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## Minutes

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

Date: 24 August 2020

Time: 10.00am CST (10.30am EST)

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

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### Present:

|                       |                 |
|-----------------------|-----------------|
| Mr Wincen Cuy         | Board Member    |
| Mr John Harris        | Board Member    |
| Mr Paul Kemp          | Board Member    |
| Mr Stephen O'Halloran | Board Member    |
| Mr Umit Agis          | Chief Executive |

### Videoconference:

|                       |              |
|-----------------------|--------------|
| Dr Andrew Refshauge   | Chairman     |
| A/Prof Lilon Bandler  | Board Member |
| Ms Mariette Curcuruto | Board Member |
| Dr Michelle Dickson   | Board Member |
| Ms Sally Pearce       | Board Member |

### In Attendance:

|                    |  |
|--------------------|--|
| Ms Jodie Miller    | Director Mental Health Drug and Alcohol      |
| Mr Dale Sayers     | Financial Accountant                         |
| Ms Creina Vlatko   | Financial Management                         |
| Ms Jenelle Bussell | Board, Committees and Policy Clerk (Minutes) |

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**Meeting Opened** 10.26am 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: the Barkandji; the Muthi Muthi; the Wilyakali; the Ngiyampaa; the Wadigali; the Malyangaba; and the Wangkumara. We acknowledge and pay respects to the Elders past and present and their ancient wisdoms. We also acknowledge the communities of today and the Aboriginal community members who are part of our communities.

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### Item 2. Apologies

Dr Andrew Olesnicky Director Emergency Services BHHS

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### Item 3. Disclosure of Interest

Lilon Bandler advised she regularly donates to the Purple House in relation to dialysis.

Michelle Dickson noted her employment with the University of Sydney and her involvement in the Post Graduate program in Aboriginal Health noting she was not a part of the selection process. An employee of Far West Local Health District has been accepted into the program.

Mariette Curcuruto advised she previously acted as a Solicitor in the region and due to client/Lawyer confidentiality, could not disclose those contacts due to professional duty.

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

Item 9 Chief Executive Report moved forward in the Agenda to follow Item 7 Reflections of our Care.

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#### **Item 5. Minutes of Ordinary Board Meeting 27 July 2020**

**Resolution:**                    **The Minutes of the Ordinary Board meeting held on 27 July 2020 be received as a true and correct record.**  
Moved John Harris seconded Sally Pearce. Carried

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

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

Held over.

##### **6.2     19-44 – Telstra Mobile Coverage**

Held over.

##### **6.3     19-46 – Mobile Dialysis Unit**

Held over.

##### **6.4     20-13 – Patient and Staff Stories**

An update was provided out of session. UDRH are interested in incorporating patient and staff story collection into their learning, once a process has been put in place. This will involve UDRH working on a way to implement the program into their courses.

##### **6.5     20-14 – Health Intelligence Unit Reports**

FWLHD Health Information and Performance Unit are currently converting the line graphs into bar graphs.

##### **6.6     20-22 – Admission rates compared with population numbers**

Data has been separated into individual sites to better see the length of stay in each area.

Complete

##### **6.7     20-23 – Smoking during pregnancy comparative rates**

Units for the y axis are included.

Complete

##### **6.8     20-24 – Interim Service Level Agreement**

The new local priorities have been included on the action list.

Complete

#### **Future Actions**

The Board members discussed the future actions noting the delayed actions due to COVID-19 needed work arounds in place as the situation may be ongoing for a lengthy period of time.

The Board members discussed the informal afternoon tea with Maari Ma Health noting other partner organisations should also be included.

**Action:**                    **Contact Maari Ma Health to arrange a new date to meet.**

**Action:**                    **Invite Maari Ma Health, RFDS, Coomealla Health, CHAC and PHN to meet informally, rotating on a quarterly basis. Consult with Public Health for advice on attendance numbers before inviting each organisation. Chief**

**Executive and Chair to discuss who will attend under COVID-19 restrictions.**

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**Item 7. Reflections on our Care**

**Item 7.1 Patient Story**

Noted

**Item 7.2 Staff Story**

Noted

The Board members discussed the process around follow up on issues that may arise from the stories and how COVID-19 is beginning to reflect in some of the stories given. The Board members would like to see more staff and patient stories submitted from Aboriginal people.

