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## Minutes

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

Date: 28 February 2022

Time: 10.15am ACDT (10.45am AEDT)

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

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### Members:

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 Justin Files	Board Member
Mr Paul Kemp	Board Member
Ms Sally Pearce	Board Member
Mr Jason Masters	Board Member
Ms Pam Tucker	Board Member

### In Attendance:

Ms Corina Kemp	Executive Manager Aboriginal Health and Community Relations
Mr Judy Robinson	Manager Risk Management Unit
Dr Timothy Smart	Director Medical Services
Mr Damien Van Rosmalen	Director People and Culture
Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)

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**Meeting Opened** 10.20 AM ACDT/ 10.50AM AEDT

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### Item 1. Acknowledgement of Country

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

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### Item 2. Apologies

Nil.

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### Item 3. Disclosure of Interest

The Ministry of Health has appointed three new Board Members who commenced 1 January 2022. The following new disclosures of interests were made:

Jason Masters sits on the Audit and Risk Committee Justice Health and the Forensic Finance Committee of ACON Health.

Paul Kemp advised that he attended the Maari Ma AGM on Friday 25 February 2022 as a voting member.

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## **Item 4. Order of Business/Urgent Business**

### **Item 10.1 Anderson Security Report Manager Risk Management Unit**

The Risk Unit Manager, Judy Robinson attended via videoconference and provided a presentation regarding the Anderson Security Report. The key points of the presentation were:

- Peter Anderson was consulted by the Ministry to review security across NSW Health. Originally 48 recommendations were received in regard to metropolitan areas, a further review that concentrated on rural areas was conducted with 107 recommendations made in total.
- Of the 58/107 recommendations from the report apply to FWLHD.
- FWLHD have completed 34 of 58 recommendations with 24 in progress.
- The actions taken so far have been the reimplementation of policy and procedures, promotional material and education with staff at induction.
- Of the 24 recommendations under progress, further education and training is required particularly around the management of aggression being the FWLHD most frequent risk. Consultation to be undertaken with staff, asking what they see as the security risks, to tailor training and education to promote compliance. FWLHD to assess the resource gap and promote and educate that aggression is an unacceptable behaviour.
- A Security Governance meeting has been created under the Clinical Governance Directorate, as a way to monitor, provide oversight and enable informed decision making of the Board and Chief Executive regarding the security risks as under the Person Conducting a Business or Undertaking (PCBU) of Work, Health and Safety legislation Board Members are liable for security incidents.
- Security is the FWLHD's highest risk in particular aggression, this can be seen to be escalating in community and throughout health facility sites. It is uninsurable unlike theft etc which is an insurable risk and therefore not high. However aggression is the largest personnel risk. FWLHD have not experienced increased aggressive incidents during the pandemic while Western have been experiencing an increase, these lessons learnt will be handed down.
- Four staff members from FWLHD will be completing training at Western to become auditor accredited so that there are an appropriate number of staff who can complete work, health and safety, security audits, can help with accreditation paperwork etc.
- Original security audits have been distributed to the sites to start working on. There are twenty four risk assessments each site need to complete with works that have commenced. The FWLHD has a schedule for the audits to be completed once again toward the end of the year by independent staff from Western LHD to ensure that the FWLHD has the process correct.
- Security Manager being upskilled to ensure recommendations are implemented to ensure that security risks are mitigated, that FWLHD have a robust system of monitoring incidents to see if there are trends or concerns and can be addressed.

The Board enquired if staff were being consulted regarding their concerns. The Security Manager will be meeting with staff in April/May 2022 to discuss and hear what the concerns

are and work with the sites to address individual security concerns. The audits are procedural and therefore do not allow for a lot of consultation, checking mechanism and therefore education for staff prior to the audit needs to occur. The Risk Unit Manager will also be providing opportunities for staff to meet in groups or one on one to express their concerns.

The action plan outlines the 24 in progress recommendations over the next six to eighteen months with the plan being reviewed at every governance meeting monthly. Once the security risk reports are tabled at the Audit and Risk Committee they will then come to the Board and onto the Ministry.

Judy Robinson advised that de-escalation training is mandatory and it available via a HETI training module for all staff. A lot of face to face training has been affected due to COVID with that coming back on line more recently. The Board queried if any WorkCover claims have been brought with staff experiencing aggression. There have not been any WorkCover claims brought however FWLHD need to tighten the current systems and show that the appropriate systems and processes are in place to show we are doing everything possible to avoid an incident. Often remote staff are working in a small ratio, with security risks being pretty high. Whilst reporting has improved, there seems to be an acceptance of verbal aggression, the culture needs to change and therefore reporting in this area needs to increase.

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## **Item 5. Minutes of Ordinary Board Meeting 17 December 2021**

**Resolution:**                    **The Minutes of the Ordinary Board meeting held on 17 December 2021 be received as a true and correct record.**  
Moved Mariette Curcuruto, seconded Sally Pearce, Carried.

