

<b>Name</b>	<b>Position/Title</b>	<b>Attendance</b>	<b>Item</b>
Michele Smith	Chair	P	All
Leanne Dunchue	Member	P	All
Bruce Green	Member	P	All
Dr David Mills	Member	P	All
Jamie Siviour	Member	P	All
Chris Sweet	Member	P	All
<b>Attendees</b>			
Verity Paterson	Chief Executive Officer EFNLHN	P	All
Hudson Vieira	Chief Finance Officer EFNLHN	P	All
Jane Robinson	Director Governance and Strategy EFNLHN	P	All
<b>Guests</b>			
Susan Merrett	Executive Director Medical Services EFNLHN	P	All
Julie Marron	Executive Director Nursing and Midwifery EFNLHN	P	All
Carolyn Miller	Chief Executive Officer, Port Lincoln Aboriginal Health Service	P	Item 2.1/2.2 only
Sharon Bilney	Director of Aboriginal Health EFNLHN	P	Item 2.1/2.2 only

P = Present, A = Apology, X = Not Present

We acknowledge and respect the traditional custodians whose ancestral lands we are meeting upon today.  
 We acknowledge the deep feelings of attachment and relationship of Aboriginal people to country.  
 We also pay respect to the cultural authority of Aboriginal people visiting/attending from other areas of South Australia present here.

<b>Eyre and Far North Local Health Network GOVERNING BOARD Meeting Minutes 27/05/2021</b>		
	<b>Agenda Item</b>	<b>Discussion Points</b>
<b>1.</b>	<b>OPENING</b>	<b>Meeting opened at 4.00pm, with quorum</b>
	1.1 In Camera Discussion	<ul style="list-style-type: none"> <li>• 4.00pm – 4.10pm</li> </ul>
	1.2 Welcome and Apologies	<ul style="list-style-type: none"> <li>• Welcome.</li> <li>• Acknowledgement of traditional owners moved to start of item 2.1.</li> </ul>
	1.3 Interests and Conflicts Disclosure Log	<ul style="list-style-type: none"> <li>• Noted.</li> </ul>
	1.4 Confirmation of previous Minutes	<ul style="list-style-type: none"> <li>• Confirmed, seconded by C. Sweet, agreement to Minutes being signed by the Chair.</li> </ul>
	1.5 Actions from previous Minutes	<ul style="list-style-type: none"> <li>• Reviewed and confirmed.</li> <li>• Board reviewed and approved:                             <ul style="list-style-type: none"> <li>○ a letter to the Department for Health and Wellbeing responding to EFNLHN's proposed 2021-22 Budget allocation</li> <li>○ a letter to the Minister for Health and Wellbeing thanking him for his commitment to the rural health workforce and following up discussion points from a meeting held in April, with the addition of content regarding the progress of proposed changes to Board remuneration.</li> </ul> </li> </ul>
	1.6 Notification of Other Business	<ul style="list-style-type: none"> <li>• Nil.</li> </ul>
<b>2.</b>	<b>RECONCILIATION WEEK</b>	
	2.1 Introduction to PLAHS	<ul style="list-style-type: none"> <li>• M. Smith acknowledged both the traditional owners of the lands and waters of the Eyre and Far North and the advent of Reconciliation Week 2021.</li> <li>• C. Miller provided an overview of the work and priorities of the Port Lincoln Aboriginal Health Service, highlighting opportunities for collaboration, particularly relating to training and employment. Ms Miller highlighted the introduction of the role of Director of Aboriginal Health as part of the new Local Health Network governance structure, and what a big difference this role had made to strengthening relationships and improving the focus on services for Aboriginal consumers.</li> <li>• Board sought advice on how to improve Aboriginal employment opportunities in the LHN; both Ms Miller and Ms Bilney said strengthening cultural awareness and breaking down barriers was a key first step; offering more training opportunities in the Eyre and Far North</li> </ul>

