
Minutes

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

Date: 25 July 2022

Time: 10.15am ACST (10.45am AEST)

Venue: Auditorium, First Floor, Broken Hill Community Health Centre and via Teams

Members:

Mr Brad Astill	Interim Chief Executive
Dr Andrew Refshauge	Board Chair
A/Prof Lilon Bandler	Board Member
Ms Mariette Curcuruto	Board Member
Mr Wincen Cuy	Board Member
A/Prof Michelle Dickson	Board Member
Mr Justin Files	Board Member
Mr Paul Kemp	Board Member
Mr Jason Masters	Board Member
Ms Sally Pearce	Board Member
Ms Pam Tucker	Board Member

In Attendance:

Mr Brendon Cutmore	Director Information and Performance Support, Regional Health Division
Ms Wendy Gleeson	Manager Integrated Violence Prevention
Mr Gunjan Kothari	Acting Director Performance and Strategy
Ms Judy Robinson	Manager Risk Management Unit
Mr Dale Sayers	Financial Accountant
Mr Luke Sloane	Acting Coordinator General, Regional Health Division
Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)

Meeting Opened 10.45AM ACST/ 11.15AM AEST

Administration Matters

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

Justin Files	Board Member
Wincen Cuy	Board Member

Item 3. Disclosure of Interest

Jason Masters, Board Member advised that he was the Chair of the Australian Online Gifting Foundation.

Item 4. Order of Business/Urgent Business

Nil.

Item 5. Minutes of Ordinary Board Meeting 27 June 2022

Resolution: **The Minutes of the Ordinary Board meeting held on 27 June 2022 be received as a true and correct record.**
Moved Sally Pearce, seconded Jason Masters, Carried.

Item 6. Action List

Action Item 20 – 25 Partner Informal Meetings

Complete. The Board Chair and Board Members agreed that the informal meetings were not working and that this action could be completed. Other forms of engaging with partners is required. The Interim Chief Executive agreed and advised that he had scheduled meetings to touch base with FWLHD partners upon his commencement.

Action Item

Wendy Gleeson joined the meeting at 10.25am CST/10.55am EST

Strategic Matters

Item 7 Presentation

Item 7.1 Pillar One Clinical Governance

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Item 7.1 Pillar One Clinical Governance Presentation

The Board welcomed Wendy Gleeson Executive Director Nursing and Midwifery/Clinical Governance to the meeting to present on Pillar One Clinical Governance. The key points of the presentation were:

- An update regarding the accreditation process the FWLHD underwent in June 2021 was provided. As of May 2022 all eight recommendations have been completed as handed down by .
- 2021 accreditation standards committees were established and in 2022 accreditation business as usual model was implemented. The 8 National Standard (NS) committees have been embedded (where possible) into existing committees with the exception of two stand alone committees – NS 6 Communicating for Safety & NS 8 Recognising and Responding to Acute Deterioration and NS 5 Comprehensive Care.

- There are six actions across the standards that pertain specifically to Aboriginal people and communities. The Executive Manager Aboriginal Health and Community Relations will work with Executive Sponsors and NS Leads with these actions.
- An overview of the accreditation business as usual committee was provided.
- What is being done within the Nursing and Midwifery and Clinical Governance Directorates that leads to the improvement of Aboriginal Health in the LHD or increases the employment of Aboriginal people in the LHD.
 - Implementation of Aboriginal Cultural Engagement Self-Assessment Tool (ACESAAT) on QARs. A survey tool designed to assist LHDs in identifying actions to strengthen cultural engagement between NSW Health services and Aboriginal stakeholders, improve cultural safety and provide evidence for accreditation processes and provides specific actions in the NSQHS Standards. The LHD will undertake local analysis of the results, identify focus areas for action and develop an action plan to monitor and review their progress in addressing these areas.
 - The introduction of Aboriginal Health Impact Statements (AHIS) on all new and revised policies assists in the improvement of health practices within the Aboriginal community ensuring cultural consideration and appropriate practices.
 - The implementation of the take own leave strategy
 - Dashboard established to monitor Aboriginal Health Indicators such as DAMA, DNW and LOS.
 - Workforce initiatives, Aboriginal Nursing Cadets, BH UDRH Careers academies, School Based Apprentices and New Graduate Nurses and Midwives.

