

# Minutes

**Date:** 30 March 2023 **Time:** 10.00 am / 1.30 pm **Venue:** Riverland General Hospital & via TEAMS **Meeting Number:** #40

## Riverland Mallee Coorong Local Health Network Governing Board Meeting

**Present:** Peter Joyner (PJ), Elaine Ashworth (EA), Mel Ottaway (MO), Claudia Goldsmith (CG), Fred Toogood (FT)

Attendees: Wayne Champion (WC) - CEO, Craig Lukeman (CL) - CFO, Sharon Wingard (SW) - DAH

**Guests:** Louise Greenlees (LG) – Director People & Culture

**Apologies:**

**Secretariat:** Jeanette Brown (JB)

### Traditional Acknowledgement

*We would like to acknowledge the Erawirung custodians of the Land and waters that we are meeting upon today. We respect their spiritual relationship with their country and acknowledge that their cultural beliefs are an important focus of their past, present and future. We also pay respect to the cultural authority of Aboriginal people in attendance from other areas.*

ITEM NO.	ITEM	DISCUSSION POINTS	OUTCOME / ACTIONS
1	PRESENTATION	Nil	
2	IN CAMERA DISCUSION		
		<ul style="list-style-type: none"> <li>In-Camera discussion held at the beginning of the meeting.</li> </ul>	
3	CONFIRMATION OF MINUTES & ACTION ITEMS		
3.1	Acknowledgement/ Present and Apologies	<ul style="list-style-type: none"> <li>Chair welcomed members and attendees and provided acknowledgement.</li> </ul>	
3.2	Interests and Conflicts Disclosure Log	<ul style="list-style-type: none"> <li>Current Interests and Conflicts Disclosure Log noted.</li> <li>MO advised of new position she will be commencing. Details and any potential impacts to be provided at the next meeting.</li> </ul>	

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3.3	Confirmation of Minutes from Board meeting	<ul style="list-style-type: none"> <li>▪ The minutes from the Board Meeting held 24 February 2023 were endorsed.</li> </ul>	
3.4	Review Actions Log	<ul style="list-style-type: none"> <li>▪ The Board noted the Actions Log including completed actions and those included in the agenda.                             <ul style="list-style-type: none"> <li>○ 20220929-02 - re Loxton birthing – Briefing with WC to review. Noted that recruiting new staff to the ‘Riverland’ with expectation of covering RGH and Loxton.</li> <li>○ 20221125-11 - Deferred to May 2023</li> <li>○ 20230125-01 - Deferred to April 2023</li> <li>○ 20230125-02 – Noted response from KPMG and that AICD have not followed up the request. Noted the request for KPMG facilitator to meet with CEO and/or Chair about potential workshop in May.</li> <li>○ 20230125-04 – re NDIS Accreditation – Noted that B Birleson compiling a response to the assessment agency and NDIA about the RMCLHN accreditation experience.</li> </ul> </li> </ul>	ACTION: 20230330-01 – Meeting to be organised with KPMG and CEO and/or Chair to follow up facilitation proposal.
3.5	Board Work Plan	<ul style="list-style-type: none"> <li>▪ The Board noted the Work Plan.</li> </ul>	
<b>4</b>	<b>MATTERS FOR DECISION</b>		
4.1	RMCLHN Risk Management Framework Update	<ul style="list-style-type: none"> <li>▪ The Board noted the recommendation from the Audit and Risk Committee about the updated RMCLHN Risk Management Framework.</li> <li>▪ Noted minor typo and that some referencing is not aligned correctly.</li> <li>▪ Discussion about Clinical Risks not being covered well in the Framework and no reference to the Clinical Governance Committee in the section on responsibilities of committees.</li> <li>▪ Noted that the Framework should also be endorsed by the Clinical Governance Committee.</li> </ul>	<p>The Board noted the updated RMCLHN Risk Management Framework.</p> <p>ACTION: 20230330-02 – EA to provide details of suggested changes to the Risk Management Framework.</p> <p>ACTION: 20230330-03 – Risk Management Framework to be reviewed and updated by the Clinical Governance Committee.</p>

