

**Eyre and Far North Local Health Network
GOVERNING BOARD MEETING MINUTES**

**Thursday 31 August 2023 1.00pm – 4.00pm
Lock Community Health + Teams**

Name	Position/Title	Attendance	Item
Michele Smith	Chair	P	All
Leanne Dunchue	Member	A	All
Jamie Siviour	Member	P	All
Dr David Mills	Member	V	All
Christine Thyer	Member	V	All
Trevor Smith	Member	P	All
Chris Sweet	Member	P	All
Peter Auhl	Member	P	All
Attendees			
Julie Marron	Chief Executive Officer EFNLHN	P	All
Judy Pink	Interim Chief Finance Officer EFNLHN	V	All
Jane Robinson	Director Governance and Strategy EFNLHN	V	All
Guests			
Dr Susan Merrett	Executive Director Medical Services	P	All
Andrew Lane	Interim Executive Director Nursing and Midwifery Services EFNLHN	P	All
Sharon Ryan	Executive Director Community and Allied Health	P	Item 3.2
Anthony Ryan	Nursing Divisional Director Older Persons	P	Item 3.1
Michael Robertson	Medical Practices Business Manager	P	Item 2.2

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.

Eyre and Far North Local Health Network GOVERNING BOARD Meeting Minutes 31/08/2023		
	Agenda Item	Discussion Points
1.	OPENING	Meeting opened at 1.00pm, with quorum
	1.1 In Camera Discussion	<ul style="list-style-type: none"> • Not held.
	1.2 Welcome and Apologies	<ul style="list-style-type: none"> • Acknowledgement of Country. • Welcome to new Chief Executive Officer, J. Marron. • L. Dunchue apology.
	1.3 Interests and Conflicts Disclosure Log	<ul style="list-style-type: none"> • No updates.
	1.4 Confirmation of previous Minutes	<ul style="list-style-type: none"> • Confirmed, seconded by C. Sweet, agreement to Minutes being signed by the Chair.
	1.5 Actions from previous Minutes 1.5.1 Aboriginal Health Risk Update	<ul style="list-style-type: none"> • Reviewed and confirmed. • Discussion about hosting the Board's digital transformation workshop adjacent to the 26 October Board meeting. • Board noted that Board member C. Thyer will be on leave 7 – 28 October and will miss the workshop and meeting. • Board noted that the LHN's gap analysis had supported keeping the Aboriginal Health strategic risk as a standalone risk, it was a poor fit with the other two proposed risks. • Board reiterated its decision to keep Aboriginal Health as a standalone strategic risk • Board noted new Key Performance Indicators (KPIs) to monitor Aboriginal Health outcomes in the 2023-24 EFNLHN Service Agreement, which would be added to the LHN's Risk Register as additional controls, some of which may require treatments.
	1.6 Notification of Other Business	<ul style="list-style-type: none"> • Discussion about digital health strategy and Artificial Intelligence (AI).
	1.7 Patient Story	<ul style="list-style-type: none"> • Board noted a story about an elderly patient who had fallen off a chair in a hospital waiting area and lessons learned from follow up actions, including the need for doctors and staff to communicate well about next steps, however busy the service is at the time.

2.	STRATEGIC DISCUSSION	
	<p>2.1 Chief Executive Officer Appointment</p> <p>2.1.1 First 100 Days</p> <p>2.1.2 CEO Communications</p>	<ul style="list-style-type: none"> • Board noted J. Marron's first 100 days plan, focused on transitioning from her previous Executive Director of Nursing and Midwifery role to the Chief Executive Officer role, building new relationships, with staff, clinicians and key stakeholders, continuing to develop the next iteration of the LHN's Strategic and Operational Plans, planning the reinvestment of funds to grow services, and continuing to develop and progress risk management. • Board supported the Plan and suggested to add 1) a cultural marker to assess the culture at the start of her tenure as CEO, and at regular intervals 2) and to add Lock Health Centre to the Eastern Eyre service planning process. • Board noted the CEO First 100 Days Communications Plan and introduction of the <i>Focus on the Week</i> publication featuring the CEO's key messaging for the week.
	<p>2.2 EFNLHN Medical Services</p> <p>2.2.1 Medical Practices Business Plan Update</p>	<ul style="list-style-type: none"> • Board discussed an issue referred by the Audit and Risk Committee about whether a risk existed and its potential impact in relation to Medicare payments and locum doctors working in a State-run (EFNLHN) medical practice. • Board noted that while the LHN had made attempts to clarify the situation, it did not have formal legal advice. • Board directed the LHN to obtain SA Crown Solicitor's Office advice on the existence and extent of the risk, to inform planning a risk mitigation strategy. • For the timebeing, the Board accepted the risk and directed the LHN to continue to finalise a business plan to improve the financial performance of the EFNLHN-owned medical practices. • Board noted that a key improvement proposal had been an application for an exemption from Section 19 (2) of the <i>Health Insurance Act 1973</i> for the EFNLHN-owned medical practices, to avoid any risk of double dipping into Commonwealth and State funds. • Board also noted that the LHN had started an application for that exemption, which had highlighted a number of conditions that meant it was not going to resolve issues that the LHN was seeking to address. • Board agreed with the LHN's proposal to cease the application for the S 19 (2) exemption until advice from SA Crown law had been obtained, and reconsider at that time. In the meantime, the LHN would focus on plans to improve the performance of the medical practices. • Board noted that one of the LHN's highest current risks was the cost pressure created by the medical practices, which the LHN was not funded to run, and that this risk needed to be addressed as a priority.

