
Minutes

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

Date: 27 September 2021

Time: 11.00am CST (11.30am EST)

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

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

In Attendance:

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

Meeting Opened 11.05 AM CST/ 11.35AM EST

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 Ngaympaa; 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

Wincen Cuy, President, Broken Hill West Football Club. Secretariat to add to Conflicts of Interest.

Item 4. Order of Business/Urgent Business

Nil.

Item 5. Minutes of Ordinary Board Meeting 26 July 2021

Resolution: **The Minutes of the Ordinary Board meeting held on 26 July 2021 be received as a true and correct record.**
Moved Sally Pearce, seconded Michelle Dickson, Carried.

Item 6. Action List

6.1 TAB 1 Item 21 – 41 FWLHD Cultural Artwork

The MoH have advised the cultural artwork completed can be used as a visual ID, in the background of documents or enlarged, however not as an official logo.

Item 7. Reflections on our Care

Item 7.1 Patient Story

The patient story was noted by the Board. Moved Lilon Bandler, Seconded Michelle Dickson.

Item 7.2 Staff Story

Nil staff story.

Dr Komolafe joined the meeting at 11.30AM CST/ 12NOON EST

Mariette Curcuruto joined the meeting at 11.43AM CST/ 12.13AM EST

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.

Within the last five days the COVID numbers within the District have been decreasing particularly in Wilcannia where days of no cases are being reported and numbers declining with cases recovering. However cases are continuing to be reported in Broken Hill. A shift has occurred with new cases being transmitted from household contacts from known cases. Numbers like these are expected to continue to be reported.

A concern is that Dareton has had positive detection of COVID in the sewerage on four occasions, 16/09, 21/09, 22/09 and 23/09. This has prompted the LHD to commence surveillance testing in the area. The community is being urged to be tested for COVID if they are experiencing symptoms or not. Surveillance testing allows members of the community to be tested if they are asymptomatic and are not required isolate until receiving the result. For those who have symptoms, normal rules apply, isolation is required until a negative result is received. Surveillance testing is carried out in communities where sewer detection is positive with no reported positive cases.

The vaccination rates across the District are trending along well, as a whole we are currently sitting at approximately 81% of total population having received the first dose of the COVID vaccination. The most recent vaccination data is below as of 22 September 2021:

- Balranald - 1st dose 84%, 2nd dose 59%
- Wentworth - 1st dose 78%, 2nd dose 50%
- Dareton - 1st dose 75%, 2nd dose 41%
- Euston – 1st dose 74%, 2nd dose 28%
- Buronga – 1st dose 80%, 2nd dose 41%
- Wilcannia/White Cliffs - 1st dose 69%, 2nd dose 54%
- Broken Hill & Unincorporated 88% 1st dose, 2nd dose 62%
- Menindee – 1st dose 93%, 2nd dose 78%
- Ivanhoe – 1st dose 81%, 2nd dose 58%

The FWLHD will be encountering a challenge in Wilcannia in regard to administering the vaccine. This is due a large majority of the population having contracted COVID prior to being vaccinated. The Chief Health advice currently being that those who have been infected have to wait a minimum of three months between the times of infection and receiving the vaccination.

Ausmat are commencing a further vaccination sweep lower western sector this week administering the second dose of the COVID vaccine. It is estimated that 700 to 1000 in the vaccinations will be provided in this area in the next few days.

Two more vaccination teams are providing mobile services in community in both Broken Hill and outreach areas to continue the drive to increase vaccination numbers. The vulnerable communities are being targeted by these teams.

The FWLHD have met with Maari Ma and RFDS and a decision has been made that the RFDS continue covering the administration of the second dose of the COVID vaccination, who have enough clinics running to achieve this.

Currently most of the positive COVID cases in Wilcannia are being managed in the community. At the Campervan park a family of 16 from outside of the area have been housed. All were initially close contacts and now have all returned positive results. The family have been isolated in a particular area and have been managed well by a doctor and a team of nurses. Once the family recover they will return to the region in which they normally reside.

The MoH are wanting to start a plan to discuss withdrawal of some of the Campervans from the Wilcannia community. It is vital that the LHD manage withdrawing this resource from community very carefully.

The initial communications plan has been maintained, with sitreps being provided to partners, daily media releases being provided to staff and the community, Aboriginal Elders, Health Council cares, key stakeholders in the Wilcannia region. RFDS and Maari Ma meeting are also meeting daily. Support services police etc are working really well. Challenge for Wilcannia is still around social housing.

