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## Minutes

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

Date: 25 October 2021

Time: 9.00am CST (11.30am EST)

Venue: Meeting Room 2a and 2b, First Floor, Broken Hill Community Health Centre

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### Videoconference:

Mr Umit Agis	Chief Executive
Dr Andrew Refshauge	Board Chair
A/Prof Lilon Bandler	Board Member
Ms Mariette Curcuruto	Board Member
Mr Wincen Cuy	Board Member
Dr Michelle Dickson	Board Member
Mr Paul Kemp	Board Member
Ms Sally Pearce	Board Member
Dr Olumuyiwa Komolafe	Staff Specialist
Ms Creina Vlatko	A/Director Performance and Strategy
Mr Muku Ganesh	A/Director Clinical Operations

### In Attendance:

Ms Hannah Everuss Board, Committees and Policy Clerk (Minutes)

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**Meeting Opened** 9.05 AM CST/ 9.35AM EST

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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

#### In Camera Session

Umit Agis CE will need to leave the meeting to attend the Incident Management Committee dealing with the COVID outbreak in the FWLHD in regard to a significant development occurring across the District. The Chair suggested at 10.45am CDST the in camera session be moved to this time. All Board Members supported this proposal.

### Item 13.1 Strategic Plan

The Chair suggested to change the order of business, with the Strategic Plan taking precedence over most items today. All Board Members supported that this should be addressed as a priority.

It was noted that some Board Members had provided written feedback regarding the draft Strategic Plan via email to the Chair prior to the meeting, the Chair expressed his appreciation for the work that had been done in providing this feedback.

Board Member, Lilon Bandler proposed that the tabling of this document be put on hold for six months and the current Strategic Plan be extended whilst work was undertaken to improve the document prior to endorsement. Lilon advised of the concern if the Board were to endorse the document today as is, this would be a dis service to the organisation.

Michelle Dickson voiced her support of this suggestion and would like to see the document undergo some transformation prior to endorsement. The Chair asked the Board Members for suggestions on how the transformation may occur. Lilon suggested that the document needed some Board thinking in the first place and suggested that this occur in camera, then in collaboration in with the Executive and then a process needed to take place to write the suggestions up.

The Chair spoke against the proposal to defer the tabling of the draft Strategic Plan for endorsement as significant work has already been undertaken by the Executive and Board to get the document to where it is today. The Chair stated there was no need for the Board to endorse the document today, the Board can add to it and have a further look at it later. The Chair was concerned that it would be awkward for the Board to reject the Executive's work considering the consultation and workshops attended by the Board and Executive in drafting the document. To start the process again would firstly not be supported by the Executive and the Board would have difficulty getting their buy in. Other processes are required to flow from the document once it is endorsed i.e. the development of an active business plan, risk appetite, etc. Further delaying the drafting of these documents that hinge on the Strategic Plan would significantly extend the time in which these documents would be put in place, operationalised and gain progress for the FWLHD.

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Mariette Curcuruto joined the meeting at 9.10am CDST/ 9.40am AEDT

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The Chair recommended that therefore the Board try to improve the document as suggested by the written email feedback provided by some Board Members that would lead to a significant improvement to the document today. The Chair asked the Board Members for their comment regarding deferring the tabling of the draft document and extending the expired Strategic Plan for six months.

It was queried if the Executive had seen this version of the Strategic Plan. The Chief Executive confirmed that the Executive had been given the opportunity to provide feedback, minor wording changes had been made since meeting with the Board and being tabled today. The CE advised that if the Board were suggesting to rewrite the document the partners we had extensively consulted with in the community already in drafting the document may be offended by this.

Michelle Dickson advised her suggestion was not to go back to square one, a lot of good work has been done and the Board needed to respect and pay tribute to the draft document, however Michelle thinks there is just some work to be done. Michelle acknowledged her concern regarding how much time as a Board, could be spent on the document as she believed a solid amount of time is needed to talk about some of the issues within the document.

Wincen Cuy queried what timeframe the Board had in order to produce an improved document and suggested that as the document is reviewed every twelve months these improvements could be drafted and included at the next review period, giving the Board ample time to work together to further improve the document. The Chair advised that the current Strategic Plan had expired and that the draft Strategic Plan should be operational at this time. Wincen agreed that if we are already running late, he would be happy to make sure we had a working document that could be operationalised and then over the course of the first twelve months work toward making the suggested improvements. If improvements were required to be made Wincen agreed there needed to be a timeframe for these to be completed. Wincen believed that if the document was held off for six months, it was far too long.

Sally Pearce advised she hasn't felt a great deal of connection to the Strategic Plan and had spent a couple of hours trying to review the document. Sally felt that if the Board on balance were happy to endorse then she would set the hesitation aside. In meeting today Sally supports the comments from Lilon, Michelle and Mariette and feels that it would be a missed opportunity not to incorporate the learnings the District has experienced from the COVID outbreak and not incorporate the change in thinking within the document for the next five years. The current document does not reflect how the LHD has been able to come together with other organisations both in Broken Hill and smaller towns, if the LHD isn't going to build on the relationships that have been established it would be a missed opportunity. It was agreed that there were too many motherhood statements that are good intentions but there is no meat in which FWLHD are going to measure the focus. Some work needs to be put in to form a basis for operational planning for 2022 and future years.

Paul Kemp was of the opinion the current document did not need to be replaced but the current draft needed to be worked on. He understands a lot of effort and work has gone into the document however believes a five year plan should be stronger and that more meat on the bone is required in some areas. Paul agreed with the points raised by Lilon, Michelle and Sally and agrees that we revisit the areas suggested.

Mariette Curcuruto advised she does not support putting this document on hold and extending the expired Strategic Plan. This is a very important document and needs to be operationalised as quickly as possible. Mariette agreed with the comments made by Michelle and suggested the Board give themselves a deadline and approve it by the end of January 2022 with an aim to work on the document and make it far tighter by improving the key performance indicators and get it to a point where the Board is comfortable with the document.