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**Item 9. Chief Executive Report**

**Item 9.1 KPI Dashboard Report**

Noted

**Item 9.2 Chief Executive Report**

The Chief Executive went through the report noting key points:

- The current situation in Victoria and further outbreaks in NSW is influencing the focus of NSW Health and the LHD to remain vigilant in our prevention, preparation and planning for any surge in COVID-19 activity within Far West.
- The District has also developed a COVID-19 Residential Aged Care (RAC) Community of Practice group to enhance the planning, engagement and support between the RAC facilities throughout and the District. Facilitated by LHD Public Health Unit and Aged Care Services, this group is now meeting weekly to review and develop facility COVID-19 outbreak management plans, including plans for enhanced support from the LHD, resource sharing and will also conduct periodic training exercises to test these plans.
- The LHD is maintaining the COVID-19 Drive Through clinic at Broken Hill with Balranald, Wentworth, and Buronga drive through clinics continuing to support the communities close to the border closure checkpoints. The partnership between the LHD, RFDS, CHAC, Maari Ma and local Shires remains active and flexible to conduct COVID-19 pop-up clinics in areas of need and as required. The LHD also has a Health Liaison Officer who is in regular contact with the local Border Closure Incident Management Team based at Dareton Rural Fire Service.
- Border restrictions in South Australia, Queensland and Victoria continue to pose significant challenges insofar as the service provision of visiting specialists to Broken Hill Hospital. Where possible this is being managed through the use of telehealth and by sourcing specialists within NSW Health. The LHD is currently investigating the potential for ongoing medical resource sharing with Western NSW LHD.
- A 'Ways of Working' session was held with the Executive Leadership team, primarily focused on reflecting CORE values in leadership and embedding the No Triangles rule for professional conduct. Studer Quality Boards have been updated in the Medical and Surgical Wards to reflect the Studer principals and provide a visual platform for monthly reporting on Nursing & Midwifery KPI's, e.g. Zero Falls, QARS Audits etc.

The Board members discussed the effect COVID-19 is having in Aged Care facilities. Preparedness in the case of transmission is an ongoing body of work. Staffing concerns are

being raised with the MoH. Staff are being employed across several areas which is causing concern with cross contamination. The Far West Local Health District is making training and education resources available across the District in an attempt to assist. Weekly meetings are also taking place with care providers to help with challenges arising.

The Board members discussed the border closures and the impact it is having on sourcing services along with the difficulty in obtaining current and correct border information. The Chief Executive advised regular media releases were being provided with up to date information. The Board members discussed the benefits of providing web links to relevant organisations, who provide current border restriction information, on the Far West Local Health District website.

**Action: Provide links of relevant State media releases on current border restriction information, on the Far West Local Health District website.**

The Board members discussed the projection of costs in changes to Specialist support and if savings were being made on travel and accommodation. Telehealth is being utilised more often which is resulting in some cost savings, however agency costs remain high. A reduction in VMO costs long term is still expected. The Chief Executive noted there has been a reduction in costs compared to this time last year.

The Chief Executive advised he had met with Minister Hazzard in relation to the Wentworth Hospital rebuild. Health Infrastructure Architects will be visiting Wentworth to conduct a feasibility study.

The Board members discussed the COVID-19 screening results noting the amount of testing and screening numbers that have taken place. People at screening desks could potentially act as educators by providing pamphlets and information to the public.

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

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## **Item 8. Aboriginal Health**

### **Item 8.1 Clinical Services**

#### **Item 8.1.1 Comparative DAMA Rates**

Noted

The Board members discussed the data noting further information such as why people discharged against medical advised would be beneficial and may assist in showing trends on areas that could be addressed.

The Board members discussed Transfer of Care and the need to continue care past discharge. Processes around admission may need to be adapted to include more information on Transfer of Care responsibilities and ways to track patient experiences. The Chair of the Health Care Quality Committee advised a presentation on Transfer of Care had recently been given to that Committee which was well informed.

**Action: Include an analysis on what is being done to lower the DAMA rates and how it is working.**

**Action: Follow up on DAMA patients reasons for discharging and if appropriate Transfer of Care planning has taken place.**

The Board members discussed the need to include more Aboriginal patient and staff stories and if it should be included as a separate agenda item. Stories from staff involved with DAMA patients or patients who discharged against medical advice would also be beneficial.

**Action:** Provide more Aboriginal patient and staff stories with one being provided within the next 3 months.

#### **Item 8.1.2 Comparative DNW Rates**

Noted

#### **Item 8.1.3 Admission rates compared with population numbers**

Noted

#### **Item 8.1.4 Smoking during pregnancy comparative rates**

Noted

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### **Item 8.2 Workforce**

#### **Item 8.2.1 Workforce participation rates**

Noted

The Board member discussed the report.