The recovery process and planning is underway and interface with Primary Health. Some positive cases will require ongoing care as some people are compromised from a chronic care point of view. Planning on how to transition back into service under primary care, the LHD is engaged with the ACI model of care. The LHD is exploring what business as usual looks like going forward. A number of staff are committed to the pandemic. The

Number of surgeries is impacted and outpatient services. We are currently mitigating the risk and impact of this with the DMS reviewing these regularly and telehealth continuing in the interim.

The FWLHD is continuing communication regarding the continued testing with testing numbers seeing a decline in both Wilcannia and Broken Hill communities.

The FWLHD reported the first COVID death in the District, a 59 year old Aboriginal man. Unfortunately the man had underlying physical health issues, and was not vaccinated. The community is being encouraged to come out and get tested and get vaccinated so that they have the best chance of recovery.

The CE advised that vulnerable community members have been considered with a pamphlet being developed in partnership with Maari Ma once feedback was received that the messaging from the Ministry was not very clear and provided to those who did not have access to technology. This has also been combined with door knocking along with a mobile testing clinic being opened up. A/Executive Manager of Aboriginal Health and Community Engagement has been completing significant work in this area. Aboriginal Health Assistants are working with Corina, reaching out to the Community. Six additional Aboriginal Health workers have been provided by the Ministry and have been joining forces.

Illicit drug use in the communities of the LHD still remains a concern. Currently the FWLHD, drug and alcohol team are working with Maari Ma covering Aboriginal and Non Aboriginal patients. A voucher system has been implemented, providing grocery vouchers to the community to encourage vaccination. This has been implemented to try and reach certain parts of the community.

Two COVID positive patients have now been detained in custody as they were absconding from the quarantine accommodation provided in the Broken Hill Caravan Park. They will remain in custody until their COVID status changes. By and large the communities' compliance has been good and there is still capacity in the community assisted accommodation facilities if required however most people are self-isolating in their own homes.

The FWLHD is projecting 7 – 8 million dollars of an increase in COVID spend for FY 2021-2022.

Hospital activity has slowed down, and staff have been redeployed to aid in the vaccination and testing efforts across the District. Some staff provided from other LHDs will be withdrawing shortly. The situation in Wilcannia is stabilising, the LHD has learnt a lot and has implemented comprehensive systems in regard to the response, ie accommodation and can now pivot to a fast response if necessary.

The Hospital In the Home service will be back online once COVID community follow up with patients in Broken Hill and Wilcannia has concluded.

Buronga Health One work is still progressing albeit very small. The construction company had a smoking ceremony in early September. The timeline for the finished building may need to be revised. The CE can report back to the Board after the next steering group meeting.

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.

Item 9.1.3 Admission rates compared with population numbers

The Length of Stay being significantly less for Aboriginal admission had been of interest to the Board. The report provided was sufficient in providing an explanation regarding why this may be.

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.

Resolution: **The Aboriginal Health Reports be received and noted, analyses and actions are supported by the Board.**

Moved Lilon Bander, Seconded Michelle Dickson. Carried.

The Board discussed the draft Aboriginal Workforce plan and enquired when the Board may be provided the final draft. The CE thanked Mariette and Michelle for their input into the document and advised that further work was required on the deliverables with a final draft being provided the Board in October 2021.

The CE will ensure that the draft is seen by Mariette and Michelle prior to it being tabled at the Board meeting.

Item 9.2.2 Mandatory Training Report – August 2021

Noted.

Item 9.3. External Relationships

Item 9.3.1 Quarterly Community Engagement Report

Noted. Mariette advised that the Broken Hill Health Council hadn't met for a while due to the COVID outbreak in the FWLHD and expressed interest for a meeting to be held virtually.

The CE advised that Health Council chairs are met with weekly to provide an update regarding COVID, key community stakeholders are also provided this opportunity.

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

The CE confirmed that he had been meeting with Maari Ma and CHAC on a weekly basis and reported that there is work happening with Maari Ma in Wilcannia with COVID 19 post follow up. CHAC in Dareton, Wentworth and Buronga are focusing on the wider community, with joint planning on swabbing, testing and vaccination is taking place as well as being supported by the AUSMAT team. The communications strategy devised by LHD and CHAC

has been a great benefit. The LHD is working with CHAC to establish GP services particularly in Wentworth.