Michelle asked other members if not agreeing to put the document on hold for six months, can we confirm as a Board that we can allocate time between now and January to find time jointly to work on it. Michelle acknowledges that end of year was approaching and that this can be a really busy time. Can we as a Board agree to a timeframe that gives solid working time for the Board together? The Chair advised that this was within the Boards decision.

The Chair asked for the Board Members to vote on putting the document on hold for six months and advised that there was a secondary decision to be made, if not six months then

what timeframe it will take the Board to make the improvements to the document. The Board agrees that there needs to be some improvement to the document prior to endorsement.

Lilon Bandler agreed that the timeframe in which the Board agrees to complete the work to improve the draft document was a secondary decision and commented that six months was just a number plucked. Whether it be the end of January 2022 or February 2022, the Board needed to commit to doing the work, Lilon has no problem with this. Lilon's concerns for the current document as suggested by Sally, is that the world has changed for all including FWLHD since meeting in February 2021. The Board needs to have these conversations and set that time aside. Lilon supported the end of February 2022 as a deadline to have the work completed and the Strategic Plan tabled for endorsement.

Wincen queried who will orchestrate and facilitate the meetings to work on the document and will they include just the Board or the Board and the Executive.

The Chair advised that these were separate issues and that the Board needed to vote on the proposal of placing the tabling of the document for endorsement on hold. The timeframe and plan would come forward after making the decision to put the tabling of the Draft Strategic Plan for endorsement on hold.

**Resolution: All Board Members agreed that the current draft Strategic Plan needed to remain tabled on the agenda and active to complete work on it. That specific time needed to be set aside for the Board to work on the document and that the timeframe for completion to endorse the Strategic Plan would be January 2022.**

Moved Mariette, seconded Wincen, Carried.

Mariette suggested that the Board devote a specific meeting to this and get all the concerns aired and see if we can then refine it to a point where it can be put to the Executive again. All Board Members supported this proposal.

**Action: Secretariat to arrange a specific meeting of the Board Members within the next two weeks to discuss and work on improving the draft Strategic Plan document.**

The Chair queried if the Board wished to go through the proposed improvements put forward via email by Lilon, Michelle and Mariette and any further suggestions that are brought up verbally by any Board Member or the Chief Executive today or would the Board prefer to further discuss this at the specific meeting. The Chair advised of his preference to deal with the proposed changes today as this could significantly move the Board forward and that would then mean a significant amount of work would be completed before the next specific meeting.

It was noted that Michelle initially sent her suggestions for the document only to the Board Chair, Lilon to Board Members and Mariette to the Board Members and Chief Executive.

Lilon suggested that there is a bit of work prior to moving onto changing the document, there are some complex questions that have been put forward by some Board Members and believe it would be reasonable to give all Board Members some time to formulate anything they wished to add in rather than doing this on the run. It was felt that this may not be the best use of time when all Board Members are in the room together. Time could be better utilised in the coming weeks when the Board meets specifically to address the document.

Mariette Curcuruto was the only Board Member in favour of discussing the draft Strategic Plan today.

Wincen Cuy and Paul Kemp were in favour of delaying the work until the next meeting, to give time to process the suggestions that have been made. Wincen proposed that if possible the specific meeting be held face to face. Sally and Michelle agreed to defer working on the Strategic Plan document until the specific meeting so that all can share comments via email prior to coming together.

It was clarified that all Board Members and the Chief Executive would attend the specific meeting to discuss and work on the Strategic Plan. All Members expressed their preference to attend in person. Wincen suggested that those who reside in Broken Hill may be able to come to Sydney to attend, this was received well by the Board Members. It was agreed that all Board Members would share their written feedback at least two days prior to the meeting so that there is adequate time to read each other's comments in readiness for the meeting. The Chair commented that this however should not restrict anything new being brought up at the meeting and considered.

Mariette offered to mark up the document with all Board Members comments shown against the relevant part of the document. This would be helpful to recognise when there is agreement across the group. Mariette will also provide originals of the comments received to not lose the themes expressed.

**Resolution:** **Defer discussion regarding the changes proposed to the Draft Strategic document till the special meeting. All Board Members to provide written feedback at least two days prior to the special meeting for all to read in readiness for the specific meeting, Mariette to mark up the draft document to reflect the changes proposed by all Board Members.**

Moved Michelle, seconded Lilon, Carried.

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## Item 5. Minutes of Ordinary Board Meeting 25 September 2021

**Resolution:** **The Minutes of the Ordinary Board meeting held on 25 September 2021 be received as a true and correct record.**  
Moved Sally Pearce, seconded Paul Kemp, Carried.

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## Item 6. Action List

### Item 6.1 Action Item 21 – 40, Service Level Agreement 2021 – 2022 Quarterly Priority Update 1 to 5.

The Chair commented that it was useful having the update briefs included quarterly.

#### Item 6.1.1 Priority 1, Remote Services Virtual Care Service Model

The update brief pertaining to priority one, Remote Services Virtual Care Service Model was noted by the Board.

Lilon Bandler queried why the Remote Services Virtual Care Service Model did not have an Aboriginal impact statement included within it. The Chief Executive advised the brief was a summary of the project for purposes of a progress update. The Aboriginal impact would have been provided in the project proposal, considered and accepted prior to the project being commenced. Any project would be subject to the impact to an Aboriginal community would not be accepted if it did not meet the criteria.

**Item 6.1.2 Priority 2, Sub-Acute Rehabilitation Unit Enhanced Service was noted by the Board.**

The update brief pertaining to priority two, Sub-Acute Rehabilitation Unit Enhanced Service was noted by the Board.

**Item 6.1.3 Priority 3, Broken Hill Health Service Intensive Care Unit (eICU) Collaborative Project**

The update brief pertaining to priority three, Broken Hill Health Service Intensive Care Unit (eICU) Collaborative Project was noted by the Board.

