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## Minutes

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

Date: 25 May 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 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
Dr Michelle Dickson	Board Member
Mr Stephen O'Halloran	Board Member
Ms Sally Pearce	Board Member

### In Attendance:

Ms Margaret Hoey	District Health Information Manager
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

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**Meeting Opened** 10. 05am 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

Nil

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### Item 3. Disclosure of Interest

Nil

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

Nil

John Harris requested that moving forward there be a change to the order of business and the Agenda be adjusted to list the Sub Committee Chair Reports before the Sub Committee minutes under Item 11 Board Sub Committee Reports.



**Action:** Secretariat to change to the order of business and the Agenda be adjusted to list the Sub Committee Chair Reports before the Sub Committee minutes under Item 11 Board Sub Committee Reports.

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

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

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## **Item 6. Action List**

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

Paul Kemp advised Donna Cruickshank had raised this with the Chief Executive of the Barkandji Group and there was progress being made.

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

John Harris advised the contact for information on new technology had just arrived back from the Philippines, which is why he has been uncontactable. He has now been in touch and has advised there is a possibility of providing up to a 10km radius of service from an existing Telstra tower. He would like to test it by coming to the region.

**Action:** John Harris to liaise with 'Diego' to visit the region to test new technology.

### **6.3 20-04 - Reserved Matters**

John Harris provided an update via Brief out of session. Discussed further at Item 17.

### **6.4 20-05 - NOUS Group Training**

The MoH advised there was no schedule for NOUS Group training at this stage due to COVID-19. Upon easing of restrictions a schedule may be developed for the second half of 2020. The Board members discussed the need to complete training and the benefits against costs of some of those courses

**Action:** Secretariat to follow up again with the MoH in regard to availability of NOUS Group training, what other online training options are available, and who is responsible for payment.

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Mariette Curcuruto and Andrew Olesnicki joined the meeting at 10.15am

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### **6.5 20-06 – Aboriginal Health Standing Items**

Michelle Dickson noted it had been difficult finding a suitable time to videoconference with Lilon Bandler and Mariette Curcuruto. A meeting was arranged but unfortunately Michelle Dickson was unable to attend. Mariette Curcuruto and Lilon Bandler had a brief discussion on the matter at that time. Lilon Bandler noted further discussion off line with Michelle Dickson would be more appropriate, before bringing to the next meeting.

### **6.6 20-07 - Health Care Quality Committee – Patient Safety and Clinical Quality Report**

Lilon Bandler advised this had been discussed at the Health Care Quality Committee meeting held Friday 8 May 2020 and was minuted there.

Complete



## **6.7 19-46 – Mobile Dialysis Unit**

The Chief Executive noted this action was due for completion by the June 2020 meeting but due to COVID-19, a report would now be provided at the August 2020 meeting.

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## **Item 7. Reflections on our Care**

### **Item 7.1 Patient Story**

Nil

Lilon Bandler asked why the Patient and Staff stories had ceased. The Chief Executive advised due to COVID-19 staff had been deployed elsewhere and had asked for a reprieve in the collection process. Once activities returned to normal, collection would begin again. Mariette Curcuruto noted the importance of the stories in order to focus on what is important at the beginning of each Board meeting.

### **Item 7.2 Staff Story**

Nil

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## **Item 8. Chief Executive Report**

### **Item 8.1 KPI Dashboard Report**

Noted

John Harris noted the jump in the FTE data. The Chief Executive advised it was due to a payroll processing error in FN21 that was rectified in FN22. The FTE count for both these fortnights are distorted with FN21 being understated and FN22 being overstated.

