
Minutes

Remote Site Visit Meeting of the Board of the Far West Local Health District

Date: 30 May 2022

Time: 11.00am ACST (11.30am AEST)

Venue: Meeting Room, Wilcannia Multi-Purpose Service, Wilcannia and via PEXIP

Members:

Mr Umit Agis	Chief Executive
Dr Andrew Refshauge	Board Chair
Ms Mariette Curcuruto	Board Member
Mr Wincen Cuy	Board Member
Mr Paul Kemp	Board Member
Ms Sally Pearce	Board Member
Mr Jason Masters	Board Member
Ms Pam Tucker	Board Member
Mr Justin Files	Board Member

In Attendance:

Mr Benjamin Ferry	Senior Project Director, NSW Health Infrastructure
Ms Corina Kemp	Executive Manager Aboriginal Health and Community Relations
Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)

Meeting Opened

11.45 AM ACST/ 12.15PM AEST

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

A/Prof Lilon Bandler	Board Member
A/Prof Michelle Dickson	Board Member

Item 3. Disclosure of Interest

Nil new disclosures made.

Item 4. Order of Business/Urgent Business

As the FWLHD Board meeting was held remotely at the Wilcannia Health Service, the Board Members attending the meeting face to face met with hospital staff and the White Cliffs and Wilcannia Health Council Chairs over morning tea, a hospital and accommodation facility tour was also attended prior to the meeting commencing at 11.45am ACST/ 12.15pm AEST.

Item 5. Minutes of Ordinary Board Meeting 23 April 2022

Resolution: **The Minutes of the Ordinary Board meeting held on 23 April 2022 be received as a true and correct record.**
Moved Jason Masters, seconded Pam Tucker, Carried.

Item 6. Action List

Action Item 20 – 25 Informal Meetings with partners

Ongoing. The Board Chair advised that no response had been received from Maari Ma following a formal letter of invitation to meet informally with both Chief Executives and Board Chairs.

The FWLHD Chief Executive and Board Chair were due to informally meet with CHAC Chief Executive, Summer Hunt and Board Chair, Sharlene Knight tomorrow, Friday 1 April 2022 however this was postponed to 12 April 2022 and has been further postponed with a date to be confirmed. It was noted that the secretariat was having difficulty confirming a date when both the CHAC CE and Board Chair were available to meet. The next informal meeting scheduled is with the RFDS.

Item 22 – 02 Public Health and Health Promotion Units BAU going forward from COVID

Heldover. Reports due to be tabled 28 June 2022.

Item 22 – 03 Aboriginal Health Respecting the Difference Training

Heldover. Respecting the Difference Training tentatively scheduled for 30 August following the August remote site Board meeting.

Item 22 – 06 Suicide Care Pathways Presentation

Heldover. The presentation will be made at the August 2022 Board meeting.

Item 21 – 42 Aboriginal Health – Smoking During Pregnancy Comparative Rates

Heldover. The annual report is due to be tabled by the August 2022 Board meeting.

Item 21 – 61 Aboriginal Workforce Strategy Quarterly Report

Complete. A quarterly report was tabled at the May Finance, Performance and Workforce Meeting and within the Board meeting papers today, a further quarterly report will be due in August 2022. The Aboriginal Workforce Strategy Quarterly report will form part of the Board's standing agenda.

Item 21 – 40 Service Level Agreement 2021 – 2022 Quarterly Priority updates

Complete. The quarterly SLA priority updates are tabled. The board noted the below reports:

Item 6.1 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.

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 Chief Executive advised that the Sub Acute Rehabilitation Unit was likely to reopen during the 2022 calendar year. The FWLHD has experienced more cases of the flu this season further impacting the reopening. 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. It was noted that upon the units reopening bench marking the SARU model of care would occur. The Director of Allied Health, Innovations and Partnerships will provide a presentation on the new proposed model of care for the Sub Acute Rehabilitation Unit. Gerontologist support was still under negotiation.

