
Minutes

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

Date: 29 November 2021

Time: 10.15am ACDT (10.45am AEDT)

Venue: Board Room, First Floor, Broken Hill Community Health Centre and via PEXIP

Present:

| | |
|---------------------|-----------------|
| Mr Umit Agis | Chief Executive |
| Dr Andrew Refshauge | Board Chair |
| Mr Wincen Cuy | Board Member |

Videoconference:

| | |
|-----------------------|--------------|
| A/Prof Lilon Bandler | Board Member |
| Ms Mariette Curcuruto | Board Member |
| Dr Michelle Dickson | Board Member |
| Mr Paul Kemp | Board Member |
| Ms Sally Pearce | Board Member |

In Attendance:

| | |
|-------------------|--|
| Ms Fiona Lawrance | Director People and Culture |
| Dr Timothy Smart | Director Medical Services |
| Ms Creina Vlatko | A/Director Performance and Strategy |
| Ms Hannah Everuss | Board, Committees and Policy Clerk (Minutes) |

Meeting Opened 10.15 AM ACDT/ 10.45AM AEDT

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

In Camera Session was held at the beginning of the meeting.

Item 19 Closed Meeting

Commenced 10.15am ACDT/10.45am AEDT commenced.

In camera meeting concluded at 10.33am ACDT/10.53am AEDT.

Item 5. Minutes of Ordinary Board Meeting 25 October 2021

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

Item 6. Action List

Action Item 21 – 43, Item 6.1 Strategic Plan

Complete. Secretariat organised a special meeting for the Board to convene and discuss required changes to the draft Strategic Plan. This occurred on Friday 12 November 2021. Claire McKendrik forwarded the updated Strategic Plan late yesterday evening with the requested inclusions and edits to the CE. This will be circulated out of session to all Board members prior to the 17 December 2021 Board meeting.

Action Item 21 – 44, Item 6.1.3 Priority 3, SLA Priority 3 eICU Collaboration Project

Dr Tim Smart is in attendance today to provide the Board with a further update regarding the eICU project. The update brief pertaining to priority Three, eICU Collaboration Project was noted by the Board at the 25 October 2021 Board meeting.

Action Item 21 – 45, Item 8.2 Chief Executive Report – Letter to Kiosk Auxillary

Complete. The CE forwarded a letter on behalf of the Board congratulating the Broken Hill Hospital Kiosk volunteers for their awards and thanked them for their contribution. The letter is attached at Item 17.1 of the Board meeting papers today.

Action Item 21 – 46, Item 9.1.2 Aboriginal Health Comparative DNW Rates

The Acting Director of Nursing, Midwifery and Broken Hill Hospital Site Manager provided feedback advising that the two incidents of a racist comment regarding Wilcannia being made were on two separate occasions and made by two separate patients. There is a zero tolerance to racism at BHHS and any identified staff would be dealt with as per the Code of Conduct. The patients who reported the comments, did not wish to identify the staff members who made them.

Action Item 21 – 47, Item 11.2.8 Budget Allocation

The Budget allocation was retabled from October 2021 Board meeting and had been discussed at the Finance, Performance and Workforce Committee. The budget allocation/adoption is tabled for further discussion today and endorsement at Item 11.2.8 with attached brief and appendices to provide further analysis and information as requested.

Action Item 21 – 48, Item 11.2.6 Workforce Report

Complete. The Secretariat forwarded an example of the BHTEU correspondence provided to all BIC employees regarding the industrial action around the award and back pay that they could expect to receive once the State Award is made.

Action Item 21 – 49, Item 12.1 Health Systems Performance Report August 2021

Complete. The Health Systems Performance Report was tabled at the October Safety and Quality meeting as requested.

Action Item 21 – 50, Item 15.1 2022 Proposed FWLHD Board Meeting Dates

Heldover. The Board Chair and Secretariat have developed a template offline for the 2022 presentations, further work will be completed prior to the 17 December 2021 meeting.

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.

The COVID response operations are continuing across the District with positive cases still being reported in ones and twos, largely most people have already been isolating. Some of the community supported accommodation motor homes have been deployed to Wentworth and will likely be released soon. Community supported accommodation has been retained in Broken Hill. Currently there are no COVID patients being hospitalised. The risk identified for the Broken Hill Hospital is that there is a low threshold for admission to play safe and this has certainly worked well for the LHD in the past.

The CE was notified by Public Health Unit that there is a visitor who has arrived back from South Africa within the Broken Hill community since Friday 26 November 2021. The Public Health Unit are currently following up at the moment regarding this.

The FWLHD are nudging 95% double dose vaccination rate. The Central Darling poses a challenge, the RFDS and Maari Ma have taken the lead in the community with vaccination. There are a cohort of patients that are reluctant to have the vaccination. Two hundred patients in Broken Hill currently refuse. A few have come forward that were originally reluctant. The important thing is, although unfortunate that we have a population against receiving the vaccination is that we have some level of community protection, hospitalisation has been low and no major symptoms have been experienced in the community.