### **Item 8.2 Chief Executive Report**

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

- Far West LHD has formed an Emergency Operations Control Team (EOCT) which is led by the Chief Executive, with membership drawn from all Directorates – Clinical, Operational and Administrative, to oversee preparation and response requirements for COVID-19.
- Workforce surge plans are in place and the EOCT is monitoring the supply and usage of Personal Protective Equipment (PPE), and disseminating information as it comes to hand from the Ministry and Public Health Unit.
- A communications strategy has been developed which covers internal and external messaging. We have strong representation of the five Local Emergency Management Committees (LEMCs) across Broken Hill, Balranald, Wentworth, Central Darling (Wilcannia, Ivanhoe and Menindee) and the Unincorporated Area, which is promoting the whole of community response and support to Health as the lead agency.
- The Chief Executive and the Executive of FWLHD hold briefings initially weekly, then fortnightly and now three weekly with the regional GPs, Primary Health Network (PHN) and practice managers to coordinate our services, share information and to create a supportive approach to managing patient care.
- COVID-19 information fact sheets have been prepared and posted onto the Intranet to inform and assist employees to understand the Workforce COVID requirements.
- A COVID-19 information bulletin is sent to staff twice weekly from the Chief Executive.



The Chief Executive noted there was now capacity for ten ICU beds, six with ventilators. The Board members discussed transfer options for the remote sites. The Chief Executive advised he was in discussions with Mildura Hospital to enable patients from Wentworth and Balranald to be transferred to Mildura.

Mariette Curcuruto asked around the current arrangements for NEAMI now that COVID-19 restrictions were being relaxed. The Chief Executive advised the Unit was now returning to normal and should there be a second-wave in presentations, the current surge plans can be activated again.

Paul Kemp asked around what strategies were in place if a remote community suffered an outbreak. The Chief Executive advised there were pop up testing clinics at all sites. The Board members discussed the housing issues with regard to self-isolation, in particular in Wilcannia. In planning with the MoH, local caravan parks and motels have been made available for temporary housing. Paul Kemp noted housing issues was an ongoing problem. Communication strategies have also been put in place to further inform the community and to date action plans have been successful. Michelle Dickson noted it was an ongoing challenge in smaller communities and support from Elders was important.

The Chief Executive advised the MoH–BHTEU Award arbitration commenced with Hearing dates of 5 to 8 and 19 to 22 May 2020 with the Industrial Relations Commission before Senior Commissioner Sloan. The Commissioner will make a decision in late August/September 2020.

Mariette Curcuruto questioned the timing of filing of financial estimates of the case and the need to be aware of any financial implications To the LHD, particularly whether the MOH will cover any judgment amount or if payment of any such sum is to be the financial responsibility of the LHD.

**Action: Chief Executive to consult with the MoH in relation to the timing of filing financial estimates and the expected financial implications to the LHD, if any.**

The Board members discussed the proposed organisation structure. John Harris noted the organisation structure which was previously circulated was incomplete of the whole organisation. Some time had passed since the Board had seen a detailed structure. Mariette Curcuruto noted the possible impact changes to the structure will have on Sub Committees. The Board members discussed some of the effects that changes to positions would incur, such as audit and governance responsibility. The Chair advised this discussion would be continued in camera.

**Action: Chief Executive to circulate a more detailed organisation structure to Board members.**

The Board members discussed the activity data. The Chief Executive advised the Aboriginal Admitted Patient Discharges figure of 17.02% did not reflect accurately the activity. There is a data anomaly and data entry issues are being addressed. Michelle Dickson noted her concern with percentages increasing over the past few months. The Chief Executive advised the data was currently being investigated.

John Harris questioned the decrease in the Bed Days percentage. The Chief Executive advised this was due to COVID-19 and the reduction in elective surgery procedures.

Lilon Bandler asked around the use of Telehealth and the Maternity Unit Ante Natal Care Plans, to reduce the amount of times expectant mothers are required to visit Broken Hill Health



Service, and that a formalised Shared Antenatal Care Plan (similar to other LHDs) be considered. The Chief Executive advised work was still being done in areas of Telehealth.

Lilon Bandler requested an update Brief on 'Hospital in the Home' be provided to the Board at the next Board meeting.

**Action: The Chief Executive to provide an update Brief on 'Hospital in the Home' to the June 2020 meeting.**

Mariette Curcuruto asked if COVID-19 was affecting NWAU funding. The Chief Executive advised there had been no effects thus far and there had been no indication from the MoH there would be.

