

## Agenda Open Board Meeting Tuesday 27 August 2024

<b>Date:</b>	Tuesday 27 August 2024 <b>Time:</b> Commencing at 1pm, afternoon tea at 2pm
<b>Venue/location:</b>	Meeting to be held in the Warracknabeal Education Room
<b>Chairperson:</b>	John Aitken
<b>To be in attendance:</b>	John Aitken, Amanda Kenny, Zivit Inbar, Veena Mishra, La Vergne Lehmann, Chris Downes, Jan Fisher, Namita Warrior, Katherine Burton
<b>To be invited:</b>	Jenni Masters, Chief Executive Officer, Hendrik Barnard Executive Manager Finance & Administration), Glenn Hynes (Executive Manager People, Culture & Safety), Joseph Bermudo (Executive Manager Clinical Services), Paula Noble (Executive Manager Community Services), Dave Siddall (Executive Manager Environmental Services)
<b>Minute Secretary:</b>	Carolyn Conners
<b>RSVP's</b>	Grant Doxley, Alan Malcom

**1.0 Opening formalities – 3 min**

**1.1 Acknowledging traditional owners:**

‘I would like to acknowledge that this meeting is being held on the traditional lands of the Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagalk people, and I pay respects to their Elders, past, present and emerging’

**1.2 Welcome and apologies:** Veena Mishra

**1.3 Quorum and opening of meeting:**

**1.4 Starred items are tabled for discussion:** ★

Consider which items should be ‘starred’ and therefore open for discussion in addition to those already ‘starred’. All items on the agenda ‘not starred’ be adopted without discussion, and the action recommended be taken or the information therein noted.

**1.5 Declaration of pecuniary interest**

Chairperson to call for Board Directors to declare any known pecuniary interests in relation to the published agenda for the Board of Directors meeting Tuesday 27 August 2024

**Pecuniary Interests Register - (1.5 attached)**

**2.0 Confirmation of previous minutes - (2.0 attached)**

That the previous minutes of the Open Board Meeting held on Tuesday 26 September 2023 (as circulated) be adopted as a true and correct record of the meeting.

**Moved:**

**Seconded:**

**Carried:**

## Agenda Open Board Meeting Tuesday 27 August 2024

<b>3.0</b>	<b>Chairpersons Report</b>		
3.1 ★	Report from RNH Board Chairperson, John Aitken (Item 3.1 attached)	John A	<b>5 min</b>
<b>4.0</b>	<b>Chief Executive Officer &amp; Executive report</b>		
4.1 ★	Report from RNH CEO & Executive (Item 4.1 attached)	Jenni M verbal update	<b>10 min</b>
<b>5.0</b>	<b>Governance &amp; Leadership</b>		
5.1 ★	Board composition	John A verbal update	<b>2 min</b>
<b>6.0</b>	<b>Finance report</b>		
6.1 ★	Finance report from Hendrick Barnard - (Item 6.1 attached)	Hendrik B verbal update	<b>5 min</b>
<b>7.0</b>	<b>Our Team</b>		
7.1 ★	Recruitment Summary (item 7.1 attached)	Glenn H	<b>5 min</b>
<b>8.0</b>	<b>Our Care</b>		
8.1 ★	8.1.1 Health Promotion Report (item 8.1.1 attached) 8.1.2 Accreditation Summary Report (item 8.1.2 attached)	Paula N Joseph B	<b>10 min</b>
<b>9.0 ★</b>	<b>Our Partnerships</b>		
9.1	Partnering with Consumer Framework	Jenni M verbal update	<b>5 min</b>
<b>10.0 ★</b>	<b>General business and questions from the community</b>		
10.1	Provider Operating Report for completing Attestation Statement – for endorsement and approval (Item 10.1 attached)	B.O.D for approval	<b>10 min</b>
<b>11.0</b>	<b>Correspondence in for noting</b>		
<b>12.0</b>	<b>Meeting closed -</b>		

