

## Minutes

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

Date: 31 March 2022

Time: 9.00am ACDT (9.30am AEDT)

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

### Present:

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
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:

Ms Natasha Beach	Director Integrated Care, eHealth
Mr Andrew Bracher	Program Manager, Integrated Care Portfolio, eHealth
Ms Wendy Gleeson	Executive Director, Nursing & Midwifery and Clinical Governance
Ms Michelle Harkin	Chief Information Officer
Ms Debra Hoban	Program Director, Collaborative Commissioning Implementation WNSW LHD
Ms Corina Kemp	Executive Manager, Aboriginal Health and Community Relations
Ms Jodie Miller	A/Director Clinical Operations
Ms Judy Robinson	Manager, Risk Management Unit
Mr Damien Van Rosmalen	A/Director Performance and Strategy
Ms Melissa Welsh	Director Allied Health, Partnerships and Innovation
Ms Hannah Everuss	Board, Committees and Policy Clerk (Minutes)

**Meeting Opened** 9.08 AM ACDT/ 9.38AM AEDT

### Item 1. Acknowledgement of Country

The Far West Local Health District acknowledges the traditional owners of the lands within its boundaries including: the Barkandji; the Muthi Muthi; the Wilyakali; the Ngayampaa; 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 Michelle Dickson	Board Member
Dr Tim Smart	Director Medical Services

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### Item 3. Disclosure of Interest

The following new disclosures were made:

Lilon Bandler advised of appointment by Wayside Chapel to prepare a brief for their Board, looking to establish a Wayside Healthcare Service.

Jason Masters advised he is assisting ACON Health in setting up a LGBTQI+ health centre in Sydney.

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

Nil.

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### Item 5. Minutes of Ordinary Board Meeting 28 February 2022

The Board requested some amendments to the 28 February 2022 FWLHD Board meeting minutes.

- It was agreed that Board Members should not be named within the minutes and this should be considered as normal practice.
- On page 7, the minutes state the appointment of John Harris former Board Member as a philanthropist, this is incorrect. John Harris has been appointed as a Project Worker exploring philanthropic opportunities for the FWLHD.
- It was agreed that the length of the Finance section of the minutes needs to be condensed. The Chair advised that during a review of the minutes at accreditation, detail is requested to confirm what the Board had discussed. It was agreed to focus on key items discussed rather than provide the specifics of the report.
- Board Members discussed the number of pages of the meeting papers has increased. At the Ministry Board Member Conference the need to keep the papers succinct was highlighted and to only include the high level summaries of the items for discussion or endorsement. The option of providing attachments or more in depth reports as part of the Diligent archive referring to the location they are stored was welcomed by some Board Members. The Chair proposed a review of the Board papers be undertaken by Umit Agis, Andrew Refshauge and Hannah Everuss.

**Action: Secretariat to organise a meeting with the Chief Executive, Board Chair and interested Board Members to discuss changes to the meeting papers.**

The Secretariat has made the changes to the 28 February Board meeting minutes as requested.

**Resolution: The Minutes of the Ordinary Board meeting held on 28 February 2022 be received as a true and correct record incorporating the amendments outlined above.**  
Moved Jason Masters, seconded Lilon Bandler, Carried.

## **Item 6. Action List**

### **Action Item 21 – 5 Maari Ma Health Informal Meeting**

**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 Chair advised he would follow the letter up with a telephone call.

### **Item 21 – 56 Draft Scorecard within Finance Report**

**Heldover.** The Chief Executive advised that the Performance and Strategy Directorate were working on incorporating the Aboriginal Health KPIs within the dashboard snapshot prior to tabling this for endorsement by the Board.

### **Item 20-25 Informal Afternoon Tea Coomealla Health Aboriginal Corporation**

**Heldover.** The FWLHD Chief Executive and Board Chair are due to informally meet with CHAC Chief Executive, Summer Hunt and Board Chair, Sharlene Knight tomorrow, Friday 1 April 2022.

### **Item 22 – 01 Priority Four Outpatient Services Enhancement**

**Complete.** Included in the Board meeting papers today at Item 6.1.2 is a brief endorsed by Ms Jodie Miller Acting Director of Clinical Operations, detailing how patient information is shared by FWLHD between public and private health agencies. Also provided within the meeting today is a presentation by the Integrated Care Portfolio of eHealth, the Co-Located General Practitioner Clinics whom outlined what patient information sharing may look like in the future once this model has come online.

### **Item 22 - 02 KPI Dashboard Report, Public Health Promotion of Active Kids Vouchers**

**Heldover.** Included in the Board meeting papers today at Item 6.1.1 is a brief endorsed by Dr Tim Smart, Director of Medical Services outlining the strategies and programs that have been implemented across FWLHD (Healthy Eating and Active Living (HEAL), Live Life Well @ School, Go4Fun Online program, NSW Healthy Canteen) to encourage physical activity within children and reduce the rate of overweight and obese children. The need for a further presentation outlining the Health Promotion Unit and Public Health Units was requested by the Board Members in future.

### **Item 22 – 03 Aboriginal Health Respecting the Difference Training**

**Heldover.** To be discussed at Item 15.1 today, tentative cultural competency session scheduled for FWLHD Board and Executive 31 May 2022 following the May remote site Board meeting.