	<p>2.2.2 Streaky Bay Medical Practice Update</p> <p>2.2.3 Rural Support Service Medical Workshop Summary</p>	<ul style="list-style-type: none"> The Board considered elements of a draft business improvement plan and asked to approve any proposals that had a direct impact on patients and consumers, before they were consulted on, but to leave the operational parts of the plan to the LHN to consider and approve. Board noted an exchange of letters between the Streaky Bay Medical Clinic Inc Board and the LHN Chief Executive Officer. The Board sought further information from the LHN relating to practice costs. Board noted the summary, including that EFNLHN had bid to trial the Single Employer Model in South Australia and was working with private GP practices about whether they also wanted to participate in that trial.
3.	MATTERS FOR DISCUSSION	
	<p>3.1 Aged Care Update</p> <p>3.1.1 Aged Care Quality KPIs 6-monthly report</p> <p>3.1.2 Restraint Update</p> <p>3.1.3 Aged Care Reform Project Update</p>	<ul style="list-style-type: none"> Board noted that the LHN's performance against the quality indicators continued to improve and exceed targets, although community pharmacy's lack of compliance with contract requirements to conduct medications reviews was still an issue. The LHN was working with SA Pharmacy to address this. Board also noted that six new national KPIs had been introduced and would be added to the reporting for the next quarter; early reporting had indicated that compliance rates with the new KPIs were good. Board reviewed and discussed a report on restraints, as part of meeting its governance obligations under the National Disability Insurance Scheme (NDIS) Practice Standards. Board noted that patients who had been restrained over the reporting period had documented consent. 17 people had been restrained over the reporting period, out of a group of over 200, an average of 11.5 per cent; the State average was 18.4 per cent and the Australian average, 19.8 per cent. Board noted that: <ul style="list-style-type: none"> the aged care reform project had restarted, with new personnel, to plan implementation of the LHN's Aged Care Business Plan. Multi Purpose Service (MPS) sites were still exempt from some of the Commonwealth's aged care reforms, which had caused some confusion, so planning was focused on how to meet the requirements the MPS sites did have to meet.

		<ul style="list-style-type: none"> • Board also noted that EFNLHN's MPS site performance was not recorded on the national My Aged Care portal, so not available to the public. Only Commonwealth-funded Residential Aged Care facilities could report their performance on that portal. • Board asked the LHN to consider how to raise visibility of the performance of its MPS aged care facilities with local communities to raise awareness and maintain confidence in those services.
	3.2 Amata Wellbeing Centre Update	<ul style="list-style-type: none"> • Board noted the paper and approved LHN staff to visit Amata with an Aboriginal leader, explore community preferences, and based on those preferences, consider its strategic role going forward. • Board supported the LHN to sign the next annual Memorandum of Understanding with the Attorney-General's Department relating to the Amata Centre, when it came due, while this consultation was undertaken.
	3.3 Port Lincoln Security Review Implementation Working Party Update	<ul style="list-style-type: none"> • Board noted the progress report.
	3.4 Chief Executive Officer Report 3.4.1 CEO Report August 2023 3.4.2 EFNLHN Performance Report August 2023 3.4.2.1 EFNLHN Performance Report August 2023 (June 2023 data) 3.4.2.2. Traffic Light Report 3.4.2.3 T1 & T2 Trending Data 2022-23 3.4.3 Executive Committee Summary	<ul style="list-style-type: none"> • Board noted the Report, including that the Minister for Health and Wellbeing was about to visit Coober Pedy, with two EFNLHN Board Members and the Chief Executive Officer accompanying him. • Board also noted that stabilising staffing at Coober Pedy Hospital was one of the LH's top priorities, and that the new Fly In Fly Out (FIFO) nursing model had been approved and would be implemented. • Board noted the upcoming Voice referendum and assurances from the LHN that supports for Aboriginal people were in place, including access to an Aboriginal counsellor from the Employee Assistance Scheme, both before and after the vote. • Board noted the Report. • Board noted the Report • Board noted the data and complimented the LHN on its 2022-23 performance, rated the top performing LHN in the State for the fourth year running. • Board noted the Summary.