The difficulties and opportunities for the Directorate were noted for the future with difficulty of the directorate recruiting and retaining skill staff to the Clinical Governance Directorate with a small team of two, proving difficult to succession plan these positions. Opportunities within this difficult present a fresh perspective with recruitment of new staff. CGU are reviewing their staff structure to consider additional staff to enable both succession planning and undertaking comprehensive analysis and strategic planning.

The Board noted the presentation.

Item 8. Chief Executive Report

Item 8.1 KPI Dashboard Report

The KPI Dashboard report was noted. The Board requested a narrative/ trend report regarding key indicators be provided linking in with the Chief Executive report.

The Board discussed the overdue surgery waitlist, Brad Astill, Interim Chief Executive advised that there are no large groups of surgeries on the waitlist, there are a couple of tricky procedures, approximately eight patients awaiting shoulder procedures and unfortunately currently FWLHD do not have a surgeon that has particular shoulder experience. FWLHD are negotiating a contract with Adelaide Private to complete the overdue waitlist surgeries. There has been a concerted effort to complete scopes.

The Board discussed the Emergency Triage Performance targets, The Interim Chief Executive advised that triage two patients were to receive treatment within ten minutes, reasonably urgent need to be seen. The KPI report is stating that 30% of people who are

presenting are not being seen within ten minutes. The Board agreed that chest pain and diffuse chest pain should be triaged at a level two. The Interim Chief Executive took this query on notice.

Action: A narrative to be provided regarding indicators that aren't being met, with the KPI report being addressed alongside the Chief Executive report.

Moved Pamela Tucker, Seconded Paul Kemp, carried.

Item 8.2 Chief Executive Report

The Interim Chief Executive went through the report noting key points.

Patient transfers were discussed with a focus on ramping. The FWLHD have not experienced ramping issues currently. Transfers are regularly sitting at 80% or higher for the District exceeding the performance targets set by the Ministry. The Board and Interim Chief Executive agreed that the Ministry was currently focusing on ramping with the current covid and flu situations in respect to the Victorian experience. The Transfer of Care data was discussed in regard to Wilcannia. All emergency department presentations and Ambulance calls outs are answered by the same staff.

The Board noted that District maintained a 0 rating. The performance rating, takes into account all areas, not least of all, emergency department, safety and quality, workforce and finance etc. The FWLHD is performing well in its ability to meet efficiency improvement programs and has a history of meeting these targets each year.

The Buronga HealthOne official opening is being planned, the District is unsure when this will be held. Minister Taylor and Minister Hazzard may both be in attendance. Planning for the Wentworth Health Service redevelopment is well underway, community consultation sessions were completed last week by Health Infrastructure and feedback was fantastic. Staff and associated health agencies were taken on an on country walk around the site and positive feedback was received.

The Board queried if there was going to be an Emergency Department located in the new redevelopment and if a patient would be diverted to Wentworth rather than Mildura. The Interim Chief Executive advised that capacity was being built in Wentworth, this did not mean that Wentworth were going to be having an Emergency Department. It was agreed the Board would be provided further information regarding this.

Action: Briefing paper on the Urgent Care Centre Model for Wentworth to be provided to the Board.

Nursing and Midwifery have been successful in recruiting a further five new graduates commencing in July 2022. It was recognised that there currently is a shortage of health staff worldwide. Currently MoH are undertaking a centralised overseas nursing recruitment drive with this previous avenue of recruitment being limited due to borders being closed.

Sydney LHD Executives visited the FWLHD to witness the vICU model in practice and to explore between their virtual care team and FWLHD what is next. Particular areas that are being explored are Rehabilitation and Hospital in the Home. FWLHD and Sydney LHD are looking to re-establish a Governance Committee for these like projects.

There is a current COVID outbreak in Balranald, affecting the Aged Care section of the Health Service and subsequently staff in this area. Staff are starting to return back to work

post recovery. Staff from Dareton have migrated from Dareton to the Buronga Health One building.

The Interim Chief Executive is establishing informal meetings between key partners throughout the District such as PHN, CHAC, Maari Ma and RFDS to reacquaint. The Board noted the Respect the Difference training progresses within the report and the Aboriginal Staff forum that had been established. The Board noted there was a lot of work going on in this space.

