

Name	Position/Title	Attendance	Item
Michele Smith	Chair	P	All
Leanne Dunchue	Member	P	All
Dr David Mills	Member	P	All
Jamie Siviour	Member	P	All
Chris Sweet	Member	P	All
Christine Thyer	Member	P	All
Trevor Smith	Member	P	All
Attendees			
Verity Paterson	Chief Executive Officer EFNLHN	P	All
Hudson Vieira	Chief Finance Officer EFNLHN	P	All
Jane Robinson	Director Governance and Strategy EFNLHN	P	All
Guests			
Debbie Martin (DM)	Executive Director, Rural Support Service	P	Items 2.3 & 2.4
Julie Marron (JM)	Executive Director Nursing and Midwifery EFNLHN	P	All
Susan Merrett (SM)	Executive Director Medical Services EFNLHN	P	All
Rebecca Braendler (RB)	A/Executive Director Community and Allied Health EFNLHN	P	Item 4.4
Joanne Eaton (JE)	Director People and Culture, EFNLHN	P	Item 4.2

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 23/09/2021		
	Agenda Item	Discussion Points
1.	OPENING	Meeting opened at 3.00pm, with quorum
	1.1 In Camera Discussion	<ul style="list-style-type: none"> No in camera session. C. Thyer joined the meeting at 4.00pm.
	1.2 Welcome and Apologies	<ul style="list-style-type: none"> Nil apologies. Welcome, introductions and acknowledgement of traditional custodians.
	1.3 Interests and Conflicts Disclosure Log	<ul style="list-style-type: none"> C. Sweet declared that his younger daughter worked for the Rural Support Service (RSS) in Finance processing; he planned to abstain from discussing or voting on the item related to the RSS Memorandum of Administrative Arrangement. The Board agreed.
	1.4 Confirmation of previous Minutes	<ul style="list-style-type: none"> Board confirmed the Minutes as a true and accurate record, unanimous agreement to Minutes being signed by the Chair.
	1.5 Actions from previous Minutes	<ul style="list-style-type: none"> Reviewed and confirmed.
	1.6 Notification of Other Business	<ul style="list-style-type: none"> Board agreed to move meeting time to 3pm – 6pm going forward. Board liability (J. Siviour).
2.	SRATEGIC DISCUSSION	
	2.1 Port Lincoln Salaried Medical Model	<ul style="list-style-type: none"> Board discussed revised costings for the introduction of a salaried medical model at Port Lincoln Hospital, based on the recommendations of an independent external review of the Emergency Department. Key additions include appointment of a Director of Emergency Medicine as part of strengthening clinical governance, with six senior and six junior medical staff reporting to them. Total cost of the introduction of a salaried medical model was modelled at \$7.2 m per annum, with \$606,000 in set up costs. V. Paterson said EFNLHN had briefed the Department for Health and

		<p>Wellbeing (DHW) in detail about the cost pressure that the introduction of the salaried medical model would create.</p> <ul style="list-style-type: none"> • Board noted that it had already concluded that continuing with a GP locum model was unsafe and unsustainable. • Proposed resolution to agree the revised costings and approve the introduction of a salaried medical model at Port Lincoln Hospital for Emergency and Inpatient Services unanimously approved by the Board.
	<p>2.2 EFNLHN Service Agreement 2021-22/Budget Discussion</p>	<ul style="list-style-type: none"> • Board noted an update on negotiations with DHW about budget anomalies. • Discussion about errors made in the budget allocation process and use of a minimum budget model that had been developed over two decades earlier, long before the introduction of the regional LHNs. • Board members concluded that EFNLHN would not be able to balance its 2021-22 Budget in the circumstances. • Board unanimously supported seeking changes to the budget methodology and invited O. V.d. Wel, the EFNLHN Audit and Risk Committee Chair, who had developed the minimum budget model originally and was working with the Department on budget reform, to attend the Board's October meeting to discuss the potential for further reform. • Board agreed that its preference was to try and influence Budget methodology changes. • L. Dunchue, Chair of the Tier 1 Finance and Performance Committee, said that the Committee would not endorse the Board to sign the 2021-22 Service Agreement without correspondence from the Department about accepting a budget overrun.
	<p>2.3 GP Contract Negotiation Update</p>	<ul style="list-style-type: none"> • Board noted an update from D. Martin about the status of negotiations of a new contract for GPs delivering medical services in country South Australia. • The Board noted that a new negotiator (D. Steel) will assist the Rural Support Service with the negotiations and that the current offer would represent a significant increase in cost to the LHN. • Board discussed that the intent of the new contract was to recognise the role of GPs in country SA, and to create flexibility and increase remuneration, while taking into account that regional LHNs needed to introduce these changes in a sustainable way.
	<p>2.4 Rural Support Service Memorandum of Administrative Arrangement Consultation</p>	<ul style="list-style-type: none"> • C. Sweet declared an interest and stepped out of the meeting at 4.05pm. • Board noted a briefing by D. Martin about changes to the Rural Support Service (RSS) governance arrangements, which had resulted in changes to the wording of the Memorandum of Administrative Arrangement (MoAA) between the RSS and regional Local Health Networks.