	2.2 EFNLHN Reconciliation Plan Update	<p>and finding more creative ways to recruit Aboriginal people into positions were also important. They also raised that Aboriginal practitioners tended to be used as Aboriginal liaison officers as well, and that this placed unreasonable expectations on staff who were highly skilled in their area of practice but not always able to address everything they were being asked to do.</p> <ul style="list-style-type: none"> <li>• Board noted that the EFNLHN Reconciliation Action Plan is in the final stages of development.</li> </ul>
<b>3.</b>	<b>MATTERS FOR ANNUAL REVIEW</b>	
	3.1 Financial Management Compliance Program	<ul style="list-style-type: none"> <li>• Board noted that the Audit and Risk (A &amp;R) Committee had reviewed EFNLHN's Financial Management Compliance Program.</li> </ul>
	3.2 Asset Sustainment Program	<ul style="list-style-type: none"> <li>• Board noted that the A&amp;R Committee had reviewed EFNLHN's Asset Sustainment Program projects and had endorsed the Program.</li> <li>• Board also noted that: <ul style="list-style-type: none"> <li>○ Department for Infrastructure and Transport (DIT) had presented to the A&amp;R Committee about proposed changes to across government facilities management</li> <li>○ A&amp;R Committee had sought assurances that the future operating model would allow for local providers to provide services at sites they know, and that those providers would be available in a timely and cost-effective way. The discussion had been inconclusive and further discussion between the LHN and DIT was recommended.</li> </ul> </li> <li>• Board noted that the Finance and Performance Committee would monitor monthly, progress with implementation of the new facilities management model, and that the A&amp;R Committee would monitor risks and issues, and that both committees would escalate matters to the Board as needed.</li> </ul>
<b>4.</b>	<b>MATTERS FOR DECISION</b>	
	4.1 Internal Audit	
	4.1.1 Regional LHNs Internal Audit Charter	<ul style="list-style-type: none"> <li>• Board approved the proposed resolution: <i>That the Eyre and Far North Local Health Network (EFNLHN) Governing Board:</i> <ol style="list-style-type: none"> <li>1. <i>Notes that the EFNLHN Audit and Risk Committee has reviewed the Internal Audit Charter for the six regional Local Health Networks and endorsed the Charter to be approved by the Governing Board</i></li> <li>2. <i>Approves the Internal Audit Charter and approves the Chair to sign the Charter on behalf of the Board.</i></li> </ol> </li> </ul>
	4.1.2 Regional LHNs Internal Audit Plan	<ul style="list-style-type: none"> <li>• Board approved the proposed resolution: <i>That the Eyre and Far North Local Health Network (EFNLHN) Governing Board:</i> <ol style="list-style-type: none"> <li>1. <i>Notes that the Audit and Risk Committee has reviewed the Internal Audit Plan for the six</i></li> </ol> </li> </ul>