**Action:** Provide a breakdown of percentage of new staff that are Aboriginal compared to the percentage of Aboriginal staff leaving to reflect turnover.

#### **Item 8.2.2 LHD Progress on State Strategic Plans**

Nil

#### **Item 8.2.3 Progress on the Reconciliation Action Plan (RAP)**

##### **Item 8.2.3.1 Reconciliation Action Plan (RAP) for Endorsement**

The Reconciliation Action Plan (RAP) was approved by the Aboriginal Health Committee out of session. The Committee recommends the Board endorse the Plan. Feedback will be provided back to the Board by way of the Aboriginal Health Committee Chair report.

**Resolution:** The Reconciliation Action Plan (RAP) is endorsed.  
Moved Michelle Dickson, seconded Wincen Cuy. Carried

### **Item 8.3 External Relationships**

#### **Item 8.3.1 Maari Ma and Coomealla Health**

Nil

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#### **Recess 12.05pm – 12.10pm**

Jodie Miller joined the meeting at 12.10pm

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## Item 10. Presentation

### Item 10.1 Jodie Miller, Director Mental health Drug and Alcohol

Jodie Miller, Director Mental Health Drug and Alcohol, Violence and Neglect Services introduced herself and provided a snapshot of the Directorate. Over a 12 month period 2019-2020 there were 22,072 MHDA contacts, 233 MHIPU admissions and 535 Mental Health ED presentations. The Directorate has equivalent of 79.72 full time staff, a budget of \$8.4M, 7 remote health facilities, 15 key collaborative community partnerships and projects, and a population area of 194,949 square kilometres.

The Board members discussed the key roles that are currently vacant. Violence and Neglect positions are difficult to recruit to, as they are specialist positions. This is an issue across the State.

The Board members discussed the current projects including the Towards Zero Suicide program. Suicide rates are not collected in NSW however, the Towards Zero Suicide program is now collecting statistics.

Additional funding for the increase of Telehealth Mental Health Services has been received. Additional funding for increased FTE in relation to the need to increase staffing due to COVID-19 related issues has also been granted.

Mental Health Drug and Alcohol partnered with Mission Australia are delivering an after-hours safe café haven model that is person-centred, promoting hope, and responding holistically to a person's needs. This is part of the Towards Zero Suicides in care project. The Café should be up and running by the end of 2020.

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Michelle Dickson left the meeting at 12.26pm

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Your Experience of Service (YES) Survey is provided on discharge. Due to COVID-19 there has been a decrease in return of results. SMS text messaging may now be introduced to assist in making completion easier.

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Umit Agis left the meeting at 12.28pm

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The Board members discussed the relationships between services. There is some concern around medicating the more complex and acute mental health patients outside of FWLHD facilities, however discussions with those partners was ongoing. Shared training and educational opportunities is occurring along with regular joint meetings.

Presentations have increased slightly in Emergency Department, Child and Adolescent Mental Health Services has seen a significant increase. Seclusion rates are also high, this is affected by population, but progress is being made on reducing those figures.

The Board members discussed partner relationships in remote communities. There are several agencies across the District that work with the FWLHD Mental Health Drug and Alcohol team. Regular meetings are also held with Police and Ambulance to discuss disputes and issues that arise with transfer of patients.

**Action: Provide a breakdown of Aboriginality and location of MHDA contact data for the 2019-2020 period.**

The Board members discussed Mental Health Hubs in Primary and Secondary Schools. A model of care has been developed with one position appointed, who will be based in schools by the end of the year.

MERIT is a twelve week program available to people facing Court charges and struggling with drug and alcohol abuse. Referrals have reduced over the past six months but work is being done to try to increase those numbers.

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Jodie Miller left the meeting at 12.45pm

**Lunch Recess 12.45pm to 1.05pm**

Umit Agis and Michelle Dickson joined the meeting at 1.05pm

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**Item 11. Board Sub Committee Reports**

**Item 11.1 Aboriginal Health**

**Item 11.1.2 Aboriginal Health Committee Chair Report**

Michelle Dickson advised the Aboriginal Health Committee meeting was held that morning. The Reconciliation Action Plan (RAP) was circulated out of session and approved. It was recommended at that meeting that the Board endorse the Plan. The Chair acknowledged the work put in to finalise the Plan.

**Item 11.1.1 Aboriginal Health Committee Minutes**

Nil

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Sally Pearce joined the meeting at 1.08pm

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**Item 11.2 Finance and Performance**

**Item 11.2.1 Finance and Performance Committee Chair Report**

The Finance and Performance Committee Chair advised the finance report covered the first month of the financial year. The Committee members had discussed expenses and recruitment and retention strategies, and ways to improve in those areas.