The Board queried what the vaccination rate of the homeless population within the community of Broken Hill has been. The Chief Executive confirmed that the FWLHD focused on the homeless early on in the vaccination drive. The Director of Mental Health Drug and Alcohol has a good connection with Department of Health and Justice allowing the homeless to be contacted directly, with accommodation and vaccination being offered. A number were

vaccinated however a number also declined the vaccination. For those that declined a conversation is continuing, with regular contact being made through FWLHD teams.

The Board raised that they were aware of a vaccination protest/march occurring in Broken Hill on Saturday 27 November 2021 along Argent Street. The Chief Executive advised he was not aware of this march. It was noted that although the number of unvaccinated in the community is low but that they are significantly vocal within the community.

The Chief Executive highlighted that recruitment is a major issue across FWLHD currently. For example, three new grads have resigned in Wilcannia and we are currently cobbling together staff from other regions to maintain services. One of the patients who could be managed in Wilcannia is currently remaining in Broken Hill as we do not have the available number of staff to manage the patient safely in Wilcannia. At the Senior Executive Forum (SEF) last week, it was discussed that the number one risk for all rural LHDs was recruitment. There are currently no agency staff available. The Executive are planning on hiring more staff in ED and ICU to rotate out to remote sites to try and fill the gaps.

The Board Chair raised the concern for staff not getting a break and asked if there was a plan in place how we may juggle the competing demands to ensure that staff get some leave. It is noted that without being able to get staff who can relieve existing permanent staff requesting leave, it can be impossible to grant leave whilst having to uphold the existing services. A suggestion was made to reduce the service we provide, this may need Ministerial approval however it may be worthwhile at looking at where we can reduce services to allow enough staff to at least feel that if they haven't gotten a break this time that they may get it soon. The Chief Executive informed that the Executive are having this conversation, a number of services are being closed down for two to three weeks over the Christmas period such as elective surgery, primary health services and community health where possible. Where emergency/critical services are offered it is not possible to shut down as these must be maintained. A plan to rotate staff through remote areas is currently being considered to manage the risk of staff fatigue and burnout. Conversations are continuing in regard to giving staff leave for Christmas and past the Christmas period. The issue of leave will be addressed as a program by program basis as each service is unique. Some principles have been provided in regard to granting leave for Christmas and beyond. Unfortunately in the major facility of Broken Hill vacancies are also high and therefore limits the potential of staff backfilling within the remote sites further.

Lilon Bandler, Board Member raised that at the really small sites like White Cliffs, Wilcannia and Menindee staff may already be stretched, they have stepped up for the organisation in the COVID response, in which we are incredibly proud. Some staff may have been off for extended periods of time when they themselves had contracted COVID. Conversations that occur tend to centre on services in Broken Hill. There is a major concern that if staff in the remote sites do not get leave that they may resign. The Chief Executive acknowledged that this is a risk the whole rural community are facing at the moment and advised the reason conversations centre around Broken Hill is due to this hospital being the major source of backfill and support for other areas. We have to look at what can be shut down in Broken Hill to see where we can provide backfill in the remote sites. We aren't only trying to fill the vacancies we are also trying to give staff leave.

It was suggested that staff are provided with this communication so they are aware conversations are being had and efforts are being made to enable the maximum number of staff to take leave where possible. Managers have been advocating for staff to have leave. It was suggested that if staff cannot be granted leave at Christmas, is it possible to look at a 'slow down' of services at Easter. The Chief Executive advised that it has always been a principle that you give a break to those that haven't had it and this messaging will be maintained. Staff have been given leave throughout the COVID response. Staff are taking

leave however we would like to be able to give staff further leave. Within the leave liability report tabled it can be seen that the amount of leave accumulated hasn't increased rapidly. The FWLHD is trying to increase the opportunities for staff to be able to take leave due to it having been a particularly stressful year for all.

Michelle Dickson joined the meeting at 11.00am ACDT/11.30am AEDT.

It was reported that the non-admitted and admitted ETP has shown improvement in October. The Director of Medical Services and the Director of Nursing/Midwifery and Site Manager have been improving this on the ground. This was mentioned in particular at the SEF meeting where three or four other LHDs are experiencing similar ETP rates as FWLHD. The Director of Medical Services advised there had been some pressure due to redeployment of staff. Regular multidisciplinary meetings will be reinstated to address these fluctuations.

Mariette Curcuruto joined meeting at 11.03am ACDT/11.33am AEDT.

The elective surgery waitlist is decreasing with extra theatre sessions being scheduled. Currently there are no category ones awaiting surgery. Three additional orthopaedic VMOs have been engaged and should be able to address the waitlist by Christmas. The largest waitlist is for gastroenterology which we are currently converting to a gastro endoscopy model which should be more productive whilst our gastrointestinal surgeons have not been visiting for the last twelve months. As borders have opened up additional resources have come online and additional resources have been allocated to address the waitlists.