Sally Pearce commented that it was great that FWLHD have progressed this project and have senior clinical oversight over the ICU in Broken Hill and was very supportive of this however was concerned that the arrangement was with Western NSW LHD. Sally believed that this hadn't been highlighted previously because it does change the arrangement and the risk assessment that needs to be done when entering into these arrangements and requested clarity around how the arrangement worked. Sally was concerned the costing structure put forward by Sydney was very profitable for them and felt one fulltime intensivist seemed excessive for the arrangement. Within this structure Broken Hill was paying an equal amount to Western NSW LHD where they have three facilities covered and Broken Hill only one. It was raised that previously the service was definitely coming from RPA, however Canterbury and Concord hospitals are also mentioned within the document provided. It was queried where the accountability lies? Who is ultimately responsible for the patient, is it FWLHD's issue to credential the doctors providing care. Lilon Bandler agreed with Sally and advised that these questions were relevant. Where does the final clinical accountability lie?

The Chief Executive was surprised that this was the first time the Board were hearing of the arrangement and advised that initially the arrangement was a joint project between Western NSW LHD, FWLHD and RPA. Since initial negotiations commenced Western NSW LHD have pulled out of the arrangement and the project was put on hold due to this, this has been reported in the past. WNSW LHD financially left FWLHD in the lurch. The current arrangement as presented today is subject to the development of an eICU model of care. The point of the project is to develop a model of care and clinical governance structure which will be informed by the ACI who are also a part of the discussions regarding the arrangement. The Chief Executive advised that the current funding proposal is far better than the original proposal. The sum of \$186,000 buys 24/7 intensivist support for the Broken Hill Health Service. The funding that was allocated was a little in excess of this amount.

The Board agreed that the project update raises questions however also noted that this was an outstanding project and acknowledge the work that had been completed to progress the project this far. The Chief Executive advised that the project is currently in progress. Western NSW LHD withdrew from the initial agreement. However the project for FWLHD is not dependent on Western. An outline of the history of the project was provided, initially growing from a fact finding mission in Canada by Western LHD and RPA. The eICU concept was brought back to the Ministry as a proposal as it appeared to be a very successful model for remote sites, Western were leading this as an initiator, but were not the creator of the concept. The FWLHD had been engaging with RPA, Western NSW LHD and the Ministry as an interested party in this model, a working party was developed including FWLHD's Director of Clinical Governance, Director of Clinical Operations and Director of Medical Services. Western NSW LHD's new in coming CE did not have the same views regarding the project and withdrew, RPA felt they needed to stop the project. At this point it had a huge impact on FWLHD. It was then when FWLHD commenced conversations with RPA CE to ask if the

eICU model could be implemented between FWLHD and RPA. It was agreed that RPA could continue looking at this with FWLHD and suggested involving Concord into the eICU model at this point. Effectively we are doing this on our own with RPA, the FWLHD will be recalibrating the working group whose first meeting was held approximately two weeks ago.

FWLHD are now proceeding and will be at the stage to look at the nitty gritty and how it will work on the ground between RPA and FWLHD. Concord remains a part of RPA's hospital system however FWLHDs has no involvement with Concord in regard to this. Concord's involvement is purely regarding a staffing model. The stalling of the project is due to Western NSW LHD pulling out over the last twelve months.

A quarterly update will be provided to the Board regarding the progress of all Service Level Agreement priority projects.

*Action: Secretariat to invite Dr Tim Smart to attend the November 2021 Board meeting to provide further information regarding the eICU project.*

#### **Item 6.1.4 Priority 4, Broken Hill Health Service Outpatient Services**

The update brief pertaining to priority four, Broken Hill Health Outpatient Services Project was noted by the Board.

The Chief Executive advised that the consultant engaged to review the outpatient systems will be providing a report shortly and once received the Board will forward a copy of this. It was noted that the changes already incorporated had made a large difference how it is being managed from a risk management and patient care point of view.

#### **Item 6.1.5 Priority 5, Reducing the Risk of Potentially Preventable COPD Hospitalisations**

The update brief pertaining to priority five, Reducing the Risk of Potentially Preventable COPD Hospitalisations was noted by the Board.

It was noted within the background of the update brief needed to be corrected to include the word hospitalisations.

It was commented that conversations are required through PHN and GPs locally to progress this further. The CE and Board Chair have met with CEO of the Western PHN and discussed this recently. A further follow up meeting will occur later in November 2021.

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Dr Komolafe joined the meeting at 10.30am ACDT/ 11.00am ESDT

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### **Item 7. Reflections of Care**

#### **Item 7.1 Patient Story**

The Board noted the patient story tabled.

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

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

The KPI Dashboard report was noted. Moved Lilon Bandler, Seconded Wincen Cuy, carried.

## Item 8.2 Chief Executive Report

The Chief Executive went through the report noting key points.

FWLHD COVID vaccination rates are reported at 93% first doses, 82% second dose. The FWLHD have recalled the Australian Defence Force (ADF), with two teams in Wentworth LGA, placed in motor vans setting up clinics in particularly in Aboriginal communities to encourage vaccination in partnership with local elders, working with CHAC and MDAS as a lot of the residents go back and forth across the river. Maari Ma, CHAC and FWLHD are involved and are putting on BBQ lunch to encourage uptake and provide an opportunity for conversation and support to the community. It is a challenge reaching some of the communities, however efforts are continuing and vaccination rates are expected to rise.

FWLHD are maintaining surveillance testing in Wilcannia and Broken Hill. The Board advised there support of this and found this outstanding. Due to testing rates having decreased, surveillance testing is encouraged for those who do not have symptoms who can be tested without having to isolate allowing the asymptomatic community to continue their daily business. Surveillance testing may form part of FWLHD COVID strategy going forward as we work out what is the new normal going forward as testing will need to continue. If there is an outbreak there will be a slightly different approach. Those who are symptomatic are still required to isolate with normal testing restrictions applying.

