

Minutes for Governing Board Meeting

07/07/2021 | 10:10 AM – 5:00 PM - AUS Central Time

Peterborough Hospital. MS Teams.

Attendees (8)

Members: John Voumard (JV); Julianne Badenoch (JB); John O'Connor (JO); Glenise Coulthard (GC); Liz Malcolm (LM). David Banham (New Board Member) attend via MS Teams.

Attendees: Melissa Koch (MK) (Proxy for R. Kirchner); Vincent Bellifemini (VB).

Executive Support: Leanne Peters

An In Camera session was held from 11.30am - 2.45pm to discuss the Board Evaluation.

1. Welcome, Acknowledgement of Country and Apologies

J. Voumard acknowledged the traditional owners of the land and welcomed those present, particularly new member David Banham.

An apology was received from R. Kirchner.

G. Coulthard attended at 10.30am

D. Banham attended from 10am - 11.15am.

2. Conflict of Interest Declaration

- D. Banham advised that his wife is employed by YNLHN in the Quality, Risk and Safety Team, and his daughter is a GP in Clare.
- J. Badenoch advised that her husband is employed in aged care in the LHN.
- G. Coulthard declared a conflict of interest in relation to agenda item 10.5: Cultural Awareness Training.

3. Minutes of Previous Meeting: 02.06.2021

MOVED: That the minutes of the meeting held on 02.06.2021 be approved.

APPROVED.

4. Action List: 02.06.2021

The reviewed Action List will be circulated with the minutes.

5. Board Standing Committee updates: Key issues only

- **Clinical Governance:** JB advised that the NSQHS Checklist for Assessors has been received and will be implemented in YNLHN once the Quality, Risk and Safety structure and function has been finalised.
- **Aged Care and Disability Services:** LM reminded all members of the requirement to complete SIRS training.
- **Finance and Performance:** JO advised that Commissioning discussions are underway, and briefly discussed the budget adjustment issue.
- **Audit and Risk:** nil to report.
- **Consumer and Community:** nil to report.

6. Financial Reports: May 2021

VB provided an overview of the key issues:

- Current financial position.
- DHW budget adjustment impact.
- COVID-19 costs.
- Locum cost pressures.
- Underachievement of activity, particularly at Port Pirie.
- Overachievement of ED and Outpatients.
- CHSP activity; impact of Allied Health vacancies and carry over to 2021-22.

JO advised that the EDMS and EDNM were currently undertaking a detailed review of activity in Port Pirie, including trend analysis and will present to the next meeting of the Finance and Performance Board Committee.

The May 2021 Financial Reports were noted.

7. Performance Report: May 2021

7.1 The May 2021 Performance Report was noted.

8. Presentation: EO/DON Peterborough Hospital

Tess Noonan attended the meeting and the following issues were discussed:

- Improvements to the entrance to the site.
- Involvement in Accreditation.
- Review of Services functions is in progress.

- Success of the Facilities Manager position and support with facility improvements.
- Staff recruitment, particularly ability to recruit to RN vacancies.
- Medical services and access to Locums.
- Practice Nurse vacancy.
- Nalya Lodge staffing.
- Challenges with ability to meet Aged Care Accreditation Standards in Nalya Lodge.
- Land and infrastructure maintenance and management planning.
- Requirement for a Master Plan to support the Peterborough Service Plan which is currently being progressed.
- ED activity.
- Aged Care occupancy.

9. CEO Report: June 2021

9.1 Considerable discussion occurred about the key issues including:

- Successful negotiation with Goyder's Line Medical Practice to ensure the provision of GP services to Peterborough until the end of January 2021.
- Mid North Service Planning has commenced.
- Port Pirie Surgical services.

The CEO report June 2021 was noted.

9.2 Chair's Report

JV provided a verbal update about current key issues.

10. Matters for Decision

10.1 YNLHN Community Connections Program

- MK provided a brief overview of the program, which has replaced the Home and Community Care (HACC) program.
- This has resulted in service provision issues for a small cohort of clients who were previously receiving HACC services, but are now ineligible due to changes to the new Community Connections Program. These cases are being reviewed and consumers connected with other services where available and appropriate.
- MK advised that this issue has been escalated to the RSS in order to develop a policy paper and has also been raised with DHW.

MOVED: Recommendation 1: That the request to continue to provide services to clients affected by the changes to the Community Connections Program be supported at an unbudgeted cost of \$206,069 for a 12-month period.

APPROVED.

10.2 YNLHN Safety and Quality Account

MOVED: That the YNLHN Safety and Quality Account Report 2021 be approved for submission to DHW.

APPROVED.

10.3 Aged Care Planning

- LM provided information about the proposal submitted and is seeking feedback from Board members by 9 July 2021.
- It was agreed that the broader issues in relation to Aged Care in line with the Royal Commission be considered in the scope of this work and reporting timeframes be revised.