The Chief Executive advised that it is being discussed whether the FWLHD can offer patients the choice of a private provider in Adelaide if they are requiring urgent surgery and it isn't currently able to be facilitated by the Broken Hill Hospital with the assistance of IPTAAS. This would only be offered where feasible, however it is important to give patients the choice and take the opportunity to learn from our metropolitan partners.

The Board raised that this may not be received well by the community. If we are approaching patients who have planned surgery in Broken Hill and advising that their surgery has been moved to Adelaide. This could be seen by the community as a downgrading of FWLHD services. The Director of Medical Services advised that this would only be facilitated where we physically cannot get the consultant to Broken Hill to complete surgeries to get the waitlists under control. It would only be urgent surgeries that were referred by this means. It was acknowledged that the messaging to the community will be critical, currently this is in the preliminary discussion stage. The question is of a capacity issue regarding how many theatre sessions can be completed in Broken Hill. This is a solution being explored rather than a offloading of surgeries. It will remain the patient's choice but we would be informing patients about wait times and providing choices for the surgeries to be completed alternatively in Adelaide. A communications strategy would be critical in informing the community of this strategy and would need to be managed carefully.

Consideration would need to be made in regard to referring patients interstate if the borders were closed and consultants were not allowed in, therefore we would have trouble getting patients over the border for elective surgery. It was noted that this course of action would be taken when the borders were open to try and reduce the waitlists. The purpose of supplying this would be to have a plan B to offer options to our community by acknowledging delays, creating an option and providing choice. If the patient is interested in this then they would be supported in having the surgery at a private facility in Adelaide.

It was noted that within the CE report the finance section was duplicative of the Finance report. This was acknowledged and will be adjusted for ongoing months.

In regard to Planning and Infrastructure, the Buronga HealthOne development is progressing with the concrete having been poured. The Wentworth Hospital consultation process has been completed and planning is progressing for the new build.

Action: *Secretariat to forward the Buronga HealthOne update newsletter to the Board out of session.*

The Mental Health Inpatient Unit (MHIPU) project is progressing with four possible sites on the hospital grounds having been identified for its construction. FWLHD have asked for the unit to consist of eight beds rather than six. Currently the MHIPU occupies approximately 300m² while the new building is proposed to occupy 1000m². The reason for the increased size is due to single rooms with ensuites and deescalation areas. There will be a section where we can manage vulnerable patients, including a patient area where they can stay without interacting with the rest of the ward. This will be a great improvement from the facility we currently have. The development is currently in the planning phase. The CE will share with the Board via presentation the proposed new development.

Action: *Presentation to the Board regarding the Mental Health Inpatient Unit development when appropriate.*

Corina Kemp has provided a comprehensive review, detailing the engagement and the progress of the volunteer program. There is an opportunity to link into employment from the volunteer program with potential employees getting a taste of the service with this hoping channelling into permanent positions. Corina Kemp is very engaged and is very knowledgeable and is doing well in her new position of Executive Manager Aboriginal Health and Community Engagement.

Mariette Curcuruto left meeting at 11.10am ACDT/ 11.40am AEDT

In terms of Executive recruitment, The Executive Director Nursing, Midwifery and Clinical Governance role and the Director of Clinical Operations role are currently sitting with head hunters. Mr Muku Ganash Acting Director Clinical Operations, substantively the Director of Performance and Strategy has resigned effective immediately due to family reasons. The Board advised that the appointment of the combined role of Executive Director Nursing Midwifery and Clinical Governance was very important. It was requested that a Board Member sit on the recruitment selection panel.

The parliamentary enquiry is scheduled for Thursday 2 December 2021. The witness list has been finalised, Walgett RMS, Maari Ma, Broken Hill and RFDS are included. The Nursing and Midwifery Unit will have representation from Ms Dale Sutton and Medical Services, Dr Tim Smart. The FWLHD are hoping for some positive change for rural and remote health to come from the inquiry. The Board Chair will have received an information pack in regard to the papers prepared for the inquiry. It was highlighted that this process had been completed previously and would provide comfort to the Board.

The final draft of the Strategic Plan was received early today from Claire McKendrick and will be tabled at the 17 December 2021 meeting. The Aboriginal Workforce Strategy has also been submitted by Fiona Lawrance. The CE thanked Michelle and Mariette for their assistance provided to improve the draft.

Mariette Curcuruto re-joined the meeting at 11.31am ACDT/ 12.01pm AEDT.