The patient transfer process to tertiary hospitals was discussed. It was queried if hospitals are full and the FWLHD do not have a memorandum of understanding in place? The Interim Chief Executive advised that the FWLHD have consolidated the process, currently the formalisation of the MOU is at the point of Susan Pearce as Secretary to discuss with South Australian counterpart. Plan A is to transfer to RAH if not successful then plan B to RPA in Sydney. Theresa Anderson has had preliminary discussions with the LHD and is ready to accept however much transferring to RPA there is a much longer transfer time.

It was raised when the Board visited Wilcannia two months ago, technology has been received for virtual consultations however staff had not received triage training. The Interim Chief Executive advised that this would be discussed with Sydney LHD and the training would be moved along.

Action: *Interim Chief Executive to follow up on training for virtual triage.*

Resolution: **The Chief Executive Report be received and noted.**

Moved Jason Masters, seconded Sally Pearce. Carried.

Item 9. Reflections of Care

Item 9.1 Patient Story

Nil patient story provided.

Item 9.2 Staff Story

Nil staff story provided.

The Board noted its disappointment with nil reflections on our care being tabled.

Judy Robinson joined the meeting 1.00pm ACST/ 1.30pm EST.

Matters for Decision

Item 10. Reports for Endorsement

Item 10.1 Service Agreement 2022 – 2023

Gunjan Kothari, Acting Director Performance and Strategy joined the meeting to discuss the enhanced target for the FWLHD Service Agreement FY 2022 – 2023. Amended agreement won't be received by 30 July 2022.

The Ministry, Chief Executive Umit Agis and Acting Director Performance and Strategy have had discussions regarding the targets provided in the draft Service Agreement raising queries around the raised Emergency Department targets with no growth funding available

for health entities noting that no LHDs have reached their performance targets across the previous financial years.

The Board discussed the finalising of the Service Agreement with the process beginning in January 2022. The MoH would normally meet with every LHD around themes and issues pending in upcoming Service Agreement. The process would normally allow the opportunity for LHDs to raise priorities they would like to see funding for. However this year the process was slightly different with the message from the MoH being there is no enhancement funding this year, LHDs had to embark on process without fostering any enhancement processes. In May 2022 this changed with Treasury making some changes to their cycling of funding, bringing forward some funding from 2024 to 2022/2023, including 10,000 positions for all LHDs who receive a dividend, funding for overdue surgery and funding for ongoing management of COVID. In recognition of the past two years etc including PPE costs, isolation costs etc. Some of the enhancement funding was for this and some capital funding.

Opportunity for FWLHD did not occur, under those umbrellas, this District doesn't have population increasing, so no opportunity for growth funding. The positive for FWLHD is the some funding will be received to address overdue surgeries and funding for further staff.

The Board agreed that they would discuss further offline the process and their role in the Service Agreement. The Board suggested that it may be best to develop FWLHD interests for the upcoming FY in November/December prior to the roadshow budget meetings.

Action: FWLHD develop interests for upcoming FY in November/December, roadshow meetings to opportunity,

The Board discussed the resilience funding that the FWLHD would receive of which the FWLHD will receive funding to allow for 30 positions. The Interim Chief Executive advised that scant information had been received regarding the requirements of this funding. Salary categories had been provided into corporate, admin, dental, nursing and medical. These had then been broken down into covid resilience and new policy proposal allocations. The FWLHD have been lead to believe opportunity for some flexibility within the categories. Funding will not be received until the recruitment process is finalised for the positions. Currently FWLHD have work to fill current vacancies as well as new positions.

The Board raised queries regarding the savings target. Is the intent this year to look at recurrent savings strategies or put up one off savings strategies? This query would be answered offline. The revised Service Agreement and letter will be circulated out of session to the Board.

Action: Revised Service Agreement and letter once received by FWLHD will be circulated out of session to all Board Members.

Resolution: The Chief Executive Report be received and noted.
Moved Pamela Tucker, seconded Paul Kemp. Carried.

Item 10.2 Board Protocol for Review

Item 10.3 Board Charter for Review

The Board noted the Board Protocol and the Board Charter were due for annual review and agreed that it should be reviewed from a governance and legal perspective. Mariette Curcuruto and Jason Masters volunteered to review the Board Protocol and Board Charter together. The drafts will be tabled at the 26 September 2022 Board Meeting for endorsement. The Secretariat to forward word version of these documents to Mariette and Jason.