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

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### **Recess 11.39am to 11.45am**

Margaret Hoey joined the meeting at 11.45am

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## **Item 9. Presentation**

### **Item 9.1 Margaret Hoey – District Health Information Manager.**

Margaret Hoey, District Health Information Manager introduced herself noting the Health Information Analytics and Performance Unit was launched in February 2020. Key points of the presentation are:

- The Vision and Purpose is to coordinate and support the creation, collection, analysis and reporting of Health information to support the planning, decision making and resource allocation for Far West LHD. And to work collaboratively with members of the Health Intelligence Unit (HIU) in Western NSW.
- The Unit supports the NSW Health Funding Model and Budget allocation by: Classifying, Counting, Costing and Pricing (District Budgets). The key to accurate Counting, Costing and Classification is good documentation, but more importantly to collect and submit the highest level of data quality, for all our data collections.
- Clinical Coding for April was 100% completed by the second week in May, resulting in "Hospital Acquired Complications" (HACs) Reports from the HIU being available for both March and April this month.

Margaret Hoey advised three years ago, the Clinical Coding was three months behind, there was no-one employed as the Patient Data Co-Ordinator, and the Data error rate impacted on the District Network Return (DNR) to be 38% error free. The latest DNR submission was 91% complete. The latest Clinical Coding PICQ Report (Performance Indicators for Coding Quality) shows FWLHD (X86) with less than 0.1% error rate which is currently the best in NSW.

- Successful partnership meetings with the Health Intelligence Unit (HIU) occur on a monthly basis. There is continued discussion on improving the existing HIU reports for Far West LHD Data and recommendations for new reports. Education is currently being given to all sites on how to access the ED Interactive reports to review their own local ED data.
- A new ABF monthly report will be coming soon which will show NWAU targets and "Variation against Purchased Volume" for Acute Admitted, Emergency Department, Non



admitted patients, Sub Acute, Dental, Mental Health Admitted, Mental Health Non admitted, Drug and Alcohol Admitted and Drug and Alcohol Non admitted.

The Board members discussed the presentation at length. Lilon Bandler noted her appreciation with the effort the team has made to improve the timeliness and accuracy of the data. Andrew Olesnicky noted the milestones the Unit have made in a short time and commended Margaret Hoey on her work.

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Margaret Hoey left the meeting at 12.26pm

**Lunch Recess 12.30pm – 1.05pm**

Dr Andre Nel and Prof. David Lyle joined the meeting at 1.05pm

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The Chair noted a change in the Order of Business to present Item 12.3 at this point.

**Item 12.3 Update of the Rural Generalist Workforce**

Lilon Bandler asked Prof. David Lyle in which capacity he was attending (Professorial role with University Department of Rural Health; Board member of Royal Flying Doctor Service). Prof. David Lyle advised he was attending in his role with University Department of Rural Health.

Dr Andre Nel and Prof. David Lyle provided an update via a Brief. Key points of the Brief are:

**Recruiting a Rural Generalist Workforce**

The Regional Training Hub have made progress in creating jobs for rural generalist doctors; including:

- Agreement on the scope of practice for rural generalists including; Emergency Medicine, Anaesthetics, Obstetrics
- Formalising employment options between the RFDS and FWLHD, supported by attractive terms and conditions of employment to recruit a cohort of rural generalists to Broken Hill to work in primary care and/or retrieval medicine with the RFDS and one of the above advanced skills post at the BHHS.
- Recruiting our first two rural generalist doctors who were appointed in early 2020 in Anaesthetics and Palliative Care (vocationally registered GP completing advanced skills training). Both doctors work for the RFDS and LHD.

**Establishing a Rural Generalist Training Pathway**

The Regional Training Hub is now considering how best to establish a rural generalist training pathway.

