



## **Minutes for Governing Board**

04/08/2021 | 10:05 AM - AUS Central Time

Jamestown Hospital Meeting Room

**Members present:** John Voumard (Chair); Julianne Badenoch; John O'Connor; David Banham Liz Malcolm.

**Attendees:** Roger Kirchner; Vincent Bellifemini;

**Executive Support:** Leeanne Peters

NOTE: The meeting adjourned from 3.00pm to 3.25pm for the formal launch of the YNLHN Clinician Engagement Strategy.

### **1. Welcome, Acknowledgement of Country and Apologies**

The Chair, John Voumard, welcomed those present and acknowledged the Traditional owners of the lands upon which the meeting was held.

#### **1.1 Apologies**

An apology was noted from G. Coulthard.

#### **1.2 Nomination of member for meeting evaluation.**

D. Banham volunteered to provide the meeting evaluation in the absence of G. Coulthard.

### **2. Conflict of Interest Declaration**

Nil Conflicts Of Interest were declared.

### **3. Minutes of Previous Meeting: 07.07.2021**

The minutes of the meeting held on 7 July 2021 were endorsed by consensus.

### **4. Action List: 07.07.2021**

The Action List was reviewed and will be distributed with the minutes.

## **5. Presentations / Visitors**

### **5.1 EO/DON presentation to the Board: T. Noonan. EO/DON Jamestown Hospital & Health Service.**

T. Noonan attended the meeting to provide an overview of improvements and current challenges at Jamestown Hospital and Health Service, including:

- Facility improvements;
  - driveway and car parking
  - gardens
  - accommodation
  - new curtains and floor coverings
  - flag poles
- Current issues;
  - on call staff capacity; partnership with Crystal Brook being investigated
  - Symonds Wing
  - A&E access ramp for SAAS
  - Shared Bathroom facilities
- Master planning for Jamestown, Peterborough, Orreroo and Booleroo Centre has commenced, which will consider current and longer-term requirements.

### **5.2 Director Mental Health: Lucas Milne.**

L. Milne attended to provide an overview of achievements and current challenges in Mental Health, including:

- Regional Psychology trial
- Mobile Acute Mental Health Service trial
- Regional Intake and Assessment Service implementation
- NSQHSS Standard 2 (Consumer participation)
- Ambulatory Mental Health Care Plan KPI compliance
- Financial performance
- Current risks and challenges

## **6. In Camera**

An In Camera session was held with Board members and the CEO present.

## **7. Standard Agenda Items**

### **7.1 Aged Care and Disability Services Board Committee: N/A. Next Meeting: 17.08.2021.**

L. Malcolm advised that SIRS and Restrictive Practices reports will be provided at each Board meeting, commencing September 2021.

### **7.2 Audit and Risk Board Committee Meeting Summary: 22.07.2021.**

J. Voumard acknowledged the work that has been undertaken by the Manager Audit, Risk and Compliance to improve the range and quality of reports provided to this committee.

The meeting summary dated 22.07.2021 was noted.

### **7.3 Clinical Governance Board Committee Meeting Summary: N/A. Next Meeting: 19.08.2021.**

### **7.4 Consumer and Consumer Engagement Board Committee Meeting Summary: N/A. Next Meeting: 18.08.2021.**

### **7.5 Finance and Performance Board Committee Meeting Summary and Minutes (Draft): 22.07.2021**

The draft minutes and meeting summary from 22.07.2021 were noted.

### **7.6 Financial Reports: June 2021**

The Financial Reports for June 2021 were noted.

The draft Annual Financial Statements have been received and feedback provided. The final versions have been provided to the CFO for review. Formal sign off is due by 6 August 2021.

Members raised concerns with the timeframes for review and approval of the Annual Finance Statements, and suggested that these concerns be raised, and a formal process be developed to clarify the requirements and process in preparation for next year's reports.

### **7.6.1 EOFY position-verbal report**

V. Bellifemini provided an overview of the 2020-21 End Of Financial Year position, noting:

- Significant underachievement of activity, particularly in Port Pirie. An in depth analysis has been undertaken in relation to this issue, with the report presented to the Finance and Performance Board Standing Committee on 22.07.2021.
- The report has been provided to the Board for noting. (Refer to agenda item 11.5.)
- Additional costs associated with COVID-19.

R. Kirchner advised that the work underway in relation to medical models in YNLHN and the partnership with NALHN has the potential to provide opportunities for improvements in relation to activity.

### **7.6.2 Budget and Commissioning update**

V. Bellifemini provided a presentation about the 2021-22 budget and commissioning process.

## **7.7 Performance Report: May 2021**

The Performance Report was discussed.

The level of compliance with the ED Length of Stay and excess annual leave KPIs was discussed.

The Performance Report for May 2021 was noted.

## **7.8 CEO Report: July 2021**

Considerable discussion occurred about several issues noted in the report.

The CEO Report July 2021 was noted.

## **8. Lunch Break**

## **9. Matters for Decision**

### **9.1 YNLHN Bi-annual Risk Declaration Report**

Considerable discussion occurred about the report, with feedback and comments provided by Board members.