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

Item 10. Presentation

Item 10.1 Presentation

Fiona Lawrance, Director of People and Culture joined the meeting to present on Pillar 1, People, Culture and Organisational Development Governance. Fiona advised that Corina Kemp, Executive Manager Aboriginal Health and Community Engagement had been a big support in developing Aboriginal Employment. The LHD are aiming to increase staff ratio to at least ten percent. Corina Kemp's community relationships have been key to expanding and communicating the FWLHDs commitment to providing employment for the Aboriginal community. The Executive would ideally like to reach 13% Aboriginal employment however understand that ten per cent maybe more realistic to achieve. The Aboriginal employment rate across FWLHD is currently between 6 – 7%. Some positions have been identified where we might be able to grow this number. A concerted effort is being made to recruit. In 2022 the LHD are pleased to report that three Aboriginal SBATs will be commencing. Elsa Dixon funding has been secured for the SBAT positions.

A program is being developed to support Aboriginal People with the recruitment process, a booklet will be provided to support Aboriginal candidates in completing the recruitment process. This will help to streamline the process and provide guidance in addressing selection criteria. It can be daunting and therefore considerations may be made to allow for a cover letter to be submitted and then guidance and support can be provided by the recruitment team to reach out to applicants. The recruitment team are engaging current Aboriginal employees to assist with selection panels helping to provide engagement and creating a culturally safe place at interview.

The FWLHD and TAFE are forming a partnership in regarding to traineeships and apprentices in Wilcannia and Balranald. Currently there are Aboriginal staff members who are cooks that can supervise apprentices. The People and Culture Directorate are working in collaboration with the Director of Remote Services and the University of Sydney from the University Department of Rural Health. Within this partnership it is an aim in the long term to look at growing nursing staff. Work is currently being undertaken to identify which universities have the best dedicated support for Aboriginal student intake.

The Board advised there is currently a nursing school in Mildura, which may be an appropriate option to explore being closer to Country for all FWLHD locations. The Chair of Two Rivers Health Council is working at Mildura nursing school and would be a great contact in facilitating this partnership. It was suggested that employing two administrative entry level rolls as trainees at pretty much the same cost as one fulltime employee has been a successful model at Sydney LHD where employees were able to buddy up in one role. It was noted that the LHD had success when recruiting permanently from the SBAT pool. Some of the SBATs are currently still working with us having converted from training to full time employment within the LHD.

Item 9. Aboriginal Health

Item 9.1 Clinical Services

Item 9.1.1 Comparative DAMA Rates

Item 9.1.2 Comparative DNW Rates

Item 9.1.3 Admission rates compared with population numbers

Item 9.2.3 Progress on the Reconciliation Action Plan

Nil.

Item 9.2 Workforce

Item 9.2.1 Workforce participation rates

The Board noted the above Aboriginal Health reports with nil questions. It was raised that the FWLHD was not making any headway with increasing the number of Aboriginal People on staff. It was noted that the Mandatory Training Report was incorrectly tabled under Aboriginal Health Workforce by the Secretariat, this should be tabled under Item 11.2.6 Workforce Report.

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 Community Health model of care is currently being worked on in collaboration with CHAC and FWLHD.

In regard to Maari Ma, executive and middle managers are working well. There has not been much interaction with Maari Ma Board Chair and CE. The Acting Executive Manager Aboriginal Health and Community Relations, Corina Kemp has followed up on this however it is not getting traction.

The Board enquired what support Corina Kemp was being provided in her acting role. The CE advised that Brendan Cuttmore from WNSW LHD was Corina's mentor, providing support in regard to managing complexities of the community. The Chief Executive meets with Corina weekly and administrative support is provided by the CE Unit. The CE believes it is important to be aware of what supports are required in this role. One of the challenges is doing everything yourself. It is important to provide direction or general guidance and the challenge of being enthusiastic and the risk of burnout. The Chief Executive is mindful of maintaining amazing staff. Board Member, Lilon Bandler, applauded having someone from Western as a mentor for this role.

Item 11. Board Sub Committee Reports

Item 11.1 Quality and Safety Committee

Item 11.1.1 Quality and Safety Committee Chair Report

The Board Chair highlighted the CEC feedback received at the in-service provided following the October FWLHD Board meeting and advised of the significant increase in clinical quality experienced across the District and shown by the data. It was acknowledged that there is more work to be done in regard to falls and pressure injuries. It was noted that further

analysis of the data providing the breakdown within the report, classifying the falls may help the staff at an operational level. It was noted that improvement had been seen in regard to recommendations, SEAR previously RCAs, positive seeing changes here. The retirement of the Director of Nursing Midwifery and Clinical Governance was noted as an important time for a changing of the guard of a significant employee with 40+ years of experience within the District. The Chief Executive advised that a Safety and Quality expert had been engaged to support Wendy Gleeson, Acting Executive Director Nursing Midwifery and Clinical Governance. The Board noted the presentation given by the CEC was helpful and useful.

Item 11.1.2 Patient Safety and Clinical Quality Report September 2021

Key points of the September 2021 report are:

- There were two Harm Score one incidents and nil Harm Score two incidents. There are six SAER (Serious Adverse Event Review) incidents ongoing.
- 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 September 2021 overall for the District. One of these falls resulted in a Harm Score 2, a clinical review is in progress to address this.
- There were 10 pressure injuries reported in September 2021. Six of these were required in the community and four were hospital acquired.