- This involves assessing the feasibility of participating in the National Rural Generalist Training Pathway program through the establishment of an independent training pathway to provide end-to-end General Practice and Rural Generalist Medicine training for recent medical graduates in collaboration with the Colleges and HETI.
- One option for the independent pathway would be to invest in a single employer model where the trainee is contracted by the health service. This will offer the trainee offered a 5-year contract renewed annually based on performance. The single employer model is flexible and sub-contractual which means that a trainee can complete training with different organisations such as RFDS, General Practice or even complete 6 months in another location such as a remote indigenous community practice. The Hospital would be reimbursed for the trainees' salary when they are subcontracted to other organisations.
- The pathway of this program would include:



PGY1 (Post Graduate Year 1) -intern year.

PGY2 -Enter RG training program and complete one term at a GP rural practice (full supervision) and the remaining clinical terms at a hospital.

PGY3 -6 months hospital based advanced skills and 6 months at a GP practice.

PGY4, PGY5 -Rural GP year interchangeable with Hospital year

- The independent pathway would ideally operate from 2022 when responsibility for GP Program delivery returns to the Professional Colleges. It would allow for increased flexibility, such as removal of jurisdictional boundaries, with the potential to develop a broader training footprint in collaboration with Regional Training Hubs and training sites in Western NSW (including Dubbo) and the Sunraysia region (including Mildura) for training rotations.
- The ability to create links with other hospitals or existing networks would also provide for economies of scale including sharing of training, education and supervision, as well as assisting with recruitment and retention.

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Mariette Curcuruto and Umit Agis returned to the meeting from lunch recess at 1.10pm

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The Board members discussed the recruitment and training pathways at length. Prof. David Lyle noted the difficulty thus far has been accreditation, there was a lot of work behind the scenes to scope out processes and pathways to provide the training and recruitment. Dr Andre Nel noted the model was not intended for the Rural Generalist to take the place of Specialists but to mix in.

The Board members discussed the levels of supervision required. Dr Andre Nel noted there was a need to recruit people who are experience, practicing at the correct level.

The Chair thanked Dr Andre Nel and Prof. David Lyle for being available to discuss the update.

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Dr Andre Nel and Prof. David Lyle left the meeting at 1.25pm

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## **Item 10 Clinical Governance**

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

Noted

Lilon Bandler questioned why this item was not listed under Item 11.3 Health Care Quality.

**Action: Change the order of the Agenda to have Item 10.1 sit under Item 11.3 Health Care Quality.**

The Board members discussed the outstanding recommendations in the report noting two related to staffing issues. Sally Pearce noted the trend Sparkline was incorrect according to the data provided.

**Resolution: The Clinical Governance Report be received and noted.**  
Moved Lilon Bandler seconded Sally Pearce. Carried

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## **Item 11. Board Sub Committee Reports**

### **Item 11.1 Aboriginal Health**

#### **Item 11.1.1 Aboriginal Health Committee Minutes 27 April 2020**

Noted

#### **Item 11.1.2 Aboriginal Health Committee Chair Report – February 2020**



Michelle Dickson noted the difference in the focus of discussion between the February 2020 report and the April 2020 report due to the effects of COVID-19.

### **Focus of Discussion**

- Recently released Close the Gap report
- Updates Acknowledgement of Country
- Forthcoming workshopping for the Reconciliation Action Plan (RAP)
- Emergency Department Aboriginal Health Practitioners having adequate training and ongoing support and developmental opportunities

### **Item 11.2.3 Aboriginal Health Committee Chair Report – April 2020**

#### **Focus of discussion was on:**

- Impact of COVID-19 on Aboriginal peoples and communities in the FWLHD
- The progress of the FWLHD Reconciliation Action Plan (RAP)
- Update on ED Aboriginal Health Practitioners
- Success with Aboriginal Nursing cadets and SBATS, all of whom are retained during this current crisis climate
- Aboriginal Health Dashboard achievements and challenges
- Comprehensive and impressive Aboriginal Mental Health and Drug and Alcohol report

