
Minutes

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

Date: 27 April 2020

Time: 10.00am CST (10.30am EST)

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

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 Refshaug	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 Melissa Cumming	Director Palliative Care and Cancer Services – Via Videoconference
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

Meeting Opened 10.08am CST

Item 1. Acknowledgement of Country

The Far West Local Health District acknowledges the traditional owners of the lands within its boundaries including: the Barkandji; the Muthi Muthi; the Wilyakali; the Ngiyampaa; the Wadigali; the Malyangaba; and the Wangkumara. We acknowledge and pay respects to the Elders past and present and their ancient wisdoms. We also acknowledge the communities of today and the Aboriginal community members who are part of our communities.

Item 2. Apologies

Nil

Item 3. Disclosure of Interest

Nil

Item 4. Order of Business/Urgent Business

The order of business was changed to the following order:

After Item 8 Reflections on our Care the following Items were given in order:

- Item 10 Chief Executive Report
- Item 9 Clinical Governance
- Item 10.1 KPI Dashboard Report

- Item 11 Board Sub-Committee Reports

The remainder of the agenda continued in order.

Item 5. Minutes of Ordinary Board Meeting 23 March 2020

Resolution: **The Minutes of the Ordinary Board meeting held on 23 March 2020 be received as a true and correct record.**
Moved John Harris, seconded Lilon Bandler. Carried

John Harris questioned Item 7.3 "The Chair noted a summary of complaints should be provided to the Board on a regular basis." and Item 10 "Lilon Bandler noted the need of a complaints point of contact to assist with the management of complaints received".

The Chief Executive explained an update was provided on action item 19-34 Patient Story Complaints Process which showed there was no single point of contact to manage the complaints. A position was now being developed for a Manager that would oversee, and be accountable, for managing any complaints. A process was also being put in place to inform Executive on trends and areas of required development. This information would be given to the Board quarterly for consideration.

Lilon Bandler clarified she had noted there were processes in place but there was a need of a contact person to manage the complaints received.

Item 6. Action List

6.1 19-20 – Acknowledgement of Country

Held over to next meeting.

6.2 19-44 – Telstra Mobile Coverage

The Chief Information Officer provided an update via a Brief on Telstra Mobile coverage issues.

- Following the completion of the recent site survey at Menindee MPS, Telstra have submitted a final contractual agreement for FWLHD approval to proceed with the in-building coverage solution as a cost of \$0.0 (fully funded by Telstra).
- Telstra have completed the mobile coverage survey for the town of Wilcannia and produced a detailed report with their findings. This includes a proposed in-building coverage solution (for the hospital only) at a cost of \$161,300 ex GST to the LHD)
- The lack of coverage within the communities at both Menindee and Wilcannia remains difficult to address and currently not within the current scope of Telstra to improve.

John Harris noted he had provided technology details as requested in the action.

6.3 Reserved Matters

The Chair advised he had discussed the Reserved Matters and what the Board can do, at length with John Harris. After some research around Clinical Governance, it was found that the Board was required to ensure there was a Clinical Governance Framework in place and that the Framework worked. Dr Lilon Bandler was Chair of the Health Care Quality Committee and a number of Board members were also on the membership which assisted in the Board covering Clinical Governance.

The Chair advised John Harris had drafted a summary of what roles the Board needs to fulfil and where the requirements are covered, which he will circulate out of session for discussion at the next meeting.

Action: John Harris to circulate out of session the summary of what roles the Board needs to fulfil and where the requirements are covered for discussion at the next meeting.

The Chair advised the Order of Business was also discussed and it was suggested the decision making items should be listed at the beginning of the agenda along with the Presentation. The Board members discussed Item 11.1 Aboriginal Health and what should be included as standing items.

Action: Michelle Dickson, Lilon Bandler and Mariette Curcuruto to discuss what they think should be included as standing items under Aboriginal Health and bring back to the next meeting.

6.4 NOUS Group Training

The MoH have been contacted to provide a list of any upcoming NOUS Group training that may be available, however no response had been received to date.

The Board members discussed the possible availability of virtual teaching as face to face training may not be available for a long period of time.

Action: Secretariat to follow up on availability of virtual training options.

Andrew Olesnicky joined the meeting at 10.16am

Item 7. Presentation

Item 7.1 Melissa Cumming – Director Palliative Care and Cancer Services.

