
Minutes

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

Date: 24 February 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 Wincen Cuy	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	A/Director Finance and Corporate Services
Dr Andrew Olesnick	Director Emergency Services BHHS

Videoconference:

Nil

In Attendance:

Ms Darriea Turley	Manager Community Engagement
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

Meeting Commenced: 10.02 am 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

Dr Michelle Dickson	Board Member
Ms Diana Ferry	Executive Officer

Item 3. Disclosure of Interest

Mariette Curcuruto advised she sat on several Boards, Silverlea Early Childhood Services, Advocacy Law Alliance, Mid-north Coast Community Legal Centre and Disability Advocacy NSW.

Lilon Bandler advised she is a visiting medical officer with the RFDS in Wilcannia.

Item 4. Order of Business/Urgent Business

Nil

Item 5. Presentation – Darriea Turley, Manager Community Engagement

Darriea Turley, Manager Community Engagement introduced herself and went through her presentation. Key points of the presentation are:

- Health Council Governance – Work was being completed around Health Council operational Guidelines, Consumer, Carer and Community Engagement Framework Policy, Health Council Induction, Health Council Action Plans and National Standard 2;
- Health Council Membership currently is Balranald 5, Broken Hill 7, Ivanhoe 7, Menindee 8, Tibooburra 4, Two Rivers 9, White Cliffs 8 and Wilcannia 6;
- Volunteers – Balranald Hospital Auxiliary 18 and Driver volunteers 16, Dareton Tai Chi 3, Fit and Strong 4 and Palliative Care 3, Ivanhoe Hospital Auxiliary 8, Tibooburra Hospital Auxiliary 3 and Airstrip Fauna Work Safety Volunteers 2, White Cliffs Hospital Auxiliary 6 and Aqua Fitness 1 and Wilcannia Hospital Auxiliary 8;
- Broken Hill Volunteers - Hospital Auxiliary 70, Red Cross Telecross 8, RFDS Ladies Auxiliary 3, Workman’s Club 2, Artist in Residence 1, Tai Chi 4, Dementia and Delirium and Palliative Care 15, Fundraisers 3 and Emergency Department Patient and family Support 7; and
- New Volunteer Programs 2020 – Broken Hill St Vincent De Paul and White Cliffs Aqua Fitness.

Darriea Turley produced a “Draft 6 Minute Intensive Training - What you need to know about health Consumer Representatives on your Committee” document which will be implemented by May 2020. The Director Aboriginal Health and Planning was being consulted in relation to cultural sensitivity. Darriea Turley noted the importance of the document being read aloud for the intended effect.

The Board and Committee members discussed the presentation.

Darriea Turley left the meeting at 10.12am

Item 6. Minutes of Ordinary Board Meeting 13 December 2019

Resolution: **The Minutes of the Ordinary Board meeting held on 13 December 2019 be received as a true and correct record.**
Moved John Harris, seconded Stephen O’Halloran Carried

Item 7. Action List

7.1 19-20 – Acknowledgement of Country

Paul Kemp advised through the Aboriginal Health Committee, the Acknowledgment of Country had been updated and would be circulated. A comprehensive map was still required and he noted the Barkandji Group should still be invited to attend one of the Board meeting to discuss further.

7.2 19-33 – Risk Register

Discussed at Item 11.3.2.

Complete

7.3 19-36 - KPI Reports

The Chief Executive advised there was a new Health Intelligence Unit Manager with whom he would be working with over the next three months to address data concerns. The Health Information Manager would also be working with them to assist in bringing our standards of reporting data into line with other Local Health Districts. The Chair requested an update at the March 2020 meeting.

7.4 19-40 – Clinical Governance Report – Sharing and management of patient information

The Chief Executive advised he was currently in discussions with Western NSWLHD in resolving the issue of sharing and management of patient information, however if the Board wanted to go ahead with a quote from an external contractor as previously requested he would continue with that process.

The Board members discussed the process around sharing of patient information. Lilon Bandler noted the need to include Maari Ma Health in consultations.

The Chief Executive to hold on the quote and provide an update at the next meeting.

7.5 19-41 – Clinical Governance Report

The Director of Clinical Governance accepted an invitation to attend the Board meetings on a three monthly basis to talk to the report.

Complete

7.6 19-42 – District and Network Return - Coding

The Chief Executive advised the Health Information Manager would be invited to present in place of the Clinical Document Specialist and the Manager Data Quality.