### **Item 22-04 Aboriginal Health Artwork Story**

**Complete.** The story of the Aboriginal Artwork commissioned by FWLHD from Corey Payne and artist biography was circulated out of session to all Board Members following the 28 February 2022 meeting.

### **Item 22-05 Presentation GP Remote Site Information Exchange**

**Complete.** Ms Natasha Beach, Director Integrated Care and Mr Andrew Bracher, Program Manager, Integrated Care Portfolio from eHealth will be introduced by Michelle Harkin,

FWLHD and WNSW LHD Chief Information Officer and will be presenting the GP Remote Site Information Exchange project to the Board meeting at Item 10.2 today.

### **Item 6.1 Active Kids NSW Vouchers brief D22/2919**

The Board discussed the brief provided by the Health Promotion Unit from WNSW LHD regarding Active Kids NSW Voucher. The Board Member whom requested this information wished to determine if FWLHD and the Office of Sport were talking to one another regarding the overall health of children, the relationship between health and sports and if these two organisations had been coordinating activities and health promotion opportunities together.

The Chief Executive provided feedback to the Board advising that currently the Health Promotion Unit for FWLHD is a shared resource with WNSW LHD where the Public Health Unit and Health Promotion Unit work in silos. The FWLHD may be reviewing this partnership in future, with the current model being reviewed by the new WNSW LHD Chief Executive who would like to see an integrated model of service delivery, how the FWLHD feature in this relationship will be confirmed at a later date.

The Chief Executive suggested a presentation in the next couple of months providing an overview of what Public Health and Health Promotion look like as 'business as usual' going forward from COVID in the FWLHD. The Board agreed that Public Health is now a more prominent issue and a presentation would be welcomed.

**Action: Public Health and Health Promotion Units to provide a presentation of what BAU looks like for the FWLHD going forward from COVID by the July 2022 meeting.**

### **Item 6.1.2 D22/2736 Sharing Patient Information**

The Board noted the brief provided and advised they appreciated the Acting Director of Clinical Operations work with a comprehensive overview of sharing data and respecting privacy and confidentiality. The Board raised that a senior staff member should always be involved when handling a subpoena for information. The Acting Director of Clinical Operations confirmed that the head of the department/relevant medical/clinical area is referred and advice is obtained from solicitors prior to the information being supplied.

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Lilon Bandler left the meeting at 9.55AM ACST/ 9.25AM AEDT

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### **Item 10 Pillar Four Presentation – Operational Performance Governance**

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The Board welcomed Ms Jodie Miller, Acting Director Clinical Operations to provide a presentation on pillar four of the FWLHD, Operational Performance Governance. The Board noted the clinical operations risk and controls and Aboriginal Health outcomes that belong to the pillar. Key issues discussed were:

- Disaster management and systems in place, including the pandemic plan and business continuity plans. Strong relationships having been established further with the Local Emergency Management Committee (LEMC) with COVID response having been well maintained across the FWLHD.
- Security, gap analysis in partnership with WNSW LHD Risk Management Unit is being undertaken in response to the Anderson Security report, risk assessments of all FWLHD facilities having commenced, prioritising the training of all Executive in HSFAC, the establishment of security governance committee to provide transparency

and oversight, to meet obligations of Work, Health and Safety, Protecting People and Property Policy implementation and the review of local policies and procedures,

- The increased use of telehealth throughout the COVID pandemic and virtual workforce initiative with mental health implementing two senior drug and alcohol clinicians remotely,
- FWLHD 2022 New Graduate Nursing program intake of 28 nurses and 1 midwife,
- Vacancies throughout the COVID period increased with staff resigning due to moving to be closer to family during times of border closures and uncertainty, challenges engaging agency staff who were being absorbed through the COVID vaccination and testing programs in metropolitan areas,
- The development of the Aboriginal Health scorecard, providing a snapshot of ED information in regard to DNW and representations across all facilities in real time, admitted patient DAMA and 28 day readmissions, eMaternity analysing indicators of comprehensive antenatal visits before 14 weeks gestation with a goal to increase the proportion of Aboriginal women engaged in perinatal care early in pregnancy, Aboriginal women smoking during pregnancy, quitting smoking and population health data low birth weight and Aboriginal birth mothers under 20 years of age, mental health drug and alcohol services tracking 7 day follow post acute admission, readmission within 28 day data often highlighting transfer/discharge issues back to remote communities.

The Board discussed the partnerships the FWLHD has in regard to mental health care of Aboriginal people. The Acting Director of Clinical Operations advised that regular separate governance meetings occur with Maari Ma, Coomealla Health Aboriginal Corporation whom all are involved in the development of the Mental Health Social and Emotion Wellbeing Action Plan in partnership with communities has been completed and oversight provided by Aboriginal Mental Health Clinical Leader. At Dareton Primary Health Service an Aboriginal Mental Health Peer Worker has been established to help support in the use of telehealth services, the FWLHD would like to see this established with Maari Ma in Wilcannia.