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Dale Sayers and Creina Vlatko joined the meeting at 1.08pm

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**Item 10.2.2 Finance and Performance Committee Minutes 20 July 2020**

Noted

**Item 10.2.3 Finance Report July 2020**

Major items of the financial report are:

## Overview

| <b>General Fund</b>           | <b><u>FY21 YTD</u></b>  | <b><u>Variance to Budget</u></b> |
|-------------------------------|-------------------------|----------------------------------|
| <b>Result for the Year</b>    | <b>\$0.956M Deficit</b> | <b>\$0.516M U</b>                |
| <b>Total Expenses</b>         | <b>\$10.153M</b>        | <b>\$0.355M U</b>                |
| Employee Related              | \$6.453M                | \$0.254M U                       |
| VMO Payments                  | \$0.704M                | \$0.057M U                       |
| Goods & Services              | \$2.046M                | \$0.006M F                       |
| Grants                        | \$0.197M                | \$0.001M F                       |
| Repairs and Maintenance       | \$0.175M                | \$0.047M U                       |
| Depreciation and Amortisation | \$0.576M                | \$0.000M                         |
| Borrowing Costs               | \$0.002M                | \$0.001M U                       |
| <b>Total Revenue</b>          | <b>\$9.047M</b>         | <b>\$0.147M U</b>                |
| <b>Full Year Projection</b>   | <b>\$4.825M Deficit</b> | <b>\$0.000M</b>                  |

| <b>FTE</b> | <b><u>FY21 FN2</u></b> | <b><u>Variance to Budget</u></b> |
|------------|------------------------|----------------------------------|
|            | 700.51*                | 43.41 F                          |

\*Excludes 11 HealthX agency staff.

The Result for the Year included COVID-19 costs that had not yet been budgeted for. This has pushed the result up for the year, however without COVID-19 related expenses included, there has been a significant improvement compared to the same time last year.

### Financial Stable Operations

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

- Short term / high turnover of Medical workforce in the BHHS Emergency Department.
- Shortage of senior nurses / reliance on agency model.
- Premium employee related costs such as Agency Medical and Agency Nursing and overtime costs continue to inflate the employee related costs.
- Ageing infrastructure plant & equipment.
- The additional costs in goods and services expenses (Agency Fees, Travel & Accommodation) as related to the premium labour workforce.
- Unfunded Covid-19 expenditure.

### Mitigation Strategies to Resolve Financial Performance Issues

- Monitor, review and reconciliation of FTE.
- Graduate Nurses recruitment strategy
- Implement Medical Workforce plan – to stabilise ED medical officers.



- HealthX Senior Nurse recruitment strategy
- Work with ICT, Manager Assets and Facilities, Properties to improve staff conditions in remote locations to aid in retention and recruitment of staff
- Start recruitment process immediately once resignation has been submitted
- Change the staffing module in Mental Health Impatient Unit to reduce overtime cost via a flex up nursing staff module

The Board members discussed the mitigation strategies noting the strategies should be re-examined as the financial situation changes.

The Result for the Year data currently provided will be broken down further into Directorates due to the restructure.

#### **Item 11.2.4 Financial Reports**

Noted

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

#### **Item 11.2.5 MoH Narrative – July 2020**

Noted

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Dale Sayers and Creina Vlatko left the meeting at 1.17pm  
 Mariette Curcuruto joined the meeting at 1.18pm

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### **Item 11.3 Health Care Quality**

#### **Item 11.3.1 Health Care Quality Committee Chair Report**

The Health Care Quality Committee Chair advised a presentation on Transfer of Care had been provided to the Committee. A meeting had been held with the Patient Safety Clinical Quality Manager around processes for working within the new clinical governance structure and to discuss details of Committee meeting papers.

Reading of reports and explanations during the meeting are rendered unnecessary by the diligent work of Committee members, additional time is now available for questions, comments and discussion.

#### **Item 11.3.2 Patient Safety and Clinical Quality Report**

Noted

#### **Item 11.3.3 Health Care Quality Committee Minutes 10 July 2020**

Noted

**Resolution:**                    **The Health Care Quality Reports be received and noted.**  
    Moved Lilon Bandler, seconded Paul Kemp. Carried

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### **Item 11.4 Workforce Development**

#### **Item 11.4.1 Workforce Development Committee Chair Report**

The Workforce Development Committee Chair advised the Sub Committee Chair report was circulated out of session. An interesting and informative presentation by Dr Andre Nel about the Medical Workforce was received along with detailed plans based on the Medical Workforce Strategy.

