

Minutes

Date: 27 October 2023 **Time:** 12.00 pm – 4.00 pm **Venue:** Pinnaroo Hospital Meeting Room & Teams **Meeting Number:** #47

Riverland Mallee Coorong Local Health Network Governing Board Meeting

Present: Peter Joyner (PJ), Elaine Ashworth (EA), Claudia Goldsmith (CG), Fred Toogood (FT), Richard Hearn (RH), Sonia Waters (SW)

Attendees: Wayne Champion (WC) - CEO, Craig Lukeman (CL) – CFO, Karen Hollitt (KH) – EDONM, Anne McKinlay (AM) – QRS Manager, Sharon Wingard (SW) – Director Aboriginal Health (Presentation).

Apologies: Mel Ottaway (MO)

Secretariat: Jeanette Brown (JB)

Traditional Acknowledgement

We would like to acknowledge the Ngarkat 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		
1.1	RMCLHN Executive Member Presentation	<ul style="list-style-type: none"> ▪ The Board noted the presentation from Sharon Wingard, Director Aboriginal Health. ▪ Information and discussion included: <ul style="list-style-type: none"> ○ Traditional custodians in RMCLHN area. ○ Development of an activity dashboard. ○ Population data (noting younger cohort). ○ Aboriginal workforce changes and growth including introduction of cultural coordinators and Aboriginal Employee Network. ○ Aboriginal Health Strategy development. 	ACTION: 20231027-01 – A copy of the presentation from S Wingard to be added to the Board Induction Resources in Diligent.

OFFICIAL

		<ul style="list-style-type: none"> ○ Grant and Research Projects. ○ Reconciliation Action Plan. ○ Cultural Artwork Projects. ○ Cultural immersion strategies. ○ Advisory Group to CEO. ○ Health issues impacting RMCLHN population. ○ Stakeholders and Interagency Forum. ○ Yarning Circles. 	
2	IN CAMERA DISCUSSION		
		<ul style="list-style-type: none"> ▪ In-Camera discussion held at the end of the meeting. ▪ Refer also 4.1 	
3	MEETING OPENING		
3.1	Acknowledgement/ Present and Apologies	<ul style="list-style-type: none"> ▪ PJ welcomed members and attendees and provided acknowledgement. ▪ Noted apology from Mel Ottaway. 	
3.2	Interests and Conflicts Disclosure Log	<ul style="list-style-type: none"> ▪ Current Interests and Conflicts Disclosure Log noted. 	
3.3	Confirmation of Minutes from Board meeting	<ul style="list-style-type: none"> ▪ The minutes from the Board Meeting held 28 September 2023 were endorsed. 	
3.4	Review Actions Log	<ul style="list-style-type: none"> ▪ The Board noted the Actions Log including completed actions and those included in the agenda. 	
3.5	Board Work Plan	<ul style="list-style-type: none"> ▪ The Board noted the Work Plan. 	
4	MATTERS FOR DECISION		
4.1	RMCLHN Board Development – KPMG Proposal	<ul style="list-style-type: none"> ▪ The Board noted the KPMG Proposal. ▪ Noted that discussion occurred during the in-camera session with outcome not to proceed at this stage. Follow up to occur regarding the rescheduling of the DHW Induction Program for Board Members and the Board to determine future development requirements with a focus on Governing for Reform in Aged Care. 	ACTION: 20231027-02 – CG to follow up with JB about the DHW Induction training and determining a program for future Board development.