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## **Item 6. Action List**

### **Item 6.1 Remote Service Model of Care**

#### **Action Item 21 – 40 Service Level Agreement Priority Updates**

##### **Priority One – Remote Services Virtual Care Model**

The Board noted the quarterly update brief provided for the Service Level Agreement priority, Remote Services Virtual Care Model.

Board Member Jason Masters had questions regarding the virtual care model and advised he would take these questions offline. The Director of Medical Services and Director of Allied Health, Partnerships and Innovations will be able to provide answers regarding these.

##### **Priority Two - Sub Acute Rehab Unit Enhanced Service**

The Board noted the quarterly update brief provided for the Service Level Agreement priority, Sub Acute Rehab Unit Enhanced Service.

The Director of Medical Services advised that Rehabilitation physician support was still under negotiation with Nepean. The Sub Acute Rehabilitation Unit had been closed due to COVID. The FWLHD do not have a negative pressure facility and therefore this service was closed to enable a COVID ward to be possible at the Broken Hill Health Service. There was discussion regarding the videoconferencing method of patient assessment, these questions will be taken offline and answered circulated via email.

### **Priority Three – Intensive Care Unit (eICU) Collaborative Project**

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

Dr Tim Smart, Director of Medical Services provided an update regarding the eICU project advising that the go live date is projected to be 29 March 2022. A comprehensive model of care has undergone a number of iterations from senior clinicians and staff, site visits have occurred between Royal Prince Alfred and the FWLHD in the lead up to developing the model of care. Committees have now signed off on the project and implementation testing and simulations are being done. Training with staff is currently underway and will be completed by 14 February 2022.

Dr Smart explained that the model of care would see FWLHD and RPAH work together through a videoconferencing unit, with RPAH providing 24/7 intensivist physician and nursing cover, over real time monitoring, allowing new admissions and critical care patients that require retrieval and patients who can be managed at Broken Hill Hospital accessed. All of the usual work will be done by physicians and anaesthetist etc. However real time observations will be provided by RPAH, who will be talking to FWLHD ICU, assisting with stabilising the patient, assist in negotiation in regard to the retrieval pathways, two intensivists will discuss the plan with FWLHD and can involve ACCC if required. Multidisciplinary case meetings regarding the patients will be held. RPAH will also provide advice and training, will look after acute and stable patients through this model of care.

Once the eICU is launched the FWLHD will reevaluate if 24/7 intensivist monitoring is required. Initially this will enhance the level of care that the FWLHD ICU can provide. For patients who do not wish to leave country, will provide a far better chance of comprehensive intensive care. FWLHD are the initial pilot, with the model of care being used elsewhere.

The Board queries who would be ultimately responsible for the patient. Dr Smart advised that the person in charge is the admitting physician and or surgeon, if any critical care, anaesthetist will get involved if critical care is required, dual critical care qualifications supported by JMO staff. The patient will remain a FWLHD patient, the RPAH intensivist and critical care nursing staff will provide advice. The large number of patients currently being seen in the Broken Hill ICU are more high dependency. Critical Care patients currently are managed or retrieved. Patient under the age of 16 are retrieved to the Women's and Children's hospital in Adelaide. If difficulty is experienced when sourcing a bed then the patient is referred to equivalent hospital in Sydney. Paediatricians in Broken Hill will maintain patient if necessary however paediatric patients do tend to get retrieved.

The BH UDRH have been engaged by Sydney LHD and FWLHD to do the evaluation of the project. The pilot will be evaluated, audited and project process reviewed. The single digital medical record will be implemented in Sydney LHD, however FWLHD are unsure of this will align with the roll over in Broken Hill. The Chief Information Officer has been involved with the eMR software and platforms to ensure that ICT teams were upgraded with FWLHD piggy backing platforms out of Sydney, instead of duplicating.

The Board discussed promotional opportunities of the pilot and communication strategies such as having a medical journal article published. The Chief Executive advised it was likely the evaluation of the project will trigger a paper. The need to ensure that FWLHD is included in promotion or noted as a co-author is important.

## Priority Four - Enhancement of Outpatient Services

The Board noted the quarterly update brief provided for the Service Level Agreement priority, Enhancement of Outpatient Services.

The Board discussed the rate of telehealth activity is reported at sitting between 3 – 4% and queried what portion FWLHD are hoping to increase telehealth activity. A lot of other facilities are completing 40 - 50% of outpatient care through telehealth activity due to code red restrictions in hospital during COVID. Dr Tim Smart advised that some of the telehealth measures are not being picked up on when consults are provided over the phone. Dr Smart took this question on notice to provide the correct information regarding the telehealth activity across the FWLHD but advised that the data was incorrect as it was definitely higher than 3 - 4% in total.