Priority Three – Intensive Care Unit (vICU) Collaborative Project

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

The Chief Executive advised that the vICU project had gone live and has been a success. The Board queried how handover of the patient was carried out between the three sites, RAH, BHHS and RPA . The Chief Executive explained that not only paper discharge summaries were provided, that handover occurred on screen in real time with the videoconferencing availability allowing for a more comprehensive and personable handover between clinicians. Traditional methods of medical record keeping were being used with newer methods having been worked on.

Priority Four - Enhancement of Outpatient Services

The Board noted that this project had been completed and therefore no quarterly update was required.

Priority Five – Reducing the Risk of Potentially preventable Chronic Obstructive Pulmonary Disorder Hospitalisations

The Board noted the quarterly update brief provided for the Service Level Agreement priority, Reducing the Risk of Potentially preventable Chronic Obstructive Pulmonary Disorder Hospitalisations.

Item 7. Reflections of Care

Item 7.1 Patient Story

The Board noted the patient story provided in the papers and discussed their concern regarding how issues are controlled when they are raised. The Chief Executive advised that complaints are referred to the Clinical Governance Department to explore and investigate if required and then feedback is provided. Challenges can be encountered when staff involved are temporary. The REACH escalation pathway allows patients to raise concerns if they believe something isn't right and can challenge the care they are being provided by seeking another opinion. The Board noted the importance of families being involved in their loved ones care and the need for effective communication if they are not able to physically present where their loved one is receiving care.

Item 7.2 Staff Story

The Board noted the staff story provided in the papers.

Item 8. Chief Executive Report

Item 8.1 KPI Dashboard Report

The KPI Dashboard report was noted.

Moved Pamela Tucker, Seconded Paul Kemp, carried.

Item 8.2 Chief Executive Report

The Chief Executive went through the report noting key points.

- The Director of Medical Services has tendered his resignation and will be returning to his home, where he has not been for three and a half years. Head hunters have been engaged to help recruit to the position.
- The Acting Director of Performance and Strategy is also returning to his home. This position is also in the hands of head hunters. The FWLHD are in the process of interviewing for an interim Director whilst permanent recruitment is undertaken.
- The FWLHD are leading the state with the overall third booster dose being received by the community. The challenge for FWLHD has been 5 – 10 year olds where FWLHD is behind the state average by 8-10%. The FWLHD have been taking the opportunity to provide pop up clinics at various events around the District such as, Agfair, sporting carnivals and the aquatic centre. Constant communication, education and promotion continues around the vaccination.
- Elective surgery at the BHHS continues to be impacted as it has been for the last two years due to COVID. Clinicians and patients have been unwell causing a challenge for FWLHD. The FWLHD are still pursuing the opportunity to create a contract with Adelaide Private to decrease the wait times patients are experiencing in regard to overdue surgeries. Patients will be given the opportunity to attend Adelaide to have their procedure performed whilst being financially supported by the FWLHD if they choose to do so.
- The MoH have announced \$70M worth of funding to be divided across the rural and remote locations within the state, in which FWLHD will receive a portion to invest into the workforce. It was noted that a number of new graduate nurses seek employment overseas upon graduation. The State needs to be able to attract these nurses to continue their employment. The FWLHD are looking at implementing a concierge as part of on boarding for new recruits to familiarise them with the FWLHD and introduce them to the town and other clinicians.
- The FWLHD are experiencing an accommodation issue as the rental and real estate market are very competitive currently. FWLHD are expecting to receive funding to invest into residential accommodation across the District, any capital projects over \$10M Health Infrastructure will manage. After hours child care for shift workers and day shift workers alike is needed within the communities to help support the need to increase the workforce. The Board encouraged engagement with other government agencies who were experiencing similar problems in attracting and retaining a

workforce to the area. The Board discussed the opportunity to plan for a growth in population. The Chief Executive advised that the FWLHD were looking at refreshing the masterplan for Broken Hill in light of some projects that are potentially going to be occurring within the region over the next 5 to 10 years.