The Chief Executive has had a conversation with the Local Emergency Management Committee (LEMC) and Tom Aylett, Broken Hill Police Office In Charge regarding what is the role of the LEMC, how do we maintain readiness. The model going forward will be very similar to that of the SES and CFS. Committee members have a day job but in crisis people can be pulled from all parts, identify particular people in staged surge approaches. If required Council will have a building available at a moment's notice. Recently the Local Council put out an invite to local business to discuss how we manage Broken Hill and maintain business during the recovery period. Unfortunately only two business people attended, not a lot of engagement was received. It has been acknowledged that there is more work required in this space. BAU is the current challenge, elective surgery recommenced on Monday 25 October 2021, today in Broken Hill, at 70% capacity with the target of 75% set by the Ministry. Outpatients are coming back online, reducing the number of community response team members to gradually build BAU back up over time. The Director of Medical Services is currently working on the overdue surgeries list prioritising the three category one patients.

The Buronga Health One project has been stalled due to the COVID outbreak in Mildura, Buronga, Gol Gol and Dareton region. One of the workers returned a positive COVID test and has since recovered with the project now progressing. The Wentworth rebuild project is progressing with the consultant, Mildura Hospital are currently completing their clinical redesign and service plan, Umit Agis and Mildura CE Tom Welch have agreed to involve each other in service delivery projects due to the relationship with the border regions. The FWLHD have been providing some expertise in managing COVID patients in the communities to the Mildura region based on our experience. FWLHD have lent Mildura with 175 pulse oximeters, as when they tried ordering they discovered these items were currently on back order.

Within the Nursing and Midwifery Directorate, Dale Sutton has announced retirement. Recruitment for this position is underway, a couple of positions are available within this portfolio where recruitment is being worked through.



Within the Performance and Strategy Directorate the team have been asked to develop a sustainability program for the LHD. A draft has already commenced with a review of any capital projects footprint. The LHD are likely to recoup the cost and profit at the same time going forward in regard to solar panels that have already been purchased and installed.

The Disaster plan has previously never included pandemics, however our current disaster plan does mention this, awaiting the State response and how the LHD, disaster plans will incorporate what is a pandemic response, expecting more in the next ten to fifteen years. Disaster needs to include response to pandemic, not just bushfires and car accidents etc.

Health Councils are recommencing their work, The Chief Executive is now meeting with Health Councils fortnightly going forward. It was noted that a lot of support and participation was received from Health Council Chairs during the FWLHD COVID response. Going forward telehealth will be explored and encouraged for meetings to go ahead in any circumstance, historically if it couldn't happen face to face it didn't happen. Umit had previously been meeting weekly with the Health Council Chairs through Telstra with the assistance of the Patient Experience Manager and Executive Manager Aboriginal Health and Community Relations are asking how this could be strengthened so people can attend from their homes.

The FWLHD Annual Public Meeting will be held on Monday 29 November 2021, directly after the next Board meeting from 3.00pm ACDT to 5.00pm AEDT.

The BHHS Kiosk Auxillary won the Volunteer Team of the Year award, the Board and CE noted this was very well deserved.

**Action: The Board wish to show appreciation and pass on thanks to the Hospital Kiosk staff. Secretariat to draft letter to be sent from the CE on behalf of the Board.**

The Dental Health contract with RFDS is being reviewed, with the FWLHD CE meeting with Greg Sam RFDS CEO, who is of the same view that the first priority of the Dental contract is to meet as many residents as we can in our District. The FWLHD do well meeting junior Dental KPIs however it has been discussed that adult dentals needs to reach as many residents as possible. There needs to be movement from crisis management to preventative care. In comparison with the State level the FWLHD rates very low in regard to meeting the KPIs set for adult dental care however is on par with junior dental care targets.

The Board questioned what was happening with the recruitment plans of the Executive Director Nursing/Midwifery and Director of Clinical Governance. Would the position description include both clinical governance and Nursing and Midwifery Executive expertise. The Chief Executive confirmed that the FWLHD were looking at someone who can provide both expertise. Lilon Bandler wished to note that as previously discussed at the Board level she feels that the Executive Director of Nursing/Midwifery and Director of Clinical Governance positions should be separate due to the ongoing conflict of interest and conflict of roles. Lilon stated she wished for this to be recorded in the minutes.

**Resolution: The Chief Executive Report be received and noted.**  
Moved Paul Kemp, seconded Wincen Cuy. Carried.

## **Item 9. Aboriginal Health**

### **Item 9.1 Clinical Services**

#### **Item 9.1.1 Comparative DAMA Rates**

Noted.

#### **Item 9.1.2 Comparative DNW Rates**

Noted. It was discussed that within the Did Not Wait report that two patients had advised a racial comment was made by staff toward the Wilcannia community. The Board wished for further enquiry to occur regarding this. Were these two separate incidents where a comment was made regarding Wilcannia? Was this the same staff member or different staff members and was it the same shift? The Chief Executive advised that the detail cannot be provided immediately but feedback would be provided at the next Board meeting. Umit advised he would need to look at this, as the FWLHD takes a dim view in regard to this, with Cultural Awareness being front of mind. It was advised that this feedback can sometimes be provided by the Aboriginal Liaisons Officers however is never provided formally, but is provided through conversation.

*Action: Chief Executive to request feedback from Acting Director of Clinical Operations regarding racial comments reported by patients who did not wait within the September Clinical Services Comparative DNW Rates report.*

#### **Item 9.1.3 Admission rates compared with population numbers**

It was noted that the length of stay being significantly less for Aboriginal admission had been of interest to the Board. The Chief Executive advised that there was further review occurring in regard to the DRG reporting. However Dr Komolafe and Dr Tim Smart had previously provided explanation that Aboriginal community members tend to have admissions that are more amenable for discharge earlier due to the DRG. What is impacting on the length of stay is rather the nature of the presentation.

#### **Item 9.2.3 Progress on the Reconciliation Action Plan**

The report was noted with obvious importance to the Aboriginal Community Members regarding what came out of COVID for FWLHD, with the messaging and the creation of the Aboriginal Volunteer Group. The Board were encouraging of this as it presents an opportunity to engage the Aboriginal community through volunteering within our service. The FWLHD are currently looking at how we are structuring this process in terms of recruitment pathways.