The project being undertaken to enhance the service is to supplement and compliment the current service. The FWLHD are creating a steering group to provide organisation and governance, to take what we currently have and organise. Often face to face consults are preferred by patients for a number of reasons. The majority of physicians are FIFO throughout the FWLHD. During this time while physicians were unable to visit physically through the outpatient service a lot of consults have been conducted through telehealth if they do not require face to face.

The final management report provided as an appendix to the brief, regarding the outpatient specialist services in Broken Hill Health Service the 'Review, Revise and Revitalise' project contained six recommendations. The Board queried what the risks were if the recommendations were not accepted and put in place. The Chief Executive advised that the Operational Executive will manage the recommendations with recommendations being accepted with the exception of one. The implementation of a Team leader is under discussion. The importance of being able to maintain what is implemented was noted.

Background was provided regarding the project and how it arose with the initial finding of illegal billing occurring within the Outpatient Department, this then unveiled a whole lot of issues with a number of deficiencies. The FWLHD is at the tail end of the project with the Revenue Officer and Director of Medical Services having worked extensively with the NUM to look at the process of booking appointments and getting patients seen. A new structure and process has been developed with KPIs that are being monitored, at every divisional meeting and further outpatient leadership meetings. Previously overdue surgeries wait times were unknown. The FWLHD now have a system that advises how overdue each surgery is and therefore informs the priority of reviews. The project has provided better oversight to the outpatient service and the new structures and processes put in place will be tested once visiting doctors return and recommence consulting with patients face to face.

The Board discussed waitlists in regard to Cardiology appointments in which Dr Smart advised that there are nearly 1200 patients on the cardiology waitlist, as the current cardiology provider has not attended in nearly 18 months due to COVID and therefore has continued to provide videoconferencing appointments even though the borders have reopened between SA and Broken Hill. In some cases a videoconferencing appointment maybe preferred however the FWLHD are looking into the cardiology services currently provided.

The Board discussed the sharing of medical records between public and private providers. Advising of personal experiences that have seen information flow a challenge. The Chief Executive advised this would be a matter of clinical governance with private providers coming in sometimes posing a challenge and can be dependent on individual systems used by providers becoming a technical issue. Paper notes can be scanned into eMR along with

emails etc. The Chief Executive advised that the query would be answered out of session with the action being added to the action list.

**Action: The Board to be provided with an update regarding how patient information is shared between public and private services throughout the patient journey.**

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

**Chair advised these are**

### **Item 7.1 Patient Story**

The Board noted the patient story provided in the papers.

The Board discussed what measures were in place during COVID to allow for patients to still keep in contact with loved ones when they were unable to physically visit within the health facilities across the District. The Chief Executive advised that a number of tablets were purchased so that patients could have virtual visits. This will be incorporated as BAU going forward even after visiting restrictions are lifted.

### **Item 7.2 Staff Story**

The Board noted the staff story.

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

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

The KPI Dashboard report was noted.

The Board discussed the variance in childhood obesity seen within the KPI Dashboard report and queried the promotional activities the FWLHD have been involved in to promote the update and use of Active Kids vouchers.

**Action: Health promotion Unit to provide the Board with an update regarding how the FWLHD are engaging the District to take part in the Active Kids initiative.**

Moved Michelle Dickson, Seconded Wincen Cuy, carried.

### **Item 8.2 Chief Executive Report**

The Chief Executive went through the report noting key points.

The number of positive cases in the community has increased 100% from 1 February to the end of February 2022, primarily RAT positives being reports, for every 1 PCR there are 6 or 7 positive RAT tests having been reported. However there is a level of false positives in that, still treating these as all positives. The areas affected primarily are Wentworth and Broken Hill LGAs in the under 20s and in schools. At the moment we have five patients who are COVID positive that are inpatients, but have come in with another condition, primarily through ED. The Sub Acute Rehabilitation Unit is the only functional area to isolate COVID positive patients undergoing treatment within the Broken Hill Hospital.

In regarding to the vaccination rates of 5 – 16 year olds the FWLHD are not doing badly and are not lagging behind NSW average. The vaccination booster rates in 16+ are between 48 and 50% with this being slightly ahead of the NSW average. In terms of staff vaccination the booster update is sitting at 49% with numbers slowly climbing, similar phenomenon has been observed across the State and has been raised as an issue at the Senior Executive Forum. It is unlikely that the same level of staff will uptake the booster until made mandatory, if booster vaccination rates in staff do not increase it is likely the premier will need make the booster mandatory. There is evidence to suggest that the third dose of the vaccination is effective against the new variant of COVID.

The FWLHD is currently in the recruitment phase of filling a number of Executive positions, the FWLHD has successfully recruited to DN&M/DCG. Panel were unanimous in their decision of appointing to the position.