- A further \$1.5M worth of MoH funding has been allocated to FWLHD to incentivise nursing agencies to attract nursing staff to the District by providing a once of cash payment of \$5000 upfront. The FWLHD have successfully recruited 14 agency nurses since this funding had been made available. The Board noted this was great for the District to ease short term fatigue for staff however does not provide a long term solution or support the wellbeing of the permanent workforce.

Resolution: The Chief Executive Report be received and noted.

Moved Jason Masters, seconded Sally Pearce. Carried.

Item 9. Aboriginal Health

Item 9.1 Clinical Services

Item 9.1.1 Comparative DAMA Rates

The Board discussed and noted the DAMA rates.

Item 9.1.2 Comparative DNW Rates

The Board discussed and noted the DNW rates.

Item 9.1.3 Admission rates compared with population numbers

The board noted the admission rates compared with population number report.

The Board endorsed the decision to receive the DAMA, DNW and admission reports on a quarterly basis ongoing.

Item 9.2 Workforce

Item 9.2.1 Workforce Participation Rates

The Board noted the Workforce Participation Rates.

Item 9.2.3 Progress on the Reconciliation Action Plan

The Executive Manager Aboriginal Health and Community Relations provided a verbal summary of the quarterly progress report on the Reconciliation Action Plan as tabled.

The Board noted the plan and action that had been occurring across the District such as naidoc week and reconciliation celebrations, the increase in Aboriginal traineeship opportunities across the FWLHD, the promotion of the COVID and flu vaccine, the keeping our Mob Safe campaign and the launch of the Nharatji FWLHD t-shirt in recognition of reconciliation week. All staff have been encouraged to wear during the week. The Chief Executive noted how great the t-shirts looked and apologised if not all staff members had received their t-shirt as of yet but assured the workforce that each and every one would receive a t-shirt.

Item 9.3.External Relationships

Item 9.3.1 Quarterly Community Engagement Report

The Executive Manager of Aboriginal Health and Community Relations provided a verbal summary of the quarterly community engagement report included within the papers.

The Board noted the report.

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

The Chief Executive reported that relationships with Aboriginal Medical Service partnerships were working well with the continued COVID response joint effort and regular meetings occurring between the workforces.

Mariette Curcuruto left the meeting at 1.00pm CST/1.30pm EST

Benjamin Ferry joined the meeting at 1.00pm CST/ 1.30pm EST

Item 10. Presentation

Mr Benjamin Ferry Senior Project Director, NSW Health Infrastructure provided a presentation regarding the Wentworth Hospital redevelopment. The key points of the presentation were:

The 20-bed hospital provides transitional aged care, sub-acute care, inpatient palliative care, step-down care and a first-aid room. The hospital includes a telehealth service, which facilitates consultations from external tertiary facilities.

In late 2021 Health Infrastructure engaged a capital consultant team comprising Project Manager, Architect, Cost Managers and Engineers to review the current facilities. These consultants confirmed that the current assets are well beyond their useful life. The current facilities have extensive and ongoing termite damage, hazardous materials including asbestos and evidence that the buildings are becoming structurally compromised.

The current buildings are beyond repair, it is recommended that any capital funding be allocated towards new assets, rather than any further refurbishments of the current facilities.

The NSW Government has committed \$30m to support the asset replacement of WHS. Health Infrastructure is working with FWLHD to undertake a detailed master plan review of the options available to deliver a future focused health facility.

Health Infrastructure has been working in partnership with FWLHD throughout the site selection and master planning process. As of the established Project Governance, an Executive User Group (EUG) was established, which included representatives from the LHDs Executive and local operations teams.

The EUG has completed a detailed site selection, master planning and feasibility review. Three options were shortlisted;

- **Option 1: Preferred option:** Redeveloping the Service on the current Hospital site. This is the preferred option for FWLHD, Ministry of Health and Health Infrastructure.
- **Option 2:** the Council library site adjoining the local aged care provider Murray House.

- Option 3: the Council chambers site in proximity to Murray House requiring the acquisition of a number of private residential houses. This was the least preferred option due to program and reputational risks associated with property acquisition, program risk and limited expansion opportunities.