Melissa Cumming, Director Palliative Care and Cancer Services introduced herself and acknowledged country before going through her presentation. Key points of the presentation are:

Palliative Care

- KPI - 98% of patients are dying in their preferred place, however COVID-19 may affect the KPI in the coming months, as many patients may not be able to die at home.
- Two COVID Community of Practice (COP) MoH Models of Care - Cancer COP and Palliative Care COP
- The Palliative Care Refurbishment due 1 July 2020 could be impacted by COVID-19. Funding has been received to enable a friendlier environment for end of life.
- Research Projects – Greater Choices at Home Palliative Care – ePAF (Electronic Palliative Approach Framework)

Melissa Cumming provided a website link <https://www.wnswphn.org.au/epaf> to Board members and advised that the website allowed easier care for Generalist staff to care for palliative care patients. Due to COVID-19 restrictions, patient visits were done as necessary, which has resulted in reduced visits, however palliative care remained very busy.

Oncology/Cancer Services

- The purpose built unit has been working well since September 2018.
- COVID-19 has necessitated a move to solely telemedicine clinics (was a hybrid model of F2F and telemedicine).
- Reduction to REX flights have impacted chemotherapy delivery. Normally there are three to four deliveries per week, however currently there is one delivery from Sydney per week by air, and two deliveries by road from Melbourne.

- Some staff have completed training on Smoking Cessation Framework CINSW, a MoH initiative.

Melissa Cumming advised BreastScreen NSW had temporarily cancelled their van services across NSW, however services would be reinstated sometime in mid-May 2020.

COVID End of Life Planning

- COVID Hospice (NEIMI) – for those who will not recover/not suitable for acute ventilation (frail, aged, co-morbidities).
- Once SARU reaches overflow there will be a move to NEAMI
- Nursing workforce challenges – still have to maintain 24/7 specialist community palliative care service
- Medical oversight by Dr Sarah Wenham and JMO
- Working with MoH on guidance (triage tool, medications, visitors, funerals). There is a lot of trauma occurring around end of life care and funerals. Work is underway with the Mental Health Team around supporting staff and families.
- Staff support will be pivotal. Resilience going forward is very important.

The Board members discussed the presentation. Lilon Bandler noted the website provided on ePAF was an excellent resource and she appreciated the amount of work that had gone into the project. Melissa Cumming acknowledged Dr Sarah Wenham who brought it with her from the United Kingdom over six years ago, it was adapted and now available electronically.

Mariette Curcuruto asked what would happen to NEAMI once the surge came into effect. Melissa Cumming advised the NEAMI unit had already been vacated for use and NEAMI were using the working from home model.

Melissa Cumming left the meeting 10.40am

Item 8. Reflections on our Care

Item 8.1 Patient Story

Noted

Item 8.2 Staff Story

Noted

Item 9 Clinical Governance

Item 9.1 Patient Safety and Clinical Quality Report

Noted

John Harris noted he like the change in reporting and how this report was now presented. Mariette Curcuruto noted some data had been removed during the change of reporting and she would like to see it return. Lilon Bandler advised this would be discussed further in her Chair report at Item 11.3.

Resolution: **The Clinical Governance Report be received and noted.**
Moved John Harris, seconded Wincen Cuy. Carried

Item 10. Chief Executive Report

Item 10.1 KPI Dashboard Report

Noted

Item 10.2 Chief Executive Report

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

- The MoH-BHTEU Award arbitration moves forward with Ministry of Health lodgement of documents requiring arbitration occurring on the 11 December 2019. Scheduled Hearing dates have now been provided of 5 to 8 and 19 to 22 May 2020 with the Industrial Relations Commission - Commissioner Sloan to hear this matter in Broken Hill. The BHTEU maintain defined work bans at the Broken Hill Health Service.
- An information publication has been prepared fortnightly and sent from the Chief Executive and numerous additional memorandums prepared to ensure Far West LHD employees are protected and informed.

The Chief Executive advised the restrictions on staff leave requirements had been relaxed for the time being. Surge plan modelling have shifted over the months, which represents challenges on maintaining readiness.