What's working well within the District:

- The number of 28 Day and 14 Day Readmissions have decreased this month. Good work done with the chronic care team in reducing these with discharge planning.
- There were no Harm Score 2 incidents reported this month.
- 100% of SAER recommendations and Clinical Review recommendations were completed on time (or extensions approved by appropriate executive) and/or extensions granted.

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

- Hospital acquired pressure injuries (HAPIs) remain a concern this reporting month as there were four (4) identified. A multidisciplinary working group has been established in September to identify key issues and develop strategies. These pressure injuries occurred in palliative care patients experiencing end of life care in the Medical Ward. The CNC for Wound Care is working to educator staff particularly around Palliative Care patients, giving peaceful and restful care whilst still addressing the management of pressure injuries.
- The number of falls remain a concern with fifteen (15) falls this reporting month. Eleven (11) of these falls were from the Medical Ward. A team has been convened to work through strategies with the clinicians to reduce the number of falls in this ward.

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.

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 meetings. The updates to the presentation of the finance report are very good with explanations and useful information having been added to improve the readability of the report.

Item 11.2.2 Finance and Performance Committee Minutes 20 September 2021

Noted.

Item 11.2.3 Finance Report October 2021

Major items of the financial report are:

October 2021 Overview

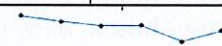

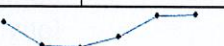
| Oct-21 FY2021/2022 \$'M | | | | | | | | | | | | |
|--|----------------|--------------|----------|------------|----------------|--------------|----------|-------------|-----------------|--------------|----------|-------------|
| | Month | Variance to | | | YTD | Variance to | | | FY | Variance | | |
| | Actuals | Budget | | % | Actuals | Budget | | % | Forecast | to budget | % | |
| Expenses: | | | | | | | | | | | | |
| Employee Related | 7.233 | 0.362 | F | 5 | 28.707 | 0.185 | F | 1 | 85.121 | 0.807 | F | 1 |
| VMO Payments | 0.719 | 0.030 | U | -4 | 3.089 | 0.485 | U | -19 | 8.990 | 1.505 | U | -20 |
| Goods & Services | 3.886 | 0.423 | U | -12 | 13.209 | 2.120 | U | -19 | 37.151 | 6.013 | U | -19 |
| Grants | 0.207 | 0.000 | F | 0 | 0.830 | 0.000 | F | 0 | 2.864 | 0.001 | U | 0 |
| Repairs, Maintenance & Renewals | 0.293 | 0.053 | U | -22 | 0.722 | 0.003 | F | 0 | 1.820 | 0.034 | F | 2 |
| Depreciation and Amortisation | 0.603 | 0.000 | F | 0 | 2.416 | 0.000 | F | 0 | 7.653 | 0.000 | F | 0 |
| Borrowing Costs | 0.002 | 0.000 | F | -35 | 0.006 | 0.002 | U | -38 | 0.019 | 0.005 | U | -40 |
| Other Expenses | 0.003 | 0.003 | U | 0 | 0.004 | 0.004 | U | 0 | 0.007 | 0.007 | U | - |
| Total Expenses | 12.946 | 0.147 | U | -1 | 48.983 | 2.422 | U | -5 | 143.625 | 6.690 | U | -5 |
| Revenue: | | | | | | | | | | | | |
| Patient Fees | -0.436 | 0.005 | U | -1 | -1.723 | 0.025 | U | -1 | -5.188 | 0.007 | F | 0 |
| User Charges | -0.366 | 0.183 | U | -33 | -1.332 | 0.699 | U | -34 | -4.607 | 1.473 | U | -24 |
| Grants and Contributions | -0.223 | 0.085 | F | 61 | -0.640 | 0.068 | F | 12 | -1.840 | 0.196 | F | 12 |
| Other Sources of Revenue | -0.011 | 0.112 | U | -91 | -0.137 | 0.352 | U | -72 | -0.444 | 1.031 | U | -70 |
| Own Source Revenue | -1.036 | 0.214 | U | -17 | -3.832 | 1.008 | U | -21 | -12.079 | 2.300 | U | -16 |
| Government Contributions | -10.16 | 0.000 | F | 0 | -42.995 | 0 | F | 0 | -114.328 | 0.000 | F | 0 |
| Total Revenue | -11.196 | 0.214 | U | -2 | -46.827 | 1.008 | U | -2 | -126.407 | 2.300 | U | -2 |
| Net Cost of Service : Surplus/(Deficit) | (1.750) | 0.361 | U | -26 | (2.156) | 1.274 | U | -269 | (17.218) | 8.991 | U | -109 |
| Crown Acceptance | -0.166 | 0.000 | F | 0 | -0.864 | 0.000 | F | 0 | -2.595 | 0.000 | F | 0 |
| Asset Transfers – Internal | 0.000 | 0.000 | F | 0 | 0.000 | 0.000 | F | 0 | -0.170 | 0.000 | F | 0 |
| Total Result: Surplus/(Deficit) | (1.584) | 0.361 | U | -30 | (1.292) | 3.430 | U | -160 | (14.453) | 8.991 | U | -165 |