MOVED: That the Governing Board approves the scope of works to engage an external consultant for the purpose of developing an Operational Business Model for Aged Care Services within the YNLHN.

APPROVED.

10.4 Revenue Adjustment / Budget Calculation errors

- Considerable discussion occurred about this issue.
- It was noted that a response has not yet been received from DHW in relation to the letter sent from the YNLHN Board seeking further information and clarification about the adjustment.
- JV advised that the issue will be discussed at the Board Chairs meeting on 08.07.2021.

10.5 Cultural Awareness Program

- The FUNLHN Board has invited the YNLHN Board to participate in the Iga Warta Cultural Awareness program in September/October 2021.
- G. Coulthard provided an overview of the programs offered.
- Members agreed that this experience would be very beneficial and that the FUNLHN Board be thanked for the invitation and advised of potential numbers of attendees.

10.6 Consumer and Community Engagement Board Committee Terms Of Reference

MOVED: That the Consumer and Community Engagement Board Committee Terms Of Reference be approved. **APPROVED.**

10.7 HAC Expenditure Procedure

The procedure has been reviewed and endorsed by the Finance and Performance Board Committee. It was agreed that any exceptions should be clearly detailed in the procedure.

MOVED: That the YNLHN HAC Expenditure Procedure be adopted with the suggested changes incorporated.

APPROVED.

10.8 Reporting to the Board Workshop outcomes

- The information was briefly discussed, and it was noted that the report from R. Batt is pending at this time.
- It was agreed that once received, the report will be circulated to Board Members and further discussion occur at the next Board meeting.

11. In Camera Presentation: Board Evaluation: 11.30am – 2.45pm

- B. Cunningham and T. Ridgway from ISC Consulting presented the results of the Board evaluation.
- All Board members were present. (excluding D. Banham).

12. Matters for Noting

12.1 Port Pirie Blood Lead Levels Report

MK provided a briefing about the latest report and an update about the Targeted Lead Abatement Program (TLAP) Committee.

The Quarter 1 2021 Port Pirie Blood Lead Analysis Report was noted.

12.2 Draft NSQHS Final Assessment Report

- It was noted that there are still some track changes in the document provided and require removal for the final report.
- The work of staff to achieve Accreditation was acknowledged.

The Draft NSQHS Final Assessment Report was noted.

12.3 YNLHN Safety and Quality Report: June 2021

- It was agreed that the provision of this report to the Board continue.
- Discussion occurred about the progression of an Aboriginal Consumer and Community Engagement Strategy for YNLHN. G. Coulthard advised that FUNLHN had focussed on the development of an LHN specific implementation plan rather than the adaptation of the former CHSA Strategy.
- The existing CHSA ACCE Strategy will be circulated to all members.

The June 2021 YNLHN Safety and Quality Report was noted.

12.4 Strategic Medical Advisory Committee (SMAC) Meeting Summary: 20.04.2021

- JV advised that the meeting to discuss the Pre Anaesthetic Guideline was held on 21.04.2021 and chaired by Rod Mitchell.

The minutes of the meeting held on 20.04.2021 were noted.

12.5 Aged Care Quality Report: May 2021

- LM advised that a plan is being developed to identify the gaps in YNLHN in line with the recommendations from the Royal Commission.
- All members were reminded to complete SIRS training.

The May 2021 Aged Care Quality Report was noted

12.6 Service Plans: Port Pirie; Clare: YNLHN Community Health

The Port Pirie, Clare and YNLHN Community Health Service Plans were noted.

12.7 Orroroo Community Home Accreditations Outcome report

The Orroroo Community Home Accreditations Outcome report was noted.

12.8 Regulation of Restrictive Practices

- The Board reviewed the report.
- LM advised that the Board and will continue to receive reports from the Aged Care and Disability Services Board Committee on a regular basis.

The Regulation of Restrictive Practices report was noted.

12.9 YNLHN HAC Minutes

- The briefing providing an overview of the key issues from the current HAC minutes.

The HAC minutes provided were noted.

12.10 2021-22 Budget Allocation Principles.

- Discussion occurred about the principles and it was noted that the Service Agreement is yet to be received, which will impact upon the timelines initially provided by DHW.
- MK also advised that previous discussions with the Commissioning Team indicated a review of the GFU model is a high priority.

The 2021-22 Budget Allocation Principles were noted.

13. Meeting Evaluation

13.1 Feedback from nominated member L. Malcolm will be provided out of session.

14. Meeting Close

14.1 The meeting closed at 5.00pm.

- An In Camera Session followed with all Board Members present (excl. D. Banham)
- Date of next meeting: 4 August 2021. Jamestown Hospital and Health Service.
- The YNLHN Clinician Engagement Strategy will be launched on this day.
- Agenda items due 26 July 2021.
- G. Coulthard volunteered to do the Welcome to Country and the meeting evaluation for the next meeting.