Paul Kemp highlighted the importance of pursuing the opportunities as identified through COVID response in a number of areas, improve and work toward the increased workforce percentage. It was commented that the COVID response has been an example of how issues can be resolved through having Aboriginal workers on the ground, with this taking the pressure off, with the ability to handle some of the negative ways 'our mob' will react and can sometimes be very impatient. Aboriginal workers have ways of working that can help in dealing with this.

#### **Item 9.2 Workforce**

##### **Item 9.2.1 Workforce participation rates**

Noted. The Committee discussed the workforce participation rates. The separation and commencement of Aboriginal employees analysis was provided at the bottom of the report with commentary. The Board commented that the Aboriginal workforce participation hasn't really changed and advised this will form part of Strategic Plan discussion. Comment was made that there may be some useful work to look further abroad to consider in raising the Aboriginal workforce.

Michelle Dickson commented that she had been working with the Director of People and Culture in collaboration with Mariette Curcuruto to improve the Aboriginal Workforce Strategy however due to COVID workload had been held up in getting her final comments back to Fiona regarding this.

**Resolution:**                    **The Aboriginal Health Reports be received and noted, analyses and actions are supported by the Board.**  
Moved Paul Kemp, Seconded Wincen Cuy. Carried.

### **Item 9.3.External Relationships**

#### **Item 9.3.1 Quarterly Community Engagement Report**

Nil.

#### **Item 9.3.2 Maari Ma and Coomella Health Aboriginal Corporation (CHAC)**

The Chief Executive highlighted that there were currently reasonable relationships with community partners. The FWLHD was currently engaged with CHAC and MDAS in regard to collaborative care. The CE noted it was also important that FWLHD are engaging with other NSW LHDs. Currently there is work going on with Nepean through the enhancement of the SARU rehab model who have been engaged in redeveloping our model of rehabilitation care. It was noted that ongoing the FWLHD have a significant relationship with RFDS.

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Umit Agis left the meeting at 10.45am ACDT/ 11.15am AEDT

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### **Item 19. Closed Meeting**

The Board Chair proposed the closed meeting be moved up the agenda with the CE attending an Incident Management Team meeting in response to COVID situation in the District.

10.45AM ACDT/ 11.15AM AEST.

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

#### **Item 11.1 Quality and Safety Committee**

##### **Item 11.1.1 Quality and Safety Committee Chair Report**

The Safety and Quality Committee met in August but the September meeting was held over due to the COVID outbreak in the FWLHD.

##### **Item 11.1.2 Patient Safety and Clinical Quality Report July 2021**

An update was provided to the Board regarding Inter hospital transfers. Meetings with NSW Ambulance and RFDS are continuing to occur on a fortnightly basis. A pathway is currently under development with Royal Adelaide Hospital in regard to urgent care. Last Thursday the Royal Adelaide Hospital circulated a memo to all staff regarding Broken Hill being part of their urgent care status, however overarching COVID issues would prevent this direction. Umit advised that there has been a lot of intergovernmental meetings regarding this. The final goal of these meetings is a Service Level Agreement between Broken Hill and South Australia. The FWLHD will be persisting until a document/agreement is established.

Historically, The Royal Adelaide Hospital has included FWLHD within its urgent care as verbally agreed, however it is not written anywhere, a clinical service document is needed.

The third shift for the RFDS has been approved by the Ministry and funding agreed. An improvement in inter hospital transfers should be seen as a result of this. There has been an improvement outlined in the Safety and Quality report currently. In regard to the NETTS system, there was some confusion around who owns the process where the referral is made. This question has been raised by a SEAR. Once the referral is made, NETTS take over and manage the process which has always been a challenge and has been raised with the Adelaide Women's and Children's Hospital.

Key points of the report are:

- There was one new Harm Score one incident and five new SAER (Serious Adverse Event Review) incidents reported in August 2021.
- There are four further ongoing SAERS in progress, these are overdue. Currently there are two nursing staff members who are being trained in completing SEAR reviews to help in this process.
- There are three ongoing clinical reviews in progress with nil recommendations overdue, all recommendations have been completed on time or extensions have been granted by the Chief Executive.
- There were fifteen falls reported in the IMS+ system in August 2021 for the District. One of these falls resulted in a Harm Score 2, a clinical review is in progress to address this.
- There were thirteen pressure injuries reported in August 2021. Eight of these were required in the community and five were hospital acquired.
- There were seven safety recalls/alerts actioned across the FWLHD in August 2021.

What's working well within the District:

- Ims+ incident completion has improved significantly, up from 60% on time completion to 79% of incidents completed on time in August 2021.
- 100% of SAER recommendations and Clinical Review recommendations completed on time (or extensions approved by appropriate executive) in August 2021.
- Mental Health Drug and Alcohol Services – 79% of inpatient services and 100% of community based consumers who completed the YES surveys found their experience of the service to be very good or excellent.

What's not working so well – concerns in the District:

- Falls incidents rates are trending upwards over the last two months although lower than the May-June period. There were 15 incidents for August 2021 and this rate is similar to this time in 2020. Staff continue to review falls strategies and remind/encourage patients and their families to call for assistance when mobilising.
- Falls risk assessments will be implemented to the pre-operative admission assessments for at risk or patients aged 65 and over. This practice has arisen due to one patient overbalancing and falling prior to surgery.
- The safe mobilisation program is being implemented to reduce falls due to balance and mobility problems. This month there were 8 falls attributed to balance difficulties which resulted in a near miss/ or fall.

- Hospital acquired pressure injuries (HAPIs) are trending upwards with 5 during August (3 medical ward, 1 surgical ward and 1 surgical ward/Allied Health). Staff have been provided feedback on the HAPIs for August and the underlying issues.
- A clinical review is currently in process to address the key issues for the suspected deep tissue injury, with appropriate recommendations to be implemented as per the clinical review timeline.
- A working group has been established with key stakeholders to review current palliative care pressure injury prevention. Allied Health and Surgical nursing staff will ensure that patients at risk with orthotic boots causing friction and skin damage will have preventative dressings in place with ongoing skin inspections and education to the patient.

