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# Flinders & Upper North Local Health Network Governing Board Meeting



Government of South Australia

SA Health

## MINUTES

Date: Friday 27 November 2020

Time: 08:30 to 12:29

Venue: Webex

MEMBERSHIP ( <i>P = present, A = apology,</i> )			
(BF) Bevan Francis, Chairperson	P	(SG) Suzy Graham, Board Member	P
(GB) Garnett Brady PSM, Board Member	P	(GM) Geri Malone, Board Member	P
(JL) John Lynch OAM, Board Member	P	(KR) Karyn Reid, Board Member	P
(MW) Mark Whitfield, Board Member	P		
REGULAR ATTENDEE'S ( <i>P = present, A = apology</i> )			
(CP) Craig Packard, Chief Executive Officer	P	(LT) Lisa Taylor, Director Governance & Performance	P
EXECUTIVE ATTENDEE / INVITED GUESTS:			
(CR) Cheryl Russ, Executive Director Community and Allied Health	P	(MG) Michael Goldsworthy, Consultant Australian Strategic Services	P
APOLOGIES:			
Nil			
MINUTE TAKER:			
(LT) Lisa Taylor, Director Governance & Performance	P		
ITEM	DISCUSSION POINT		OUTCOMES/ACTIONS
1. MEETING OPENING:			
1.1	Acknowledgement	❖ Acknowledgment of Country	❖ Meeting opened at 08:30 with the Chair providing Acknowledgement to Country, Chair welcomed all present
1.2	Present and Apologies	❖ Nil Apologies ❖ MW acknowledged as late arrival at 9:00 am	
1.3	In-Camera Board Discussion	❖ In camera session not required or requested for this meeting	

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1.4	Conflicts of interest Disclosure	<ul style="list-style-type: none"> <li>❖ Conflict of Interest Disclosure Register tabled, Chair requested any declarations required with tabled agenda items</li> <li>❖ General discussion around RFDS on agenda today. Considered discussion general in nature therefore GM noted to remain in meeting. Board consider topic appropriate for GM to be included, not perceived as conflict. To be recorded on register</li> </ul>	<ul style="list-style-type: none"> <li>❖ No updates recorded</li> <li>❖ Chair acknowledged discussion of RFDS as general in nature, noted conflict registered by GM, accepted GM to remain in discussion</li> <li>❖ To be recorded on register as non-perceived conflict</li> </ul>
1.5	Confirmation of minutes of the previous meeting	<ul style="list-style-type: none"> <li>❖ Minutes from Board Meeting 30 October 2020 tabled</li> <li>❖ LT tabled approval for use of BF electronic signature, verbal approval provided</li> </ul>	<ul style="list-style-type: none"> <li>❖ Accepted and Endorsed by all members present</li> <li>❖ BF provided approval for attachment of electronic signature for endorsement of 30 October 2020 Board Minutes</li> </ul>
1.6	Actions arising from previous minutes	<ul style="list-style-type: none"> <li>❖ Review of each item listed on the Action / issues list</li> <li>❖ <b><u>2019-001 Wirreandra Land</u></b> action discussed at length. CP provided an update from previous liaison with Crown Solicitor Office and Department of Health. Level of risk associated with current situation identified as low. Agreed motion to remove from action register.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Action log updated / Completed Actions removed and Archived as noted</li> <li>❖ The Governing Board note endeavours and correspondence with the Department of Health and Attorney General's Office. In the absence of any clear direction accept the risk that currently stands pending enquiries from one of those authorities named.</li> </ul>
1.7	Presentation to the Board – Executive Director Community and Allied Health <ul style="list-style-type: none"> <li>❖ McGrath Foundation Funding Model</li> </ul>	<ul style="list-style-type: none"> <li>❖ Executive Director Community and Allied Health CR presented on the McGrath Foundation Model</li> <li>❖ CR provided acknowledgement to Country as read and details of her employment history inclusive of Aboriginal communities from South Australia to Western Australia</li> <li>❖ CR shared prepared PowerPoint on the McGrath Breast Care Program, explaining how it operates within FUNLHN</li> <li>❖ Correspondence received from McGrath Foundation indicating reduced funding for the Port Augusta position.</li> <li>❖</li> </ul>	<ul style="list-style-type: none"> <li>❖</li> </ul>