		<ul style="list-style-type: none"> • D. Martin said a review was also underway into the future preferred structure and governance of the RSS, which was due to report in March 2022. • Board was asked to provide feedback on the proposed MoAA wording and to propose any further changes about what the MoAA should cover to inform the review.
3.	MATTERS FOR DECISION	
	3.1 2021-22 Annual Report	<ul style="list-style-type: none"> • Board deferred the item for consideration Out of Session. • Board agreed to the development of an annual progress document to be launched at the Annual Public meeting. • C. Sweet rejoined the meeting.
4.	MATTERS FOR DISCUSSION	
	4.1 COVID Response Update	<ul style="list-style-type: none"> • Board noted an update by V. Paterson, including EFNLHN's response to COVID exposure sites at Penong and Wudinna. • Board discussed EFNLHN's preparation for a potential COVID outbreak when South Australia reached 80 percent of double dose vaccinations and planned to relax border restrictions.
	4.2 Culture Update	<ul style="list-style-type: none"> • Board noted a presentation by J. Eaton. Key points: <ul style="list-style-type: none"> ○ Your Voice Survey results for EFNLHN showed staff had scored the LHN higher on average than the rest of SA Health, on most indicators. ○ Quality improvement tool, Teamgage, has just been introduced to record and monitor staff sentiment and early results were tracking in line with Your Voice survey results. ○ EFNLHN had set up four working groups to address concerns raised in the Your Voice survey relating to bullying and harassment, alignment of roles, resilience and wellbeing, and staff engagement/communications.
	4.3 Aged Care Update 4.3.1 Aged Care KPI Quarterly Report	<ul style="list-style-type: none"> • Board noted: <ul style="list-style-type: none"> ○ Aged Care KPI quarterly report and plans to strengthen reporting for the next quarterly report. ○ that Aged care performance indicators are planned to be included in a future iteration of the Service Agreement. ○ EFNLHN's request to have its Multi Purpose Service sites included in the My Aged Care portal, which currently only