Director of People & Culture has been recruited to with the successful candidate having worked in public and private sector for 30+ years with Employee Relations, Industrial Relations and staff development experience. The Chief Executive the new Directors commencement will be on Monday 28 March 2022. A memo with a bio included will be circulated. Currently Jodie Miller is acting in the Director of Clinical Operations position as recruitment continues. Damien Ros Vanmalen, acting Director of Performance and Strategy will be with FWLHD for three months while the role is currently with head-hunters.

In regard to elective surgery we are nearing 100% of completing the waitlist of orthopaedic surgery if the most recent list had not been cancelled due to flight difficulties. The Outpatient and elective surgery services are back to full routine.

The Buronga HealthOne development is progressing with walls being erected. The Wentworth Hospital clinical plan has been reviewed and additions added, once finalised this will come to the Board. There are ongoing discussion about what is needed, where the new hospital will be located. Mental Health Inpatient Unit funding has been provided by Health Infrastructure (HI). The FWLHD have met with HI to discuss the location of the Mental Health Unit. The way the Broken Hill Hospital is designed doesn't give flexibility currently two locations are being considered.

The FWLHD will be vacating Dareton building once the Buronga Health One development is finished. The BH UDRH have approached FWLHD to use the building with a similar model to that in Broken Hill, can be replicated in this sector posing an opportunity to expand our workforce in this area. The proposal has been put past the Ministry. Part of the proposal is to engagement university students in Mildura.

In regard to research, David Lyle has been assisting in the COVID response currently head of the FWLHD Public Health Unit. David has been asked to join a panel regarding choosing a research project. Over the next three months there will be more activity in the research space. It is important that the FWLHD are careful what we commit to, ensure the resources align, we do not have enough capacity to do many clinical trials, and there are opportunities where we could do with other regions (multi centred trials).

A Board Member raised concern around support for Umit, as support maybe needed for Executives in acting roles or short term acting roles. An offer to participate in professional development for upskilling and provide contacts who could offer such support was made to the Chief Executive. The Chief Executive thanked the Board Member for their support and advised he will be making use of those offers.

The Chief Executive advised, former Board Member, John Harris would be joining the FWLHD as a Project Worker.

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

## Item 11.2 Finance, Performance and Workforce

### Item 11.2.1 Finance, Performance and Workforce Committee Chair Report

The Chair of the Finance, Performance and Workforce Committee advised that Damien Van RosMalen was acting in the Director of Performance and Strategy position and that there were no concerns from the Finance and Performance Committee, The Board Chair welcomed Damien to provide the Finance report.

### Item 11.2.2 Finance, Performance and Workforce Committee Minutes

### Item 11.2.3 Finance Report January 2022

Major items of the financial report are:

#### January 2022 Overview

Jan-22 FY2021/2022 \$'M												
	Month Actuals	Variance to Budget			YTD Actuals	Variance to Budget			FY Forecast	Variance to budget		
				%				%				%
<b>Expenses:</b>												
Employee Related	6.301	0.500	F	7	49.480	1.739	F	3	87.771	0.826	F	1
VMO Payments	0.787	0.126	U	19	5.423	0.867	U	19	9.249	1.667	U	-22
Goods & Services	2.513	0.571	U	29	22.676	0.725	U	-3	38.388	2.530	U	-7
Grants	0.208	0.000	F	0	1.717	0.000	F	0	2.864	0.000	F	0
Repairs, Maintenance & Renewals	0.148	0.096	F	39	1.155	0.109	F	9	1.877	0.090	F	5
Depreciation and Amortisation	0.602	0.000	F	0	4.223	0.000	F	0	7.415	0.000	U	0
Borrowing Costs	0.001	0.000	F	0	0.011	0.002	U	32	0.018	0.004	U	-33
Other Expenses	0.002	0.003	F	0	0.002	0.003	U	0	0.000	0.000	F	-
<b>Total Expenses</b>	<b>10.562</b>	<b>0.104</b>	<b>U</b>	<b>1</b>	<b>84.687</b>	<b>0.251</b>	<b>F</b>	<b>0</b>	<b>147.582</b>	<b>3.285</b>	<b>U</b>	<b>-2</b>
<b>Revenue:</b>												
Patient Fees	0.290	0.150	U	34	2.842	0.212	U	-7	4.868	0.313	U	-6
User Charges	0.230	0.230	U	50	2.166	1.300	U	38	3.750	2.310	U	-38
Grants and Contributions	0.119	0.021	F	22	0.994	0.011	F	1	1.827	0.184	F	11
Other Sources of Revenue	0.019	0.105	U	85	0.230	0.632	U	73	0.378	1.096	U	-74
<b>Own Source Revenue</b>	<b>0.658</b>	<b>0.464</b>	<b>U</b>	<b>41</b>	<b>6.232</b>	<b>2.133</b>	<b>U</b>	<b>25</b>	<b>10.823</b>	<b>3.535</b>	<b>U</b>	<b>-25</b>
<b>Government Contributions</b>	<b>11.168</b>	<b>0.000</b>	<b>F</b>	<b>0</b>	<b>74.000</b>	<b>0.000</b>	<b>F</b>	<b>0</b>	<b>122.246</b>	<b>0.000</b>	<b>F</b>	<b>0</b>
<b>Total Revenue</b>	<b>11.826</b>	<b>0.466</b>	<b>U</b>	<b>-4</b>	<b>80.232</b>	<b>2.133</b>	<b>U</b>	<b>-3</b>	<b>133.069</b>	<b>3.535</b>	<b>U</b>	<b>-3</b>
<b>Net Cost of Service : Surplus/(Deficit)</b>	<b>1.264</b>	<b>0.570</b>	<b>U</b>	<b>-31</b>	<b>(4.455)</b>	<b>1.882</b>	<b>U</b>	<b>-73</b>	<b>(14.513)</b>	<b>6.820</b>	<b>U</b>	<b>-89</b>