The LHD in conjunction with the RFDS has been reviewing the Oral Health numbers. Conversation around what care the RFDS have been providing regarding oral health care for adults are being undertaken. The LHD currently provides oral health care for children and are meeting targets however the LHD does not meet these for adult oral health care as we are not providing. The contract set with RFDS doesn't hold them accountable, structure for clinics is sometimes not as robust with no time requirements in the contract. A Conversation with RFDS CE and head office has acknowledged that this could be done better. The Oral Health contract will be revised in the next twelve months with scope for Broken Hill to may be provide oral health care locally with the RFDS providing oral health care clinics via outreach.

Item 10. Presentation - Nil

Nil presentation provided. Pillar Two presentation heldover until 25 October 2021 Board meeting. Pushing the presentation timeline out by one month, there will now be a presentation at the December 2021 Board meeting.

Item 11. Board Sub Committee Reports

Item 11.1 Quality and Safety Committee

Item 11.1.1 Quality and Safety Committee Chair Report

Safety and Quality met in August but the September meeting has been heldover due to the COVID outbreak in the FWLHD.

Item 11.1.2 Patient Safety and Clinical Quality Report July 2021

Key points of the report are:

- There were two Harm Score one incidents in June 2021. With two SAERs (Serious Adverse Event Review) in progress.
- There were five new Harm Score two incidents in June 2021. With two SAERs in progress, one clinical review in progress, one clinical review to be arranged and one departmental review in progress. All review recommendations were completed on time during June 2021.
- There are three ongoing SAERs in progress. There are two ongoing Clinical Review in progress from June 2021.
- There were twenty three falls reported in the IMS+ system in June 2021 for the District.
- There were twelve pressure injuries reported in June 2021 for the District.

What's working well within the District:

- Completion of RCA and Clinical Review recommendations have been consistent at 100%.
- There has been a marked decrease in total 28 day unplanned readmissions, and the number of red flags (1) this month. Readmission less than 14 days is also improving.

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

- Falls incidents rates are trending upwards over the last few months. There were 23 incidents in June including a number of near miss incidents. The safe mobilisation program is being implemented to reduce falls due to balance and mobility problems.
- There has been a continued issue with delays of Inter-Hospital transfers. Transfer delays in June were predominately caused by bed block at receiving hospital or locating a suitable bed once a decision was made to transfer. Inter-hospital transfer data and details of ims+ placed related to transfer delays are provided to the Director of Nursing/Facility Manager at Broken Hill Health Service and Director of Clinical Operations to inform regular discussions with ACC and RFDS regarding transfer issues.

After two months without pressure injury incidents there were 4 hospital acquired pressure injuries incidents in June. Three of the four incidents occurred on the same patient. Further education on pressure injury prevention and documentation is being undertaken to address.

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 14 July 2021

Noted.

Creina Vlatko joined the meeting 11.45AM CST/ 12.15PM EST

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 a explanation for this.

Item 11.2.2 Finance and Performance Committee Minutes 19 July 2021

Noted.

Item 11.2.3 Finance Report August 2021

Major items of the financial report are:

Overview

	<u>21/22 YTD Actuals</u>	<u>Variance to Budget</u>		<u>21/22 FY Forecast</u>	<u>Variance to budget</u>
Expenses					
Employee Related	13.857M	0.044M	F		
VMO Payments	1.592M	(0.342M)	U		
Goods & Services	5.646M	(1.015M)	U		
Grants	0.409M	0.000M			
Repairs, Maintenance & Renewals	0.282M	0.008M	F		
Depreciation and Amortisation	1.211M	0.000M			
Borrowing Costs	0.003M	(0.001M)	U		
Other Expenses	0.001M	(0.001M)	U		
Total Expenses	23.001M	(1.306M)	U	132.377M	0.000M
Revenue					
Patient Fees	0.875M	(0.006M)	U		
User Charges	0.640M	(0.329M)	U		
Grants and Contributions	0.295M	(0.004M)	U		
Other Sources of Revenue	0.112M	(0.133M)	U		
Own Source Revenue	1.922M	(0.472M)	U		
Government Contributions	23.555M	0.000M			
Total Revenue	25.477M	(0.472M)	U	124.143M	0.000M
Net Cost of Service : Surplus/(Deficit)	(2.476M)	(1.778)	U	(8.233M)	0.000M
Crown Acceptance	0.487M	0.000M		2.595M	0.000M
Asset Transfers – Internal	0.000M	0.000M		0.170M	0.000M
Total Result: Surplus/(Deficit)	(2.963M)	(1.778M)	U	(5.468M)	0.000M
COVID-19	1.316M	1.315M	U	7.157M	(6.765M) U
Management Forecast Result Surplus/(Deficit)	(1.647)	(0.462M)	U	(12.625M)	(6.765M) U
FTE	FN05	Variance to Budget			
	724.24*	31.21	F		

*Excludes 10 HealthX agency staff.