#### **Key Issues**

- Ensuring the new Acknowledgement of Country is widely used and understood, particularly in terms of correct pronunciations
- ED Aboriginal Health Practitioners TAFE training and projected rostering impacted by COVID-19 responses and restrictions, placing some additional pressure on new staff during a time of crisis
- Many Aboriginal community members are expressing angst and worry about COVID-19 and a discussion was held about how messages and supports were being provided.
- The following Aboriginal Health Dashboard indicators need to be monitored over future periods of reporting:
  - Discharge against medical advice
  - Incomplete emergency department attendances (“Did not Wait” or “left at own risk”)
  - Biennial BreastScreen participation for women 50-74 years old

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Stephen O'Halloran left the meeting at 1.43pm and returned at 1.45pm

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**Resolution:**                    **The Aboriginal Health Report be received and noted.**  
Moved Michelle Dickson seconded Paul Kemp. Carried

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The Chair noted a change in the Order of Business to now discuss a motion presented by Lilon Bandler via email.

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 debated the need for Aboriginal Health to be listed as a separate agenda item as opposed to the Aboriginal Health Sub Committee item already included on the Agenda. The Chair noted the Sub Committees are responsible for bringing information to the Board and the proposed items would come under that particular heading. Michelle Dickson noted Aboriginal Health issues crossed over a number of Board Committees and the overall picture may be of lesser value by the time it reached Board level.

Mariette Curcuruto noted the issue of Aboriginal Health was immense, and as a Board, an emphasis on closing the gap needed to be routinely discussed at Board level.

Wincen Cuy requested the motion be brought back to the June 2020 meeting for further discussion to enable further thought and to allow for an informed decision.

Lilon Bandler noted her disagreement with deferring. Motion to be deferred.

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Steven Gleeson joined the meeting at 2.00pm

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## **Item 11.2 Finance and Performance**

### **Item 11.2.1 Finance and Performance Committee Minutes 20 April 2020**

Noted

### **Item 11.2.2 Finance and Performance Committee Chair Report**

Wincen Cuy advised in FN21 there was a payroll processing error that was rectified in FN22. The FTE count for both these fortnights are distorted with FN21 being understated and FN22 being overstated.

### **Item 11.2.3 Finance Report April 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>\$0.991M Surplus</b>	<b>\$1.668M U</b>
<b>Total Expenses</b>	<b>\$104.815M</b>	<b>\$1.571M U</b>
Employee Related	\$64.463M	\$0.908M U
VMO Payments	\$6.690M	\$0.691M U
Goods & Services	\$24.303M	\$0.065M U
Grants	\$1.995M	\$0.001M F
Repairs and Maintenance	\$1.681M	\$0.136M F
Depreciation and Amortisation	\$5.528M	\$0.000M
Borrowing Costs	\$0.009M	\$0.004M U
<b>Total Revenue</b>	<b>\$103.654M</b>	<b>\$0.071M U</b>
<b>Full Year Projection</b>	<b>\$1.988M Deficit</b>	<b>\$1.363M U</b>
<b>FTE</b>	<b><u>FN22</u></b>	<b><u>Variance to Budget</u></b>
	722.17*	15.67 F

\*Excludes 12 HealthX agency staff.

### Efficiency Strategies

<b>March 2020</b>					
	<b>FWLHD YTD Actual</b>	<b>FWLHD YTD Target</b>	<b>FWLHD YTD Variance</b>	<b>FWLHD Full Year Target</b>	<b>Ministry Full Year Target</b>
Expense	\$2.306M	\$2.257M	\$0.049M	\$3.260M	\$3.331M

Medical and Nursing costs continue to have a significant negative impact on the Employee Related Strategies Roadmap. Large savings in Mental Health due to unfilled vacancies are helping to offset negatives in the aforementioned areas however the Roadmap is now unfavourable overall. The Agency Reduction and Nursing Stability Roadmap has a small negative variance which will further deteriorate when April data is reported, as two HealthX workers have since resigned. The Travel Cost Reduction Roadmap is performing well and is currently 109K favourable against target.