**Resolution:**                    **The Safety and Quality reports be received and noted.**  
Moved Mariette Curcuruto, Seconded Lilon Bandler. Carried.

#### **Item 11.1.3 Quality and Safety Committee Minutes 17 September 2021**

Noted.

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Muku Ganesh and Creina Vlatko joined the meeting at 11.48am CDST/ 12.28pm ESDT  
Umit Agis rejoined the meeting at 11.48am CDST/ 12.28pm ESDT

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#### **Item 10. Presentation**

##### **Item 10.1 Presentation – Corporate Governance – Pillar 2 – Muku Ganesh and Creina Vlatko**

The Corporate Governance Pillar Two presentation provided update on the previously reported strategic risks, opportunities and threats as presented on 26 April 2021 to the FWLHD Board. Strategic asset management was discussed with the aim to guide FWLHD investment to be fit-for purpose whilst enabling the delivery of health care services. The opportunities discussed were defining an organisation wide asset management strategy, alignment to strategic objectives, improving governance and capturing asset information to support decision making. The threats discussed were too much focus being put on initial capital costs with the whole of life costs often disregarded when purchasing new things.

Financial Performance and Sustainability was discussed in regard to financial reporting, financial management, financial analysis and decision making and the use of a financial framework as a control tool. The risks and threats discussed were the opportunity to influence decision makers, this is being mitigated through staff development and succession planning. It is important for information to be accurate and transparent for decision making as to not loss credibility when supplying the decision makers with information. Opportunities for future Aboriginal employees were discussed within maintenance and a possible cadetship within Finance.

The minimum level of system preparedness and reporting requirements were discussed in regard to Information and Communications Technology (ICT) systems including Cyber Security. The FWLHD need to be aware of who our suppliers and vendors are and what protection they have, as most threats to our system are experienced this way as all interfaces when buying, selling and communication are from the interconnected world. The biggest challenge in managing this risk is that the Ministry do penetration testing however they do not have the same rigour for suppliers.

Clinical data was discussed and the importance of providing high quality and timely information. This requires continuous training, education and regular reviews of data errors. Strategic procurement with contract management and procurement management is currently a focus across the FWLHD Directorates. The District needs to be future focused to respond to change and not rely on the Ministry for purchasing strategies.

The FWLHD are currently engaged in two reasonably large build projects in Buronga and in Wentworth. The contractor is currently engaging a cultural officer to overlook the build with KPIs that must be met in regard to Aboriginal employment and engagement throughout the completion of the project. Sustainability projects are also being incorporated. Initially solar was not part of the Buronga Health One build, it has now been included and funded. It is important to the FWLHD to reduce its carbon footprint, it is also a long term cost saving strategy.

Enterprise Risk Management was discussed as everybody's business with the FWLHD Executive presenting their risk to the Operational Executive meeting. Once the new Strategic Plan is endorsed the FWLHD will have the opportunity to align the strategy and risk appetite.

The opportunity for the FWLHD to purchase Aboriginal products and services was discussed. 30% of FWLHD expenditure is done so locally with a small amount of that being directly linked to Aboriginal corporations. There is opportunity for corporations to access jobs tendered in the District however we are not receiving Aboriginal Corporation specific tenders and it was highlighted that we cannot overstep the mark and encourage providers to apply. It was suggested that the FWLHD invite such businesses to participate in an education session regarding the government procurement application process. Opportunities may lie in smaller projects where a more direct approach can be undertaken to target such businesses to supply goods and services required.

## **Item 11.2 Finance and Performance**

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

The Chair, Wincen Cuy raised that there is a significant concern regarding own source revenue for the FWLHD. This has been identified and raised at the most recent Finance and Performance meeting. The FWLHD are developing a document to provide to the CE, Board and Ministry to provide an explanation for this.

### **Item 11.2.2 Finance and Performance Committee Minutes 20 September 2021**

Noted.

### **Item 11.2.3 Finance Report September 2021**

Major items of the financial report are:

#### **September 2021 Overview**

	Sep-21 FY2021/2022 \$'M									
	Month Actuals	Variance to Budget		%	YTD Actuals	Variance to Budget		%	FY Forecast	Variance to budget
<b>Expenses</b>										
Employee Related	7.618	0.221	U	3	21.474	0.177	U	1		
VMO Payments	0.777	0.114	U	17	2.369	0.456	U	24		
Goods & Services	3.676	0.682	U	23	9.323	1.697	U	22		
Grants	0.213	0	F	0	0.623	0.000	F	0		
Repairs, Maintenance & Renewals	0.146	0.048	F	25	0.429	0.055	F	12		
Depreciation and Amortisation	0.603	0	F	0	1.813	0.000	F	0		
Borrowing Costs	0.001	0	U	37	0.005	0.001	U	40		
Other Expenses	0	0	0	-	0.001	0.001	U	-		
<b>Total Expenses</b>	<b>13.035</b>	<b>0.969</b>	<b>U</b>	<b>8</b>	<b>36.036</b>	<b>2.275</b>	<b>U</b>	<b>17</b>	<b>142.607</b>	<b>8.622 U</b>
<b>Revenue</b>										
Patient Fees	0.411	0.014	U	3	1.286	0.020	U	2		
User Charges	0.326	0.187	U	37	0.966	0.516	U	35		
Grants and Contributions	0.123	0.012	U	9	0.417	0.016	U	4		
Other Sources of Revenue	0.014	0.108	U	88	0.126	0.241	U	66		
<b>Own Source Revenue</b>	<b>0.873</b>	<b>0.322</b>	<b>U</b>	<b>27</b>	<b>2.795</b>	<b>0.793</b>	<b>U</b>	<b>22</b>		
<b>Government Contributions</b>	<b>9.281</b>	<b>0</b>	<b>F</b>	<b>0</b>	<b>32.836</b>	<b>0.000</b>	<b>F</b>	<b>0</b>		
<b>Total Revenue</b>	<b>10.154</b>	<b>0.322</b>	<b>U</b>	<b>3</b>	<b>35.631</b>	<b>0.793</b>	<b>U</b>	<b>2</b>	<b>125.698</b>	<b>0.059 U</b>
<b>Net Cost of Service : Surplus/(Deficit)</b>	<b>(2.881)</b>	<b>1.291</b>	<b>U</b>	<b>81</b>	<b>(0.405)</b>	<b>3.068</b>	<b>U</b>	<b>115</b>	<b>(16.909)</b>	<b>8.681 U</b>
<b>Crown Acceptance</b>	<b>0.211</b>	<b>0.000</b>	<b>F</b>	<b>0</b>	<b>0.698</b>	<b>0.000</b>	<b>F</b>	<b>0</b>	<b>2.595</b>	<b>0.000</b>
<b>Asset Transfers – Internal</b>	<b>0.000</b>	<b>0.000</b>	<b>F</b>	<b>0</b>	<b>0.000</b>	<b>0.000</b>	<b>F</b>	<b>0</b>	<b>0.170</b>	<b>0.000</b>
<b>Total Result: Surplus/(Deficit)</b>	<b>(2.670)</b>	<b>1.291</b>	<b>U</b>	<b>94</b>	<b>0.293</b>	<b>3.068</b>	<b>U</b>	<b>91</b>	<b>(14.145)</b>	<b>8.681 U</b>
<b>COVID-19</b>	<b>(0.910)</b>	<b>0.910</b>	<b>U</b>	<b>-</b>	<b>(2.226)</b>	<b>2.201</b>	<b>U</b>		<b>(8.803)</b>	<b>8.681 U</b>
<b>Management Forecast Result Surplus/(Deficit)</b>	<b>(1.760)</b>	<b>0.381</b>	<b>U</b>		<b>2.519</b>	<b>0.867</b>	<b>U</b>		<b>(5.342)</b>	

An adjustment has been made to the overview page of the finance report including monthly amounts and added percentage variance to budget. The FTE component of the overview has been broken up between COVID and excluding COVID.

Key talking points from the A/Director of Performance and Strategy, Creina Vlatko were:

#### Year-to-Date September 2021

- a. The **expenditure** result year to date is \$2.2M unfavourable to budget, 17% variance to budget. Including COVID and FWLHD business as usual.
- b. The **revenue** result year to date is \$0.793M unfavourable to budget, 2% variance to budget.

## September 2021

- a. The expenditure result for the month of September was \$0.969 unfavourable to budget, 8% variance to budget. Once broken down COVID-19 is \$0.921M unfavourable and business as usual is \$0.005M favourable to budget.
- b. The revenue result for the month of September was \$0.322M unfavourable to budget. 3% variance to budget.

c.	Excluding Covid-19		Covid-19		FWLHD Total	
	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget
FTE – FN07	666.92	90.53 F	48.92	46.92 U	715.84	43.61 F

Excludes 10 HealthX agency staff.

During September the FWLHD has experienced quite a large increase in COVID costs in response to the surge in COVID positive cases across the Far West, i.e. accommodation, pathology and employee related costs. The year to date COVID expenditure is \$2.2million unfavourable, however this will be funded in the following month. The business as usual position in September is \$38,000 unfavourable.

### Own Source Revenue:

The District is currently reflecting a year-to date unfavourable position of \$0.793M in own source revenue.

The District's own source revenue target for the year will not be achieved. This is due to the following:

- Significant impacts of COVID-19 over the last 2 years. Restrictions and lockdowns have reduced activity in the following areas:
  - Non-critical / elective surgeries been cancelled / postponed for;
  - Operating theatre not used due to point noted above;
  - Less patients being seen in Specialist Clinic;
  - Less recreational and sporting activities resulting in less injuries impacting number of patients being seen at ED and Radiology; and
- Closure of Fast Track Clinic effective 30 June 2021 will result in reduced Medicare benefits as the patients that would have been referred from Fast Track to Radiology are now classified as inpatients through the Emergency Department. This has an impact on our User Charges Revenue target for the current financial year, however this will be captured as activity and will result in increased funding for future financial years.
- Increase in revenue targets in the Service Level Agreement for FY21 of \$0.650M.
- The shortfall resulting in the conversion of private outpatient clinic to public outpatient clinic. This was estimated to be \$0.540M for the financial year. This should average around \$0.1M per month.

Far West have raised with Ministry as a red flag that we aren't going to meet the revenue target. It was confirmed this is a significant issue for the whole of NSW. The FWLHD are currently working on forecasted estimate strategies to show efforts are being made to improve/reduce the outcome even if it isn't possible for the District to reach the target. The



brief being drafted will explain what has impacted the revenue position in the past and current financial years.

The COVID forecast increased materially during September. As of the end of August 2021 the COVID forecast was \$7.1 M, by the end of September the COVID forecast was \$10 M the large increase is related to employee related costs, pathology and accommodation.

As part of the Service Level Agreement, the District is required to report Roadmaps with estimated savings of \$0.595M to the Ministry. As part of this review Far West has identified additional expense and revenue roadmaps for internal reporting purposes. Feedback regarding these roadmaps will continue from all Directorates and Executive, becoming part of monthly accountability meetings and part of the monthly finance report.

- **Official Roadmap (Submitted to MoH)**

Roadmap Initiatives Summary by directorates	Expenditure Saving				
	Estimated 2021/22 Full Year Benefit (\$M)	YTD Target Benefits (\$M)	Realised Benefits (\$M)	Expense Category	End Sep 2021 Status/Comments
Far West All	0.216	0.054	0.000	G&S Travel	Significant Covid-19 related travel in Sep
Far West All	0.156	0.039	0.149	G&S Prosthetics	On Track
Director of Nursing/Midwifery & Site Manager BHHS	0.223	0.056	0.056	Employee Related	On Track
<b>Total</b>	<b>0.595</b>	<b>0.149</b>	<b>0.205</b>		

Concern was raised at the Finance and Performance meeting in regard to the roadmaps being made an annualised saving. Confirmation was sought from the Ministry's roadmap office. The roadmaps do relate to the current financial year and can be annualised.