The Board thanked Jodie for her work and for the presentation, the Board expressed their concern at where the centre of responsibility lies in respect to the Aboriginal DNWs and DAMAs. Where do the ED team and not just the Aboriginal Liaison Officers sit in addressing some of the issues. The Chief Executive confirmed that currently the strategy in addressing the DAMA and DNW rates was under review with the Executive team and that the responsibility doesn't just fall to the ALOs or Emergency Team it is a whole of Executive responsibility. The Board suggested that the monthly data is interrogated, with audit and review processes implemented to see if contact was made with ALOs and AHPs, further the data is interrogated with treating clinicians to provide transparent processes on how patients are being referred.

The current tragedy being experienced in the remote Aboriginal communities was raised in particular in Wilcannia. Board Members called for action to be taken to address mental health and in particular suicide rates in this area. It was suggested that the FWLHD intervene and look at matters affecting the community. The accountability and engagement of current services in the community was questioned by some Board Members. If an Aboriginal person is presenting to an ED with suicidal ideation there are multiple distresses underneath the presentation that need to be further investigated. The need for a community based alternate model of care in these circumstances was discussed, a focus beyond the hospital, non-conventional methods of care. The Board noted this would be a major shift for any NSW Health Service however there is a need to look at social determinants of health,

working with partner organisations and new thinking and ways of doing things to address such this issue in Aboriginal communities.

The difficulty in addressing such an issue was noted, with one of the challenges for FWLHD is working within the Mental Health Act. The FWLHD acknowledges the need to look at the model of care and the engagement process and follow up of care when someone presents. A further issue often experienced by FWLHD Mental Health staff is that Aboriginal patients do not wish to be treated by the FWLHD and prefer to be treated by Aboriginal Medical Services. It is important to address how FWLHD work with Maari Ma and CHAC to provide service continuity, a multi-agency approach is required, need to have relationship, although we may have challenges at the top tier, middle ground relationships are strong. It was discussed that it may not just be about Mental Health and that a whole range of issues could be brought to the table, sitting within a community and geographical context requiring a change focus, with less of a facility focused approach and change in culture etc.

The Board wished to acknowledge the work the FWLHD Mental Health Team do and who function well with limited staffing numbers and many vacancies. The Board also wished to reiterate that blame was not being placed on the FWLHD for such issues but wanted to raise the need for action organisation wide. The Chief Executive proposed FWLHD look at the model of care provided in ED, how are mental health issues recognised, how are referrals generated to the Mental Health team or Aboriginal Medical Services. It was acknowledged that the FWLHD needed to be innovative, demand that of the service and push partners at the same time.

**Action: FWLHD to look at model of care provided in the Emergency Departments across the District to establish how mental health issues are recognised, how referrals are made to Mental Health teams at FWLHD and/or Aboriginal Medical Services? Provide a report back to the Board in terms of FWLHD currently does and what they could do in future linking into the Strategic Plan for 'Toward Zero Suicides' Health project.**

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

### **Item 7.1 Patient Story**

Nil Patient Story provided.

### **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. It was discussed that the data provided in the report is dated therefore makes it challenging to implement changes that may or may not be currently required based on this report. It was discussed that comparative data access is much more useful. The one page snapshot, providing trend data as drafted and tabled at the November and December 2021 Board meetings would provide a more relevant report. The Chief Executive advised this report would be tabled ongoing including Aboriginal Health KPIs.

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Lilon Bandler rejoined meeting 10.15am.

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## Item 8.2 Chief Executive Report

The Chief Executive went through the report noting key points.

The number of positive cases in the community increasing week on week, sitting at 459 per week currently. The peak of Omicron BA2 for the FWLHD is estimated to occur at the end of April 2022 coinciding with the Mundi Mundi Bash. The FWLHD are expecting a surge similar to that experience after St Patrick's race day however locals were able to go into their homes and manage positive cases. A lot of Mundi Mundi Bash patrons will be coming from outside of the region. Working more closely with organisers pre-emptively and scrutinising organising readiness and engaging public health. The impact on health services is not likely to be huge however due to approximately 8000 to 10000 patrons descending on the region at this time it will increase, organisers have own medical services on ground, nurses, doctors and ambulance. This may mitigate some challenges from a human resource point of view.

FWLHD are trying to incorporate vaccination and testing as BAU, third dose vaccination rate sitting around 30%, on par with NSW average. Aboriginal population, lagged behind in the uptake, a lot of pop up clinics and door knocking is continuing with this approach working well to encourage the update of the booster dose. FWLHD are currently sitting a 60% overall vaccination rate in regard to third dose.

In regard to People and Culture recruitment is improving with more agency staff becoming available however the recruitment challenge remains in Wilcannia. The FWLHD are hoping to bring back the service in terms of admitting patients. Currently unable to get nurses to go out to Wilcannia, challenges in filling nursing positions. Teams have been asked to be innovative with the Executive consulting with staff about using a different model of care.

The new State Award has been handed down by the Industrial Relations Commission. Email correspondence has been provided to all staff. After 25 March 2022 back payment should be received by the employees affects, a number of provisions retained from BIC and a number of provisions pulled back within the new award. FWLHD are working on communications to staff in regard to the differences in the awards. Industrial action is scheduled to occur across NSW with 29 FWLHD staff taking part, with 6 or 7 staff taking a four hour strike, which will affect the medical and surgical wards and elective orthopaedic surgery list predominantly at the Broken Hill Health Service.