	August 2023	
	<p>3.5 Finance Report</p> <p>3.5.1 Finance Report August 2023</p> <p>3.5.2 Management Letter Interim Audit 2022-23</p>	<ul style="list-style-type: none"> • The Board noted the Report and discussed a new Service Agreement 2023-24 requirement to move intermediate care block funding to activity funding and the need for the LHN to quantify that activity by the end of this year in order to maintain or improve current funding levels. • The Board noted that: <ul style="list-style-type: none"> ○ EFNLHN had not been given notice of this change, which required significant changes to operations, including staff education and better data recording. A new staff resource was working on data cleansing and supporting staff to improve record keeping. ○ there was a risk of the LHN losing some funding for staff, given the short deadline to change from block to activity funding, but that the LHN was focused on maintaining current funding levels and trying to improve them, within the timeframe. • Board noted the Management Letter from the Interim Audit 2022-23.
	<p>3.6 Board Committees</p> <p>3.6.1 Finance and Performance Committee</p> <p>3.6.2 Clinical Governance Committee</p> <p>3.6.3 Audit and Risk Committee</p> <p>3.6.4 Consumer, Community and Clinical Engagement Committee</p>	<ul style="list-style-type: none"> • Board noted the Committee Minutes. • Board noted the Committee minutes and that: <ul style="list-style-type: none"> ○ a trial of new technology to monitor falls at three sites had been evaluated and as a result, was being rolled out to all sites. ○ the Committee had noted that its feedback was going to nursing staff but not to locum doctors. The LHN was seeking to address this and the Rural Support Service (RSS) was developing an app for locums. • Board noted the Committee Minutes, including that the Committee had hosted a cyber security presentation and then asked the LHN to conduct a gap analysis to identify what the LHN was responsible for and what was currently being actioned, to present to the Committee's February 2024 meeting. • Board noted the Committee Minutes and agreed that examples of the impact of flight delays on consumers, communities and staff being compiled through the Health Advisory Councils, should be presented to the Minister by the EFNLHN Chair and CEO.

	3.7 Chairperson Update 3.7.1 LHN Board Members Induction 3.7.2 Digital Transformation Workshop	<ul style="list-style-type: none"> Noted. C. Thyer to attend the Department for Health and Wellbeing Board induction session. Board agreed that the Digital Transformation Workshop would be conducted adjacent to the 26 October Board meeting, and the Executive Team invited to participate.
4.	MATTERS FOR NOTING	
	4.1 NDIS Re-certification Progress Report	<ul style="list-style-type: none"> Board noted the Report and congratulated the LHN for being the only regional LHN to achieve no non-compliances.
	4.2 Major Correspondence 4.2.1 Letter from DHW CE re Rural LHN CEO Remuneration 4.2.2 Shared Services SA Internal Controls Letter 4.2.3 RSS Governance Committee Minutes 9 August 2023	<ul style="list-style-type: none"> Noted. Noted Noted.
5.	OTHER BUSINESS	
	5.1 Other Business from Item 1.6	<ul style="list-style-type: none"> P. Auhl provided observations about his first year on the Board, including making recommendations about the LHN's management of digital strategy. Board noted the poor connectivity at the Lock Health Centre and the impact that this had on day-to-day operations at the Centre, which required resolution. Board agreed to approach the Minister to seek approval to set up a fifth Tier 1 Committee to focus on digital strategy and health, with P. Auhl as Committee Chair.
6.	MEETING FINALISATION	
	6.1 Review actions to be taken	<ul style="list-style-type: none"> Noted.
	6.2 Meeting Evaluation	<ul style="list-style-type: none"> Completed.
	6.3 Agenda items for next meeting	<ul style="list-style-type: none"> Noted.
	6.4 Meeting Close	<ul style="list-style-type: none"> Meeting closed.
Next Meeting: 26 October 2023, Ceduna Hospital 12.30pm – 3.00pm		

Minutes approved

A handwritten signature in black ink, appearing to read 'Michele Smith', with a circular flourish at the end.

Michele Smith
Chair, Eyre and Far North Local Health Network
26 October 2023