A Board Member reiterated their concern regarding the one off saving nature of two of the roadmap initiatives. It was discussed that potentially the amounts provided by the initiative could be the amount that the Ministry will reduce recurrent funding in future years.

It was agreed in future reports the initiative would be detailed rather than the Directorate that it falls under and a further narrative provided. It was noted that this could cause confusion regarding what the roadmap initiative was on a quarterly basis.

The Chair of the Finance and Performance Committee advised the Acting Director of Performance and Strategy's input has been valuable, making slight changes to the overview report has enhanced knowledge and thanked Creina for the explanations provided.

#### **Item 11.2.4 Financial Reports – September 2021**

Noted.

#### **Item 11.2.5 MoH Narrative – August 2021**

Noted.

### **Item 11.2.6 Workforce Report**

Noted. The Chief Executive reported that all BHTEU employees have received correspondence outlining the current industrial relations update regarding the new award and back pay owed.

*Action: Secretariat to forward an example of this correspondence to Board Members out of session.*

### **Item 11.2.7 Headcount and FTE September 2021**

Noted.

### **Item 11.2.8 Budget Allocation 2021/2022**

Noted. The Budget Allocation 2021/2022 was due to be tabled at the August Finance and Performance Meeting. The August meeting was held over due to the FWLHD COVID outbreak. The Budget Allocation was tabled at the September Finance and Performance Meeting and within the Board papers today. The Board Chair requested that an analysis and comparison be provided for 2020/2021 and 2021/2022 budgets at the November 2021 Board meeting for endorsement.

*Action: The budget allocation to be re-tabled at the November 2021 Board meeting with an analysis and comparison of 2020/2021 to 2021/2022 budgets.*

**Resolution: The Financial and Performance reports be received and noted, analyses and actions are supported by the Board.**  
Moved Wincen Cuy, Seconded Sally Pearce

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Creina Vlatko and Muku Ganesh left the meeting at 12.30PM CST/ 1.00PM EST.

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### **Item 11.3 Audit and Risk**

#### **Item 11.3.1 Audit and Risk Committee Chair Report**

Sally Pearce advised that working with the new Chair of the Audit and Risk Committee, Jon Isaacs has been enjoyable. This was seconded by Lilon Bandler. Sally reported that Jon was getting to the pointy end of engaging a new Independent Member. Lilon also advised that the Committee will be completing a review to address rostering practices.

#### **Item 11.3.2 Audit and Risk Committee Minutes 22 September 2021**

Noted.

#### **Item 11.3.3 Risk Management Unit - Work Health and Safety Report**

**Resolution: The Risk Report be received and noted with the analyses and action contained within them be supported by the Board.**

Moved Sally Pearce, Seconded Paul Kemp. Carried.

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

### **Item 12.1 Health Systems Performance Report August 2021**

The Board noted the Health Systems Performance report and commented that it was helpful to see the state wide KPIs. The Chair suggested tabling this report at the Safety and Quality meeting and examining further.

*Action: Secretariat to table The Health Performance Report at the November Safety and Quality meeting.*

### **Item 12.2 MoH Board Report FWLHD KPIs Apr – June 2021**

The Board noted the report was beneficial in having comparative data between FWLHD and NSW. It was agreed by the Board Members that the report had improved readability and format since the last version. What stood out to some was the one time performance for elective surgery, with COVID there have not been a lot of scopes being done. The Board queried if this was in line with the States performance. However it was noted that in other metropolitan areas the backlog of overdue scopes was not as high due to the referral to the private sector during the COVID response. This is something FWLHD could not do, Clinicians were unable to attend the service due to border restrictions. Category 1 surgery, hasn't been met in the last five quarters for this reason.

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

Nil.

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

### **Item 15.1 2022 Proposed FWLHD Board Meeting Dates**

It was suggested that with the presentation timeline now that the pillars are embedded could the presenters provide information on a topic of interest, progress made with a particular risk, or project completion. Michelle Dickson agreed that there was an opportunity for the Pillars to update the Board on each pillars report against progress. Lilon agreed the Pillars report against progress, one maybe two slides, this is a piece of work we are focusing on, this is evidence we have considered, this is our own data etc. Template to be provided from the Board with a focus of what is going to be done in the future with less retrospective information.

*Action: Andrew and Hannah to discuss a template to be developed for 2022 pillar presentations offline.*

### **Item 15.2 Proposed Informal Meeting Dates 2022**

The proposed dates for informal meetings of the CEs and Board Chairs of partner organisation to meet once per year were agreed.

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

Noted.

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## **Item 17. Correspondence**

Nil.

**Item 18. Other Business**

The Chair advised that new Board Member applications had been received from the Ministry. Once new Members have been appointed the Chair will recalibrate the Board Committees membership.

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**Item 19. Closed Meeting**

A further in camera session was held at 12.38PM ACDT.

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**Item 20. Next Meeting**

Monday 29 November 2021 with the Annual Public Meeting to follow from 3.00PM ACDT/3.30PM AEDT until 5.00PM ACDT/ 5.30PM AEDT.

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**Item 21. Clinical Excellence Commission In-Service for Board Members**

The Clinical Excellence Commission Chief Executive Carrie Marr, Medical Director Patient Safety Dr Jim Mackie and Director Patient Safety Trish Bradd provided an in service PowerPoint presentation virtually to all FWLHD Board Members regarding the Governance of Safety and Quality and provided a brochure titled 'Measurement for Quality Improvement for Board Members and Executives' which was circulated to all Board Members after the in-service.

**Certified as a correct record.**

Andrew Refshauge

Name

Signature

Date