The Chief Executive provided update on the Executive Leadership Team vacancies, with the Performance and Strategy Director position being interviewed next week. The Director of Clinical Operations position hasn't gained good traction and therefore the position is being readvertised, Jodie Miller will continue acting in this role. A new People and Culture Director is commencing on Monday 4 April 2022.

The Chief Executive noted a Benchmark retention report as presented at the Senior Executive Forum shows that FWLHD has increased its retention rate from 2019 till current time. The Chief Executive and Board were surprised by this, with a lot of work to be done in regard to workforce attraction and retention.

The Board discussed that one or two year funding diminish retention and attraction of project positions. The Chief Executive confirmed that the 'recurrent funding and subject for review' had been queried with the Ministry. FWLHD are able to hire a fulltime employee in positions with funding provided for four years as can manage risk. Where funding is clearly ceasing in two years cannot manage.

The Chief Executive advised that FWLHD would not be realising the Own Source Revenue target particularly this financial year in light of COVID, as previously report.

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Wincen Cuy left the meeting at 11.30am ACDT/ 12.00noon AEDT

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Philanthropic Project Worker will be commencing next week undertaking a project we can identify funding opportunities to provide bursaries for Aboriginal students to go through full education program. The Board raised that it was important to ensure FWLHD had the relevant contractual processes in place, must have the right legal entity set up. FWLHD to explore and implement policy who we will accept donations from.

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Wincen Cuy returned to the meeting at 11.38PM ACDT/ 12.08PM AEDT

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The Board raised previously not having a Business Analyst position who can drill down into data, get good service from Western, however FWLHD do not have immediacy, however hamstrung by not having own analyst on site. The Chief Executive advised that FWLHD are looking at investing in this position.

The Chief Executive advised Prof David Lyle is retiring from BH UDRH, David Lyle has agreed to be inaugural Director of Research, conversations with Sydney University about what that will look like in future have been had between the Dean and the CE. The Interim Head of School/Academic will fill the position going forward with the existing Memorandum of understanding with a two year term, there is understanding that the University will honour conjoint Director of Research position.

The Chief Executive advised in discussion about the sharing of patient records that the eICU project is now the virtual ICU (vICU) project due to Phillips having trademarked the name eICU. The FWLHD are undergoing credentialing and further checks prior to the vICU model being launched.

**Action: Board to write to David Lyle thanking for work completed across FWLHD.**

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

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## **Item 10.2 Presentation Co-Located GP Clinics – Project Overview.**

The Board noted the presentation and discussed technical aspects of cybersecurity, legislation and protection around health record sharing. Natasha Beach, Director of Integrated Care Portfolio for eHealth advised this was a bigger discussion to be had outside of this forum, there are several options in regard to information sharing.

**Action: Interested Board Members to have conversation out of session with eHealth Integrated Care Portfolio in regard to the National eHealth transfer.**

It was noted the project should improve the rate in which discharge summaries are completed whilst improving the quality of information available to GPs and other health service providers. This would be of particular benefit to remote sites.

FWLHD are supportive of this project whom are currently looking to the Commonwealth to extend timeframes of the project. The Board discussed how the project will be measured. Benchmarking is challenging as currently there is no rate to benchmark against, the benefit will not be in the completion rate it will be focused on the quality of the information provided, hopefully therefore decreasing unnecessary diagnostic tests, increasing patient confidence.



## Item 11.2 Finance, Performance and Workforce

It was noted the order of business was changed to accommodate presentation timelines. The Safety and Quality report would be completed after lunch to coincide with the Executive Director Nursing and Midwifery and Clinical Governance presentations.

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

The Chair, Wincen Cuy advised that he was unable to chair the previous Finance, Performance and Workforce Committee meeting due to other commitments. Sally Pearce Chaired the meeting. Sally advised that there were no concerns from the Finance and Performance Committee, a presentation was received regarding the results from the People Matters Survey. The Board Chair welcomed Damien to provide the Finance report.

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

Noted.

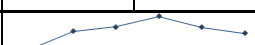

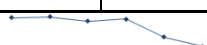
### Item 11.2.3 Finance Report February 2022

Major items of the financial report are:

#### February 2022 Overview

Feb-22 FY2021/2022 \$'M												
	Month Actuals	Variance to Budget			YTD Actuals	Variance to Budget			FY Forecast	Variance to budget		
				%				%			%	
<b>Expenses:</b>												
Employee Related	5.785	1.175	F	17	55.265	2.914	F	5	85.343	3.740	F	4
VMO Payments	0.783	0.218	U	.39	6.206	1.085	U	-21	9.267	1.685	U	-22
Goods & Services	2.238	0.233	F	9	24.914	0.492	U	-2	38.329	2.076	U	-6
Grants	0.208	0.000	F	0	1.925	0.000	F	0	2.864	0.000	F	0
Repairs, Maintenance & Renewals	0.174	0.043	U	-33	1.329	0.066	F	5	3.917	1.951	U	-99
Depreciation and Amortisation	0.681	0.000	F	0	4.905	0.000	F	0	7.415	0.000	F	0
Borrowing Costs	0.001	0.000	F	0	0.012	0.002	U	-32	0.018	0.004	U	-31
Other Expenses	0.001	0.000	F	0	0.004	0.004	U	0	0.001	0.001	U	-
<b>Total Expenses</b>	<b>9.871</b>	<b>1.145</b>	<b>F</b>	<b>10</b>	<b>94.560</b>	<b>1.396</b>	<b>F</b>	<b>1</b>	<b>147.153</b>	<b>1.977</b>	<b>U</b>	<b>-1</b>
<b>Revenue:</b>												
Patient Fees	0.333	0.062	U	-16	3.175	0.273	U	-8	4.828	0.352	U	-7
User Charges	0.321	0.162	U	-33	2.488	1.462	U	-37	3.868	2.192	U	-36
Grants and Contributions	0.160	0.032	F	26	1.154	0.043	F	4	1.658	0.014	F	1
Other Sources of Revenue	0.024	0.096	U	-80	0.254	0.730	U	-74	0.297	1.177	U	-80
<b>Own Source Revenue</b>	<b>0.838</b>	<b>0.288</b>	<b>U</b>	<b>-26</b>	<b>7.071</b>	<b>2.422</b>	<b>U</b>	<b>-26</b>	<b>10.651</b>	<b>3.707</b>	<b>U</b>	<b>-26</b>
Doubtful debts	(0.007)	0.007	U	0	(0.007)	0.007	U	0	(0.010)	0.010	U	0
<b>Government Contributions</b>	<b>8.835</b>	<b>0.000</b>	<b>F</b>	<b>0</b>	<b>82.835</b>	<b>0.000</b>	<b>F</b>	<b>0</b>	<b>123.125</b>	<b>0.000</b>	<b>F</b>	<b>0</b>
<b>Total Revenue</b>	<b>9.666</b>	<b>0.295</b>	<b>U</b>	<b>-3</b>	<b>89.899</b>	<b>2.429</b>	<b>U</b>	<b>-3</b>	<b>133.766</b>	<b>3.717</b>	<b>U</b>	<b>-3</b>
<b>Net Cost of Service : Surplus/(Deficit)</b>	<b>(0.205)</b>	<b>0.850</b>	<b>F</b>	<b>81</b>	<b>(4.661)</b>	<b>1.033</b>	<b>U</b>	<b>-28</b>	<b>(13.387)</b>	<b>5.694</b>	<b>U</b>	<b>-74</b>
Crown Acceptance	0.193	0.138	F	0	1.548	0.138	F	10	2.324	0.271	U	-10

Asset Transfers – Internal	0.010	0.010	F	-	0.093	0.093	F	-	0.310	0.139	F	82
<b>Total Result: Surplus/(Deficit)</b>	<b>(0.002)</b>	<b>0.998</b>	<b>F</b>	<b>100</b>	<b>(3.020)</b>	<b>0.802</b>	<b>U</b>	<b>-36</b>	<b>(10.753)</b>	<b>5.826</b>	<b>U</b>	<b>-118</b>
Less: COVID-19 Incremental	0.695	0.395	F	132	0.350	0.252	U	-259	(2.389)	2.246	U	-1,573
<b>General Fund BAU Surplus/(Deficit)</b>	<b>(0.697)</b>	<b>0.603</b>	<b>U</b>	<b>-46</b>	<b>(2.670)</b>	<b>0.550</b>	<b>U</b>	<b>-26</b>	<b>(8.364)</b>	<b>3.580</b>	<b>U</b>	<b>-75</b>

	BAU		Covid-19		FWLHD Total	
	YTD Ac	Variance to	YTD A	Variance to	YTD A	Variance to
FTE – FN18 (Ending 27/02/22)	666.41	102.38 F	43.57	34.57 U	709.98	67.81 F
Trendline of monthly actual FTE						

### Year-to-Date February 2022

- The **expenditure** result year to date is \$1.396M favourable to budget.
- The **revenue** result year to date is \$2.429M unfavourable to budget.

The Director of Performance and Strategy advised that 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 submitted to the Ministry on 21 March 2022.

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

### Expenses

For the month of February, FWLHD is \$0.74m 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 February, FWLHD is \$1.65m 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 \$0.25m (4%) 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 February month is \$0.29m unfavourable to budget, with the YTD result as at February being \$2.42m 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 \$11.72m has been incurred for the YTD period, with \$11.37m 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 \$0.29m favourable (excluding COVID-19), assuming vacant positions will be filled in a staged manner from 1 March 2022 and activity levels will return to pre-COVID levels from March.

The forecasted full year Own Source Revenue result for FWLHD is \$3.71m 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, improved performance is noted in Emergency NWAU, with activity for the month of February approaching target. Emergency NWAU 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 \$1.06m of savings recognised for the YTD period as at February.

The Board discussed what the budget may look like going forward with COVID. It was noted that COVID forecast is unfavourable, unable to forecast future budget, with FWLHD notifying MoH what the potential gap may be. Currently FWLHD are undertaking the budget development process with Directors working around current staff establishment to provide budget assumptions in consultation with the Executive Team. It was noted that conversations with MoH around testing and vaccination are required. If the COVID pandemic response continues, which is likely, beyond June 2022 and the surges continue, the FWLHD will have to look at ongoing positions to complete such roles. However the COVID funding bucket is likely to be removed at end of the financial year.