OFFICIAL

4.2	RMCLHN Q1 Aged Care Quarterly Report	<ul style="list-style-type: none"> ▪ The Board noted the quarterly report was discussed in detail at the Finance Committee (refer item 5.1). ▪ The Board noted and endorsed for submission the Q1 Aged Care Quarterly Report (due for submission 4 November 2023). 	
4.3	RMCLHN CEO Performance Review	<ul style="list-style-type: none"> ▪ The Board noted the ISC Consulting Proposal. ▪ Noted that further discussion occurred during the in-camera session and for further discussion at the November meeting. 	ACTION: 20231027-03 – The topic of CEO Performance Review to be an agenda item for the November meeting.
5	COMMITTEE REPORTS / RECOMMENDATIONS		
5.1	RMCLHN Board Finance Committee	<ul style="list-style-type: none"> ▪ Noted the RMCLHN Board Finance Committee Minutes 29 September 2023. ▪ The Finance Committee Chair's update. <ul style="list-style-type: none"> ○ Noted the performance snapshot. ○ Noted recommendations to the Board: <ul style="list-style-type: none"> ▪ Submission of MyGov Q1 Quarterly Finance Report with minor amendment to Declaration. ▪ Approval of 2022-23 Aged Care Prudential Audit. ▪ Approval for Finance briefing about the Analysis of Agency Costs to be provided to The Department for Health and Wellbeing (DHW) and Treasury. ▪ The Board endorsed the three recommendations from the Finance Committee. 	ACTION: 20231027-04 – The Finance Committee briefing re Agency costs to be forwarded to DHW who will then forward to Treasury.
5.2	RMCLHN Board Clinical Governance Committee	<ul style="list-style-type: none"> ▪ Noted the RMCLHN Board Clinical Governance Committee Minutes 29 September 2023. ▪ The Clinical Governance Committee Chair's update. <ul style="list-style-type: none"> ○ Noted the presentation from Katie Billing, Executive Director Commission on Excellence and Innovation in Health (CEIH). ○ Noted the current critical shortage of Speech Pathologists and the impact on existing workers and on service delivery. Alternative solutions are being explored. 	ACTION: 20231027-05 – The presentation from CEIH to be uploaded to Diligent.

OFFICIAL

5.3	RMCLHN Board Aged Care and Disability Governance Committee	<ul style="list-style-type: none">▪ Noted the RMCLHN Board Aged Care and Disability Governance Committee Minutes 28 September 2023.▪ The Aged Care and Disability Governance Committee Chair's update.<ul style="list-style-type: none">○ Noted that updates about improving the 'home' environment incorporated within the regular Aged Care Reforms Update.○ Noted recommendation to the Board to approve the Provider Operations Report for 2022-23 that is due for submission by 31 October 2023.○ Noted the presentation from Aged Care Liaison Officer (ACLO) Lee Nickolai.○ Noted Barmera site visit including how to reduce risk in the sensory garden.○ Members of the committee met with 96 year old resident with feedback including:<ul style="list-style-type: none">▪ Overall, very happy.▪ Food – more choices (including meat on the bone) and temperature.▪ Wardrobe space.▪ Loneliness and possibly more activities.○ Noted current focus on Barmera and challenges with staffing with agency staff filling the DON, NUM and other staff positions. Potential to seek extension for next assessment.○ Noted RMCLHN is currently meeting the care minutes requirements and noted that nationally approximately 3% of providers are not meeting the target.○ Thank you extended to Pam Thompson who is about to commence a period of extended leave.▪ The Board approved submission of the Provider Operations 2022-23 Report with Governing Board Statement to be signed	ACTION: 20231027-06 – The Governing Board Statement to be signed and forwarded to P Thomson for uploading and the Provider Operations Report to be submitted.
-----	--	---	---

OFFICIAL

		<p>by the Board Chair. PJ endorsed application of his signature to the Governing Board Statement.</p> <ul style="list-style-type: none"> ▪ Discussion about the theme of activities arising through site visits and accreditation. Noted that K Hollitt is developing a plan to facilitate improvements across the LHN. 	
5.4	RMCLHN Board Audit and Risk Committee	<ul style="list-style-type: none"> ▪ Noted the RMCLHN Board Audit and Risk Committee Minutes 7 September 2023 (Draft). ▪ The Audit and Risk Committee update. <ul style="list-style-type: none"> ○ Nil further 	
5.5	RSS Governance Committee RSS Governance Committee Minutes RSS Representative Update	<ul style="list-style-type: none"> ▪ The RSS Governance Committee Minutes and Summary for the meeting held 12 September 2023 were noted. ▪ The RMCLHN representative on the RSS Committee update. <ul style="list-style-type: none"> ○ Nil further as MO an apology today. ▪ Discussion about R Batt with PJ advising that the LHN Chairs' Group have determined she can no longer be the independent chair as she has been appointed to BHFLHN. ▪ Discussion about LeeCare and the medication module. 	
6	MATTERS FOR DISCUSSION		
6.1	RMCLHN EDCI and RACE Key Performance Indicator Report	<ul style="list-style-type: none"> ▪ Noted the EDCI and RACE Key Performance Indicator Report. ▪ Discussion about: <ul style="list-style-type: none"> ○ Clarifying the distinction between previously reported items and new items. 	ACTION: 20231027-07 – The next EDCI RACE KPI Report to highlight what has occurred since the previous report with historical information an appendix.
7	STANDARD AGENDA ITEMS FOR DISCUSSION		
7.1	Performance Report	<ul style="list-style-type: none"> ▪ 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. 	