Crown Acceptance	0.166	0.000 F	0	1.356	0.000 F	0	2.595	0.000 F	0
Asset Transfers – Internal	0.043	0.043 F	-	0.083	0.083 F	-	0.312	0.142 F	84
<b>Total Result: Surplus/(Deficit)</b>	<b>1.473</b>	<b>0.527 U</b>	<b>-26</b>	<b>(3.016)</b>	<b>1.799 U</b>	<b>6</b>	<b>11.606</b>	<b>6.678 U</b>	<b>-136</b>
Less: COVID-19 Incremental	0.727	0.394 F	118	1.044	0.647 U	163	(3.618)	3.481 U	-2,549
<b>General Fund BAU Surplus/(Deficit)</b>	<b>(0.746)</b>	<b>0.133 U</b>	<b>-22</b>	<b>(1.972)</b>	<b>1.152 U</b>	<b>140</b>	<b>(7.988)</b>	<b>3.197 U</b>	<b>-67</b>

	BAU		Covid-19		FWLHD Total	
	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget	YTD Actual	Variance to Budget
FTE – FN16 (Ending 30/01/22)	665.08	103.71 F	52.19	43.19 U	717.27	60.52 F
Trendline of monthly actual FTE						

\*Excludes 8 YTD HealthX agency staff.

### January 2022

- The BAU **expenditure** result for the month of January was \$0.296M favourable to budget. Once broken down COVID-19 is \$0.400M unfavourable and business as usual is \$0.300M favourable to budget.
- The **revenue** result for the month of January was \$0.466M unfavourable to budget. (4%) variance to budget.

### Expenses:

*In accordance with the past practices, the COVID-19 related expenditure is to be reimbursed to the District in the following month.*

- FWLHD General Fund BAU:**

Expenditure	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-21
FWLHD General Fund BAU	10.058	11.776	10.955	11.285	11.369	10.500	10.793	10.702	10.187	10.123	11.190	9.828

The Acting Director of Performance and Strategy Damien Van Rosmalen provided a summary of the key points within the finance report:

Early stage planning has commenced for the budget build for the 2022/23 Financial Year, with early works comprising review of staff establishments along with review of all new funding received during the 2021/22 Financial Year. Initial engagement meetings have been scheduled with external auditors to commence planning for mid-year ledger close, and work has now commenced on the six-monthly District Network Return with drafts due to the Ministry by 21 March 2022.

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

## **Expenses**

For the month of January, FWLHD is \$0.30m favourable to budget on total expenses, exclusive of COVID-19 costs. The favourable result is attributable to vacancies, as well as high uptake and non-replacement of annual leave over the December and January period.

For the year to date period as at January, FWLHD is \$0.90m favourable to budget on total expenses, exclusive of COVID-19 costs. Despite this favourable result, over-budget performance is noted in premium labour which has increased \$0.60m (12%) compared to the same period last year. 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 January month is \$0.46m unfavourable to budget, with the YTD result as at January being \$2.14m 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 \$11.37m has been incurred for the YTD period, with \$10.71m received in budget relief for these expenses. This variation is attributable to timing differences, with relief funding received retrospectively following each month closure.

Trending data indicates that the incremental spend on COVID-19 initiatives is reducing, however costs relating to security, special community accommodation and Pathology testing are expected to continue for the remainder of the financial year.

## **Forecast**

The forecasted full year expense result for FWLHD is \$0.28m favourable (excluding COVID-19), assuming vacant positions as at 31 January 2022 will be filled and activity levels will return to pre-COVID levels from March.

The forecasted full year Own Source Revenue result for FWLHD is \$3.55m unfavourable to budget, with revenue performance challenged with restricted activity levels and position vacancies.

## **Activity**

Activity performance to target continues to be a challenge with COVID-19 restrictions impacting the generation of activity. Most notably, Acute Admitted and Non-Admitted activity remain well below target, with a strong link to the reductions and restrictions on non-urgent elective surgery.