The Board queried if the reduction of travel cost and prosthetics were likely to be a once off saving or if they may continue post COVID. The Acting Director of Performance and Strategy advised that both savings were on off in line with the impact COVID has had on activity. There are a lot more meetings being held virtually however the impact of increased fuel costs may absorb any future savings in regard to this.

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

Noted.

#### **Item 11.2.5 MoH Narrative – January 2022**

Noted.

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

Noted.

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

Noted.

#### **Item 11.2.8 FWLHD People Matters Survey Action Plan**

Acting Chair for the Finance, Performance and Workforce Committee at the February 2022 meeting advised that historically FWLHD had always done exceptionally well in the People Matters Survey results however in 2021 the completion of the survey was held at the peak of Delta outbreak for Western and Far West LHDs. The survey response rate was also much lower than normal with comparison across the District, Wentworth went exceptionally well, really good response rate, tied in with getting a really good accreditation response and noting that the pandemic had not hit this region yet.

Discussion was had at the Finance, Performance and workforce meeting about how big the FWLHD action plan was and queried if FWLHD were trying to target too many things at once.

The Chief Executive thanked Board Member for her summary of the discussion held at the Finance, Performance and Workforce meeting and highlighted that the action plan is important to communicate to staff what the FWLHD are doing.

#### **Item 11.2.9 FWLHD Exit Survey Report**

Noted.

#### **Item 11.2.10 Draft Service Level Agreement**

The Acting Director of Performance and Strategy presented the FWLHD draft Service Level Agreement for 2022 – 2023, advising there had been no material changes. The Board discussed HITH data, what the transition to a true HITH model will capture, with conversations occurring with the MoH around FWLHD processes. It was noted that FWLHD had received funding for a Contract Implementation position and a Contract Management position. These positions will have a procurement savings target set down by the Chief Procurement Office, clarity around how these targets are calculated will be sort as FWLHD do not have the volume of contracts to be able to achieve targets. The risk will be mitigated through the new roles coming online in the FWLHD.

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

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Mariette Curcuruto and Damien Van Rosmalen left meeting 12.59PM

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Lunch break 1.30pm ACDT/ 2.00pm AEDT

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Corina Kemp joined the meeting at 1.50pm ACDT/ 2.20pm AEDT

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## **Item 9. Aboriginal Health**

### **Item 9.1 Clinical Services**

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

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

The Board noted the comparative DAMA rates and DNW rates reports.

The Chief Executive confirmed that the Board would be presented with a strategy from the Executive team how to address the DAMA and DNW rates across the District in the coming months and going forward will receive a quarterly update report in regard to this strategy rather than a monthly analysis and action statement report to enable better improvement strategies to be implemented.

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

Noted.

### **Item 9.2 Workforce**

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

Noted. The Chief Executive advised the February 2022 new hire data would be confirmed as being accurate as the Nursing New Graduates do not appear to be included in this number.

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

Nil. The next quarterly report on the Reconciliation action plan is due May 2022.

**Resolution:**                    **The Aboriginal Health Reports be received and noted, analyses and actions are supported by the Board.**  
Moved Paul Kemp, Seconded Wincen Cuy. Carried.

### **Item 9.3.External Relationships**

#### **Item 9.3.1 Quarterly Community Engagement Report**

Nil. The next quarterly Community Engagement Report is due in May 2022.

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

The Board Chair will be following up with a telephone call from the letter that 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. The Chief Executive advised that there are currently good working partnerships with Maari Ma at the workforce level.

#### **Item 9.4 Nharatji Design Aboriginal T-Shirt**

Corina Kemp, Executive Manager Aboriginal Health and Community Relations unveiled four designs Nharatji t-shirts designs to the Board that had been circulated for consultation with the Aboriginal workforce and Executive Leadership team to provide feedback and select their preference of design. Design one was selected by the majority of staff. The design

originates, from Aboriginal artwork that symbolised our region, commissioned artist to develop artwork to use in all communication, some of the other LHDs, promote Aboriginal heritage of region. The t-shirts will be ready to be worn for reconciliation week (27 May – 3 June 2022) presented to Aboriginal Health workforce, Executive and Board to be worn. Corina provided a story as to what the t-shirt designs represented. On the left and right shoulder, right cross thatch patterns, winds blowing north to east, south to west. Winds blowing across the shoulder. FWLHD wanted to ensure all communities were represented on the front and back of the t-shirt with the foot prints walking through each of our communities.

The Board recommended that the whole FWLHD workforce be provided with a t-shirt, to show support to the Aboriginal community, make the Aboriginal population feel more included and to demonstrate FWLHD are serious about engaging Aboriginal community, are much more culturally responsive helping to break down barriers for Aboriginal people, Aboriginal Workforce, assist reconciliation, to empower Aboriginal Health Workforce and provide recognition at cultural events.

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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**

The Chair of the committee provided a summary of the report advising that toward the back of report, important follow ups and actions had been completed. A deteriorating patient committee had been established with ongoing work being undertaken with FWLHD following action plans for team leader training to improve the completion of reviews.

#### **Item 11.1.2 Patient Safety and Clinical Quality Report January 2022**

Key points of the January 2022 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 by appropriate executive).
- 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

Action being undertaken: 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.

Action being undertaken: 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 falls patients 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 Jason Masters, Seconded Paul Kemp. Carried.