Complete

7.7 19-43 – Medical Workforce Strategy

Mariette Curcuruto advised she had discussed retaining PGY3-4 Medical staff with Director Medical Services and found there processes in place which were included in the Medical Workforce Strategy. As Chair of the Workforce Development Committee, it would be discussed further there and she would provide an update at the next Board meeting.

7.8 19-44 – Telstra Mobile Coverage

The Board members discussed the Brief provided by the Chief Information Officer. The Chief Executive noted Telstra had agreed to increase infrastructure in some areas at their own cost and he would brief the Board members as further information came to hand. The Board members discussed safety concerns while travelling remotely and possibility of 4WD training.

Action: The Chief Executive to report back to the Board on the viability of 4WD safety training, if any is currently available and correct equipment provided in vehicles in relation to safety of employees while travelling remotely.

John Harris advised he had sourced information on new technology being used in Africa, which may be beneficial in Far West remote locations.

Action: John Harris to provide details for the Secretariat to contact for further information on the new technology that may be benefit our remote areas and report back to the Chief Executive.

Item 8. Reflections on our Care

Item 8.1 Patient Story

Noted

Item 8.2 Staff Story

Noted

Item 8.3 Clinical Governance

Item 8.3.1 Clinical Governance Report

The Board members discussed the type of reporting that was coming to the Board and the type of reporting Board members would like to see. Lilon Bandler noted the tracking of Clinical Recommendations and RCA's was an issue and had been for some time. The Health Care Quality

Committee received the same Clinical Governance Report but an Executive Summary would be more suitable for submission to the Board. Mariette Curcuruto suggested an action list report may be beneficial.

The Chair advised there would be further discussion in the closed camera session.

Item 8.3.2 Health Care Quality Committee Chair Report

Lilon Bandler noted data timeliness continued to be of concern. Data did not need to be perfect however should be provided in a timely manner and needed to be accompanied by a narrative that explains what the data point represents (or is a proxy for), why we're looking at the data, what the data tells us, and how it can inform our efforts to improve care.

The Chief Executive agreed and advised he was currently in the process of refining this area and noted it was a high priority.

Lilon Bandler also noted her concern around research and suggested that decisions regarding quality of healthcare that are "evidence based" should then be acknowledged. If we say "the research supports" then we are to make sure that research is current, high quality and relevant.

Lilon Bandler advised Accreditation was also discussed at the Health Care Quality Committee meeting as she had requested regular updates and was being assured everything was going fine.

The Board members discussed the processes around policy review, RCAs and Clinical Recommendations and noted the lack of policy around what triggers an RCA.

Recess at 11.28am to 11.36am

Item 9. Chief Executive Report

9.1 KPI Report

Noted

9.2 Chief Executive Report

The Chief Executive noted the report was not the report intended, and was instead a previous draft, which showed errors, and was submitted by mistake.

Key points from the Interim Chief Executive Report:

- The current Full Time Establishment (FTE) for the District at FN14 is 672. This is 62.74 below the budgeted staff establishment.

The Board members discussed the effect the Christmas break had on FTE figures and the effect the recruitment of Graduate Nurses will have on financial mitigation strategies.

- The Workplace Culture Coach 'Ways of Working' team building sessions have begun with Paediatrics continuing IPTAS, Admissions, Cashier and Medical Imaging.
- We have welcomed three new Interns who started at the beginning of February 2020. They are employed as part of the Rural Preferential Recruitment program. In addition to these three new Interns, the three Interns who have been with us for the last year are advancing to be Resident Medical Officers here in Broken Hill for a second year. This is the first year we have had six junior doctors based here in Broken Hill.
- The FWLHD VAN Redesign Project Team will submit their FWLHD VAN Redesign Management Plan and associated Communication Plan, Aboriginal Impact Statement, Risk Register and Gantt Chart for executive sponsor approval by 7 February 2020. The submitted documents will provide a clear outline of the FWLHD VAN Redesign project plan to support the development of a 24/7 crisis integrated medical forensic and psychosocial response for sexual assault, domestic family violence and child protection.

The Redesign Project has commenced the consultation phase. The Board members discussed the project. Andrew Olesnicky explained the process and reasoning around screening for possible domestic violence in patients presenting in the Emergency Department.

Action: The Chief Executive to provide an update on the VAN Redesign Project at the March 2020 meeting.