Despite overall under-performance, strong performance is noted in Emergency NWAU, with activity for the month of December exceeding target. Emergency NSWAU increases are attributable to the cessation of the outsourced FastTrack model for Triage category 3, 4 and 5 presentations and this above-target performance is expected to continue.

## **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 \$0.76m of savings recognised for the YTD period as at January.

#### **Item 11.2.4 Financial Reports – January 2022**

Noted.

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

Noted.

#### **Item 11.2.6 Workforce Report**

Noted.

#### **Item 11.2.7 Headcount and FTE January 2022**

Noted.

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

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### **Item 10. Presentation**

The acting Director of Performance and Strategy, Damien Van Rosmalen provided a presentation regarding Sustainability in FWLHD. The key points of the presentation were:

- A roadmap to a sustainable FWLHD including a proposed governance model were presented including the establishment of a sustainability committee. Buy in is required from general managers, health service managers with the model presenting opportunities to partner with local council, organisations and businesses.
- Sustainability committee to set targets for improvement, establishing environmental strategic procurement, ensuring FWLHD are considering the environment during the procurement process, promotion through environmental sustainability success stories to encourage work to continue in the area of sustainability.
- The relationship between severe weather events and injuries and illnesses was discussed, i.e. floods, dust storms, heat etc. Climate change drive up in terms of poor health outcomes.
- Environmental impact - health services produce a lot of waste and can contribute to carbon production due to the use of sterile non reusable items.
- Ensuring capital works programs are compliant with sustainability codes and practices etc. Waste management, reduce, reuse, recycle, waste audits are common practice.
- The FWLHD will be developing comprehensive sustainability framework for FWLHD to guide decision making and set targets. It may be necessary for a sustainability expert to help benchmark and determine what targets for the FWLHD will be.

The Board discussed the importance of a Sustainability and were happy to hear of the excellent work and planning around the Strategy. Opportunities to invest in batteries, electric vehicles, energy efficient buildings and potential partnerships were discussed which all will be considered in future in further developing the strategy.

The Board raised the need to develop strong relationships, to leverage from other LHDs experiences and knowledge with recent information having been released by Hunter New England that could be consulted in the development process.

The Board provided their endorsement that the FWLHD is on the right track in regard to developing a sustainability framework with measurable goals.

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## **Item 9. Aboriginal Health**

### **Item 9.1 Clinical Services**

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

The Board discussed the DAMA rates. The Director of Medical Services advised that often patients discharge themselves when they believe they can receive treatment in a better way or are more comfortable receiving treatment from an AMS. The majority of Aboriginal patients who discharge against medical advice do so for family reasons, wish to go back to country or are more comfortable at an AMS.

The importance of ensuring that staff are liaising and following up care in the community was discussed. As staff may not be able to stop patients from leaving their hospital admission. It was confirmed in these situations that the Aboriginal Liaison Officers/Practitioners follow patients through until they are linked up in the community.

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

Aboriginal patients predominantly DNW in the ED sector, if it happens, there is a need to engineer treatment so that ED can get patients out and manage their care. The current registration strategy used when patients present to ED allows for staff to follow up with Maari Ma regarding Aboriginal patients who do not wait in ED.

The Board discussed the need for improvement strategies to be reviewed, the need for various roles to be reviewed as it seemed that there is a reliance on the Aboriginal Liaison Officers and Practitioners to improve these rates. An improvement strategy needs to involve a wider number of workforce and include other staff being responsible in following up the care of Aboriginal patients who Discharge Against Medical Advice of Did Not Wait. There was a fear shared by some Board Members that the FWLHD maybe falling into a pattern where Aboriginal issues are being seen to be the Executive Manager of Aboriginal Health and Community Relations responsibility solely rather than everybody else. The Board recognised the great work that is being done by the Executive Manager of Aboriginal Health and Community Relations but maybe picking up the slack from other areas.

The Board Members and Chief Executive currently the way in which the actions are reported on a monthly basis, are not comprehensive. The Chief Executive advised that there are some gaps around educating staff, not just about dealing with patients who discharge, how FWLHD also works with other staff as it is not solely Aboriginal workers responsibility. The Executive Manager Aboriginal Health and Community Relations is encouraged to be the spokesperson, pivotal person to take the standard, figurehead in the space with executive responsibility however does not mean that they do all the work required.

The Board discussed cultural awareness, accountability, cultural change in workforce, opportunities for training all staff and disciplines, strategic change that needs to occur and how this aligns with the Aboriginal Workforce strategy previously endorsed by the Board.

The Board queried what kind of quality improvement strategies FWLHD have in place. The Chief Executive advised that the Board would be presented a strategy around DAMA and DNW rates, a strategic overview of what is happening in that space. The Board will receive an overarching strategy that FWLHD report back on rather than an action statement in each monthly report.