Action: Secretariat to forward word version of the Board Charter and Protocol to Mariette and Jason.

Item 11. Reports for Noting

Nil.

Matters for Decision

Item 12. Aboriginal Health

Item 12.1 Clinical Services

Item 12.1.1 Comparative DAMA Rates

Nil report received due August 2022.

Item 12.1.2 Comparative DNW Rates

Nil report received due August 2022.

Item 12.1.3 Admission rates compared with population numbers

Noted.

Item 12.2 Workforce

Item 12.2.1 Workforce Participation Rates

Noted.

Item 12.2.3 Progress on the Reconciliation Action Plan

Nil. Quarterly update report due August 2022.

Item 12.3.External Relationships

Item 12.3.1 Quarterly Community Engagement Report

Nil. Quarterly update report due August 2022.

Item 12.3.2 Maari Ma and Coomella Health Aboriginal Corporation (CHAC)

Noted.

Michelle Dickson left the meeting at 1.00pm CST/1.30pm EST

Item 13. Board Sub Committee Reports

Item 13.1 Safety and Quality Board Sub Committee Meeting

Item 13.1.1 Safety and Quality Board Sub Committee Chair Summary Report

Item 13.1.2 Patient Safety and Clinical Quality Report June 2022

The Acting Safety and Quality Chair Andrew Refshauge provided a summary regarding the Patient Safety and Clinical Quality Report and key issues discussed at the June meeting.

Discussion focused around presentation and nursing cares. The Committee have expressed interest in receiving a presentation from medical and surgical disciplines to ensure a well-rounded view of clinical cares is covered. Areas of interest would include complications from surgery, outstanding surgery waitlist etc. The Committee had discussed the SAER review process to provide education for new Board members. There are good systems in place to ensure that these reviews are conducted effectively, the recommendations are reviewed to ensure that these are completed.

Key points of the July 2022 report (May data) are:

What's working well within the District May 2022:

- 100% of death screens completed for May. Nil red flags identified.
- 100% for Far West LHD 5 day new to investigate
- Complaints management met KPI of 80% completion within 35 days

What's not working so well – concerns in the District May 2022:

- Serious Adverse Event Review (SAER) completion rate remains below target.
- Two falls with Harm Score 2 (due to fracture).

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

Item 13.1.3 Safety and Quality Board Sub Committee Minutes 17 June 2022

The Board noted the 17 June 2022 Safety and Quality Board Sub Committee minutes.

Item 13.2 Finance, Performance and Workforce

Item 13.2.1 Finance, Performance and Workforce Board Sub Committee Chair Report

It was noted that Wincen Cuy was an apology for the 18 July 2022 meeting. Sally Pearce provided an update regarding the meeting and advised that the FWLHD produced a good set of annual financial statements and congratulated FWLHD for finishing the year on budget.

Gunjan Kothari wanted to thank the team for their effort, corporate staff who do a wonderful job to ensure the capital spend is budgeted and everything is accounted for. It was noted the Ministry of Health had given a lot of support.

The Interim Chief Executive advised that he was impressed and grateful for the Executive and corporate staff with the financial year result.

Item 13.2.2 Finance, Performance and Workforce Board Sub Committee Minutes




The Board noted the 20 June 2022 minutes of the Finance, Performance and Workforce Board Sub Committee.

Item 13.2.3 Finance Report June 2022

The Board Chair welcomed Acting Director of Performance and Strategy, Gunjan Kothari to provide the Finance report.

Major items of the financial report are:

June-22 FY2021/2022 \$'M						
	Month Actuals	Variance to Budget		YTD Actuals	Variance to Budget	
			%			%
Expenses:						
Employee Related	7.300	0.490 U	-7	83.954	3.077 F	4
VMO Payments	0.951	0.184 U	-24	9.531	1.773 U	-23
Goods & Services	4.221	2.307 F	35	37.814	0.762 F	2
Grants	0.238	0.104 F	31	2.790	0.104 F	4
Repairs, Maintenance & Renewals	1.189	1.046 U	-730	3.126	1.163 U	-59
Depreciation and Amortisation	0.677	0.009 F	1	7.426	0.009 F	-
Borrowing Costs	0.050	0.000 U	-	0.065	0.000 U	-
Other Expenses	0.720	0.000 F	-	1.068	0.001 U	-
Total Expenses	15.346	0.699 F	4	145.774	1.014 F	1
Revenue:						
Patient Fees	0.590	0.165 F	39	4.746	0.434 U	-8
User Charges	0.348	0.213 U	-38	3.852	2.208 U	-36
Grants and Contributions	2.784	0.013 U	-	8.684	0.017 F	-
Other Sources of Revenue	0.028	0.049 U	-64	0.316	1.119 U	-78
Own Source Revenue	3.750	0.110 U	-3	17.598	3.743 U	-18
Other Gains/ (Losses)	-0.103	0.000 F	-	-0.103	0.000 F	-
Doubtful debts	0.002	0.002 F	-	-0.008	0.008 U	-
Government Contributions	12.463	3.793 F	44	131.023	3.793 F	3
Total Revenue	16.112	3.685 F	30	148.510	0.042 F	-
Net Cost of Service : Surplus/(Deficit)	0.766	4.385 F	121	2.736	1.055 F	63
Crown Acceptance	-1.920	0.000 U	-	0.307	0.000 F	-
Asset Transfers – Internal	0.000	0.080 U	100	0.093	0.076 U	-
Total Result: Surplus/(Deficit)	1.154	4.305 F	79	3.136	0.978 F	45
Less: COVID-19 Incremental	-0.728	0.587 U	-418	-1.125	0.841 U	-296
General Fund BAU Surplus/(Deficit)	1.882	4.892 F	92	4.261	1.819 F	75

	BAU		Covid-19		FWLHD Total	
	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget
FTE – FN26 (Ending 19/06/22)	671.40	99.49 F	35.81	26.81 U	707.21	72.68 F
Trendline of monthly actual FTE						

*Excludes 8 YTD HealthX agency staff.

The LHD has maintained a 0 rating in its latest performance review by the Ministry.

Expenses

For the month of June, FWLHD is \$0.68m favourable to budget on total expenses. The favourability of G&S of \$2.3M is largely offset by \$505k unfavourable result from S&W, \$184k unfavourable for VMO costs, \$1M unfavourable for repairs, maintenance and renewals. This largely includes one-off enhancements relating to items for new furniture / household goods and electrical appliances (less than \$10k) at staff accommodation, upgrades at facilities and equipment for items costing less than \$10k each.

For the year – to -date period as of June, FWLHD is \$0.826m favourable to budget on total expenses. Despite this favourable result, over-budget performance is noted in VMO payments \$1.77M and \$1.32M in repairs, maintenance and renewals. Travel restrictions in the first half of the financial year has impacted significantly on workforce recruitment and retention; maintaining staffing levels has necessitated the increased utilisation of premium labour.

Revenue

The Own Source Revenue result for the June month is \$0.110m unfavourable to budget, with the full year result \$3.63m unfavourable to budget. Revenue performance has been impacted by reduced activity as a result of COVID-19 restrictions, as well as the continuing impact of the decommissioned FastTrack model. Furthermore, increases to revenue targets of \$0.65m were received under the FY22 Service Agreement despite a declining population. Discussions are ongoing with the Ministry of Health regarding the current and future challenges in revenue generation in FWLHD.

COVID-19

COVID-19 incremental expenditure of \$15.07m has been incurred for the full year period, with \$13.85m received in budget relief for these expenses. This unfunded amount of \$1.2M has not been funded due to the fact that FWLHD overall favourable result was in excess of this amount. The larger costs during June 2022 was \$0.670M COVID-19 vaccines dispensed, \$0.098M COVID-19 vaccine stock write off, \$0.160M IntraHealth pharmacy charge for stock distributed for no value during the year and \$0.350M for Workforce Initiative.

Efficiency Improvement Programs (Roadmaps)

FWLHD received a savings target of \$0.60m at the beginning of the financial year. Three strategies were developed to address this target, specifically Reduced Travel costs, Reduced Prosthetics costs and Maternity Workforce realignments. All strategies are performing well above target, with \$1.07m of savings recognised for the full year.

The Committee discussed the finance report noting the items below:

- Included in \$1.25M forecast favourability including \$0.5M award increases and annual leave, if MoH do not fund or provide budget.
- Funds converted to capital, items purchased total \$1.94M on capital, \$1.3M repairs and maintenance. Two theatre camera systems, ultrasound machine, Philips diagnostic systems for radiology, six sterilisers, three transportable homes accommodation for staff, operating theatre recovery beds, remote health, ten ECGs, central monitoring system expansion.