## Item 1.5 - Declaration of Private interests

Name	Position	Organisation	Action required
<b>Dr Amanda Kenny</b>	Professor	LaTrobe University	Nil conflict
	Board Member-Report Advisory Committee	Victorian Agency for Health Information	
	Director	Carlisle Consulting	Nil conflict
<b>Dr John Aitken</b>	Community Pharmacist	Dimboola and Horsham Pharmacy	emergency pharmacist list for RNH & WHCG as part of the COVID19 response
	Marie Aitken (wife) – Board Member Grampians Health.  Board Member PHN Western Victoria		Potential conflict
	Charles Aitken (Son) - Casual Doctor VVED  Georgia Downing Casual Doctor VVED		Nil conflict
			Centre for Rural Health Research (VVMCRHR) on a funding submission to the Enhancing Country Health Outcomes (ECHO) for dental program.
	100% Service Pty Ltd		N/A

<b>Veena Mishra</b>	Chair of Kalparrin Early Childhood Intervention		No conflict noted
<b>Dr Zivit Inbar</b>	Director DifferenThinking and ZI Trust	Leadership, culture, ethics services	No conflict noted
	Melbourne University	Business and Economics	No conflict noted
	Standard Australia committees	Artificial Intelligence: ethics, bias, governance and risk	No conflict noted
	Harvard Alumni Entrepreneurs		No conflict noted
	Board of NCJWA Victoria		No conflict noted
<b>La Vergne Lehmann</b>	Full time employee Yarriambiack Shire Council	Waste & Sustainability Coordinator	No conflict noted
	Wimmera CMA board member	Chair of AR&F	No conflict noted
<b>Chris Downes</b>	Senior Manager, Cardiovascular Marketing	Bristol Myers Squibb	No conflict noted
<b>Katherine Burton</b>	Chief Executive Officer	Abound Communities	No conflict noted

<p><b>Namita Warrior</b></p>	<p>Part time employee Western Health, Melbourne</p> <p>Director of Lionfish Pty Ltd</p> <p>Trustee Director</p> <p>Victoria University - Sessional Lecturer for Physiotherapy</p> <p>Society of Hospital Pharmacists of Australia, Secretary/Vice Chair of Victorian Branch</p> <p>Research Support – Department of Public Health, LaTrobe University</p>	<p>Senior Pharmacist</p> <p>Dental services company</p> <p>Shastri Holdings and Suna Enterprises</p>	<p>No conflict noted</p> <p>No conflict noted</p> <p>No conflict noted</p> <p>No conflict noted</p> <p>No conflict noted</p>
<p><b>Janet Fisher</b></p>			<p>No conflict noted</p>
<p><b>Jenni Masters (CEO)</b></p>	<p>Nil conflict to declare</p>		<p>No conflict noted</p>

**Minutes**  
**Open Board Meeting**  
**Tuesday 26 September 2023**

<b>Date:</b>	Tuesday 26 September 2023 <b>Time:</b> 3:30pm afternoon tea, Open Meeting commenced at 4.00pm
<b>Venue/location:</b>	Meeting held at Beulah, Supper Hall
<b>Chairperson:</b>	Genevieve O’Sullivan
<b>In attendance:</b>	Genevieve O’Sullivan, John Aitken, Amanda Kenny (via Zoom), Zivit Inbar, Veena Mishra, Katharine Terkuile (via Zoom), La Vergne Lehmann, Chris Downes
<b>Invited:</b>	Jenni Masters (Chief Executive Officer), Hendrick Barnard (Executive Manager Finance & Administration), Glenn Hynes (Executive Manager People, Culture & Safety), Joseph Bermudo (Executive Manager Clinical Services), Paula Noble (Executive Manager Community Services), Dave Siddall (Executive Manager Environmental Services), Zahra Amini, Karen Bryant & Jade Gartside (Latitude Recruitment)
<b>Minute Secretary:</b>	Carolyn Conners
<b>RSVP’s</b>	Cathy Neyland, Vicki Hateley, Alan & Gwen Malcolm, Ross Cook, Allen & Jan Fenech, Chris Lehmann, Lorna Williams
<b>In attendance</b>	John Arnold, Ron O’Brien, Hayley Smith, Vicki Magee, I Richard, Narelle Gibson, Martin & Sissy Warren, Lois & Norri Poulton, Marg Mellington, Jane Hatcher, K Muller, Daryl Burdett Note there were a number of other community members in attendance that did not register