*Action: The Board to be provided with an improvement strategy regarding DAMA and DNW rates.*

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

Noted.

## **Item 9.2 Workforce**

### **Item 9.2.1 Workforce Participation Rates**

Noted.

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

The Board noted the Progress report provided regarding the Reconciliation Action Plan (RAP).

Corina, Kemp Executive Manager Aboriginal Health and Community Relations joined the meeting to speak to the brief update provided in the meeting papers. The main points discussed were:

- Relationships - Aboriginal stakeholders, regular meetings with local AMS, CHAC and Maari Ma, occurring on a weekly and fortnightly basis, meeting has increased its membership. Continuing to meet frequently regarding COVID and care in community.
- Education – Respecting the Difference (RTD). Indigenous Allied Health Australia (IAHA), currently providing Indigenous executive training for managers and executives in Adelaide over two days. Corina wishes to bring this training to executive in FWLHD in 2022.
- Current RTD training delivered to all new staff, because it is aimed and based in Broken Hill, reviewed and wish to build capacity in our local remote sites, incorporate leaders in communities and deliver local content within communities.
- Reconciliation week 27 – 28 June – FWLHD will deliver something at each of the sites in recognition of Reconciliation week.
- Naidoc week plans are pending due to Covid restrictions, Corina is hoping to get out in the community and participate in events.
- New acting Director of People and Culture, continue working toward goals of Aboriginal Workforce Strategy.
- Training and education of Aboriginal workforce - establishing and maintaining relationships with Maari Ma and CHAC, co-designed pathways for development and education. Supporting emerging Aboriginal workforce emerging.

The Board were shown the Aboriginal artwork provided for the eICU partnership with the Sydney Local Health District and the final Aboriginal Health Framework document that had been graphically enhanced prior to publication, using a separate Aboriginal artwork by the same artist. The artist biography and artwork story were circulated to the Board out of session. Corina provided a summary of the story to the Board, 'The artwork features the communities and health service providers gathering, capturing the eight communities we work in by signifying the communities as each individual round icon, white patterns and foot prints represent Aboriginal people coming into our service and services coming into Country'.

The Board queried if there was any difficulty in making progress with the RAP. Corina expressed that she was comfortable with how the progress was tracking and explained that some challenges arise with partner organisations however since establishing the Aboriginal leaders meeting, these partners have really come together to work with one another initially due to COVID however have continued the working relationships.

The Board advised that they would like to participate in a refresher of Respecting the Difference cultural competence training.

**Action: The Board to undergo Respecting the Difference training for all FWLHD Board Members and Executive.**

**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**

The quarterly Community Engagement Report is due in April 2022.

### **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 as discussed above by the Executive Manager Aboriginal Health and Community Relations. A letter has been forwarded to Maari Ma at the Board level to invite an informal meeting between The Chief Executives and Board Chairs. No response has been received as of yet.

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

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

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

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

Key points of the November 2021 report are:

What's working well within the District:

- There were no Harm Score one or two incidents reported.
- All SAER (Serious Adverse Event Review) recommendations and clinical review recommendations were completed on time (or extensions approved)
- iMS+ 5 day new to investigate 100% for FWLHD logged incidents.

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

- Serious Adverse Event Reviews (SAER) completion within 60 days
  - o Action: Implement improved monitoring including regular communication with SAER team leaders to provide evidence of achievement of key milestones, ascertain reasons for delays, and escalation of delays by CGU to address barriers to completion. CGU reports to include number of days overdue, reasons for delay, and actions taken. Implementation of Clinical Excellence Commission resources to support teams to better plan and organise meetings for key processes and adhere to timelines required.
- Hospital Acquired Endocrine and Cardiac Complications remain above target.
  - o Action: CGU meeting with Medical Directors and Documentation Specialist to discuss cases, ascertain contributing factors and further improve strategies to address.

The Committee discussed the report in regard to Hospital acquired complications rates and queried why these have increased. The response provided during the subcommittee meeting was that the FWLHD are experiencing less low acuity patients in the hospital since the COVID pandemic which has pushed the statistics up for FWLHD. Lower acuity patients has therefore translated to increased longer stay patients contributing to the falls rates. It is understood that due to the number of patients being low the incidences have been low and therefore increases the percentage.

Action is being taken to address frequent fallers with divisional meetings being implemented to address with the Director of Nursing, Julie Manoel being keen to address pressure sores. Discussion was had regarding endocrine conditions contributing to pressure injuries and falls with patients fasting, blood sugar levels dropping too low. The FWLHD is looking at revising the whole concept regarding fasting prior to surgery and may have to change from traditional thinking in wards and pre-operatively. The FWLHD falls index is reasonable in comparison to NSW as a whole. However the FWLHD, Safety and Quality Committee and Board continue to monitor this.

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

### **Item 11.1.3 Quality and Safety Committee Minutes 12 November 2021**

Noted.