Item 13.2.4 Financial and Workforce Reports – June 2022

Noted.

Item 13.3 Audit and Risk

Item 13.3.1 Audit and Risk Committee Chair Summary Report

Sally Pearce provided a summary of the Audit and Risk Financial Committee Meeting held on Friday 15 July 2022. The Committee considered the draft financial annual statements and approved the Chief Executive to sign and release to the Ministry and undergo the audit process.

The accounts were well prepared and all questions answered, the Finance team did well. FWLHD are currently awaiting the audit process to being completed.

The Board requested that the Chair of the Committee meetings collate the summary page even if the minutes of the most recent meeting have not been endorsed and therefore are unavailable.

Item 13.3.2 Audit and Risk Committee Minutes - Nil

Nil. 14 April 2022 chair approved minutes were tabled. Awaiting the Audit and Risk Ordinary Committee Meeting in September 2022 for the 23 March 2022 and 14 April 2022 minutes to be endorsed.

Item 13.3.3 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 Wincen Cuy. Carried.

Matters for Noting

Item 14. Business on Notice

Nil.

Item 15. Calendar of Events

Noted.

Item 16. Correspondence

16.1 Letter to Secretary re ceasing grant supplementation FWLHD Lead Health Program – Broken Hill D22/6952

The Board noted the letter D22/6952.

LUNCHBREAK 1.30PM – 2.00PM ACST/ 1.50pm – 2.20pm AEST

John Harris joined and Michelle Dickson rejoined the meeting 1.30PM CST /2.00PM EST

Item 17. Other Business

Item 17.1 Wishlist Presentation

John Harris, Philanthropy Coordinator joined the meeting to discuss the FWLHD wishlist that had been identified by the Operational Executive and prioritised via the following steps:

- Asked Operational Executive what we would like to progress, if we had the money how would we spend it. What ideas we would like to progress?
- Collect the ideas from 12 participants, submitted ideas presented to Operational Executive
- 12 people invited to respond
- Total of 42 ideas received
- Grouped into 5 themes, with 3 themes selected

One of the Executive said they did not wish to take funds from operational budget.

The survey identified childcare as a large challenge in attracting and retaining workforce.

Item 17.2 Regional Health Division Presentation

Luke Sloane, Acting Coordinator General, Regional Health Division and Brendon Cutmore, Director Information and Performance Support, Regional Health Division joined the meeting to consult on the newly established Regional Health Division. Key points of the presentation were:

- Regional Health Division implementation commenced in April 2022. With a view to focus on regional, rural and remote healthcare. Thought and conjecture, establish a completely separate department. With an aim to improve health outcomes and support communities in regional areas.
- Avoid duplication of what already happens within the Ministry, to allow focus and lense on regional health a purposeful act.
- The Division being a central point of contact that feeds back to Minister Taylor, back into the Ministry.
- Identify opportunities working well and share these around to all districts. Ensure the priorities around NSW Health strategies are supportive of Regional and Rural health.
- Work toward addressing workforce, primary health care etc working closely with Commonwealth, general practitioners, the private health providers and non government organisations.

- Provide engagement with communities. Address non-health related issues/organisations such as water supplies, catholic care, Royal Far West implicating for health, accommodation providers, rare earth mineral miners.
- Understand how some communities have good health outcomes, advocating and ensuring regional health and metropolitan health remain one system.

The Board raised the issue of workforce for rural, regional and remote communities being critical. Many of the other states are paying above the NSW Health award rate and asked how we might compete with this. Luke advised that areas of workforce culture, focusing on what we can do to attract, becoming the centre for excellence for healthcare and providing training environments to improve delivery of healthcare were some ideas being considered. It was noted that many of these strategies could not be achieved overnight. We must be realistic for all aspects of workforce as the last two years have made people tired and fatigued and life decisions have been influenced. It was noted that monetary incentives won't solve the attraction and retention issue for the workforce holey and soley, initiatives such as salary packaging and TESL may help. It was noted that gradings vary between NSW and other jurisdictions comparing pay grades is often like comparing apples and oranges between states. The Division will be firm in considering other pipelines, Assistants in Nursing and Assistants in Medicine, strategies on how we grow our own in remote communities and supporting local high school leavers.