### Employee Related Costs

Employee Related Costs (ERC) - YTD \$0.908M unfavourable.

- Overtime reflects an unfavourable variance for the month of \$0.078M and YTD of \$0.706M. 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 District Health Services directly impact overtime for the District. BHHS Radiology also contributes due to an after-hours on-call service model.



- Included is YTD \$0.278M 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 MO costs and agency costs**

<b>Nursing</b> (\$'s in millions)	<b>YTD actual</b>	<b>YTD Budget</b>	<b>Variance</b>
S&W	25.362	27.085	1.723
S&W Agency	1.947	0.227	(1.720)
HealthX costs	0.919	-	(0.919)
G&S Agency	0.595	0.447	(0.148)
	28.823	27.759	(1.064)

<b>MO's</b> (\$'s in millions)	<b>YTD actual</b>	<b>YTD Budget</b>	<b>Variance</b>
S&W	1.234	2.582	1.348
S&W Agency	1.935	0.250	(1.685)
G&S Agency	0.715	0.578	(0.137)
	3.884	3.410	(0.474)

Steen Gleeson noted the handing down of the Budget may be delayed due to COVID-19. The Chief Executive and the Finance team have previously held detailed discussions in relation to the Interim Budget and how funds would be allocated. The Interim Budget would be similar to previous years.

The Board members discussed the need to have a Sub Committee Chair report for each Sub Committee and why the Finance and Performance Committee Chair had not included one. Time frames between meetings and distribution of the Board meeting papers was a key factor.

#### **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 – April 2020**

Noted

Steven Gleeson left the meeting at 2.22pm

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

#### **Item 11.3.1 Health Care Quality Committee Minutes 8 May 2020**

Noted

#### **Item 11.3.2 Health Care Quality Committee Chair Report**

Lilon Bandler advised the focus of discussion was a presentation from the Clinical Midwifery Consultant, Maternity Services, and review of data presentation.



## Key Issues

- Discussion around data presentation, accompanying narrative, including around recommendations, timelines and with associated narrative (ie assessing whether a delayed outcome was clinically safe, and if there was a work-around that mitigated risk)
- Continued discussion about the culture of clinical governance, quality and safety. An important conversation that will be continued.
- Data for this committee much improved
  - Work of the Patient Safety and Clinical Quality Manager, noted with appreciation
  - Further work planned, eg around Mandatory Training data.

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

## Item 11.4 Workforce Development

### Item 11.4.1 Workforce Development Committee Minutes

Nil

### Item 11.4.2 Workforce Development Committee Chair Report

Mariette Curcuruto acknowledged John Harris for inviting Dr Debra Jones to present on career pathways and remote workforce development. There are two approaches when dealing with rural remote communities. Seed and Grow (Locally developed workforce) and Rural Exposure (attracting people external to the region to our workforce).

When the two approaches are entangled and brought together, evidence shows that exposing Primary School students to continuity concepts of health careers works. Mariette Curcuruto noted it was interesting the way the research was being developed and the move to twenty week placements for nursing was currently being implemented which was a national first.

Mariette Curcuruto noted the Allied Health Workforce in the Far West was unlike any other area in NSW in that there was a higher rate of pay here compared to other sectors and areas of the State. Allied Health was still working around Telehealth and COVID-19 funding was centering on Occupational Therapists.

Mariette Curcuruto advised workforce plans had been discussed off line and the only outstanding plan at present was the Aboriginal Workforce Plan which would be actioned as soon as possible.

### Item 11.4.3 Workforce Report

Noted

## Separations

Three permanent staff members separated from the District in April 2020 which included:

- One Hospital Assistant;
- One Ward Services Officer; and
- One Occupational Therapist.

## Accrued Days Off

74 employees have in excess of 3 ADO(s) in days and 70 employees have excess ADO's in hours totally 144 employees with excess ADO's. This is a slight increase from 132 in February 2020. Managers are reminded to ensure staff have a maximum of three accrued days off – in line with NSW Health Policy. Leave management whilst employees have been required to self-



isolate and whilst the LHD has prepared for COVID 19 this has curtailed the normal taking of leave.