- The Culture Coach - continues to offer 'Ways of Working' team building sessions in the following areas, Paediatrics continuing, IPTAS, Admissions, Cashier and Medical Imaging. Workforce are supporting ACHS Healthcare Standards 1 and 6 for Accreditation.
- There are nine (9) Clinical Review's in progress. Nine (9) Clinical Reviews have been completed since the last Board meeting.
- Emergency Department Treatment Performance for March 2020 was 85.8%, which was slightly lower than the February rate (86.9%) however still higher than the state-wide target (81 %). Transfer of Care from the Ambulance Service to the Emergency Department for March 2020 was 91.8% (compared to January rate of 93%) which was above the target of 90.0%.
- There was no (0) Category 1 waiting for surgery at the end of March 2020, no (0) category 2 elective surgery patients and seven (7) Category 3 patients overdue at the end of March, 2020.
- At Broken Hill Health Service, the focus at present is on COVID19 planning. More ventilators are on order. The delay in surging has been a benefit in this area.
- The Buronga HealthOne project is progressing. The Project Managers Currie and Brown completed the tender for construction information and it was submitted for advertising on 30 March and will be open until 28 April. The Development Application was submitted to the Wentworth Shire and information forwarded to the Wentworth Regional Planning Panel (WRPP) for assessment. The panel has recommended that it be approved by Wentworth Shire Council as there were no objections. Work is continuing to finalise the Lease Agreement and Lease for the land.

The Chief Executive advised an application had been submitted to Council to enable capacity to operate outside of business hours as this was not in the original submission. This application was accepted.

- Judy Robinson, Risk Unit Manager, held a risk workshop with the Executive on 7 April 2020 to continue reviewing strategic and operational risks, which will also support the Board in developing the LHD's risk appetite and risk tolerance.

The Chief Executive advised funding had been received recently around an Emergency Department Patient Experience Officer. A Framework was required around patient experience activities.

The Board members discussed the increased use of Telehealth and virtual care services. Andrew Olesnicky noted the community seemed happy with the flexibility of service provided and there had not been many complaints to date. The Chief Executive advised he was working

with the MoH to receive further support. Lilon Bandler agreed it seemed to be a positive experience thus far and Clinics and staff have been outstanding in facilitating and delivering Telehealth services.

The Board members discussed the possibility of being able to reduce costs of VMOs into the future by utilising Telehealth where possible. Mariette Curcuruto noted the need for face to face care, and in times like this the public may be more lenient on how services are being provided.

The Chief Executive noted the community response to COVID-19 had been remarkable. Local companies and businesses had donated items such as masks, infrared temperature guns, hand sanitiser to the FWLHD, along with free coffee and gift packages to health care workers. Letters of acknowledgement had been forwarded to each business along with acknowledgement across social media.

Mariette Curcuruto questioned the rising trend in the data of the Emergency Department presentations of Aboriginal and non-Aboriginal Did not Waits and if it was due to COVID-19. The Chair noted this should be taken back to the relevant Sub Committee for follow up.

The Board members discussed the Emergency Department Aboriginal Practitioners and the effect they may have on Aboriginal Did not Wait data. Michelle Dickson advised an update was provided to the Aboriginal Health Committee that morning. The Practitioners were currently working day shifts and were facing some difficulties due to COVID-19, however it was a standing item on that agenda and updates were provided at each meeting.

Andrew Olesnicky noted Board members may need to be prepared for changes in the activity due to COVID-19. The Chief Executive noted that he had been in discussions with the MoH who are fully aware activity levels will be different under these different circumstances.

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

Item 12. Board Sub Committee Reports

Item 11.1 Aboriginal Health

Item 11.1.1 Aboriginal Health Committee Minutes

Nil

Item 11.1.2 Aboriginal Health Committee Chair Report

Nil

Recess at 11.30am to 11.35am

Steven Gleeson joined the meeting at 11.35am

Item 11.2 Finance and Performance

Item 11.2.1 Finance and Performance Committee Minutes 16 March 2020

Noted

Item 11.2.2 Finance and Performance Committee Chair Report

Wincen Cuy advised Sally Pearce had raised questions at the last Finance and Performance Committee meeting regarding the CE Reserve which would be discussed in the following report, however he would also like to discuss further at the in camera session.

Item 11.2.3 Finance Report April 2020

Steven Gleeson noted major items of the financial report.

General Fund	<u>FY20 YTD</u>	<u>Variance to Budget</u>
Result for the Year	\$0.639M Surplus	\$1.461M U
Total Expenses	\$94.257M	\$1.552M U
Employee Related	\$57.782M	\$0.943M U
VMO Payments	\$5.965M	\$0.627M U
Goods & Services	\$22.219M	\$0.098M U
Grants	\$1.796M	\$0.000M F
Repairs and Maintenance	\$1.388M	\$0.159M F
Depreciation and Amortisation	\$4.953M	\$0.000M
Borrowing Costs	\$0.008M	\$0.005M
Total Revenue	\$92.907M	\$0.105M F
Full Year Projection	\$1.812M Deficit	\$1.143M U
FTE	<u>FY20 FN20</u>	<u>Variance to Budget</u>
	674.87*	64.57 F

*Excludes 12 HealthX agency staff.