**1.0 Opening formalities – 3 min**

**1.1 Acknowledging traditional owners:**

‘I would like to acknowledge that this meeting is being held on the traditional lands of the Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagalk people, and I pay respects to their Elders, past, present and emerging’

**1.2 Welcome and apologies:** Veena Mishra, Kylie Zanker, Tammy Smith, Joyce Belling, Barb Hallam

**1.3 Quorum and opening of meeting:** 4:00 pm

**1.5 Declaration of pecuniary interest**

Chairperson to call for Board Directors to declare any known pecuniary interests in relation to the published agenda for the Board of Directors meeting Tuesday 26 September 2023

**Pecuniary Interests Register** - (1.5 attached) nil conflict noted.

## Minutes Open Board Meeting Tuesday 26 September 2023

**2.0 Confirmation of previous minutes**

That the previous minutes of the Open Board meeting held on 27 September 2022 (as circulated) be adopted as a true and correct record of the meeting.

**Moved:** Amanda Kenny

**Seconded:** Zivit Inbar

**Carried:**

**Latitude Recruitment Presentation on RNH Recruitment– Jade Gartside presentation (15 min)**

Latitude Recruitment are contracted by RNH and are currently managing all onboarding and recruitment. It was noted that Latitude has filled 36 positions over the previous three months and are pro-actively seeking candidates to fill remaining vacant positions. Latitude work on a daily basis with the executive. A number of interviews are currently in progress.

Further, Jade noted clinical roles (nursing and allied health) remain difficult to fill. This includes roles in the home care program, aged care and acute. Jade also discussed the amount of work they are undertaking promoting positions in the local areas of Hopetoun and Warracknabeal.

<b>3.0</b>	<b>Chairpersons Report</b>	
3.1	<p><b>Report from RNH Board Chairperson, Genevieve O’Sullivan</b></p> <p>The attached report was taken as read – Board Chair explained RNH recently completed a casual round for potential board directors to apply. Five applications were received and interviewed, two have been recommended to the Board Ministerial Advisory Committee. If appointed this will take the number of board directors to 10. Three current directors are at the end of their terms. In October there will be another board recruitment round commence.</p> <p>Gen highlighted the importance of having local voices on the board and encourages community members to apply if interested.</p> <p>It was also noted the recent recruitment of two local consumer representatives to the Clinical Governance Committee.</p>	Board Chair
<b>4.0</b>	<b>Chief Executive Officer &amp; Executive report</b>	
4.1	<p><b>Report from RNH CEO &amp; Executive</b></p> <p>The attached report was taken as read – There was comment the OH&amp;S report provided was very informative, but that there was no report on the difference for resignations and terminations at RNH. It was acknowledged RNH are still highly dependent on agency nurse staff to fill shifts.</p> <p>There was discussion on the new Aged Care Standards to be rolled out in July 2024. The new framework for maternity services. RNH will undertake the work to be recognised at level 1 which will enable the delivery of basic antenatal care.</p> <p>The Virtual Emergency Department will be a great addition to our service suite. This is due to be rolled out later this year.</p> <p>Grants – In the RIFT funding round RNH applied for a new security system, to a total amount of \$350k. The outcome of the application will be known at the end of January 2024.</p>	CEO