The Board members discussed the management of excess leave and reasons behind the three separations. Employees are being encouraged to use excess leave where able.

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

Noted

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

#### **Item 11.5 Risk Report**

##### **Item 11.5.1 Audit and Risk Committee Minutes 14 April 2020**

Noted

##### **Item 11.5.2 Audit and Risk Committee Chair Report**

Noted

**Resolution:**                   **The Recommendations in the Audit and Risk Committee Chair Report be accepted.**  
Moved Sally Pearce, seconded John Harris. Carried

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

Noted

##### **Item 11.5.4 Risk Management Unit – Risk Register Update**

Noted

John Harris questioned the timeframe for completion of the Risk Appetite. The Chief Executive advised the Manager of the Risk Management Unit was based in Western NSW and was currently negotiating a price. Once complete the Risk Appetite will need to be presented to the Audit and Risk Committee before coming to the Board. The next Audit and Risk Committee meeting was due to be held in June 2020.

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

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#### **Item 12. Reports for Noting/Endorsement**

##### **Item 12.1 Health Performance Report March 2020**

Noted

**Resolution:**                   **The Health Performance Report March 2020 is received and noted.**  
Moved Stephen O'Halloran, seconded Paul Kemp Carried

##### **Item 12.2 Public Health Unit – COVID-19 Response**

Noted

Sally Pearce suggested after COVID-19 had settled it would be worthwhile having someone from the Public Health Unit present to the Board on broader public health issues.



### **Item 12.3 Update of the Rural Generalist Workforce**

This item was discussed at 1.05pm directly after the lunch recess.

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### **Item 12.4 Annual Plan – Strategic Priorities 2020/21**

Noted

The Chief Executive advised the Strategic Priorities were structured slightly different in that the objective was to match them to the Service Level Agreement and align with the MoH Priorities. Each Directorate under the new structure will also develop their own annual plans in more detail.

The Board members discussed the Plan. The Chair noted the need to look at the higher level of Plans. Lilon Bandler noted there was no plan around Aboriginal Health. The Chief Executive advised all plans will take Aboriginal Health impact into consideration with specific consideration around making the service culturally appropriate. Michelle Dickson noted the Director Aboriginal Health and Planning was not named as a responsible Executive. The Chief Executive advised all responsible Executives will consult with their Director. The Board members discussed lines of responsibility.

The Board members discussed enhancing services and funding. The Chief Executive advised to date there was no additional funding.

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### **Item 13. Business on Notice**

Nil

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### **Item 14. Items for Discussion**

Nil

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### **Item 15. Calendar of Events**

Noted

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### **Item 16. Correspondence**

Nil

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### **Item 17. Other Business**

Stephen O'Halloran acknowledged the Manager Community Engagement on the 'Well Being' emails that are being circulated as being 'well received'.

Stephen O'Halloran noted there seemed to be a lack of communication around when Breastscreen would restart services in Balranald. The Chief Executive advised the General Manager Broken Hill Health Service was in constant communication with Breastscreen around developing a communication strategy on how and when their services would resume.

John Harris noted the Brief that was circulated out of session in relation to action item 20-04 Reserved Matters. He had reviewed the Charter and thought about how to ensure the Board were performing against it which was included in the Brief. John Harris requested Board members think about their roles in fulfilling functions and bring back to the next meeting.

Item 20-04 already listed on the existing Action List for discussion at the next meeting.

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**Item 18 Closed Meeting**

3.16pm

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**Item 19. Next Meeting**

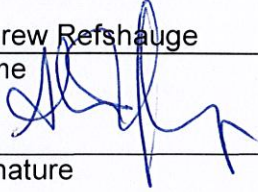
Monday 22 June 2020

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**Certified as a correct record.**

Andrew Refshauge

Name



Signature

22/06/2020

Date