- The Far West Local Health District secured a MoH budget supplement in May 2019 to develop a hub and New Street Service delivery model with Western NSW LHD. The program will provide therapeutic services for children and young people aged 10 to 17 years who have engaged in harmful sexual behaviours towards other children in the Far West. The Service is an early intervention and prevention program that works with children and young persons and their families and carers.
- FWLHD were successful in a funding submission to the MoH and will receive funds to improve the inside and outside environment of one wing of the medical ward in the Broken Hill Health Service to make it a more suitable environment for palliative care patients and their families, especially for those family members who are required to stay overnight. The funds include refurbishments and new patient furniture.
- The Buronga HealthOne project is progressing. Project Manager Currie and Brown are developing the tender information for construction. The Development Application was submitted to the Wentworth Shire and the project information has been on public display for comment. Wentworth Shire to date have not received any objections; they are preparing the draft conditions for issue to the Wentworth Regional Planning Panel (WRPP) for assessment – which is required for developments over \$5M. Work is still occurring between the Crown Solicitors and the NTSCorp to review and finalise the Lease Agreement and Lease for the land. The Project Brief has been submitted to the Ministry of Health for approval.

The Chair noted the need to continue to consult with the Barkandji Elders in the planning and early design stage. Paul Kemp noted the local Land Council should also be included in consultations.

- Maari Ma Health had requested a meeting in Wilcannia to discuss potentially increasing the land size. The Architects engaged by Maari Ma Health have identified that the gifted 500m² land may not be sufficient for the building proposed for the site. The Chief Executive, the General Manager District Services, and the Manager Assets and Facilities attended the meeting on Tuesday 18 February 2020 in Wilcannia with the Maari Ma Health Executive team members and Architects to review the campus spaces and discuss the request to increase the size.

The Chief Executive advised a Morten Bay Fig tree had affected building plans. Architects were looking at alternative options. Another piece of land adjacent to the hospital had been identified as a possible solution which would also prevent any disruptions to services. Further discussions would be taking place along with further checks of risk management strategies.

Sally Pearce questioned the status of the Breastscreen facility. The Chair noted there was a lack of funds to complete. The project is in its initial phase and further funds need to be sourced.

Mariette Curcuruto questioned the status of the increased staffing profile in Wilcannia. The Board members discussed the aged care facility and services and needs of an aging population. Safer securer facilities would allow acceptance of more patients and therefore more staff requirements. The Board members discussed the options around the possibility of a mobile dialysis service.

Lilon Bandler left the meeting at 12.33pm and returned at 12.34pm

Action: The Chief Executive to test the viability of providing dialysis services in Far West remote sites.

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

Item 10. Aboriginal Health

10.1 Aboriginal Health Committee Chair Report

Paul Kemp advised he was acting Chair at the last meeting and noted attendance was high. An update on Accreditation had been received. Standards meetings were being held fortnightly.

Emergency Department Aboriginal Health Practitioners were about to start rostering afterhours.

Recruitment of new SBATs had begun with two Y10 students from Ivanhoe showing interest

The Aboriginal Mental Health Drug and Alcohol Report was discussed as well as the Draft State Mental Health Plan.

Sally Pearce questioned if the community representatives on the membership had joined. The Secretariat advised Director of Aboriginal Health and Planning was sending out an Expression of Interest.

Item 11. District Performance

11.1 Finance and Performance Report

11.1.1 Finance and Performance Committee Chair's Report

Wincen Cuy advised FTE had recorded lower than normal due to the Christmas break but was set to rise again in the next month or so. Thirty two new graduates are currently being recruited and seventeen of the third and fourth year graduates are staying in the Far West.

11.1.2 Finance Report

Steven Gleeson provided the Board and Committee members with highlights from the Finance and Performance Report.

Overview

General Fund	<u>FY19 YTD</u>	<u>Variance to Budget</u>
Result for the Year	\$0.897M Deficit	\$0.946M U
Total Expenses	\$72.228M	\$1.149M U
Employee Related	\$44.114M	\$0.935M U
VMO Payments	\$4.521M	\$0.430M U
Goods & Services	\$17.282M	\$0.106M F
Grants	\$1.394M	\$0.003M F
Repairs and Maintenance	\$1.029M	\$0.125M F
Depreciation and Amortisation	\$3.865M	\$0.000M
Borrowing Costs	\$0.005M	\$0.000M
Total Revenue	\$70.267M	\$0.195M F
Full Year Projection	\$3.990M Deficit	\$1.125M U
FTE	<u>FY20 FN15</u>	<u>Variance to Budget</u>
	672.06*	62.68 F

*Excludes 8 HealthX agency staff.