Award litigation was discussed. Now noted that the financial implications are unknown at this time.

A draft of the overarching Workforce Plan is still to be developed and an Aboriginal Workforce Plan will be provided to the Committee as soon as possible. A timeline and consultation plan will be provided and developed for both.

Managing training fatigue in FWLHD is a concern. Last year's figures showed an average turnover percentage for last financial year for Medical Ex JMOs, Nursing and Allied Health were much higher than the State percentages. A plan to obtain a three year trend on the average turnover percentage for Medical Ex JMOs , Nursing and Allied Health to monitor this issue, in considering training fatigue and training costs to the FWLHD.

The Chief Executive advised a resilience workshop triggered by Palliative and Cancer Care Services was currently being broadened to include all staff.

The Board members discussed the increase in New Graduate Nurse positions and the effect it was having on the mitigation strategy and if it was in fact beneficial. The strategy is expected to yield results over a five to ten year period, Board members noted it was too early to see results. The Board members discussed the additional support that junior Nurses required and the culminate gain that could be seen over a number of years. The Board members noted HealthX costs were in fact higher than Agency costs but the continuity of care had not been compromised.

**Action: Provide an analysis on the HealthX/Agency/New Graduate mitigation strategy to see it is cost effective and beneficial.**

#### **Item 11.4.2 Workforce Development Committee Minutes 21 July 2020**

Noted

#### **Item 11.4.3 Workforce Report**

Nil

#### **Item 11.4.4 Headcount and FTE July 2020**

Noted

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

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### **Item 11.5 Audit and Risk**

#### **Item 11.5.1 Audit and Risk Committee Chair Report**

Nil

There has been a delay in signing off on the financial statements by the MoH due to the Audit Office raising an issue concerning whether the MoH or LHDs control Health land and building assets as part of the financial statement audit.

The Government insurer is running a State-wide driver education which is about to begin in the Far West and Western regions

#### **Item 11.5.2 Audit and Risk Committee Minutes 13 July 2020**

Noted

#### **Item 11.5.3 Risk Management Unit - Work Health and Safety Report**

Noted

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

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## Item 12. Reports for Noting

### Item 12.1 Health Performance Report June 2020

Noted

**Resolution:**           **The Health Performance Report June 2020 is received and noted.**  
Moved Lilon Bandler, seconded Paul Kemp. Carried

### Item 12.2 Internal Control Questionnaire

Noted

**Resolution:**           **The Internal Control Questionnaire is received and noted.**  
Moved Stephen O'Halloran, seconded Michelle Dickson. Carried

### Item 12.3 Enterprise Risk Management Framework and Toolkit

Noted

**Resolution:**           **The Enterprise Risk Management Framework and Toolkit is endorsed.**  
Moved John Harris, seconded Mariette Curcuruto. Carried

### Item 12.4 Internal Audit Plan

Noted

**Resolution:**           **The Internal Audit Plan is received and noted.**  
Moved Sally Pearce, seconded Lilon Bandler. Carried

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## Item 13. Reports for Endorsement

### Item 13.1 2019/2020 Corporate Governance Attestation Statement

**Resolution:**           **The 2019/2020 Corporate Governance Attestation Statement is endorsed.**  
Moved Lilon Bandler, seconded Paul Kemp. Carried

### Item 13.2 Delegations Manual

Changes were made to reflect new reporting arrangements due to the restructure.

**Resolution:**           **The Delegations Manual is endorsed.**  
Moved Michelle Dickson, seconded Stephen O'Halloran. Carried

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## Item 14. Business on Notice

Nil

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## Item 15. Items for Discussion

### Item 15.1 Strategic Planning Session

Held over.

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**Item 16. Calendar of Events**

Noted

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**Item 17. Correspondence**

Nil

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**Item 18. Other Business**

**Item 18.1 Review of Committee Membership**

Held over.

**Other Business**

Stephen O'Halloran requested an update on the provision of a Dentist in Balranald. The Chief Executive advised a Business Case was currently underway in relation to dental services across the District.

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**Item 19. Closed Meeting**

Nil

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**Item 20. Next Meeting**

Monday 28 September 2020

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**Meeting Closed: 1.47pm**

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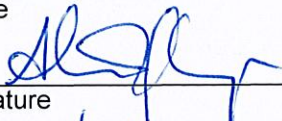
**Certified as a correct record.**

Andrew Refshauge

Name

Signature

Date

  
28/9/2020