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5 MATTERS FOR DISCUSSION			
5.1	Board Skills Matrix	<ul style="list-style-type: none"> <li>▪ The Board noted the information about the RMCLHN Governing Board skills matrix self-assessment.</li> <li>▪ Discussion about the areas for development that could be incorporated into the workshop session.</li> </ul>	
5.2	Board Membership Update	<ul style="list-style-type: none"> <li>▪ Noted the update about the appointment process for members whose term expires 30 June 2023.</li> <li>▪ Noted that the Department for Health and Wellbeing (DHW) will provide LHNs with the full list of Expressions of Interest once the appointment process is finalised.</li> <li>▪ Discussion about potential future medical and Aboriginal representation.</li> <li>▪ Noted the information from DHW about a potential person who resides within YNLHN.</li> </ul>	ACTION: 20230330-04 – WC to follow up with DHW about a potential Board member candidate from YNLHN.
5.3	RMCLHN Mock Accreditation Update	<ul style="list-style-type: none"> <li>▪ Noted the information about the mock accreditation process in preparation for accreditation against the National Safety and Quality Health Service Standards and noted that monitoring of the Plan for Continuous Improvement is occurring through the Clinical Governance Committee.</li> <li>▪ Noted one identified issue related to external signage but proposed actions delayed as a result of proposed changes to the SA Health guidelines.</li> <li>▪ Discussion about the process for the Clinical Governance Committee (and other committees) to keep the Board informed about key issues, identified risks and proposed actions.</li> </ul>	ACTION: 20230330-05 – Agenda to be restructured with sub-committee reporting earlier in the agenda.
5.4	National Aged Care Mandatory Quality Indicator Program	<ul style="list-style-type: none"> <li>▪ Noted the information about the new National Quality Indicators for Aged Care and noted that a presentation was provided to the Aged Care and Disability Governance Committee.</li> <li>▪ Noted that reporting on the National Aged Care Mandatory Quality Indicator Program occurs through the Aged Care and Disability Governance Committee.</li> <li>▪ Noted that RMCLHN currently performing well against the indicators except medication management. Actions have been implemented to address this and it will be reported through both</li> </ul>	

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		the Aged Care and Disability Governance Committee and the Clinical Governance Committee.	
5.5	Corrective Action Plan Update	<ul style="list-style-type: none"> <li>▪ Noted the summary of corrective actions have been reduced to eight with only two greater than three months. Noted the low risk rating associated with these.</li> <li>▪ Noted the work undertaken to address the corrective actions.</li> </ul>	
5.6	RMCLHN response to CALHN Complaints Process	<ul style="list-style-type: none"> <li>▪ Noted the information summarising RMCLHN's processes and practices against the 25 recommendations in the Independent Commissioner Against Corruption evaluation of the Central Adelaide Local Health Network (CALHN) complaint process.</li> <li>▪ Whilst always areas for improvement, the assessment of RMCLHN processes against the recommendations was positive as it demonstrated the thorough and robust investigation system operating in RMCLHN and that RMCLHN routinely undertakes a number of processes that were not undertaken in CALHN, including reporting through SLS.</li> <li>▪ Noted that RMCLHN has a reputation for robust practices that is reflected in referrals from other LHNs and SA Health to provide external investigations to others.</li> <li>▪ Noted that some systems related recommendations in the CALHN report were targeted at SA Health and the Office of the Commissioner for Public Sector Employment.</li> <li>▪ Noted that potentially could include more information to staff about the investigation processes.</li> <li>▪ Discussion about avenues for lodging complaints for different groups.</li> </ul>	
<b>6</b>	<b>STANDARD AGENDA ITEMS FOR DISCUSSION</b>		
6.1	Performance Report	<ul style="list-style-type: none"> <li>▪ The Board noted the RMCLHN Performance Reports, noting that these were discussed in detail at the Finance Committee, Clinical Governance Committee, and Aged Care and Disability Governance Committee meetings.</li> </ul>	The Board noted the RMCLHN Performance Reports.
6.1.1	Finance and FTE Report- PPRC	<ul style="list-style-type: none"> <li>▪ The Finance and FTE Report was noted and also discussed at the Finance Committee Meeting.</li> </ul>	