Detailed assessment criteria were established with the EUG to support the site option review and decision making process. Through this process, it was identified that preferred site option is existing hospital site. This has a number of significant advantages over the 2nd and 3rd options.

All existing buildings with the exception of the newer staff accommodation buildings would be demolished at the conclusion of the Redevelopment. This will assist in providing remediation and landscaping opportunities, car parking and also facilitate the development a health precinct in the future.

The benefits of the existing hospital site are as follows:

- The proximity to the river better embeds 'Connecting with Country'¹ principles into the design of the facility including that of the inpatient bedrooms which will overlook the Darling River.
- Opportunities for collocation of other compatible health services including a located Ambulance Station subject to funding, or other compatible services. Both options that were adjacent to Murray House possessed limited future expansion opportunities for the Health Service or an Ambulance Station.
- No acquisition or rezoning is required which minimises program risk and maximises available funding for the inclusion of enhanced clinical services such as a more advanced Ambulatory Care/ General Practitioner service. In contrast, development on the Option 2 Site (Murray House/Library site) is contingent on Council's refurbishment program of another facility to accommodate the library service and Council Chambers. Any delay to Council's refurbishment and relocation, would result in an unacceptable risk to the efficient delivery of the redevelopment project and higher costs to the project.
- The existing site is the most central location for the hospital's catchment population which includes Curlwaa, Dareton and Coomealla and have a combined population of 1,720 people compared to the Wentworth population of 1,221 people. To enhance access to the hospital, options are being explored with respect to the procurement of a patient/community transport vehicle. This would enable enhanced access options for surrounding communities, particularly for Aboriginal communities located in Dareton and Coomealla. This approach aligns with the Recommendation No 3, from the NSW Parliamentary Rural Health Enquiry.
- The location of the health facility on existing site better manages future possible expectations that FWLHD assist with operations/funding should Murray House experience operational or financial challenges. A co location site option may not allow FWLHD to be able to manage these expectations satisfactorily.

The Board discussed the need for the new build to have at least a five green star rating at a minimum to future proof the sustainability of the facility and confirmed there would be an electric vehicle charging station on site, solar panels, batteries and electronic water reticulation etc. The Board identified sustainability as a Strategic priorities for the FWLHD.

The Board strongly supported the consultation process include a flood specialist, it was confirmed this was within the plan, a 1 in 500 chance had been identified for the hospitals likelihood to flood, this was a concern due to its proximity to the river. However the hospital is situated behind a levy bank and the proposed building is suited above this levy bank to allow for patient rooms to take advantage of the view of the river. A fire consultant would also be involved in the planning process.

The risk of community access to the site with it being on the outskirts of the Wentworth township were raised. The Chief Executive advised that a community transport service would be available to those who did not have transport. This was detrimental to the decision to redevelopment the Wentworth Hospital at its current site. The Board agreed with no transportation options the current site would not be supported.

The next steps in the project once the Board had endorse the location of the redevelopment are a briefing to the Health Minister and consultation with the community. The approximate timeframe for completion of the redevelopment is the end of 2024. This will be dependent on political commitment.

Resolution: **The FWLHD Board endorse the redevelopment of the Wentworth Health Services on the existing hospital site.**
The Board endorsed the redevelopment of the Wentworth hospital on the existing hospital site unanimously. **Moved, Carried.**

Item 11 Board Sub Committee Reports

The Board did not discuss the Board Sub Committee Reports at length, instead these items were addressed out of session to allow time to engage with local community partners, staff of the Wilcannia Heath Service and Chairs of the Wilcannia and White Cliffs Health Councils. Nil issues were raised out of session. Board Members had noted these reports at the relevant Board Sub Committee Meetings as detailed below throughout the month of May 2022.

Item 11.2 Finance, Performance and Workforce

Item 11.2.1 Finance, Performance and Workforce Committee Chair Report

Nil.