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1.7	<p>Presentation to the Board – Executive Director Community and Allied Health</p> <ul style="list-style-type: none"> <li>❖ McGrath Foundation Funding Model</li> </ul>	<ul style="list-style-type: none"> <li>❖ CR provided discussion around what the model may look like if the funding was no longer supported by the McGrath foundation</li> <li>❖ CR provided discussion around the inter-relationships of the FTE in the LHN and that of the RFDS. The RFDS operates under a separate agreement with the McGrath Foundation</li> <li>❖ CP discussed the funding of McGrath foundation and how the decision came about regarding not funding Port Augusta.</li> </ul>	<ul style="list-style-type: none"> <li>❖ CR to provide PowerPoint for distribution to the Governing Board</li> <li>❖ CR and CP to work through funding for this program and report back to the board</li> </ul>
1.7.1	<p>Presentation by Michael Goldsworthy, Consultant Australian Strategic Services</p>	<ul style="list-style-type: none"> <li>❖ BF introduced the Board to MG</li> <li>❖ MG provided an overview of the impending Aged Care Royal Commission report; Department of Health Aged Care reforms and the realities of the new customer driven competitive market place. MG asked the board to think about what issues were mission critical for this LHN</li> </ul> <p><u>Discussion held with mission criticals identified as:</u></p> <ul style="list-style-type: none"> <li>❖ Notion of market and FUNLHN only having a thin market was identified as a risk. FUNLHN Aged Care facilities are MPS sites attached to a hospital. Separating them would be difficult for the community.</li> <li>❖ FUNLHN would like to have Governance control of this.</li> <li>❖ Workforce and mandatory ratio's,</li> <li>❖ Changing space around the standards; complex area and very challenging.</li> <li>❖ Rural and remote needs to be considered with the same nuances and separate from near Metro sites</li> <li>❖ Flexibility for Aboriginal and Culturally sensitivity Care. Inter-relationships of aged care MPS and Healthy ageing provided in the community for efficiencies and synergies. Maintaining hospital and aged care services together.</li> </ul>	<ul style="list-style-type: none"> <li>❖ MG to send documents through to LT</li> <li>❖ Monthly updates/reports on this subject to be reported to the board</li> </ul>

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1.7.1	Presentation by Michael Goldsworthy, Consultant Australian Strategic Services	<ul style="list-style-type: none"> <li>❖ Critical impact of the health services especially in rural and remote locations.</li> <li>❖ Covered the complexities of what we have today verses the new rules, the new world and what that means as a business model and practical realities of remote/rural environments where there are often no competitors and viability is challenged</li> <li>❖ Additional readings are available if board require to review</li> <li>❖ Out of session discussions will be required at a strategic level by the board</li> </ul>	
ITEM		DISCUSSION POINT	OUTCOMES/ACTIONS
2. MATTERS FOR DECISION:			
2.1	SA Health Policies	<ul style="list-style-type: none"> <li>❖ Policies tabled</li> <li>❖ Discussion on tabling of this item for future meetings, agreeance to move under Matters for Information and Discussion and note decision to implement policies into FUNLHN</li> </ul>	<ul style="list-style-type: none"> <li>❖ Allocate this standing agenda item under Matters for Information and Discussion for noting and acceptance</li> </ul>
ITEM		DISCUSSION POINT	OUTCOMES/ACTIONS
3. STRATEGIC DISCUSSIONS			
3.1	Innovations - Health Promotion Events	<ul style="list-style-type: none"> <li>❖ Discussion around Health promotion events with various communities.</li> <li>❖ Discussion around allocation of innovations funding and supporting these events with innovation funding</li> <li>❖ CR provided relevant information moving forward to clinicians being involved in these types of events</li> <li>❖ Discussed working with other agencies around these functions to promote and raise the profile of well being</li> <li>❖ Discussed other options available for example social media for health promotion</li> <li>❖ CP discussed the wellbeing strategy and supporting of this process of Primary Health functions</li> <li>❖ Discussion around funds allocated to innovations</li> </ul>	<ul style="list-style-type: none"> <li>❖ Executive to follow up Health promotion activities</li> </ul>