#### **Item 11.1.3 Quality and Safety Committee Minutes 11 February 2022**

Noted.

A Board Member suggested that the attendance list be revised to include members and attendees and not be listed by way of attendance method. The Secretariat has changed the way in which attendances are listed consistent with this suggestion. Jason Masters requested to be added to the attendance list of the February Safety and Quality meeting. The secretariat reviewed the attendance list following the meeting and advise that new Board Member Jason Masters commenced attendance at the Safety and Quality Board Sub Committee in March 2022 after being appointed to this sub committee

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Judy Robinson joined the meeting at 2.00pm ACDT/ 2.30pm AEDT

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#### **Item 11.3 Audit and Risk**

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

It was noted that the Audit and Risk Committee are scheduled to meet mid April to go through draft financial statements.

##### **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**

Noted.

### **Item 11.3.4 Strategic Risk Register Review**

The Board were thanked for their feedback in regard to the draft Strategic Risk Review Register which outlines what current risks are and what the posed new risks will be. It was confirmed the process going forward once the risks were agreed that risk owners will be allocated from the Executive. The Risk Management Unit will ensure that all causes, treatments, controls and actions are captured.

The Board agreed the work completed following the workshop is well done. It was agreed by Board Members that any specific feedback forwarded to the Risk Management Unit would be discussed offline. The revised copy of the Strategic Risk Register will be circulated to the Board out of session. Feedback to the Board will occur quarterly ongoing through the Audit and Risk Committee and then up to the Board.

The Board Chair thanked Manager of the Risk Management Unit for her time, understanding and patients and asked the FWLHD Board to raise any concerns with the Risk Appetite offline directly with the Risk Manager.

**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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Wendy Gleeson joined the meeting at 2.20pm ACDT/ 3.10pm AEDT

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

The Executive Director of Nursing and Midwifery and Clinical Governance joined the meeting to present the New Graduate Retention and Career Pathway Project Proposal and the Transition from Ward to the Emergency Department Fast Track Model.

#### **Item 12.1 New Graduate Retention and Career Pathway Project Proposal**

Key points of the new graduate retention and career pathway project proposal were:

- Project is about formalising the process of retaining new graduate nurses, look at existing vacancies, circulate EOI to gauge who would like to stay with the FWLHD. Over previous years it has worked well, over the course of COVID a number of new grads were lost throughout last year, usually manage to keep 90% over the following 12 months however this was very heavily reduced for 2022. This project will formalise guaranteed employment at the end of the 12 month tenure with the FWLHD.
- Provides options in regard to education pathways, provide experience in different facilities allowing staff to see which pathway way would like to pursue. The project will rotate graduates every three to four months with a mix of Broken Hill general wards and two remote site placements in Balranald or Wilcannia.
- Once staff are aware of which pathway they would like to pursue their training will change to incorporate two broad streams post new graduate year. Either working up staff to be in readiness to be in charge of ward, working toward clinical nurse specialist, encourage post graduate studies, with the duration nearing 18 – 24 months.
- The FWLHD are working in partnership with UDRH which will provide a more defined pathway that will stream off into specific roles i.e. Clinical Nurse Consultant, education pathway or a clinical manager.



- These pathways have been developed to be consistent with the career pathway options FWLHD have, in the hope to retain nurses from four to five years. The FWLHD are looking to compete with Darwin.
- There is a plan to survey people that participate in this program and looking at what works in terms of pathways. Helping to articulate career pipelines.

The Board discussed the proposal and agreed that it was a great strategy to be formalised to improve the retention of the new graduate nurses at the completion of their post graduate year. By offering permanent employment at the end of the new graduate year eligible nurses must have their general nursing registration, as they then go into specialty areas and into management. The nurses' award covers what qualification will be required to be successful in positions and guides appointment. Nursing and Midwifery office are developing a state wide rural generalist program which will include sponsorship for postgraduate qualifications.

It was noted that the FWLHD and Sydney LHD are working in collaboration to provide an opportunity for staff to complete an exchange program in ED and ICU during a two week each rotation. As well as a metro rural exchange from with Gosford and Broken Hill. The FWLHD would like to expand and be able to offer further opportunities like these.

The Board discussed the impact of Aboriginal Health and were was advised that an education strategy is being drafted with the Executive team to build capacity in staff to not be reliant on ALOS and AHPs in addressing DAMA and DNW rates. What difference we need to develop into our practice, bedside handover, discharge practices ensuring GPs and AMS what's changed in treatment and medications etc. Once strategy becomes more refined, can then build into education. Scenario based training has been suggested by Corina Kemp. Cultural Competence training that goes further than cultural awareness. It was suggested that this training be implemented into the career pathways.

The Board discussed incentives for nurses in light of improving attraction and retention across the LHD. Feedback received in exit surveys or from new graduate nurses completing rotations was that having a base in Broken Hill when you are placed remotely was invaluable to come back and socialise in Broken Hill. The FWLHD are exploring the idea of purchasing a house that can be utilised this way making it easier to live in remote sites and come into connect, reducing accommodation costs when training is provided in Broken Hill.

It was raised that teachers and police far more incentives to nurses to live rural and remote. It was noted that we are competing with the likes of QLD and NT who will fund relocation costs for successful candidates, unfortunately this is not something that NSW Health offer.