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6.1.2	KPI Monthly Performance Report	<ul style="list-style-type: none"> <li>▪ The KPI Monthly Performance Report was noted and also discussed at the Clinical Governance Committee Meeting.</li> <li>▪ Discussion about:               <ul style="list-style-type: none"> <li>○ Aboriginal self-discharges with this topic discussed in detail at Clinical Governance Committee. Noted that issue relates to self-discharges on weekends when Liaison Officers not on site and discharges from the emergency department being recorded as self-discharges.</li> </ul> </li> </ul>	
6.1.3	People and Culture Report	<ul style="list-style-type: none"> <li>▪ Louise Greenlees, Director People and Culture in attendance.</li> <li>▪ The People and Culture Report was noted.</li> <li>▪ Discussion about:               <ul style="list-style-type: none"> <li>○ Performance Review and Development</li> <li>○ Mandatory Training, including increasing availability of practical sessions where relevant, working with sites to improve compliance, ensuring time is allocated for completion, reviewing 'mandatory' versus 'required' training, and implementing monthly focus topics. Noted that the Secretariat monitors Board member compliance.</li> <li>○ Excess leave</li> <li>○ Staff vacancies, noting slight improvement.</li> <li>○ Impact of COVID-19 and influenza</li> <li>○ Careers Expo, in Adelaide targeting university students.</li> <li>○ Open investigations</li> </ul> </li> <li>▪ Noted the draft Workforce Plan tabled at Executive and awaiting feedback.</li> <li>▪ Discussion about current reporting and opportunities for refining what is reported to the Board.</li> </ul>	<p>ACTION: 20230330-06 – Framework for People and Culture Report to be reviewed and updated report to be provided.</p>
6.1.4	Quality and Safety Reports	<ul style="list-style-type: none"> <li>▪ The Quality and Safety Reports were noted and discussed at the Clinical Governance Committee and Aged Care and Disability Governance Committee.</li> <li>▪ Discussion about:               <ul style="list-style-type: none"> <li>○ Medical credentialing (refer 7.2)</li> </ul> </li> </ul>	

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		<ul style="list-style-type: none"> <li>○ Incidents, noting overall decrease although medication incidents remain an issue.</li> </ul>	
6.2 6.2.1	RMCLHN Planning Update Operational Plan Report	<ul style="list-style-type: none"> <li>▪ Noted the monthly RMCLHN Operational Plan status report.</li> <li>▪ Discussion about:                             <ul style="list-style-type: none"> <li>○ Due dates, noting that some have been amended.</li> <li>○ Inclusion of environmental responsibility action in the 2023-24 Operational Plan, noting that some strategies being implemented. in line with the recommendations from the December planning workshop. Noted that the June Planning Day will also focus on environmental responsibility and there will be an additional award category for this in 2024.</li> <li>○ CSSD Project, noting timeframe rescheduled to June 2023 and uncertainty regarding what will be completed within the available budget given the delays with the project to date. Noted that the issues regarding the process have been escalated to the Minister and CE SA Health. Noted potential whole of health budget bid for CSSD upgrades but unclear if this will include any RMCLHN sites.</li> <li>○ Aboriginal Health Plan consultation sessions.</li> </ul> </li> </ul>	<p>The Board noted the Planning Update.</p> <p>ACTION: 20230330-07 – RMCLHN Operational Plan reporting to incorporate original due dates in addition to current due dates.</p>
6.3	RMCLHN potential priority areas	<ul style="list-style-type: none"> <li>▪ Noted standing agenda item about potential priority areas.</li> <li>▪ Discussion about Murray Bridge Master Plan.</li> </ul>	
<b>7</b>	<b>MATTERS FOR NOTING</b>		
7.1	Chairperson Report	<ul style="list-style-type: none"> <li>▪ The Chairperson Report was noted.</li> </ul>	Chairperson’s Report noted.
7.2	Chief Executive Officer (CEO) Report	<ul style="list-style-type: none"> <li>▪ The CEO apologised for not attending in person (and also for the HAC Conference 31 March 2023) due to illness.</li> <li>▪ The CEO Report provided a summary of current issues, with the Board noting the following topics:                             <ul style="list-style-type: none"> <li>○ Successful RACE Showcase event that was attended by the Minister.</li> <li>○ Midwifery services (Loxton)</li> <li>○ COAG Section 19(2) Exemptions</li> <li>○ Mannum Service Planning</li> </ul> </li> </ul>	CEO’S Report noted.