Financial Stable Operations

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

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

Mitigation Strategies to Resolve Financial Performance Issues

- Monitor, review and reconciliation of FTE.
- Monthly performance meetings between Finance and Cost Centre Managers; and Chief Executive and A/Director Finance and Corporate Services with the top 3 underperforming departments to discuss risks and mitigation strategies.
- Graduate Nurses recruitment strategy
- Implement Medical Workforce plan – to stabilise ED medical officers.
- HealthX Senior Nurse recruitment strategy
- Work with ICT, Manager Assets and Facilities, Properties to improve staff conditions in remote locations to aid in retention and recruitment of staff
- Start recruitment process immediately once resignation has been submitted.

Efficiency Strategies

March 2020					
	FWLHD YTD Actual	FWLHD YTD Target	FWLHD YTD Variance	FWLHD Full Year Target	Ministry Full Year Target
Expense	\$2.085M	\$1.952M	\$0.133M	\$3.300M	\$3.331M

Medical and Nursing costs continue to have a significant negative impact on the Employee Related Strategies Roadmap however this has been offset with savings in other Directorates and the application of FY20 employment related budget supplements has resulted in a small favourable variance. The Agency Reduction and Nursing Stability Roadmap has a small negative variance and will require the recruitment of additional HealthX workers in the remainder of the year to become favourable.

Budget Variations

The following are the budget variations received in March 2020:

Reference	Description	Revenue	Expense
N-SB20-261	S100 Highly Specialised Drugs Co-Payments Q2	\$0	\$0
N-SB20-267	2019/20 Budget Relief	\$0.380M	\$0.380M
N-SB20-284	NSW Rural Generalist Medical and General Practitioner Procedural Training Program	\$0.029M	\$0.029M
SCB20-131	FY20 BV - MYR - Broken Hill Health Service (BHHS) Medical Imaging Breast Screen Refurbish	-\$0.100M	-
SCB20-146	HI WIP Transfer - March 2020	\$1.964M	\$0.106M
SB20-292	Budget Transfer for the National Disability Insurance Scheme - Aids and Equipment Program	-\$0.024M	-\$0.024M
N-SB20-296	2019/20 Budget Relief (April 2020)	\$0.316M	\$0.433M
SB20-304	Long Service Leave budget adjustment	\$1.041M	\$1.041M
ICB20-052	FY20 New Project Alloc - Statewide Cataract Equipment Purchase	\$0.064M	0
N-SB20-314	2019/20 Budget Relief - Covid-19 Response (April 2020 2.1)	\$0.349M	0
SCB20-158	FY20 BV - POST MYR ARR Budget Variation	\$0.141M	0

Steven Gleeson noted the Long Service Leave adjustment was normally due in June and was normally estimated much lower, however this year it had been a more accurate adjustment.

Sally Pearce questioned the BreastScreen adjustment. Steven Gleeson advised the project had gone to tender and funds had been rolled over to the next financial year.

Excess Annual Leave Reduction Incentive

Due to Covid-19 and the inability for staff to take leave, the MOH has suspended this incentive.

MOH has indicated that it will base the results as of Jan 20. This is yet to be confirmed.

The results to end of January 2020 there was a decrease of 368 days to a total of 3,402. June 19 baseline was 3,770 leave days. Based on this there may be a payment forthcoming.

Health Infrastructure (HI) WIP

The following relating to HI WIP occurs during March and June each year:

- HI WIP amounts accounted for by HI in their books relating to LHD's WIP projects are transferred to LHD's
- this transfer relates to increases in the following actual and budget amounts:
 - Capital Allocations
 - Building and Plant and Equipment
 - Capital Expenditure
- the sum of the amounts reflected above in balance sheet and expenses will agree to amount on the revenue side

For the period July 2019 to 31 March 2020 the HI Capital WIP amount for FWLHD is expected to be \$2.313M.

Covid-19

Captured expenditure of Covid-19 for March 2020 was \$0.075M. To date there have been 2 cases of Covid-19 in the FWLHD. As yet there has been no demand for ICU services. Potential cases presenting via ambulance to ED have been directed to the Covid-19 Clinic set up in the SARU ward. All surge plans have been readied and appropriate upskilling/training of staff to meet surge demands is underway. PPE equipment is being closely monitored to ensure adequate stock on hand to meet patient demands. Current forecast did not include any adjustment for Covid-19. This will be monitored and adjusted when required.