**Minutes**  
**Open Board Meeting**  
**Tuesday 26 September 2023**

	<p><b>Beulah property update</b> Report was taken as read – The report provided an update on discussions undertaken with the Beulah community representatives. The team will continue to work with the community on a number of maintenance matters to be addressed at Beulah.</p>	
<b>5.0</b>	<b>Governance &amp; Leadership</b>	
5.1	<p><b>Casual board of directors' recruitment round – update</b> Covered earlier in the Agenda at item 3.1</p>	Board Chair
<b>6.0</b>	<b>Finance report</b>	
6.1	<p><b>Finance report from Hendrick Barnard</b> It was noted there was a small surplus of funds from the 2022/23 financial year. The high usage and expense of agency staff throughout the year contributed to RNH having very high expenditure. Health Generation incurred expenses of \$115k for providing experienced nurses in Hopetoun. The finance forecast is due to the department at the end of this quarter.</p>	Executive Manager Finance & Admin
<b>7.0</b>	<b>Our Team</b>	
7.1	<b>Wellbeing, Diversity, and Inclusion Officer report - for noting</b>	
<b>8.0</b>	<b>Our Care</b>	
8.1	<p><b>Commonwealth Home Support Program (CHSP) update presentation and report</b> Jenni (CEO) reported the CHSP was taken over by RNH from the Yarriambiack Shire, including meals on wheels. Nine new staff members were employed by RNH with some staff transitioning over from the Shire. Jenni noted all service recipients were informed of the transition over the phone. She also noted the value of having staff known to service recipients continuing to provide their care.</p> <p>The Board acknowledged what an incredible feat it was to have completed the transition in such a short amount of time and that it was an absolute credit to the team.</p>	CEO
<b>9.0</b>	<b>Our Partnerships</b>	
	<p><b>Partnership with VMO &amp; DMS (see at item 4.1 report)</b> RNH are currently trying to recruit a DMS to support the Visiting Medical Officers and RNH.</p>	CEO
<b>10.0</b>	<b>General business and questions from the community</b>	
	<p>GRHA Tax Invoice for \$124,474.94 – for Board approval</p> <p><b>Motion: The Board approved the GRHA tax invoice in the amount of \$124,474.94 for payment. All in favour</b></p> <p><b>Provider Operating Report for completing Clinical Governance Attestation Statement – for endorsement and approval.</b> The Attestation Statement is new under the Aged Care Reform. It includes the identification of key personal including board directors and executive whom are required to have undertaken regulatory background checks including police checks and NDIS checks.</p>	B.O.D



**Minutes**  
**Open Board Meeting**  
**Tuesday 26 September 2023**

	<p>Clinical Governance Attestation Statement – directors consider and approve the statement each year. A discussion is tables at the clinical governance committee prior to discuss any concerns.</p> <p>The Clinical Governance Committee Chair acknowledged on behalf of the committee she was satisfied all standards have been met, and recommended the Board Chair sign the attestation and be cosigned by the CEO.</p> <p><i>Motion: The Board agreed with the recommendation to sign the clinical governance attestation. The Board Chairperson is to complete and sign the attestation statement and be cosigned by the CEO. All in favour.</i></p>	
<p>10.1</p>	<p><b>Correspondence in for noting</b> Delivering high quality healthcare - Victorian Clinical Governance Framework (Item 10.1 attached). Noted the board chair shared the Victorian Clinical Governance Framework training papers, including the role and responsibilities of Board and CEO with directors and the CEO.</p>	
<p>11.0</p>	<p><b>Meeting closed - 4:55pm</b></p>	
<p>1.0</p>	<p><b>Community Question Time</b></p>	
	<p><b>Questions from the community</b> Community members were provided an opportunity to raise questions and voice concerns. In summary these included:</p> <ul style="list-style-type: none"> <li>• Staffing issues at Hopetoun campus, why are staff leaving?</li> <li>• The GPs frustration when he can't admit to acute beds and the concern he might leave town</li> <li>• The high level of expenditure on agency staff</li> <li>• The ongoing diversion of urgent care and the lack of emergency response should something happen</li> </ul> <p>Directors and the Executive expressed:</p> <ul style="list-style-type: none"> <li>• the board and executive are committed to re-opening Hopetoun Urgent Care when it is safe to do so.</li> <li>• the lengths being taken to recruit permanent staff at a time of global healthcare shortages</li> <li>• the difficulty recruiting both permanent and agency staff to Hopetoun</li> <li>• the challenges to recruit agency staff to the area when they can get work closer to home and don't need to travel</li> <li>• the need to ensure succession plans are in place for all GPs in the RNH catchment</li> <li>• commitment to strengthen the relationships between RNH and the GPs in the region</li> </ul>	