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		<ul style="list-style-type: none"><li>○ Aged Care Accreditation – Barmera and Mannum</li><li>○ National Safety and Quality Health Service (NSQHS) Standards Accreditation</li><li>○ RACE Clinical Leadership Program</li><li>○ CHIRON replacement</li><li>○ Riverland CCSD Upgrades and CSSD Hub and Spoke Project.</li><li>▪ Discussion about<ul style="list-style-type: none"><li>○ Management of ramping across all LHNs.</li><li>○ ANMF campaign about security services at RGH and MBSMH. Noted there have been zero code black incidents over the past 12 months although some challenging behaviour incidents recorded through SLS. Noted that RMCLHN utilising an ANMF approved template to assess against. Noted potential cost for implementing security guards and potential unintended consequences regarding accessibility of services.</li><li>○ Mannum Aged Care, noting that Aminya have not yet raised the capital for proposed extension and noting current issues being faced by Aminya which is community owned and managed. Noted the discussion at the Aged Care &amp; Disability Governance Committee about the viability of the current Mannum Hospital aged care beds.</li><li>○ Medical credentialing and the Rural Support Service (RSS), noting that the topic was discussed in detail at the Clinical Governance Committee meeting. The RSS process has failed resulting in some medical staff practicing without appropriate credentials across country South Australia. Noted that the RMCLHN EDMS has undertaken an urgent review with 99% assurance that all RMCLHN medical staff are credentialed. Discussion about the process for credentialing undertaken through the RSS and the process for granting scope of practice that is undertaken by the RMCLHN EDMS. Discussion about the resourcing and</li></ul></li></ul>	<p>ACTION: 20230330-08 – Paper to be provided to the April Board meeting about the current status of Mannun aged care, Aminya and future options.</p> <p>ACTION: 20230330-09 – Paper to be provided to the April Board meeting and Clinical Governance Committee about the risks for RMCLHN associated with the RSS Medical</p>
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		processing issues experienced by the RSS. Noted that RMCLHN considering developing a parallel credentialing committee with a view to managing within the LHN in the future.	Credentialing process and actions implemented in RMCLHN.
<b>8</b>	<b>MATTERS FOR INFORMATION</b>		
8.1	RMCLHN Board Finance Committee		
8.1.1	Minutes 23/02/2023	<ul style="list-style-type: none"> <li>▪ Noted the RMCLHN Board Finance Committee Minutes 23 February 2023 (Draft).</li> </ul>	
8.1.2	Chair's Update	<ul style="list-style-type: none"> <li>▪ The Finance Committee Chair's update.                             <ul style="list-style-type: none"> <li>○ Noted that RMCLHN has retained an overall performance rating of Level 1 (highest level) with DHW and also improvements in finance related areas of sub-categories.</li> </ul> </li> </ul>	
8.2	RMCLHN Board Clinical Governance Committee		
8.2.1	Minutes 23/02/2023	<ul style="list-style-type: none"> <li>▪ Noted the RMCLHN Board Clinical Governance Committee Minutes 23 February 2023 (Draft).</li> </ul>	
8.2.2	Chair's Update	<ul style="list-style-type: none"> <li>▪ The Clinical Governance Committee Chair update:                             <ul style="list-style-type: none"> <li>○ Noted the detailed discussion about medical credentialing (refer 7.2).</li> <li>○ Noted the planned focus of the meeting was a detailed discussion about credentialing across medical, nursing and allied health with issues also identified in relation to the ability of RSS to provide clinical governance in each allied health professional discipline. The Committee to receive a further paper in relation to this issue.</li> <li>○ Noted the discussion about the RGH Plan for Continuous Improvement and request to undertake a review against the original issues raised.</li> </ul> </li> </ul>	
8.3	RMCLHN Board Aged Care and Disability Governance Committee		
8.3.1	Minutes 24/02/2023	<ul style="list-style-type: none"> <li>▪ Noted the RMCLHN Board Aged Care &amp; Disability Governance Committee Minutes 24 February 2023 (Draft).</li> </ul>	