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3.1.1	Operational Innovations	<ul style="list-style-type: none"> <li>❖ CP provided update in relation to this now being an agenda item at leadership</li> <li>❖ LT provided an update of team meeting held and innovative ideas as a specific topic</li> <li>❖ Ideas put forward, recommence all of staff forums with a Question &amp; Answer (Q&amp;A) prior, involving executive staff and the board members.</li> <li>❖ CR presented to Board Clinical Governance meeting innovative ways around recruitment with a briefing requested to the board</li> </ul>	<ul style="list-style-type: none"> <li>❖ SG to work with LT to populate Bio-Poster</li> </ul>
3.2	Aboriginal Health - Program Funding	<ul style="list-style-type: none"> <li>❖ Discussion around the ongoing funding for Aboriginal health programs and importance of maintaining focus on this</li> <li>❖ Discussions with commissioning team over the last month to insist that it is part of base funding.</li> <li>❖ Discussions in relation to new programs hasn't been discussed at a local level yet. Rural Workforce Framework looking at scope of Aboriginal Health Programs and continuity of funding. Project Officer being engaged through this.</li> </ul>	<ul style="list-style-type: none"> <li>❖ CP to follow up response from commissioning team for confirmation of guaranteed funding</li> <li>❖ CP to follow up response from meeting with CE Chris McGowan</li> </ul>
3.2.1	Aboriginal Health Report	<ul style="list-style-type: none"> <li>❖ Report provided well constructed. Report to prompt discussion to focus on Aboriginal Community Collaboration</li> <li>❖ Director Aboriginal Health provided information around request for an Aboriginal health project officer which is currently unfunded</li> </ul>	<ul style="list-style-type: none"> <li>❖ BF, CP and GB to discuss out of session Aboriginal Community Collaboration</li> <li>❖ LT to move this report under Matters for Information and Discussion</li> </ul>
3.3	SA Health Challenging Behaviour Strategy	<ul style="list-style-type: none"> <li>❖ Discussion around strategy held and the process undertaken</li> <li>❖ Framework is broad with no recognition of rural and remote</li> <li>❖ CP discussed at leadership and working through the strategies</li> </ul>	<ul style="list-style-type: none"> <li>❖ LT to collate responses and provide brief to CE Chris McGowan and Minister Wade</li> </ul>

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3.4	Rental Accommodation	<ul style="list-style-type: none"> <li>❖ Discussion on report received on rental versus owning accommodation for staff, including medical. Considered more information was required inclusive of all costs and options complete with risk analysis. Board noted having adequate accommodation impacts on the ability to recruit</li> <li>❖ CP provided update on current services utilised to accommodate varying disciplines and exploring other options available i.e. leasing long term, building</li> <li>❖ CP acknowledged Asset Manager position has been approved and being recruited to; will be able to assist this process</li> <li>❖ Board request an in-depth analysis of required need and how that need can be met. All options need to be examined with risk analysis for each. Options could include, but not limited to, retaining and upgrading existing stock; purchasing new; short and long term leases.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Asset Manager to be tasked with project to provide a comprehensive report on accommodation needs in the LHN by no later than February Board meeting</li> </ul>
ITEM	DISCUSSION POINT		OUTCOMES/ACTIONS
4. BOARD COMMITTEE REPORTS			
4.1	Consumer and Community Engagement Committee (Summary Report)	<ul style="list-style-type: none"> <li>❖ KR provided a verbal update, meeting of committee next week</li> <li>❖ KR noted the Consumer Community Engagement Framework has been delayed and will require an out of session endorsement in principle by the board</li> </ul>	<ul style="list-style-type: none"> <li>❖ Noted</li> </ul>
4.2	Finance and Performance Committee (Summary Report)	<ul style="list-style-type: none"> <li>❖ Summary report tabled. JL provided update to relevant information</li> <li>❖ Most significant around third party contract extensions and the needs of the providing organisations regarding staff retention</li> <li>❖ EOY forecast due December</li> </ul>	<ul style="list-style-type: none"> <li>❖ Noted</li> </ul>