OFFICIAL

7.1.1	Finance and FTE Report-PPRC	<ul style="list-style-type: none"> ▪ The Finance and FTE Report was noted and also discussed at the Finance Committee Meeting. <ul style="list-style-type: none"> ○ Noted the impact of agency utilisation. 	<p>ACTION: 20231027-08 – The next People and Culture Report to incorporate a report of feedback from the electronic exit interview process.</p>
7.1.2	KPI Monthly Performance Report	<ul style="list-style-type: none"> ▪ The KPI Monthly Performance Report was noted and also discussed at the Clinical Governance Committee Meeting. 	
7.1.3	People and Culture Report	<ul style="list-style-type: none"> ▪ The People and Culture Report was noted. ▪ Discussion about: <ul style="list-style-type: none"> ○ Slight increase in Workcover claims. ○ Annual Leave balances and impact of staff shortages and accreditation. ○ Major achievement with mandatory training. ○ Exit interviews and reporting of data from electronic feedback process with further information to be provided next meeting. ○ Staff vacancies. 	
7.1.4	Quality and Safety Reports	<ul style="list-style-type: none"> ▪ The Quality and Safety Reports were noted and discussed at the Clinical Governance Committee and Aged Care and Disability Governance Committee. ▪ AM provided a report about the RMCLHN National Standards Accreditation event including: <ul style="list-style-type: none"> ○ Accreditation cycle with normal three year cycle extended to four years due to COVID-19. ○ Introduction of mandatory 48-hour Short Notice Assessment Process (SNAP) from 1 July 2023 with RMCLHN the first SA LHN to undergo this. ○ Overall experience was extremely positive enabling the showcasing of RMCLHN and identification of areas for improvement. The assessors were all impressed with the organisation. ○ The engagement of Board members was noted with one assessor indicating this was greater than the normal experience. 	

OFFICIAL

		<ul style="list-style-type: none">○ All sites assessed except for RACs and community aged care as these are assessed separately.○ Previous assessment occurred when RMCLHN a fledgling organisation and resulted in a lot of 'not-mets', particularly in clinical governance and these were all addressed within the 3-month period. The assessors commented on the significant growth and achievements since the 2019 event.○ Decision to manage the process as a northern and southern hub due to the logistics around managing the process (with the initial proposal for 14 assessors). This also enabled minor issues to be addressed during the process.○ Logistically involved setting up computers for each assessor to access everything under each standard with links to all of the relevant evidence with the assessors commenting favourably on this process. Having set this up, this can now be updated and maintained for future events.○ Assessment of 149 actions across the 8 National Safety and Quality Health Service (NSQHS) Standards. Met = totally met; Met with Recommendations = some work to be completed; and Not Met = work to be undertaken and to be reassessed in 60 working days.○ The northern hub assessment took place 25-29 September 2023 with 5 assessors for 5 days.<ul style="list-style-type: none">▪ The outcome was 3 Not Met actions all related to colonoscopy clinical standards and these have all been addressed since the accreditation event.○ The southern hub assessment took place 9-13 October 2023 with 8 assessors for 5 days and included all MPS sites.<ul style="list-style-type: none">▪ The outcome was 4 Not Met actions and 4 actions Met with Recommendations.▪ These related to: colonoscopy clinical standards (as per northern hub); informed financial consent (when in hospital > 35 days); Body Protection Electrical Areas at	
--	--	---	--