| | | | | | | | | | | | | |
|---|----------------|--------------|----------|----------|--------------|--------------|----------|------------|----------------|--------------|----------|------------|
| Less: COVID-19 Incremental | (0.458) | 0.447 | U | -3998 | (2.683) | 2.648 | U | 7452 | (6.719) | 6.593 | U | -5255 |
| General Fund (Excluding Covid) Surplus/(Deficit) | (1.126) | 0.086 | F | 7 | 1.391 | 0.782 | U | -36 | (7.734) | 2.398 | U | -45 |

| | FY2021/2022 \$'M | | | | | | | |
|-----------------------------------|------------------|--------|----------------|------------|------------|------------|--------------|------------|
| | Oct-21 | | | | | | | |
| | Actual | Budget | Month Variance | % Variance | YTD Actual | YTD Budget | YTD Variance | % Variance |
| General Fund (excluding COVID-19) | 10.187 | 10.487 | 0.300 F | 3 | 42.182 | 42.407 | 0.226 F | 1 |
| COVID-19 | 2.759 | 2.313 | 0.446 U | -19 | 6.801 | 4.153 | 2.648 U | -64 |

October 2021

- The BAU **expenditure** result for the month of October was \$0.300M (3%) favourable to budget. Once broken down COVID-19 is \$0.921M unfavourable and business as usual is \$0.005M favourable to budget.
- The **revenue** result for the month of September was \$0.322M unfavourable to budget (3%) variance to budget.

| | Excluding Covid-19 | | Covid-19 | | FWLHD Total | |
|---------------------------------|---|--------------------|--|--------------------|---|--------------------|
| | YTD Actual | Variance to Budget | YTD Actual | Variance to Budget | YTD Actual | Variance to Budget |
| FTE – FN09 (Ending 24/10/21) | 664.44 | 98.01 F | 53.34 | 51.34 U | 717.79 | 46.66 F |
| Trendline of monthly actual FTE |  | |  | |  | |

*Excludes 9 YTD HealthX agency staff.

Year-To-Date October 2021

- The **expenditure** result year to date is \$0.226M favourable (1%) to budget.
- The **revenue** result year to date is \$1M unfavourable to budget (21%) variance to budget.

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

- Some additions to the financial report were:
 - a footnote to the budget overview in regard to agency and HealthX staff,
 - a trendline to track FTE and,
 - forecast tables with traffic lights to provide a more comprehensive analysis of what is happening,
 - Broken Hill ED presentations and triage categories, outlining the complexity and acuity of patients.

The year to date favourable variance relates to reallocation of \$0.220M from non COVID-19 (BAU) into COVID-19. This reallocation was for COVID-19 employee related work in prior months that had been costed to non COVID-19. This also occurred in relation to security which was previously under goods and services. In total \$0.286M moved to COVID resulting in the favourable result of \$0.226M year to date.

COVID incremental is \$0.446M unfavourable for October 2021 and \$2.6M unfavourable YTD. The COVID expenses for the current month were \$2.759M being \$0.425M more than September.

For the month of October material adjustments or increases were:

- Goods and Services:
 - o Security for asymptomatic patients - \$0.233M more in current month,
 - o Accommodation charges for asymptomatic patient - \$0.150M more in current month,

The large spikes previously seen month to month for COVID seemed to have flattened out. In accordance with the past practices, the COVID-19 related expenditure is to be reimbursed to the District in the following month.

- Goods and services for the month are particularly high and are directly related to COVID expenditure.
- Repairs and maintenance for the month are particularly high for the category due to a journal entry adjustment made for an error in the previous month that has been fixed at the amount of \$0.062M.
- Own Source Revenue, user chargers and other sources of revenue are materially high for the month. Overall giving a net position excluding COVID, BAU position \$0.086M (7%) favourable to budget. The increased revenue position of \$0.136M compared to the prior month is from a mental health grant not guaranteed going forward. Year to date own source revenue is \$1M unfavourable to budget and continues to be an issue.
- Year to Date VMO payments are still a material issue, however has not been as substantial as previous months resulting in \$0.030M unfavourable to budget.
- A budget forecast has been added for the month, BAU and COVID have been split. BAU \$0.100M unfavourable to budget with the assumptions being made that all vacant positions will be filled from the commencement of November 2021. COVID will disappear and activity will return to normal, narrative provided to the Ministry which they are comfortable with. Official forecast submitted to the Ministry BAU \$0.970M, own source revenue will be unfavourable \$2.3M at the end of the financial year.
- Forecast for own source revenue, will improve slightly, what is happening for the year will continue to happen. Forecast for COVID, \$6.5M unfavourable for expenditure. Assuming this will be funding in the following month.