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4.3	Audit and Risk Committee (Summary Report)	<ul style="list-style-type: none"> <li>❖ Summary report tabled</li> <li>❖ Discussion around reports provided to this committee being more operational</li> <li>❖ BF to have further discussion with CP</li> <li>❖ Measuring policy adherence unclear through this process other than internal audits</li> <li>❖ Discussed overdue internal audits managed by the RSS and assurance of completion</li> <li>❖ Risk outcomes need to match risk appetite.</li> </ul>	<ul style="list-style-type: none"> <li>❖ BF to have further discussions with CP to how operational links to Audit and Risk Committee</li> </ul>
4.4	Clinical Governance Committee (Summary Report)	<ul style="list-style-type: none"> <li>❖ GM provided verbal update from meeting held 26 November 2020. Report to be tabled for next meeting</li> <li>❖ Workforce vacancies discussed and innovations approaches towards recruiting</li> <li>❖ Birthing program presentation provided in support of ongoing program funding</li> <li>❖ Roxby Downs midwife recruitment in progress</li> <li>❖ Mental Health Practitioners has been approved and moving forward with recruitments across a seven day service</li> <li>❖ Nurse Practitioner roles in Whyalla and Port Augusta progressing</li> <li>❖ Raised difficulties with current workforce workgroup and value of face to face meeting for this in January 2021</li> </ul>	
ITEM	DISCUSSION POINT	OUTCOMES/ACTIONS	
5. MATTERS FOR INFORMATION AND DISCUSSION			
5.1	Chief Executive Officer Report	<ul style="list-style-type: none"> <li>❖ Well structured information provided</li> <li>❖ Board raised discussion around Director Medical Services report having collaboration with other providers, referred to item 5.8 on agenda</li> </ul>	<ul style="list-style-type: none"> <li>❖</li> </ul>
5.2	Flinders & Upper North LHN Performance Report	<ul style="list-style-type: none"> <li>❖ Well written report with significant summary provided</li> <li>❖ Congratulations to people who put together, acknowledged six monthly PRD percentages up over 80%</li> <li>Concern at the use of acronyms. Option to include acronym summary</li> </ul>	
5.3	Quality Risk and Safety Quarterly Report	<ul style="list-style-type: none"> <li>❖ Nil report tabled this meeting</li> </ul>	
5.4	Work Health and Safety Quarterly Report	<ul style="list-style-type: none"> <li>❖ Nil report tabled this meeting</li> </ul>	

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5.5	Waste Management Plan (Quarterly) – (October / January / April / July)	❖ Nil report tabled this meeting	
5.6	Zero Based Budget Update (Bi-Annual – July / December)	❖ Nil report tabled this meeting	
5.7	Third Party Contracts	<ul style="list-style-type: none"> <li>❖ Discussion of all third party contracts and need to redefine our expectations and alignment of these expectations to a service delivery model agreement</li> <li>❖ Discussed varying models of service delivery and availability of clinicians ability to board any RFDS flight to provide services</li> <li>❖ Discussed services aligned with our strategic direction with positive outcomes for people in our network area</li> <li>❖ Reports not identified as not quality reports</li> <li>❖ Due diligence needs to occur in the first 3 months to retain staffing models</li> <li>❖ Discussion of financial year acquittals would be a preferred option for the LHN</li> <li>❖ CP discussed contract management has significantly increased with expectations being worked more towards the needs of the LHN</li> <li>❖ Discussed reviewing terms and conditions of contracts before executed and being very clear</li> </ul>	❖ CP to contact CEO RFDS to confirm date of commonwealth Government's renewal date for base funding at Port Augusta with he potentiola to align the dates with our funding whilst providing time to reassess the service delivery models and activity and financial reporting requirements
5.8	Australian Remote Medicine	❖ BF and CP held meeting with Port Augusta City Council, raised lack of collaboration in process. Council have not been contacted as yet by the university	❖ FUNLHN Medical workforce committee to set up meeting with all potential stakeholders to ensure all are working in the same direction.
5.8	Australian Remote Medicine	<ul style="list-style-type: none"> <li>❖ Discussion around Director Medical Services liaising with GPEX, RFDS, RSS</li> <li>❖ Looking at models of standard across the state</li> <li>❖ Council supportive of more doctors in town and taking a collaborative approach</li> <li>❖ Need to ensure talking to decision makers in this process</li> <li>❖ Referred to sit on Workforce workgroup committee ensuring engagement with all stakeholders in process</li> </ul>	
5.9	Response Letter DHS- Community Passenger Network	❖ Discussed response letter to maintain on agenda until resolution complete	