		<p><i>regional Local Health Networks and endorses the Plan to be approved by the Governing Board.</i></p> <p>2. <i>Approves the Internal Audit Plan for Financial Years 21-22 to 23-24.</i></p>
	4.2 Safety and Quality Account	<ul style="list-style-type: none"> <li>• Board reviewed the Report.</li> <li>• On the basis of two small amendments being made, Board approved the proposed resolution: <i>That the Eyre and Far North Local Health Network (EFNLHN) Governing Board endorses the following report and approves it to be submitted to the Department for Health and Wellbeing as part of meeting the LHN's reporting requirements under the current Service Agreement:</i> <ol style="list-style-type: none"> <li>1) <i>the Eyre and Far North LHN Safety and Quality Account Report 2020-21.</i></li> </ol> </li> </ul>
	4.3 CHIRON Risk Escalation	<ul style="list-style-type: none"> <li>• Board approved the proposed resolution: <i>That the Eyre and Far North Local Health Network (EFNLHN) Governing Board:</i> <ol style="list-style-type: none"> <li>1. <i>Notes that the Audit and Risk Committee has reviewed the CHIRON risk escalation proposal and letter and endorsed both to be sent the Governing Board for approval.</i></li> <li>2. <i>Approve the proposal to send a letter to the Department for Health and Wellbeing Chief Executive documenting concerns about the extreme risk posed by the ongoing use of CHIRON and approve the Chair to sign a letter on the Board's behalf.</i></li> </ol> </li> </ul>
	4.4 Amendment to Mental Health MOAA	<ul style="list-style-type: none"> <li>• Board sought clarification of the respective roles and responsibilities of the Rural and Remote Mental Health Service and the Rural Support Service, and discussed the proposed amendment designed to strengthen clinical governance.</li> <li>• Board approved the proposed resolution: <i>That the Eyre and Far North Local Health Network (EFNLHN) Governing Board considers and endorse a proposed amendment to the Mental Health Services Memorandum of Administrative Agreement (MOAA) between Barossa Hills Fleurieu Local Health Network (BHFLHN) and regional Local Health Networks, Eyre and Far North Local Health Network inclusive.</i></li> </ul>
<b>5.</b>	<b>STRATEGIC DISCUSSION</b>	
	5.1 Draft SA Health Aged Care Strategy Discussion and Feedback	<ul style="list-style-type: none"> <li>• Board reviewed the draft SA Health Aged Care Strategy in order to develop feedback to the Department for Health and Wellbeing, as requested.</li> <li>• Board noted that the Strategy was high-level and not designed to be prescriptive. However, the Board recommended that the Strategy provide: <ul style="list-style-type: none"> <li>○ Greater clarity about the respective roles and responsibilities of the Commonwealth, SA Department for Health and Wellbeing, and Local Health Networks, including the role of the LHNs in negotiating with the Commonwealth, a role currently carried out by the State</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ More explanation of the links with and opportunities to leverage the Commonwealth response to the Royal Commission into Quality and Safety in Aged Care at State level</li> <li>○ Greater clarity about governance arrangements, including the respective accountabilities of the LHN Boards and the Department for Health and Wellbeing.</li> </ul>
	5.2 EFNLHN Aged Care Strategy Development Planning	<ul style="list-style-type: none"> <li>● Board noted the LHN's framework for development of an EFNLHN Aged Care Strategy.</li> </ul>
	5.3 Standards Wise Audit Update	<ul style="list-style-type: none"> <li>● Board noted that EFNLHN had completed 12 of the 14 audit recommendations; the final two recommendations sought that a model of service and lifestyle guide be put in place; EFNLHN had final versions of both which were in the process of being reviewed by the Executive Committee.</li> <li>● Board discussed the status of reporting against five Key Performance Indicators that Residential Aged Care (RAC) facilities had to report against regularly to the Aged Care Quality and Safety Commission. EFNLHN ran Multi-Purpose Service (MPS) sites rather than RACs and did not have to report against these KPIs.</li> <li>● Board noted that the LHN reported against the five domains that the KPIs covered to the Clinical Governance Committee quarterly but because of the co-location of hospital and aged care services, not all the reporting was separated out for aged care facilities only.</li> <li>● Board sought that reporting be made available relating specifically to the LHN's aged care facilities against the five national KPIs, on a quarterly basis, to be reviewed by the Clinical Governance Committee and reported to the Board.</li> </ul>
<b>6.</b>	<b>MATTERS FOR DISCUSSION</b>	
	6.1 COVID Vaccination Program Rollout – Verbal report	<ul style="list-style-type: none"> <li>● Board noted that vaccination rates continued to improve despite ongoing issues with the administration of online booking systems, which the LHN had no control over.</li> <li>● Pfizer vaccinations had become available through an LHN vaccination clinic in Port Lincoln to vaccinate staff and emergency services staff aged 49 and below, aligned with national requirements at that time.</li> <li>● Significant staffing shortages, particularly nursing and administration staff, were hampering efforts to roll out vaccinations faster than currently planned.</li> <li>● V. Paterson asked the Board to note the staffing challenges; potentially jeopardising the delivery of services in other areas.</li> <li>● The re-emergence of COVID in Victoria was also having an impact, hampering efforts to secure GP locums and increasing demand for swabbing (testing) services, which was also putting a strain on staffing resources.</li> <li>● Board noted the staffing challenges and asked for regular reporting over winter.</li> </ul>
	6.2 Accreditation Initial Assessment	<ul style="list-style-type: none"> <li>● Board noted progress with finalising accreditation against the National Safety and Quality Health Standards.</li> </ul>