Financial Stable Operations

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

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

Mitigation Strategies to Resolve Financial Performance Issues

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

The Board members discussed separating employee related costs and agency related costs to enable more accurate data.

Efficiency Strategies

December 2019					
	FWLHD YTD Actual	FWLHD YTD Target	FWLHD YTD Variance	FWLHD Full Year Target	Ministry Full Year Target
Expense	\$0.867M	\$1.432M	-\$0.565M	\$3.331M	\$3.300M

The Employment related strategies Roadmap deteriorated further in December with the YTD unfavourable variance increasing to \$0.570M. Recognition of ministry funded positions added since 30 June 2019 should see an improvement (when completed), in the unfavourable variance, should all other factors remain equal. Additional HealthX staff are expected to be recruited in the coming months which will assist in improving the position of the Agency Cost Reduction and Nursing Stability Roadmap. Far West continues to identify potential Roadmap opportunities.

The Board members discussed the efficiency strategies. The Director Finance and Corporate Services noted the Finance team was hoping to reduce the \$3.300M, and were heading on the right path to do so.

Activity

Activity data for selected items for the reporting and prior months are:

FWLHD Activity	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
<u>Emergency Department</u>													
Presentations	1,964	1,944	2,047	2,108	2,165	2,193	2,520	2,405	2365	2,403	2,279	2,234	2,083
Did not Wait	81	72	47	40	43	52	60	80	84	76	102	75	51
Did not Wait%	4.12%	3.70%	2.30%	1.90%	1.99%	2.37%	2.38%	3.33%	3.55%	3.16%	4.48%	3.36%	2.45%
Aboriginal Did not Wait	30	17	6	9	7	3	12	12	12	15	20	15	15
Aboriginal % Did not Wait	8.13%	6.51%	1.88%	2.69%	1.93%	0.96%	3.32%	3.00%	3.23%	4.09%	5.29%	3.15%	3.88%
<u>Admitted Patient Discharges*</u>	324	331	354	343	353	355	388	371	347	387	324	317	297
Discharged at Own Risk	17	13	15	9	9	16	10	11	12	12	9	10	7
%Discharged at Own Risk	5.25%	3.93%	4.24%	2.62%	2.55%	4.51%	2.58%	2.96%	3.46%	3.10%	2.78%	3.16%	2.36%
<u>Aboriginal Admitted Patient Discharges*</u>	61	50	54	51	65	43	48	54	51	50	44	63	52
Aboriginal Discharged at Own Risk	8	8	10	3	3	10	5	4	5	5	1	3	2
Aboriginal % at Own Risk	13.11%	16.00%	18.52%	5.89%	4.62%	12.11%	10.42%	7.41%	9.80%	10.00%	2.27%	4.76%	3.85%

Aboriginal Discharged Between 9am-4pm	5	6	6	3	2	5	3	3	3	4	1	2	1
Discharged Between 4pm – 9am	3	2	4	0	1	5	2	1	2	1	0	1	1
Bed Days (Available Beds = 141)	2,332	2,284	2,391	2,335	2,484	2,424	2,495	2,336	2,340	2,406	2216	2,331	2393
Bed Days %	53%	56%	55%	55%	57%	58%	57%	54%	56%	55%	53%	53%	55%
<u>Surgery</u>													
Elective	67	158	165	134	160	137	193	150	123	127	184	107	96
Emergency	45	35	23	37	35	32	35	46	29	25	27	26	25
<u>Radiology</u>													
Call Backs	75	75	76	65	65	70	66	61	63	64	62	70	66
<u>Salary Packaging</u>													
Take up rate %	67.03%	65.37%	57.97%	61.00%	61.69%	62.32%	62.74%	63.54%	64.03%	63.72%	64.29%	64.19%	63.09%
<u>Private Patient</u>													
Take up rate	94	119	131	149	155	127	163	131	115	113	130	101	119
<u>Private Patient Conversion rates</u>													
FWLHD		93.28%		90.60%	93.55%	90.55%	95.71%	94.66%	95.65%	88.50%	79.23%	77.23%	68.91%
NSW Health	95.74%	80.40%	91.60%	80.05%	79.55%	79.22%	79.37%	78.70%	78.57%	78.03%	77.43%	76.94%	77.03%
	80.02%		80.15%										
<u>Call-Outs District Health Services</u>													

Ivanhoe	10	4	10	10	4	6	10	13	8	11	11	16	15
Menindee	20	16	21	19	23	16	24	21	22	21	13	15	18
Tibooburra	7	1	5	8	5	1	9	7	3	10	4	1	10
White Cliffs	4	6	6	5	6	3	6	6	10	12	4	9	6
Wilcannia	24	12	20	20	27	20	24	22	18	17	28	46	24

*Note: Includes inpatient only discharges

The Board members discussed the Private Patient Conversion rates in the Activity table and noted the current industrial action was a contributing factor. Strategies are being looked at for a cost analysis to capture revenue loss involved.