The Board members discussed the CE Reserve. The Chief Executive advised the Reserve was used as an operational tool for holding budget supplements until project positions are recruited to and the project begins. Funds are then released. Concerns had been raised about visibility, however this is a well-known strategy. The MoH can also recall funds so it needs to be available to give back if required.

The Chair requested to discuss further at the in camera session.

Steven Gleeson left the meeting at 12.02pm

Item 11.2.4 Financial Reports

Noted

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

Item 11.2.5 MoH Narrative – March 2020

Noted

Item 11.3 Health Care Quality

Item 11.3.1 Health Care Quality Committee Minutes 9 April 2020

Noted

Item 11.3.2 Health Care Quality Committee Chair Report

Lilon Bandler advised the Nicholas Minns, Nurse Unit Manager, Intensive Care Unit provided a presentation. Accreditation has been postponed and a new date will be advised in due course.

Lilon Bandler advised she had reviewed the National Safety and Quality Health Service Standards User Guide for Governing Bodies which outlined three steps to make sense of data and information. She remains concerned with the considerable loss of data from the Committee

meeting papers which may not allow Committee members to fulfil their obligations and responsibilities.

Lilon Bandler noted her concern that data is not being provided in a timely manner to ensure patients receive the standard of care defined by the NSQHS Standards.

The Chair noted the importance that the right data be provided, to enable the Board to ensure there is robust governance at organisation level. Mariette Curcuruto noted her concern also and the expectation to deep dive into detail at times was necessary.

The Chair requested a meeting between the Chief Executive, Lilon Bandler and Mariette Curcuruto to discuss further out of session.

Action: Umit Agis, Lilon Bandler and Mariette Curcuruto to meet regarding the information that should be included in the Patient Safety and Clinical Quality Report submitted to the Health Care Quality Committee and subsequently to the FWLHD Board.

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

Item 11.4 Workforce Development

Item 11.4.1 Workforce Development Committee Minutes 17 March 2020

Noted

Item 11.4.2 Workforce Development Committee Chair Report

Mariette Curcuruto advised there had been no meeting since the last FWLHD Board meeting and the next meeting would be held in May 2020.

An action from the last meeting had been to follow up with the Chief Executive on the addition of District Manager Hotel and Support Services to the membership. This was discussed and the Chief Executive felt the position was an unnecessary inclusion at that strategic level. This will now be going back to the next committee meeting for further comment.

Item 11.4.3 Workforce Report

Nil

Item 11.4.4 Headcount and FTE March 2020

Noted

Resolution: The Workforce Development Report is received and noted.
Moved Mariette Curcuruto, seconded Paul Kemp. Carried

Item 11.5 Risk Report

Item 11.5.1 Audit and Risk Committee Minutes 25 March 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 John Harris, seconded Michelle Dickson. 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

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

Item 12. Reports for Noting/Endorsement

Item 12.1 Health Performance Report February 2020

Noted

Mariette Curcuruto noted the Efficiency Performance Dashboard displayed many 'performance outside tolerance' and questioned if this was impacted by COVID-19. The Chief Executive advised it was a reflection in part due to lower occupancy rates which was always an ongoing challenge. The Performance Unit was now reporting directly to him and costing had improved significantly along with coding. Performance against funding was now being looked at more closely. COVID-19 would not have affected the data provided due to timing.

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

Item 12.2 ARC Annual Engagement Plan

Endorsed

Item 12.3 Annual Financial Statements 31 March 2020

The Annual Financial Statements were submitted to the Audit and Risk Committee meeting on 14 April 2020 and were endorsed and forwarded to MoH for consolidation.

Sally Pearce noted the Audit and Risk Committee members had commended the Acting Director Finance and Corporate Services and his team for the work in completing the statements and in the short time frame given.

Endorsed

Item 12.4 Terms of Reference – Health Care Quality Committee

Endorsed

Item 12.5 Terms of Reference – Finance and Performance Committee

Endorsed

Item 13. Business on Notice

Nil

Item 14. Items for Discussion

Nil

Item 15. Calendar of Events

Noted

Item 16. Correspondence

Nil

Item 17. Other Business

Nil

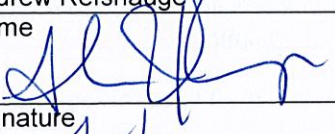
Item 18 Closed Meeting

2.27pm

Item 19. Next Meeting

Monday 25 May 2020

Certified as a correct record.

Andrew Refshauge
Name _____

Signature _____
25/5/20
Date _____