## **Item 11.3 Audit and Risk**

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

The Chief Executive reported that the governance of the Committee is working well. The Board were advised that the Ordinary meetings of the Audit and Risk Committee 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. Due the MoH Board Member Conference being scheduled for Monday 28 March 2022 the first ordinary meeting of the ARC will not be held face to face in Broken Hill and will remain virtual.

### **Item 11.3.2 Audit and Risk Committee Minutes - Nil**

Nil. Minutes were tabled. Awaiting the Audit and Risk Ordinary Committee Meeting in March 2022 for the 23 November 2021 minutes to be endorsed.

### **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.

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

### **Item 12.1 FWLHD Strategic Plan Graphically Enhanced Design**

The Board were provided a copy of the design concept proposed by the locally engaged graphic designer to enhance the FWLHD Strategic Plan that was previously endorsed at the 17 December 2021 Board meeting. Received since the circulation of the meeting papers was the completed Strategic Plan that was shared on screen with Board Members in attendance. The final copies of this document have been circulated via email to all Board Members along with the Aboriginal Health Framework document that has undergone a similar enhancement utilising the Aboriginal artwork of local artist Corey Payne. The new Board Members expressed interest in Corey's story of the artwork.

**Action:** Board Secretariat to circulate Corey Payne Aboriginal artist's storey and biography out of session to all Board Members.

### **Item 12.2 Board Report FWLHD July – September 2021**

The Board noted the quarterly Key Performance Indicator report for July – September 2021 regarding patient safety and quality.

### **Item 12.3 Health Systems Performance Report November 2021**

The Board noted the Health Systems Performance report.

### **Item 12.4 NSW Health – Supplementary Paper (previously circulated out of session)**

The Board noted the NSW Health – Supplementary Paper from the Inquest into Rural Health.

### **Item 12.5 SAX Institute Paper 1 (previously circulated out of session)**

The Board noted Paper One released in regard to the inquest into Rural Health.

### **12.6 FWLHD Contract Salary Packaging Plus outsource administrative services**

The Chief Executive advised the Board that the FWLHD current salary packaging contract has expired and this will now be managed by Salary Packaging Plus who will also be providing administration services regarding Salary Packaging as per the head agreement drawn up by the Ministry of Health and will commence from 1 April 2022.

The Board noted the brief D22/1898 advising of the details of this contract.

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## **Item 13 Reports for Endorsement**

### **Item 13.1 FWLHD Remote Site Visits Guideline**

The Board agreed to endorse the draft FWLHD Remote Site Visits guideline to be tabled at the April 2022 policy and practice committee meeting. The guideline has been drafted by the Board Secretariat and circulated to all Board Members for consultation. Board Member, Lilon Bandler's suggestions regarding safe driving have been added to the template.

**Resolution: The FWLHD Remote Site Visits Guideline be endorsed by the Board.**

Moved Michelle Dickson, Seconded Paul Kemp. Carried.

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

Nil.

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

### **Item 15.1 FWLHD Board Member Health Advisory Council Allocation Proposal**

The Board discussed the proposed advisory council allocation proposal and agreed with the suggestions made by Executive Manager Aboriginal Health and Community Relations. Justin Files would join the Wilcannia Health Advisory Council and Pam Tucker join the Balranald Health Advisory Council, Jason Masters will assist Paul Kemp at the Ivanhoe Health Advisory Council.

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

Noted.

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## **Item 17. Correspondence**

Nil.

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## **Item 18. Other Business**

### **Item 18.1 FWLHD Board Sub-Committee Allocations**

The Board Chair advised due to having new Board Members appointed the Board sub-committee membership required review and requested Board Members to volunteer which Committee they would like to be allocated. It was agreed that one new member had an interest in the Finance, Performance and Workforce Committee, and Board Secretariat to discuss the remaining new Board Members preference to sit on the Safety and Quality or Finance, Performance and Workforce Committees.

### **Item 18.2 MoH Board Member Conference**

The Ministry have schedule a Board Member conference on Monday 28 March 2022 clashing with the FWLHD Board meeting in March 2022. Can all staff please confirm their availability to attend the FWLHD Board meeting rescheduled to Thursday 31 March 2022. The Chair advised that due to the majority of Board Members being available on this day, the Board meeting would go ahead on Thursday 31 March 2022.

Andrew Refshauge and Sam Hadad will be chairing a session, how rural and city LHDs are working together with an aim to take action against separating Health between the country and the city. Andrew requested the FWLHD Board Members attend this session to show support for rural and remote healthcare. An agenda for the day will likely be circulated by the Ministry soon.

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**Item 20. Next Meeting**

Thursday 31 March 2022

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**Meeting Close**

12.47pm ACDT/ 1.17pm AEDT

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**Certified as a correct record.**

Andrew Refshauge

\_\_\_\_\_  
Name



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Signature

31/03/2022

\_\_\_\_\_  
Date