It was proposed that this feedback be provided to the Manager Audit, Risk and Compliance, and that the YNLHN Bi-annual Risk Declaration report be updated and circulated to Board members for approval Out Of Session.

## 9.2 Safety and Quality Structure Proposal

Extensive discussion occurred about the proposal, including the number of proposed additional FTE, and the need to defer implementation until the organisational structure review report is received and considered.

It was proposed that the facilitator of the Safety and Quality review, Sam Farrugia, be invited to present the proposal at the next Board meeting.

Feedback was provided about the information provided in the briefing about the Aboriginal Impact Statement, and lack of engagement with Aboriginal people was noted.

It was agreed that a three-year implementation plan be developed for any changes to the Safety and Quality Structure, once the recommendations are approved.

## 9.3 MNHAC: Proposals for sale of properties

The two proposals as submitted by the Presiding Member of the Mid North Health Advisory Council were discussed at length, with the following outcomes:

- Proposal One

**MOVED:** That the YNLHN Governing Board approve the sale of 34 Hurlstone Street, Peterborough.

**APPROVED.**

**MOVED:** That the YNLHN seeks approval for the funds to be retained by the MNHAC in line with the requirements of the Health Care Act 2008. **APPROVED.**

- Proposal 2

**MOVED:** That the YNLHN Governing Board defer a decision about the sale of the property located at Main Street, Peterborough pending the provision by the MNHAC of a copy of the current lease agreement, including financial details.

**APPROVED.**

## 9.4 Audit and Risk Board Committee: Reappointment of External Member

Discussion occurred about the upcoming end of tenure for the current external member of the Audit and Risk Board Committee. The member has expressed interest in continuing in this role.

**MOVED:** That Liz Traeger be reappointed as an external member of the Audit and Risk Board Standing Committee.

**APPROVED.**

## **9.5 Obstetrics On Call Arrangements**

Considerable discussion occurred about this issue, particularly in relation to the risks associated with the changes required to the existing medical model to support the policy requirements.

It was agreed that further clarification is required about the policy requirements for on call Obstetrics, with discussion to occur at the next Strategic Medical Advisory Committee meeting.

## **10. Other Business**

### **10.1 Board Chair Report**

J. Voumard provided a report about current issues.

### **10.2 Research opportunities**

Discussion occurred about opportunities for YNLHN to participate in research projects with agreement that this would be beneficial, but significant investment is required.

## **11.0 Matters for Noting**

### **11.1 YNLHN Health Advisory Councils: Meeting Minutes**

#### **11.1.1 Port Pirie: 11.05.2021**

The minutes of the meeting held on 11.05.2021 were noted.

#### **11.1.2 Lower North: 28.06.2021**

It was noted that the correspondence to the Presiding Member from the Board Chair, and the response from the Minister for Health and Wellbeing about funding of Men's Sheds were not noted in the minutes.

The minutes of the meeting held on 28.06.2021 were noted.

### **11.2 Minute from the CE DHW: escalation of Risk posed by CHIRON**

The Minute from the CE DHW about the escalation of the risk posed by CHIRON was noted.

### **11.3 Review of the Health Care Act 2008: Terms Of Reference**

Considerable discussion occurred about review of the Health Care Act 2008.

The Chair advised that a request has been received from the reviewer to attend a Board meeting, and some discussion occurred about this. It was agreed that alternative options be suggested, with a forum involving all members of the YNLHN Governing Board to be proposed in the first instance.

The Terms of Reference for the review of the Health Care Act 2008 were noted.

#### **11.4 NDIS Audit Results**

The results of the NDIS audit conducted 6 - 8 April 2021 were noted.

#### **11.5 Port Pirie Activity and Trend Analysis Report**

J. O'Connor provided an overview of the issues impacting upon activity in Port Pirie, as identified in the report.

It was acknowledged that this level of review was very useful in identifying a range of issues and will be replicated in the future.

It was noted that the recommendations are being actioned, with progress being monitored through the Finance and Performance Board Standing Committee.

The Port Pirie Activity and Trend Analysis report was noted.

#### **11.6 EDMS Strategic update**

The update as provided by the EDMS was discussed.

Members requested a monthly update be provided on an ongoing basis.

The EDMS Strategic Update July 2021 was noted.

#### **11.7 Vaccination Status Report**

The Vaccination status report dated 02.07.2021 was noted.

#### **11.8 Integrated Compliance Certification**

The Integrated Compliance Certification was noted.

### **12. Correspondence to the Board**

12.1 Nil

## **13. Meeting Evaluation**

### **13.1 Feedback from nominated member**

D. Banham will complete the written evaluation and provide to L. Peters.

All evaluations will be collated by the Executive Support Officer and a quarterly report provided to the Board.

## **14. Meeting Close**

The meeting closed at 4.30pm.

### **14.1 Date of next meeting: 8 September 2021. Booleroo Centre District Hospital and Health Services.**

It was agreed that the next meeting be rescheduled to 8 September 2021, to be followed by a planning day on 9 September 2021.

A number of items for the planning day were proposed, with members requested to submit additional proposed topics.

### **14.2 Agenda Items for the next meeting and planning day due: 23 August 2021.**