Development presented on Nursing and Midwifery Workforce and was well received. The Committee membership was reviewed and Director Finance and Corporate Services had been removed from the list and District Manager Hotel and Support Services would be included.

#### **Item 12.4.3 Workforce Report February 2020**

Noted

#### **Item 12.4.4 Headcount and FTE February 2020**

Noted

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

### **Item 12.5 Risk Report**

#### **Item 12.5.1 Audit and Risk Committee Minutes**

Nil

#### **Item 12.5.2 Audit and Risk Committee Chair Report**

Nil

#### **Item 12.5.3 Risk Management Unit - Work Health and Safety Report**

Noted

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

## **Item 13. Reports for Noting**

### **Item 13.1 Health Performance Report January 2020**

Noted

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

Moved Lilon Bandler, seconded John Harris. Carried

---

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

Nil

---

## **Item 15. Items for Discussion**

### **Item 15.1 Board Committee Membership**

The Board members discussed the Committee membership. John Harris requested to be removed from the Audit and Risk Committee and join the Finance and Performance Committee. Lilon Bandler requested to be removed from the Finance and Performance Committee and join the Audit and Risk Committee. The Board members accepted the changes.

### **Item 15.2 Board Charter Review**

The Board members discussed the Charter. Lilon Bandler noted the Board Members Evaluations were outstanding. The Secretariat advised the MoH had been in contact and would be sending packs out in the near future.

Endorsed

### **Item 15.3 Board Protocols Review**

No changes required.

Endorsed

### **Item 15.4 Reserved Matters Review**

The Board members discussed the Reserved Matters. Lilon Bandler noted the lack of reference to Health Care Quality and Clinical Governance. John Harris noted the Board members had not seen an organisational chart for a time. Due to upcoming changes the organisational charts will be provided to the Board in due course.

Endorsed

**Action:**                **Secretariat to review other LHD Reserved Matters and work with the Chair to include Health Care Quality and Clinical Governance, if required, out of session.**

### **Item 15.5 Board Training – NOUS Group**

The Chief Executive advised the NOUS Group would be contacted to provide a list of upcoming training that may be available.

**Action:**                **Secretariat to contact Paul Guinta at the MoH for a list of upcoming training available through the NOUS Group.**

---

## **Item 16. Calendar of Events**

Noted

---

**Item 17. Correspondence**

Nil

---

**Item 18. Other Business**

Stephen O'Halloran questioned if there had been a resolution in relation to extra funding for Breastscreen. Steven Gleeson advised the tender process was underway. There was a possibility of sourcing the funds across two financial years.

John Harris noted parking at the Broken Hill Health Service was an issue and suggested reserving a section of parking for visitors only. Lilon Bandler noted there would be a safety concern to employees who would need to park a long way from the hospital when on night shift.

---

**Item 19. Next Meeting**

Monday 27 April 2020

---

**Meeting Closed:** 12.37pm

---

**Certified as a correct record.**

Andrew Refshauge

\_\_\_\_\_  
Name



\_\_\_\_\_  
Signature

27 April 2020

\_\_\_\_\_  
Date