The Board congratulated Wendy Gleeson EDN&M and CG on her permanent appointment. Wendy informed the Board that she had previously been an Educator and ED nurse which formed part of the reason for her interest in the permanent position. Wendy is excited by the opportunity to develop the workforce.

### **Item 12.2 Transition from Ward to ED Nursing: Fast Track Model**

Key points of the transition from Ward to ED Nursing Fast Track Model were:

- Emergency Department, critical care positions were a highly sort after areas, however prove difficult to attract in Broken Hill and remote sites in the District as there is no promotion of these areas. This has prompted for an alternative method to promoting a supported and structured approach for non-emergency nurses to transition emergency nursing and build capacity emergency nursing workforce of the FWLHD.

- The proposed model will develop a set of specific skills within the acute areas of the department aimed at the scope of the junior emergency department registered nurse which does not include the triage or resuscitation areas of the ED.
- The model provides a structured approach to ensure the registered nurse undertakes core education and skills development, over a ten week period with the support of the Critical Care Clinical Nurse Educator, that addresses the most common emergency presentations experienced in the acute area of the ED, roles and responsibilities of ED staff and processes, including escalation, admission and discharge.
- The model supports a 'grow your own' approach to the development of emergency nursing staff and has the potential to improve the recruitment and retention to the emergency department.

The Board advised of their support for this strategy for FWLHD to grown their own emergency department nursing staff in response to the vacancies in this area.

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## Item 13 Reports for Endorsement

### Item 13.1 Collaborative Commissioning

Melissa Welsh FWLHD Director Allied Health, Innovations and Partnerships and Deb Hoban, Program Director, Collaborative Commissioning Implementation WNSW LHD presented on Collaborative Commissioning partnership with FWLHD, WNSW LHD, WNSW PHN NSW and the RDN is delivering Care Partnership – Diabetes, as a framework for the establishment and feasibility testing of the Collaborative Commissioning approach.

Collaborative Commissioning is a one health system approach designed to enable and support delivery of value based care in the community for a whole of service system that includes State and Commonwealth partners. It aims to incentivise locally developed integration of care across the entire continuum and embed local accountability for delivering value-driven, outcome focused and patient centred health care.

Care Partnership – Diabetes model of care design, cost modelling, benefits forecasting and sustainability analysis have now been drafted and are being finalised with the Ministry of Health in discussions in March and April 2022. On completion, a Head Agreement will be signed by the CE/O's of the partnering organisations and the Secretary of NSW Health.

It was requested that the Board notes the overview of the Collaborative Commissioning Program, Care Partnership Diabetes. It was requested the Board endorses the exiting of the Joint Development Phase of the Collaborative Commissioning pathway development. This enables the Head Agreement to be signed by all four partner organisations for 3 year funding for a sustainability and emerging benefits model of value based care.

The Board noted the presentation and queried what services FWLHD were ceasing in order to fund the project in financial year 2024 with \$5.5M being redeployed.

It was advised that FWLHD contribution is small, essentially realigning of what FWLHD currently have with the project, not cutting anything. Modelling shows that patient experience outcomes should improve and financial benefits for the LHD may be gained. Part of the funding is based on GPs working on this program. It was highlighted as a challenge when seed funding ceases. Looking at which GPs will be part of this, the Board discussed the Medicare Benefits Schedule.

In principle the FWLHD support the project however did not believe there was enough information to signs heads of agreement for three year funding and requested a financial risk assessment relevant to FWLHD be provided prior to the Board endorsing.

**Action: Financial risk assessment to be provided to the FWLHD Board out of session, explaining where is the diversion of resources from, how much is FWLHD contributing and any further information regarding involvement of GPs particular AMSs.**

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

Nil.

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

### **Item 15.1 Respect the Difference Training**

**Proposal for Board and Executive jointly. All at the same room looking at issues.**

**Missed opportunity.**

The Board discussed the proposed Respect the Difference Cultural Competency training tentatively scheduled for Tuesday 31 May 2022 and agreed it was a good joint opportunity for the Board and Executive to look at the issues. The training would follow the remote site visit Board meeting to be held in Wilcannia. This may require a two night stay in Broken Hill to attend both.

**Action: Secretariat to circulate details regarding the tentative Respecting the Difference Cultural Competency education session scheduled for Tuesday 31 May 2022 to all Board Members and Executive.**

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

Noted.

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## **Item 17. Correspondence**

The Chief Executive advised the Board that a letter was received from The Honourable Margaret Beazley AC QC Governor of NSW thanking FWLHD for their work during the COVID response across the District.

The Board noted the letter received.

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## **Item 18. Other Business**

### **Item 18.1 Strategic Plan Outcome Measurements**

The Chief Executive advised that the draft Business Plan was almost finalised and requested that the Board and Executive participate in a workshop to identify the measures and outcomes over the next five years against the Strategic Plan. The Board agreed it was important to give time to develop key performance indicators, what direction FWLHD is heading and define the key deliverables.

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**Item 20. Next Meeting**

Tuesday 26 April 2022

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**Meeting Close**

3.00 pm ACDT/ 3.30pm AEDT

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**Certified as a correct record.**

Andrew Refshauge

\_\_\_\_\_  
Name



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Signature

26 April 2022

\_\_\_\_\_  
Date