Item 11.2.4 Financial Reports – August 2021

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

Expenditure

\$1.3million unfavorable variance to budget, when COVID expenses are excluded from this, \$150k unfavourable variance to budget is the result.

Goods and Services are unfavourable due to COVID at \$848k being material costs, almost triple the usual expenditure. These expenses are due to COVID preparedness and include the purchasing of PPE, Pathology on costs, rapid antigen test kits and accommodation.

A material increase in FTE compared to previous fortnight saw an increased in FTE during August 2021 of 17 compared to average, relative to the COVID outbreak in the FWLHD.

It was raised that there is a concern for LHD in reaching full year target. There are serious concerns the LHD won't meet our own source revenue target. A detailed brief is being built, providing factors that are contributing to this including COVID. This will enable the LHD to provide a detailed forecast to the Chief Executive, Board and Ministry providing awareness of this situation. The Chief Executive has previously drawn the Ministry's attention to this during Service Level Agreement negotiations.

Savings roadmaps were provided to the Ministry last Friday 24/09, which had input from all Directors across the LHD. \$600K of savings could be identified. The official roadmaps version was submitted to the Ministry however the LHD will continue an internal version to monitor where we are heading and identify further cost savings.

It was noted within the financial activity report, bed occupancy for August should be 63% not 6.3%.

The cash position of the LHD difference relates to COVID funding coming through next month.

The budget allocation will be tabled at the October 2021 Board meeting.

11.2.5 MoH Narrative – August 2021

Noted.

11.2.6 Workforce Report

Noted.

11.2.7 Headcount and FTE August 2021

Noted.

Resolution: **The Financial and Performance reports be received and noted, analyses and actions are supported by the Board.**
Moved Paul Kemp, Seconded Lilon Bandler.

Creina Vlatko left meeting at 12.21PM CST/ 12.51PM EST.

Item 11.3 Audit and Risk

Item 11.3.1 Audit and Risk Committee Chair Report

Jon Isaacs is doing a wonderful job as the newly appointed Chair of the FWLHD Audit and Risk Committee. Jon is working hard to get a new Independent Member on the Committee but has encountered some difficulties he is currently working through. Currently there is an accounting argument happening between Treasury and the Audit Office regarding last year's financial statements yet to be endorsed. This issue is state wide.

Item 11.3.2 Audit and Risk Committee Minutes 14 July 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.

Item 12. Reports for Noting

Item 12.1 Health Performance Report July 2021

Nil. No report provided, HIE portal down.

Item 13. Reports for Endorsement

13.1 FWLHD Corporate Governance Attestation Statement – Previously endorsed out of session

The Board noted that the FWLHD Corporate Attestation Statement had been circulated via email to all Board members and previously endorsed out of session.

13.2 FWLHD Service Level Agreement - Previously endorsed out of session

The Board noted that the FWLHD Service Level Agreement had been circulated via email to all Board members and previously endorsed out of session.

Item 14. Business on Notice

Nil.

Item 15. Items for Discussion

The FWLHD Strategic Plan was discussed in camera, there is more to be presented, Claire and Russell will develop the next iteration before the Board continues to discuss or endorse this document. It was noted that the Acknowledgement to Country needs to stand and be separate from the following two paragraphs.

Item 16. Calendar of Events

Noted. The Clinical Excellence Commission had planned an in service for the September 2021 Board meeting regarding patient safety and quality. Due to COVID outbreak in the region unfortunately this has been heldover. Once a date a new date is confirmed Board members will be made aware.

Item 17. Correspondence

Nil.

Item 18. Other Business

Item 19. Closed Meeting

12.30PM CST/ 1.00PM EST

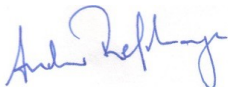
Item 20. Next Meeting

Monday 25 October 2021

Certified as a correct record.

Andrew Refshauge

Name



Signature

25/10/2021

Date