Financial Position

The following are the main movements in the General Fund Balance Sheet from 30 June 2019:

Current Assets increased by \$0.309M since June 2019.

Non-Current Assets decreased by \$0.611M since June 2019.

Current Liabilities increased by \$0.359M since June 2019.

Non-Current Liabilities increased by \$0.233M since June 2019.

Cash Position (Liquidity)

YTD Operating Subsidy	Full Year Operating Subsidy Budget	% of Operating Subsidy used	% No of days through the year	Performing
\$60.280M	\$100.067M	60.2%	58.9%	Not met

Note: Capital Subsidy is excluded

Excess Annual Leave Reduction Incentive

FWLHD is currently performing well with regards to this incentive. Results to end of January 2020 has seen a decrease of 368 days to a total of 3,402. June 19 baseline was 3,770 leave days.

The expectation was that a number of employees would take leave on the Christmas shutdown. It will be a challenge to achieve a 10% reduction by June 30th 2020.

BHTEU Employees 2.5% increase

There is currently arbitration in progress around the BHTEU award. As a result of this arbitration a 2.5% increase has not been given to BHTEU employees from 1 July 2019. This amount has been included in the budget but has not been reflected in the actuals. A report has been obtained which provides a list of salaries for all BHTEU employees. Based on this report the estimated results are:

- Full year 2.5% year increase of \$0.333M
- Pro rata amount for 8 months (to end of February 2020) of \$0.222M

A journal entry will be processed in February 2020 to bring into account the amount of \$0.222M.

Lilon Bandler left the meeting at 1.12pm

John Harris questioned if the Zero rating would be affected. The Board members discussed the effect the bushfires and other issues that can impact risk tolerance.

11.1.3 Financial Reports

Noted

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

11.1.4 MoH Narrative – January 2020

Noted

Lunch 1.21 pm to 1.40pm

Steven Gleeson left the meeting at 1.40pm and Lilon Bandler returned at 1.40pm

Item 11.2 Workforce Development Report

Item 11.2.1 Workforce Report January 2020

Mariette Curcuruto noted the last Workforce Development Committee meeting had been held in November 2019 and that the submitted report had been compiled by Director People and Culture. Key points of the report are:

The current workforce risks include (but are not limited to):

1. An outdated BIC agreement, resulting in issues being raised by the union about remuneration and conditions of employment. There are unknown financial implications of union claims.
2. Broken Hill Health Service has a large junior nursing workforce, with 36% new graduates and transition to practice nurses, 18% year 3-4 nurses and 46% year 5-8 nurses. This increases pressure on senior nurses for clinical supervision, and can cause risks to patient safety.
3. Broken Hill Health Service is largely serviced by a locum medical workforce. This results in increased cost of service and less than optimal continuity of care.
4. Due to locum medical workforce and agency nurses, there is a constant need of ongoing training and support for clinical application systems (such as electronic medication management, and electronic medical records). Insufficient time allocated to training of clinical staff can result in risks to patient safety.
5. Due to staff attrition, there is a constant need of ongoing training and support for corporate systems (such as HealthRoster).
6. Staff not taking Annual leave (dual risks identified – fraud & wellbeing)
7. Increased Overtime and Call back due to staff shortage

Mitigation Strategies

Risk management strategies are being put in place in line with Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health (PD2015_043). Corresponding to the risks highlighted above, the following strategies are being currently implemented:

1. The Ministry of Health has filed a new award with the Industrial Relations Commission to replace the 1997 BIC agreement to resolve longstanding BIC issues. The award will undergo conciliation, and possibly arbitration to be finalised by 30 June 2020.
2. Senior nurses are continuing Junior Nursing Staff support, whereby most senior nurses are providing additional coaching and clinical support at Broken Hill Health Service every week.
3. Medical Services directorate is working on recruiting permanent doctors to reduce the dependence on locum medical officers.