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5.10	Rural Support Services Governance	<ul style="list-style-type: none"> <li>❖ Discussed current governance arrangements comprising of the CEO Group and the six Country Chairs, discussed legal responsibilities sitting in Barossa Hills Fleurieu. Identified reporting to three different bodies causing some concerns</li> <li>❖ Proposal tabled to CEO and Board Chairs recently proposing they set up a separate Terms of Reference for governance</li> <li>❖ Detail is yet to be presented</li> <li>❖ Discussion around RSS devolvement and constant review, clear position of a required structure</li> <li>❖ Terms of reference being developed for review and will be distributed upon receiving</li> </ul>	<ul style="list-style-type: none"> <li>❖ BF to keep the board informed of this structure</li> <li>❖ Terms of Reference to be provided to the board when received for any follow up discussions</li> </ul>
ITEM		DISCUSSION POINT	OUTCOMES/ACTIONS
6. CORRESPONDENCE FOR NOTING			
6.1	Environmental Sustainability Correspondence	❖ Tabled for Information	
6.2	Minute: Development SA Health Aged Care Strategy	❖ Tabled for Information	
6.3	Wellbeing SA CE Bulletin   South Australian Workplace Health and Wellbeing Charter	❖ Tabled for Information	
6.4	SA Mental Health Service Plan – Annual Status Update	❖ Tabled for Information	
6.5	Premier Marshall Funding Commitments	❖ Tabled for Information	
6.6	COVID-19 Staff Wellbeing Survey Results	❖ Tabled for Information	
ITEM		DISCUSSION POINT	OUTCOMES/ACTIONS
7. MEETING FINALISATION			
7.1	Any other Business		
7.1.1	Security Report Update	❖ Tabled for discussion, withhold until next meeting	❖ Table at December Board meeting
7.1.2	Branding / LHN Name Change	<ul style="list-style-type: none"> <li>❖ Discussed recent announcement of name change in metro, opportunity for changing LHN names.</li> <li>❖ CP has discussed at leadership level – no appetite for name change</li> <li>❖ BF discussed at board level – no appetite for name change</li> </ul>	
7.1.3	Leigh Creek	<ul style="list-style-type: none"> <li>❖ CP provided an update on the future of Leigh Creek</li> <li>❖ Media release planned for 17 December 2020 with MP Dan van Holst Pellekaan</li> </ul>	

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7.1.4	Bio-Poster	<ul style="list-style-type: none"><li>❖ SG acknowledged innovation conversation and suggestions around staff being aware of who all the board are</li><li>❖ SG recommends now we have the professional photo's to promote the bio-poster</li></ul>	<ul style="list-style-type: none"><li>❖ SG to work with LT and Simon King to develop bio-poster</li></ul>
7.2	Meeting Scheduling	<ul style="list-style-type: none"><li>❖ Nil to report</li></ul>	
7.3	Meeting Evaluation	<ul style="list-style-type: none"><li>❖ BF updated the Board on evaluations for the next few meetings, identifying that he would allocate the responsibility to a board member to provide a summary of four key points and an in-depth review in six months</li><li>❖ 1) Strategic discussions and balance of this</li><li>❖ 2) timing of the meeting</li><li>❖ 3) was everyone engaged</li><li>❖ 4) was information enough for informed decisions to be made</li></ul>	<ul style="list-style-type: none"><li>❖ GM to provide summary of meeting out of session</li></ul>
<b>MEETING CLOSED: 12:29</b> <b>NEXT MEETING:</b> <b>DATE: Tuesday 15 December 2020 - Webex</b> <b>TIME: 09:00 to 13:00</b>			

Signed: Bevan Francis, Board Chair



Date: 15 December 2020

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