Item 11.2.4 Financial Reports – October 2021

Noted.

Item 11.2.5 MoH Narrative – September 2021

Noted.

Item 11.2.6 Workforce Report

Noted.

Item 11.2.7 Headcount and FTE September 2021

Noted.

Item 11.2.8 Budget Allocation 2021/2022

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 in October 2021. The Board Chair requested that an analysis and comparison be provided for 2020/2021 and 2021/2022 budgets at the November 2021 Finance and Performance meeting and then onto the November Board meeting for endorsement. An internal brief cover page was supplied to outline the budget to the Board, advising of the SLA financial and activity targets for the current financial year, a comparison of the FY21/22 SLA to the previous FY20/21 SLA, financial key performance indicators and advising of the budget build and budget allocation process. The Board endorsed the budget allocation for FY 2021/2022.

Resolution: **The Board endorse the Budget Allocation for FY 2021/2022.**
Moved Wincen Cuy, Seconded Sally Pearce.

Item 11.2.9 Internal Brief D21 – 12089 Own Source Revenue Financial Review

The Acting Director Performance and Strategy, Creina Vlatko outlined the brief tabled in regard to Own Source Revenue. The purpose of the brief is to provide some clarity around the own source revenue position that FWLHD are currently in. Advise of trigger factors that have occurred over the last couple of financial years and where we think we may end in the current financial year to be well prepared. Attached to the brief is a review that was completed in regard to Broken Hill radiology, impacted by FastTrack and impacted by COVID. Further attachments included an analysis and a forecast and an analysis for the FastTrack closure calculation giving clear visibility where ongoing challenges will be. This brief provides an opportunity to have a conversation with the Ministry. It was noted that the closure of Fastrack has giving the Medical workforce greater ownership however has decreased the radiological referrals. The FWLHD anticipate that the Ministry will recognise the increased activity in the Emergency Department and funding will be recuperated.

The Board discussed the need to at some stage to discuss with the Ministry regarding the forecast. Are we going to meet our financial and SLA key performance indicators or will the FWLHD have a problem at the end of the year. The FWLHD will be updating the forecast each month and will change the messaging at their discretion. It was acknowledged that the FWLHD do not want to be late in coming to the party however have carried a level of vacancy in the past and still have been meeting targets set by the SLA. The question being what is the material number, unsure of the breaking point. The Board were informed that there would be a performance meeting in mid December with the Ministry in which the forecast would be updated.

Item 13.3 Draft FWLHD Scorecard

Creina Vlatko asked the Board if the draft scorecard was helpful. Muku Ganesh had commenced drafting the scorecard to provide a snapshot of targets and how FWLHD were tracking. It was noted that NWAU activity would be reporting the prior month with all other data being presented for the current month the Board were discussing. The Board commented it was helpful in providing a summary rather than going through a lengthy document. The Board requested that the FWLHD SLA specific targets be included in the report alongside the State targets and to include hospital acquired complication trends within the clinical governance segment and Aboriginal Health targets. It was discussed that the scorecard snapshot would not replace the MoH KPI Dashboard however provided a valuable summary to be treated as a work in progress so that things can be added or removed at the Boards' request.

Action: *Acting Director of Performance and Strategy to include FWLHD SLA specific targets alongside State targets, a trend line be added for hospital acquired complications and Aboriginal Health to be included.*

The Board endorsed the draft scorecard to be a monthly addition to the finance report. The FWLHD Executive would be presented a final draft prior to the Scorecard becoming a standing agenda item within the Board report.

Resolution: **The Board endorse the draft Scorecard to become a standing agenda item within the finance report to the Board.**
Moved Wincen Cuy, Seconded Sally Pearce.

Wincen Cuy and Sally Pearce wished to pass on their thanks to Muku Ganesh for the work he has done in Finance throughout the year and express their appreciation for this. The progress made on the report over the recent months has been fantastic.

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

Paul Kemp left the meeting at 12.00pm ACDT/ 12.30PM AEDT.

Creina Vlatko left the meeting at 12.15PM ACDT/ 12.45PM AEDT.

Item 11.3 Audit and Risk

Item 11.3.1 Audit and Risk Committee Chair Report

The Chief Executive advised that the Audit and Risk Committee welcomed the newly appointment Independent Member, Irene Rusak. The Audit and Risk Committee have been making headway with currently only two outstanding audit recommendations in regard to internal audit. It was reported that the governance of the Committee is working well. The Board were advised that the Ordinary meetings of the ARC have been aligned with the 2022 Board meetings. The Ordinary meetings are scheduled for March, June, September and November and will be held face to face in Broken Hill. This will enable the Chair to attend the Board meetings face to face to provide the Audit and Risk Committee Chair report.