## Board of Directors Meeting – Tuesday 27 August 2024

<b>Prepared by:</b>	<b>John Aitken – Board Chairperson</b>	<b>Date:</b>	Tuesday 27 August 2024
<b>Responsible person:</b>	<b>John Aitken</b>	<b>Item Number:</b>	<i>Item 3.1</i>

## Chairperson Report – 27 August 2024

### Report:

Thank you for the opportunity to provide the August Chairperson report. Please note this report is prepared the week prior to the board meeting, so apologies if the content isn't 100% current.

### 1. CEO

Jenni and I have met twice in the last month. The most common theme of our discussions is the provision of quality care. We have recently been reaccredited for three years, but we know that there are challenges in maintaining quality care particularly in staff rostering across RNH. However, with new recruitment of nursing staff we are now planning to open more aged care beds in coming months, which will help to meet community demand.

### 2. Board composition and training

This month sees the first face to face meeting of our new 2024-25 board and I would like to welcome Jan Fisher back to Yarriambiack Shire and her new role as a board member at RNH. At this month's board meeting there will be a proposal from Cathy Balding for a second round of training for the board and leadership group to implement a point of care focused quality system at RNH. Several board and leadership team members are currently enrolled in the Safer Care Victoria Clinical Governance workshops which is a two-stage workshop program.

### 3. Strategic Planning

We now have the final recommendations of the Expert Advisory Committee on Health Service Planning in a 179-page report. The key recommendations are to develop 11 Health Service Networks, six metropolitan and five rural, RNH would be in the Grampians Health service Network.

Each Network is a geographically defined grouping of health services, responsible for:

- meeting their communities' care needs as close to home as possible.
- supporting more equitable and consistent care for patients
- increasing consistency of quality and safety of care
- strengthening workforce attraction, retention, and support

The networks will begin operation on July 1<sup>st</sup>, 2025, prior to this there will be a consultation process, later this year, to allow Health services to respond and submit feedback on the proposed Network design. We are expecting confirmation of this process in the coming weeks.

### 4. Other business

Since the last board meeting, I have attended Christmas in July lunches in both Hopetoun and Warracknabeal. I was impressed by our team's willingness to embrace these events dressing up for the occasion and sharing their enthusiasm with our residents, patients and PAG clients. Both lunches were delicious, and I congratulate the organisers for providing an enjoyable experience to brighten up our winter and boost morale.

**Open Board Meeting – Tuesday 27 August 2024**

<b>Prepared by:</b>	Jenni Masters, CEO & Executive team	<b>Meeting Date:</b>	Tuesday 27 August 2024
<b>Responsible person:</b>	Jenni Masters, CEO	<b>Agenda Item Number:</b>	Item 4.1

**Board Summary / Agenda Item**

**Title: CEO & Executive Report**

To provide the Board of Directors with a high-level update on activity and strategic progress over the past month.

**Chief Executive Officer – Jenni Masters**

**Our Team:**

The Executive met this month to discuss the 2024/2025 Operational Plan. The 2024/2025 Operational Plan will be presented to the Board in September.