	<p>4.3.2 SA Health Aged Care Strategy Update</p>	<p>recorded information for Residential Aged Care (RAC) sites, in order to be able to benchmark performance.</p> <ul style="list-style-type: none"> Board noted an update by V. Paterson, including that negotiations are continuing between the Department, RSS and regional LHNs about roles and responsibilities and the engagement of consultants to support development.
	<p>4.4 Risk Assessment – Community Based Services</p>	<ul style="list-style-type: none"> Board noted an overview by R. Braendler about the environment, trends and nature of risks in community-based services, and a plan to better manage those risks and support unskilled and unqualified workers providing care in high risk situations, with appropriate oversight. Clinical Governance Committee (CGC) Chair, D. Mills, briefed the Board that the CGC had reviewed the Plan and endorsed it for Board consideration. Board unanimously supported the direction of the risk management plan and referred it back to the Clinical Governance Committee to implement, with the Audit and Risk Committee monitoring the risk and effectiveness of treatments and controls.
	<p>4.5 Chief Executive Officer Report 4.5.1 CEO Report Sept 2021 4.5.2 EFNLN Performance Report Sept (July Reporting) 2021 4.5.3 EFNLHN Executive Committee Summary Sept 2021</p>	<ul style="list-style-type: none"> Board noted the CEO Report. Board noted the Performance Report and that EFNLHN continued to perform well. However, two matters of concern were discussed: <ul style="list-style-type: none"> readmissions rates at Port Lincoln Hospital. rate of criminal checks being uploaded and recorded. Board noted the Summary.
	<p>4.6 Finance Report 4.6.1 EFNLHN Finance Report Sept 2021 4.6.2 Audited Financial Statements Update</p>	<ul style="list-style-type: none"> Board noted the Report and that EFNLHN did not yet have an approved Budget for 2021-22. Board noted final small changes to the audited financial statements, as a result of a comprehensive review process involving the Audit and Risk Committee, Finance and Performance Committee and the Board. Proposed resolution that the Board note that the financial statements process has been completed and approve the audited financial

	4.6.3 Budget Bids Update	<p>statements for 2020-21, unanimously approved by the Board.</p> <ul style="list-style-type: none"> Board noted that the Department for Health and Wellbeing had asked for budget bids for 2022-23 earlier than usual, and with only a short time to submit them. EFNLHN planned to submit three bids – for expansion of the Emergency Department at Port Lincoln Hospital, and for two sets of infrastructure improvements at Coober Pedy.
	<p>4.7 Board Committees</p> <p>4.7.1 Finance and Performance Committee</p> <p>4.7.2 Clinical Governance Committee</p> <p>4.7.3 Audit and Risk Committee</p> <p>4.7.4 Consumer, Community and Clinical Engagement Committee</p>	<ul style="list-style-type: none"> Committee Chair L. Dunchue briefed the Board that the Committee had discussed the budget allocation for 2021-22 and was seeking a “comfort letter” from the Department before it would endorse the Board signing the Service Agreement. Committee Chair Dr D. Mills briefed that the Board had considered the main items covered by the Committee – aged care KPIs and the risk assessment plan for community services. Committee Member C. Sweet advised the Board that the Committee had not met, next meeting due 15 November. Committee Co-Chair J. Siviour briefed that the Tier 2 Consumer and Community Engagement Committee had presented about its work, including a review of the EFNLHN Consumer and Community Engagement Strategy. The Tier 1 CCCE Committee had also asked the Tier 2 C&C Committee to reconsider and advise about consumer representation on Board committees, in light of the Board’s decision not to have consumer representation on the Audit and Risk Committee and Finance and Performance Committee.
	4.5 Chairperson Update	<ul style="list-style-type: none"> Board noted the Chair’s update.
5.	MATTERS FOR NOTING	
	5.1 Major Correspondence	<ul style="list-style-type: none"> Nil for noting.
	5.2 Board Effectiveness Review Questionnaire	<ul style="list-style-type: none"> Board members noted the questionnaire and deadline for return to the Secretariat.

6.	OTHER BUSINESS	
	6.1 Other Business from Item 1.6	<ul style="list-style-type: none"> Board discussed the issue of Board member liability, the extent to which they were protected and sought a copy of the relevant D&O insurance cover.
7.	MEETING FINALISATION	
	7.1 Review actions to be taken	<ul style="list-style-type: none"> Noted.
	7.2 Meeting Evaluation	<ul style="list-style-type: none"> T. Smith: conducted the evaluation, expressed appreciation for the detailed level of reporting, described the meeting as well arranged and executed.
	7.3 Agenda items for next meeting	<ul style="list-style-type: none"> Board agreed to change Board meeting time to 3pm – 6pm going forward.
	7.4 Meeting Close	<ul style="list-style-type: none"> 6.00pm
Next Meeting: 28 October 2021 3.00pm – 6.00pm at Port Lincoln Hospital and via Teams		

Minutes approved



Michele Smith.
Chair, Eyre and Far North Local Health Network
28 October 2021