The Board Chair advised of his attendance at an informal meeting and induction of new Board Members and noted going forward to be a Member of Audit and Risk Committee, each

member must be approved by Treasury. Board Member could remain on the Committee however would be classed as an attendee and therefore would not have full membership of the Committee. The Board Chair expressed his concern that if the Board would feel they were not taken seriously in this event. Sally Pearce noted the benefit and productivity of having someone with a clinical background sitting on the Committee as a voting member.

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 Lilon Bandler. Carried.

Item 12. Reports for Noting

Item 12.1 Health Systems Performance Report September 2021

The Board noted the Health Systems Performance report and commented that it was helpful to see the state wide KPIs.

Item 13 Reports for Endorsement

Item 13.1 Clinical Governance Attestation and Clinical Governance Framework

The Board were advised by the Director of Medical Services was tabled for an annual revision. The only changes made from the version endorsed last year were on the basis of the feedback from the accreditors who recommended that KPIs be added, which can be seen on page 12 of the document, further detail has been added to the tables regarding the Clinical Governance meeting structure with Committees that report into this meeting included.

The Clinical Governance Attestation Statement was tabled for the Board's endorsement. The Board discussed the need to include the KPIs of the Clinical Governance Unit in the Terms of Reference. It was noted that the TOR had been updated to include the KPIS and been approved by the Safety and Quality Committee to be tabled at the December 2021 Board meeting for endorsement.

Resolution: The Clinical Governance Attestation and Clinical Governance Framework be received and noted with the analyses and action contained within them be supported by the Board.

Moved Andrew Refshauge, Seconded Wincen Cuy.

Item 13.2 FWLHD Delegation Manual

The Delegations manual was reviewed and approved for tabling by the Finance, Performance and Workforce Committee for endorsement by the Board.

The Chief Executive confirmed the changes that had been made were:

- The Senior Manager Finance had been deleted from the bank signatories table,
- The position of Executive Manager Aboriginal Health and Community Relations has been added to the bank signatories table,
- It was noted that the position of Director of Aboriginal Health and Planning was not previously included in the Delegations Manual.
- Minimal cosmetic and grammatical changes that had been track changed.

Resolution: The annual revision of the FWLHD Delegation Manual be endorsed by the Board.

Moved Sally Pearce, Seconded Wincen Cuy.

Item 13.3 Draft FWLHD Scorecard

Item 13.3 was discussed with the Finance report at Item 11.2 Finance, Performance and Workforce. Please see Item 11.2 for discussion.

The FWLHD Scorecard was endorsed by the FWLHD Board.

Item 14. Business on Notice

Nil.

Item 15. Items for Discussion

Item 15.1 2022 Proposed FWLHD Board Meeting Schedule

The Board discussed the proposed meeting schedule and highlighted it would be unlikely to be visiting Wilcannia in March 2022. The Wilcannia site visit will be held over until it is possible to visit in future due to the COVID situation across NSW. It was requested that the remote site visit meeting for October 2022 be held at the new Buronga HealthOne facility.

The Board discussed that it was necessary to be mindful not to impose on the staff when visiting such sites as they are generous with their time, space and catering resources. A remote meeting standard protocol will be developed to include these considerations.

Action: Board Chair, Chief Executive and Secretariat to draft a standard protocol for remote site meetings visits of the FWLHD Board.

It was noted that the Audit and Risk Ordinary Committee meetings had been moved to be held the day following the Board, so that these can be face to face in Broken Hill. The first face to face meeting of the ARC will occur on Tuesday 29 March in 2022. These meetings will be added to the meeting schedule.

It was suggested to hold the Annual Public Meeting (APM) in September however the end of year financial statements need to be endorsed by the Board prior to the APM being held. The Board agreed to aim to hold the APM earlier in the year, in either September or October 2022.

It was suggested to add important papers for endorsement to the meeting schedule such as the budget adoption, soft close financial statements, hard close financial statements and the Service Level Agreement.

Action: Proposed FWLHD Board Meeting Dates to be updated as discussed at the November 2021 Board meeting.

Item 16. Calendar of Events

Noted.

Item 17. Correspondence

Item 17.1 Letter to Kiosk Volunteers Broken Hill Hospital

The Chief Executive forwarded a letter on behalf of the Board as requested to the FWLHD Kiosk Auxiliary congratulating them on the NSW Volunteer Team of the Year Award and thanking them for their efforts. The Chair advised that the Kiosk provide a half of the revenue raised for FWLHD through donations raised by the Broken Hill Hospital Kiosk. The volunteers regularly do an incredibly good job. The CE noted that the FWLHD were sending two team members to Sydney to attend the end of year NSW volunteer awards function to celebrate their achievements.

Item 18. Other Business

Nil.

Item 20. Next Meeting

Friday 17 December 2021

Meeting Close

12.47pm ACDT/ 1.17pm AEDT

Certified as a correct record.

Andrew Refshauge

Name

Signature

17/12/2021

Date