	6.3 NDIS accreditation update	<ul style="list-style-type: none"> <li>Board noted the paper and congratulated the LHN on being the only regional LHN to meet all actions and have no unmet, in the current round of NDIS service provider accreditation.</li> </ul>
	6.4 Managing complaints	<ul style="list-style-type: none"> <li>Board noted that a proposal would be submitted to the next Board meeting.</li> </ul>
	6.5 Culture Update	<ul style="list-style-type: none"> <li>Board discussed how the oversight of culture should be managed through the Board governance structure.</li> <li>Board reiterated that its role was to set and monitor the culture of the LHN; culture would become a standing item at every second Board meeting, via a written report by the Director of People and Culture, who would be invited to attend for that item.</li> <li>Reporting against culture-related performance indicators like sick leave and terminations would continue to be made available as part of monthly performance reporting to the Finance and Performance Committee and the Board.</li> <li>Board also sought the development of other indicators, qualitative and quantitative, to provide visibility on the progress and achievements of the culture work.</li> </ul>
	6.6 Chief Executive Officer Report 6.6.1 CEO Report May 2021  6.6.2 EFNLN Performance Report May 2021  6.6.3 EFNLHN Executive Committee Summary May 2021	<ul style="list-style-type: none"> <li>Board noted the CEO Report, including staffing pressures being experienced across the LHN by staff being diverted to the COVID management program.</li> <li>V. Paterson briefed the Board that staff recruitment and retention was already rated as one of the LHN's highest risks.</li> <li>Board discussed that winter pressures had still not reached a peak and would stretch the local health system even further.</li> <li>Board noted the Report.</li> <li>Discussion about the use of old legacy systems like CHIRON to record data and the need for manual processing of data, which had more potential for errors.</li> <li>Board noted the Summary.</li> </ul>
	6.7 Finance Report  6.7.1 EFNLHN Finance Report May 2021	<ul style="list-style-type: none"> <li>Board noted the Report and that EFNLHN was forecasting to end the year \$0.3 million unfavourable, excluding \$2.3 million in COVID costs.</li> </ul>
	6.8 Board Committees  6.8.1 Finance and Performance Committee	<ul style="list-style-type: none"> <li>Committee Chair L. Dunchue briefed the Board on the previous night's meeting. Her term as Chair had been due to expire on 30 June but the Committee had agreed that she would continue as Chair for the next quarter and then review.</li> </ul>

	<p>6.8.2 Clinical Governance Committee</p> <p>6.8.3 Audit and Risk Committee</p> <p>6.8.4 Consumer, Community and Clinical Engagement Committee</p>	<ul style="list-style-type: none"> <li>• Committee Chair Dr D. Mills briefed the Board about the May meeting; his key concern was about workforce pressures across the LHN and that winter pressures had not yet peaked, which would make July and August challenging months. Minutes noted.</li> <li>• Committee Member C. Sweet briefed the Board about the May meeting which had covered topics including legislative compliance, new facilities management model across government, Port Lincoln Medical Model risk analysis, and aged care reforms risk analysis.</li> <li>• Committee Co-Chair J. Siviour briefed the Board about the May meeting, which had focused on starting to reset relationships with the six Health Advisory Councils and identifying what they want to achieve and how to support them. Minutes noted.</li> <li>• Board noted this had been B. Green's last meeting with this committee and thanked him for his contribution and dedication.</li> <li>• B. Green said he would miss working with the committee and raised whether the Board would consider a rotating Chair policy and/or moving Board Members to different committees to ensure coverage.</li> <li>• L. Dunchue offered to attend other Board committee meetings if needed, in the short term.</li> </ul>
	6.9 Chairperson Update	<ul style="list-style-type: none"> <li>• Update noted.</li> </ul>
<b>7.</b>	<b>MATTERS FOR NOTING</b>	
	7.1 Appointment of Emergency Department Review Consultancy	<ul style="list-style-type: none"> <li>• Board noted the paper.</li> </ul>
	<p>7.2 Major Correspondence</p> <p>7.2.1 Auditor General's letter re HAC Auditors</p> <p>7.2.2 Minister's Letter re HAC incorporation</p> <p>7.2.3 Response to AGD re risk of fraud</p>	<ul style="list-style-type: none"> <li>• Noted.</li> <li>• Noted.</li> <li>• Noted.</li> </ul>
<b>8.</b>	<b>OTHER BUSINESS</b>	
	8.1 Other Business from Item 1.6	<ul style="list-style-type: none"> <li>• Nil.</li> </ul>

<b>9.</b>	<b>MEETING FINALISATION</b>	
	9.1 Review actions to be taken	<ul style="list-style-type: none"> <li>• Noted.</li> </ul>
	9.2 Meeting Evaluation	<ul style="list-style-type: none"> <li>• Board noted papers out in time, meeting well planned, participation positive.</li> </ul>
	9.3 Agenda items for next meeting	<ul style="list-style-type: none"> <li>• Nil.</li> </ul>
	9.4 Meeting Close	<ul style="list-style-type: none"> <li>• 6.57pm</li> </ul>
<b>Next Meeting:</b> 24 June 12.30pm – 3.30pm Streaky Bay Hospital		

**Minutes approved**



Michele Smith.  
Chair, Eyre and Far North Local Health Network  
24 June 2021