4. The District is currently recruiting a permanent Application Specialist to provide ongoing training and support of eMeds system.
5. The District is exploring the possibility of centralizing certain aspects of recruitment and rostering to improve the timeliness of these functions.
6. Staff not taking annual leave is monitored and reported to the WDC report (see section four of this report). Monthly data about excess leaves and ADOs is also sent to directors.
7. Overtime and Oncall payments to be monitored to reduce these expenses

Aboriginal Workforce

Aboriginal staff account for 8.5% of the LHD workforce. This is similar to December with 8.7%. There may be opportunity to increase this figure at recruitment of any vacant positions. The target figure for the FWLHD Aboriginal employment is 10.7%.

Enrolled Nursing Scholarships

In 2020 two NSW Health scholarships will be available for students in the Far West for a Diploma of Nursing. One scholarship will be identified.

Rural Education Pathways Project

The first stage of the project will be to engage a consultant who will ascertain the tertiary and vocational education landscape in Far West NSW, and prepare a report mapping workforce groups and relevant education pathways to careers in NSW Health. The Request for Quote for this piece of work has gone live on the NSW Procurement website with a closing date for applications being 31st July 2020.

The Board members discussed HETI training compliance. The Chief Executive noted not all mandatory training will be 100% due to allowances for staff who are not in the area. He also noted the organisational structure currently did not show all accountability in all areas, but would be addressed. Lilon Bandler noted the risk if mandatory training was not completed.

Item 11.2.2 Headcount and FTE January 2020

Noted

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

Item 11.3 Risk Report

Item 11.3.1 Risk Management Unit - Work Health and Safety Report

Work Health & Safety Auditor training will be conducted in Dubbo on 5 and 6 February 2020 with four FWLHD staff registered to attend. At the moment there are only two staff who have successfully completed this training.

Item 11.3.2 Risk Register

Noted

Action: **Secretariat to work with the Chair to develop and circulate a template on Enterprise Risk Management, Learnings for Local Health District Boards in response to the APRA Prudential Inquiry into CBA**

Item 11.3.3 Risk Workshop Outcomes

Nil

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

Item 11.4 Health Performance Report December 2019

Noted

Resolution: **The Health Performance Report December 2019 is received and noted.**
Moved Wincen Cuy, seconded Paul Kemp. Carried

Item 12. Committee Reports

Nil

Item 13. Business on Notice

Item 13.1 Internal Audit Plan

The Chief Executive advised the plan had been developed by the Internal Auditor and priorities were now based on the NSW Health Risk Matrix rather than the previous methods.

Endorsed

Item 13.2 Consultation and Engagement Strategies – Minister Hazzard – Due 1 March 2020

The Board members discussed the report and agreed that more detail and description should be added to each strategy. The response was to be provided back to the Minister by 1 March 2020

Action: **Secretariat to re circulate for further detail and information. On completion to and approval from the Chief Executive to be forwarded to the Minister by the due date.**

Endorsed with Chief Executive approval.

Item 14. Items for Discussion

Item 14.1 Far West Local Health District Board Report December 2019

Noted

Item 14.2 Recruitment of Medical Staff in the Broken Hill Health Service Report

The Chair provided a background on the report. The Far West LHD Medical Workforce Strategy 2019 – 2024, lists seven Medical Workforce Key Priorities. Two key priorities are:

- Establish innovative medical staffing arrangements to build a sustainable, appropriately skilled core resident staff specialist medical workforce using a mixed model of traditional specialists and Rural Generalists in key disciplines including Medicine, Surgery, Paediatrics, Palliative Care, Anaesthetics, Psychiatry and Emergency Medicine, informed by a multifaceted comprehensive evidence-based recruitment and retention strategy; and

- Review and enhance medical workforce governance by establishing medical lead positions throughout the various specialties and cross organisational arrangements to support Rural Generalist positions.

The Board members discussed the report. Andrew Olesnicky noted he was not part of the consultation process with development of the document and that training and retention was a large factor in the Far West. The Board members discussed specialist training program options and the possibility of use and better suitability to year 3 or 4 Doctors.

Item 15. Calendar of Events

Noted

Item 16. Correspondence

Item 16.1 Maari Ma Christmas Card

Noted

Item 16.2 Email response form Maari Ma accepting annual informal meetings

The Secretariat advised a response had been received from Maari Ma Board accepting an invitation to meet informally on an annual basis and suggested June 2020 for the next meeting date.

Item 17. Other Business

Nil

Item 18. Closed Meeting 2.53pm

Item 19. Next Meeting

Monday 23 March 2020 - Balranald

Certified as a correct record.

Andrew Refshauge

Name



Signature

23 March 2020

Date