A regional liveability strategy is being developed with many factors being considered. What is provided outside of the working environment to attract the workforce such as staff accommodation, parking with local councils, rentals, purchasing of housing in consultation with Regional NSW etc. Some further ideas for retention were spousal employment, children's education, childcare, hobbies etc.

There will be a local Project Coordinator in three months' time who will be on the ground working in the districts on what the broader picture is for towns. The Board encouraged the Division to provide a concierge service for FWLHD and encourage the Division to ensure they were talking to other government organisations such as Police and Education to ensure communication on projects was occurring. Consultation with Regional NSW is underway with all key workers being introduced to the concierge service, consultation will be undertaken from a statewide point of view on major projects.

The Board queried what the key focus areas for FWLHD will be. Currently within the Service Agreement and Aboriginal and Mental Health Strategy feature, however more work needs to be done in these areas. Brendon Cutmore advised that there are complex Aboriginal and Mental Health needs across all Districts. The division will need to deliver on practical ideas, provide governance for health centres based around the Aboriginal Health 10 year health plan providing outcome based reporting measures, how NSW is closing the gap on Aboriginal Health. The Board discussed the potential effects of Monkeypox on the FWLHD.

The Board and Regional Health Division discussed the role of partners and funding agreements the FWLHD had with other agencies. The Acting Director Clinical Operations, Jodie Miller advised Mental Health Far West and Mental Health WNSWLHD are working with WNSW PHN to finalise a foundational MHDA suicide plan. Part of process includes consultation with all communities, with the formation of NGOS, AMSs to look at what is happening in partner agencies to stop duplication of work and funding. When the LHD is funded public health outcomes dictate the need for service provision, linking into frameworks the communities and health service have built up and empower themselves.

It was noted that partner relationships were critical. These relationships are not just contractual and the importance of just being able to talk is invaluable. The final plan must be endorsed by the FWLHD and WNSLHD Board and PHN.

Sally Pearce left the meeting at 2.28pm ACST/ 2.58pm AEST

The Board queried if different models of care are being considered with the use of more Nurse Practitioners (NP)? The Division advised that NP positions are being bolstered. Post COVID there is an acceptance for the need of more clinical and non-clinical positions in workforce with further access to Allied Health. There are more new grad positions coming into the workforce and by creating such positions we are also encouraging support for junior staff, everyone is open to doing things differently. The envelope will need to be pushed, however there is well documented research that is evidenced based care that proves these models of care work.

The Board Chair noted the FWLHD relationship that has developed with Sydney LHD and reiterated that Regional LHDs needed to continue working with metropolitan LHDs and continue to enhance relationships. The implementation of the Rural Health Division should not create separation between regional and metropolitan health services. Luke Sloane advised that it was important to foster these relationships to enable rotations of controlled training in system and that there should be no separation of regional and metro services it is just about what will work best to support health.

The Board discussed the formalisation of retrievals between SA and NSW and noted a formalised bed finding guide had been implemented for FWLHD. Currently understand that the agreement with SA is not formalised. A Memorandum of Understanding was drafted by Government Relations to stop all in kind presenting and it was noted that this was the first ever clinical addendum into jurisdictional across state borders written agreement. The finalisation of the MOU supports intent that came from coronial inquest, ensure patients requiring critical care transferred between 12 – 24 hours.

The FWLHD flagged stage two of cross boarder arrangements will occur in regard to the Victoria with the Wentworth hospital redevelopment needing to transfer into Mildura from any of the river communities. The Executive of the Mildura Hospital have made it quite clear that they view automatic flow as part of their jurisdiction. A Memorandum of Understanding will be sort to formalise this agreement.

The Board also raised a local issue being experienced with the access to General Practitioners. This question was taken on notice due to time constraints.

The Board requested a copy of the presentation to be circulated out of session.

Item 18. Closed Meeting

The in camera session was held prior to the commencement of the meeting, the Interim Chief Executive joined the meeting after a Board Members only discussion.

Item 19. Next Meeting

Monday 29 August 2022

Remote Site Meeting: Menindee

Meeting Close

2.45pm ACST/ 3.15pm AEST

Certified as a correct record.

Andrew Refshauge

Name



Signature

29 August 2022

Date