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8.3.2	Chair's Update	<ul style="list-style-type: none"> <li>▪ The Aged Care and Disability Governance Committee Chair update:               <ul style="list-style-type: none"> <li>○ Nil further comments.</li> </ul> </li> </ul>	
8.4	RMCLHN Board Audit and Risk Committee	<ul style="list-style-type: none"> <li>▪ Noted the RMCLHN Board Audit and Risk Committee Minutes 2 March 2023 (Draft).</li> <li>▪ The Audit and Risk Committee update:               <ul style="list-style-type: none"> <li>○ Noted that the Purchase Order Internal Audit and RMCLHN audit are progressing concurrently.</li> </ul> </li> </ul>	
8.4.1	Minutes 2/03/2023		
8.4.2	Chair's Update		
8.5	RSS Governance Committee	<ul style="list-style-type: none"> <li>▪ The RSS Governance Committee Meeting Minutes and Summary for the meeting held 8 February 2023 were noted.</li> <li>▪ The RMCLHN representative on the RSS Committee update               <ul style="list-style-type: none"> <li>○ Discussion about the Clinical Director appointment and multi-disciplinary classification.</li> <li>○ Discussion about the process for the next round of GP negotiations and noting the RMCLHN EDMS providing medical input into the process.</li> <li>○ Option for stand-alone website considered. Noted that original proposal only allowed for one domain site and second option raised concerns about responsibility for managing cyber security. Outcome is to remain within the DHW site.</li> <li>○ Work being undertaken across other LHNs regarding 19(2) exemptions.</li> <li>○ Credentialing issue (refer 7.2) flagged at the meeting and CEOs advised.</li> <li>○ Noted a request for improved financial information to be provided to the committee.</li> </ul> </li> </ul>	
8.5.1	RSS Governance Committee Minutes		
8.5.2	RSS Representative Update		
<b>9</b>	<b>ITEMS APPROVED BY CEO FOR NOTING</b>		
		<ul style="list-style-type: none"> <li>▪ Nil</li> </ul>	


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10 CORRESPONDENCE		
10.1 10.1.1 10.2	Incoming: Outgoing:	<ul style="list-style-type: none"><li>▪ Nil incoming correspondence</li><li>▪ Nil outgoing correspondence</li></ul>
11 MEETING FINALISATION		
11.1	Questions ./ Comments	<ul style="list-style-type: none"><li>▪ Nil further</li></ul>
11.2	Review actions to be taken	<ul style="list-style-type: none"><li>▪ Refer items:3.4, 4.1, 5.2, 5.3, 6.1.3, 6.2.1 and 7.2.</li></ul>
11.3	Meeting evaluation	<ul style="list-style-type: none"><li>▪ PJ summarised the meeting and thanked everyone for their input.</li></ul>

**Meeting Close:** 3.40 pm

**Next Meeting:** **Date:** 28 April 2023  
**Time:** 10.45am –1.45pm  
**Location:** Mannum Hospital and Teams

**Apologies:**

<b>Signed:</b>  Peter Joyner Chair  Date: / /	 21 Apr, 2023 1:32:34 PM GMT+9:30
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