OFFICIAL

		<p>Murray Bridge; some storage at smaller sites; identification of First Nations people in emergency; lifestyle activities in MPS; and use of three patient identifiers at every patient interaction.</p> <ul style="list-style-type: none"> ○ Plans for Continuous Improvement have been developed for each hub. ○ Anticipate a revisit in early January 2024 to review the Not-Mets. Whilst not needing to be resolved until the next accreditation, the Met with Recommendations actions will also be reviewed. The review visit will include the lead assessor and one other who will visit all sites over 3 days. ▪ Board members commented on the positive experience with a focus on improvement and the excellent result achieved. 	
7.2	RMCLHN Planning Update	<ul style="list-style-type: none"> ▪ Noted the RMCLHN 2023-24 Operational Plan Quarterly Report for the period July to September 2023. 	
8	MATTERS FOR NOTING		
8.1	Chairperson Report	<ul style="list-style-type: none"> ▪ The Chairperson Report was noted. 	
8.2	Chief Executive Officer (CEO) Report	<ul style="list-style-type: none"> ▪ The CEO Report was noted. ▪ The CEO Report provided a summary of current issues, with the Board noting the following topics: <ul style="list-style-type: none"> ○ National Safety and Quality in Health Services Accreditation. ○ Aged Care Quality and Safety Commission Assessment – Barmera. ○ Regional Electronic Medical Records Project. ○ Security staff for General Hospitals and associated Security Review. ○ Staff movement. ○ Riverland CSSD Project. 	
9	MATTERS FOR INFORMATION		
9.1	Referendum	<ul style="list-style-type: none"> ▪ Noted the result of the recent Referendum and the impact for RMCLHN communities and staff. 	ACTION: 20231027-09– WC to provide a report at the

OFFICIAL

		<ul style="list-style-type: none"> ▪ Discussion about work health and safety of Aboriginal employees with WC to follow up with S Wingard. 	November meeting about the WH&S strategies for staff.
9.2	Meeting with Minister Picton	<ul style="list-style-type: none"> ▪ Discussion about Minister Picton's visit to Pinnaroo and Lameroo later in the day. Topics of interest include: <ul style="list-style-type: none"> ○ Rural Support Service Proposal for Rural Medical Workforce Single Employer Model that is supported by five LHNs but not RMCLHN due to the risks for RACE. The proposal includes an Upper Spencer Gulf Model, a Barossa Hills Fleurieu Model and for Limestone Coast to link with RMCLHN RACE. ○ Workforce ○ Volunteer ambulance issues. ○ Infrastructure investment. ▪ Board Meeting paused while Minister Picton and DHW Chief Executive, Dr Robyn Lawrence, met with Board members: 	
9.3	Savings Strategies	<ul style="list-style-type: none"> ▪ Noted that CL developed a briefing about potential savings strategies following the meeting with DHW and Treasury with time constraints limiting the capacity to discuss during the meeting. ▪ CL and WC to determine way forward. 	ACTION: 20231027-10 – CL to follow up with WC about the way forward in relation to proposed savings strategies.
9.4	Board Reporting	<ul style="list-style-type: none"> ▪ Discussion about implementation of recommendations following the Board Reporting Workshop. ▪ A review of implementation to be included in the November meeting. 	ACTION: 20231027-11 – November meeting to include a review of implementation of recommendations from the Board Reporting Workshop.
10	ITEMS APPROVED BY CEO FOR NOTING		
		<ul style="list-style-type: none"> ▪ Nil 	
11	CORRESPONDENCE		
11.1	Incoming	<ul style="list-style-type: none"> ▪ Noted the correspondence about the 2023 Prudential Compliance Audit Management Letter, noting the topic was discussed in detail at the Finance Committee meeting and the Board endorsed the audit (refer Item 5.1). 	
11.1.1	Prudential Compliance Audit Management Letter 2023		

OFFICIAL

11.2	Outgoing:	▪ Nil	
12	MEETING FINALISATION		
12.1	Questions / Comments	▪ Nil further	
12.2	Review actions to be taken	▪ Refer items: 1.0, 4.1, 4.3, 5.1, 5.2, 5.3, 6.1, 7.1.3, 9.1, 9.3 and 9.4.	
12.3	Meeting evaluations	▪ PJ summarised the meeting and thanked everyone for their input.	

Meeting Close: 4.00 pm

Next Meeting:

Date: 24 November 2023
Time: 11.00 am – 2.00pm
Location: Murray Bridge and Teams

Apologies:

Signed:	Peter Joyner	
	Chair	
Date: / /		24 Nov, 2023 3:00:33 PM GMT+10:30