Item 11.2.2 Finance, Performance and Workforce Committee Minutes

The Board noted the minutes out of session.

Item 11.2.3 Finance Report April 2022

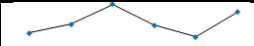


Major items of the financial report are:

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Apr-22 FY2021/2022 \$'M									
	Month Actuals	Variance to Budget		YTD Actuals	Variance to Budget		FY Forecast	Variance to budget	
		%			%			%	
Expenses:									
Employee Related	6.602	0.744 F	10	69.614	3.440 F	5	84.397	5.153 F	6
VMO Payments	0.844	0.239 U	-39	7.792	1.426 U	-22	9.341	1.746 U	-23
Goods & Services	2.560	0.242 F	9	30.735	1.118 U	-4	39.911	2.062 U	-5

Grants	0.207	0.002 U	-1	2.340	0.003 U	-	2.864	0.000 F	-
Repairs, Maintenance & Renewals	0.146	0.005 U	-4	1.633	0.053 F	3	3.811	1.838 U	-93
Depreciation and Amortisation	0.615	0.000 F	-	6.135	0.000 U	-	7.442	0.000 F	-
Borrowing Costs	0.001	0.003 F	72	0.014	0.000 F	-	0.017	0.000 F	-
Other Expenses	0.005	0.005 U	-	0.353	0.007 U	-2	0.348	0.002 U	-1
Total Expenses	10.980	0.738 F	6	118.616	0.939 F	1	148.131	0.495 U	-

Revenue:									
Patient Fees	0.335	0.090 U	-21	3.835	0.479 U	-11	4.621	0.559 U	-11
User Charges	0.225	0.282 U	-56	3.148	1.862 U	-37	3.714	2.346 U	-39
Grants and Contributions	0.113	0.006 U	-5	5.757	0.027 F	-	6.016	0.010 F	-
Other Sources of Revenue	0.023	0.108 U	-83	0.314	0.922 U	-75	0.364	1.110 U	-75
Own Source Revenue	0.696	0486 U	-41	13.054	3.236 U	-20	14.715	4.005 U	-21
Doubtful debts	0.000	0.000 F	-	(0.010)	0.010 U	-	(0.012)	0.012 U	-
Government Contributions	8.595	0.062 F	1	104.810	0.000 F	-	125.524	0.000 F	-
Total Revenue	9.291	0.423 U	-5	117.854	3.246 U	-3	140.227	4.017 U	-3
Net Cost of Service : Surplus/(Deficit)									
	(1.689)	0.315 F	16	(0.762)	2.307 U	-149	(7.904)	4.512 U	-133
Crown Acceptance									
	0.181	0.000 F	-	2.038	0.000 U	-	2.446	0.149 U	-6
Asset Transfers – Internal									
	0.000	0.000 F	-	0.093	0.004 F	4	0.282	0.112 F	66
Total Result: Surplus/(Deficit)									
	(1.508)	0.315 F	17	1.369	2.304 U	-63	(5.176)	4.549 U	-726
Less: COVID-19 Incremental									
	0.926	0.941 F	6,255	(0.161)	0.031 U	-24	(0.965)	0.812 U	-532
General Fund BAU Surplus/(Deficit)									
	2.434	0.626 U	-35	1.530	2.273 U	-60	4.211	3.737 U	-789

	BAU		Covid-19		FWLHD Total		
	YTD Ac	Variance to	YTD A	Variance to	YTD A	Variance to	
FTE – FN22 (Ending 24/04/22)	668.53	101.36 F	39.27	30.27 U	707.81	71.08 F	
Trendline of monthly actual FTE							

*Excludes 8 YTD HealthX agency staff.

Year-to-Date April 2022

- The **expenditure** result year to date is \$1.24M favourable to budget.
- The **revenue** result year to date is \$3.24M unfavourable to budget.

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

Expenses

For the month of April, FWLHD is \$0.03m unfavourable to budget on total expenses, exclusive of COVID-19 costs. The result is attributable to vacancies across the LHD, offset by the utilisation of VMOs, overtime and agency staff to maintain staffing levels.

For the year to date period as at April, FWLHD is \$1.24m 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 \$0.33m (20%) 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 April month is \$0.49m unfavourable to budget, with the YTD result as at April being \$3.24m 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 \$13.00m has been incurred for the YTD period, with \$12.70m 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 testing and screening, security costs and PP&E are expected to continue for the remainder of the financial year.

Forecast

The forecasted full year expense result for FWLHD is \$0.29m favourable (excluding COVID-19), assuming vacant positions will continue to be filled in a staged manner from 1 May 2022 including the on boarding of additional New Graduate Nurses. It is also assumed activity levels will remain at pre-COVID levels following a return to this level of activity from April onwards.

The forecasted full year Own Source Revenue result for FWLHD is \$4.00m unfavourable to budget, with revenue performance challenged with restricted activity levels and position vacancies.

Activity

Coding for March 2022 has been completed within Ministry timeframes and coding for April is well underway. 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, improved performance is noted in Mental Health Admitted and on-Admitted Patient Services exceeding target.

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 \$1.03m of savings recognised for the YTD period as at April.

Item 11.2.4 Financial Reports – April 2022

Noted.

Item 11.2.5 MoH Narrative – March 2022

Noted.

Item 11.2.6 Workforce Report

Noted.

Item 11.2.7 Headcount and FTE April 2022

Noted.

Item 11.2.8 Quarterly Exit Survey Report May 2022

Noted.

Item 11.2.9 Quarterly Aboriginal Workforce Strategy Report

Noted.

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

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 March 2022

Key points of the March 2022 report are:

What's working well within the District:

- Nil Harm Score 1(HS) or HS2 incidents for March
- Mental Health Drug and Alcohol (MHDA) leading the state with 7 day follow up Key Performance Indicator (KPI) above 85%
- Serious Adverse Event Report (SAER) training delivered to Far West LHD staff
- 100% of deaths screens were completed with no red flags identified and no external referrals required
- Health Care Complaints Commission (HCCC) complaint resolutions
- Nil red flags or issues found in Inter-hospital Transfer Audit.

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

- Falls have increased for March reporting period from six (6) to sixteen (16)
- VTE risk assessment completion rates have fallen by 6%

- Complaint Management – resolution within 35 days is below target (80%) for the reporting period at 38%.

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

Item 11.1.3 Quality and Safety Committee Minutes 14 March 2022

Noted.

Item 11.3 Audit and Risk

Item 11.3.1 Audit and Risk Committee Chair Report

Nil.

Item 11.3.2 Audit and Risk Committee Minutes - Nil

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

Item 11.3.3 Risk Management Unit - Work Health and Safety Report

Noted.

Item 11.3.4 Quarterly Workers Compensation Report

Noted.

Resolution: **The Risk Report be received and noted with the analyses and action contained within them be supported by the Board.**

Moved Sally Pearce. Carried.

Item 12. Reports for Noting

Nil.

Item 13 Reports for Endorsement

Nil.

Item 14. Business on Notice

Nil.

Item 15. Items for Discussion

15.1.1 draft Board Meeting Agenda

15.1.2 draft Committee Report cover page

15.1.3 draft Board Sub Committee Report Summary

15.1.4 draft Board Brief template

Due to time constraints the Secretariat will circulate the draft Board meeting paper templates as attached to the meeting papers for feedback out of session. The Board Chair and Chief Executive advised that the aim of the new templates was to help streamline the Board meeting, reduce the size of the Board meeting pack and focus the discussion around Strategic items on the agenda and of concern to the Board.

Item 16. Calendar of Events

Noted.

Item 17. Correspondence

Nil.

Item 18. Other Business

Nil.

Item 20. Next Meeting

Monday 27 June 2022

In camera

Nil in camera session was held during the remote site visit.

Meeting Close

3.00pm ACST/ 3.30pm AEST

Certified as a correct record.

Andrew Refshauge

Name



Signature

27 June 2022

Date