We continue to recruit at a pace and are now recruiting into clinical roles such as RNs and Allied Health staff. This month’s Corporate Orientation included 4 RNs (one in Hopetoun), 1 EEN, 1 Community Intake Nurse, 1 Dietician, 1 Exercise physiologist and an environmental team member.

Maree Bell, IPC Nurse, retired this month. Maree had been with RNH for 24.5 years, and at her farewell staff member spoke of her influence on them as young nurses. Thanks to the significant work by the team, we have a new IPC Nurse in place which allowed for a hand over.

David Siddall will formally retire late September 2024. Dave has provided expertise in the environmental services leading significant improvement to RNH. In the interim the Environmental Directorate will be under the purview of Hennie Barnard as we take time to consider the Executive Structure.

**Our Partnerships:**

This month I have:

- Met with Tammy Smith, CEO Yarriambiack Shire as per our regular meeting. We are working in partnership to consider options for housing and community services.
- Attended regular Grampians Health Service Partnership (HSP) meetings and Grampians Health Alliance.
- Connected with CEOs from neighboring health services including Ritchie Dodd from West Wimmera Health Service, Trevor Adem CEO East Wimmera Health Services and Merryn Pease CEO Beaufort and Skipton Health Services.
- Met with Neighbourhood House in Warracknabeal to discuss community services.
- Attended the Health Services Plan Report release by the Department of Health
- Attended the Small Rural and Multipurpose Health Services CEO Meeting with the Department of Health
- Met with the Warracknabeal Playgroup in August - the first ‘young family’ group as part of the Partnering with Consumers work, and further widening the diversity of the voice we hear.

We had our first Performance Meeting for 2024/2025 with the Department on 27 August 2024.

**Our Care**

We received our 3-year accreditation aged care certificates for both Yarriambiack Lodge and Hostel and are in the last stages of the accreditation process for RNH acute and urgent care services under the National safety and Quality Health Standards. See item 8.1.2 for the accreditation results.

Hopetoun has a new RN with two more arriving in the next few weeks. The DON has been investigating models for Urgent Care, engaging with other rural health services and AV. In October we will complete a series of community engagement meetings to hear from a diverse range of voices what is important for Urgent Care in Hopetoun. We will also be looking at training requirements of the team and the new RNs.

## Executive Manager Finance & Administration (Hennie Barnard)

### Our Team

As reported in the July Board meeting, we have recruited a graduate financial accountant that will take up the position on 2 September. We are still fortunate to have the previous incumbent available on a casual basis for another 6 weeks to assist in training the new staff member.

The interim external audit has taken place and final external audit is scheduled for 2 September for 2week period.

As you are aware the Department of Health has announced that they will inject additional funds into the health system, but no indication of how the additional funds will affect RNH has been communicated yet. The earliest indication is we will be advised towards the end of August 2024. For that reason, the RNH 2024/2025 budget is yet to be finalised.

The attestation that must be lodged at the Department of Health on 15 September was presented at the Finance and Audit Committee for their approval in August.

As part of managing the broader team in the interim, we have started discussing with the Environmental team to embark on a multiskilling program, as well as re visiting the structure of the wider Environmental team.

The computer-based program Chefmax with data from West Wimmera has been installed in the past week, and training in the use of the program will start on 26 August. It is envisaged that it will reduce the work involved in creating new menus for the residents and Yarri café.

### Our Partnerships

I have attended weekly meetings with healthcare CFOs, and the focus of all the meetings are about the Department of Health's budgets for the coming year. As mentioned, the Department has announced additional funding for the health sector, but as no details are available the regional health agencies are all struggling to enable their budgets to conform to current funds.

## Executive Manager People, Culture & Safety (Glenn Hynes)

### Our Team:

Budget vs EFT and available variance. **Red depicts over budget EFT**, black depicts under budget EFT. Please note that this is still based on 23/24 budget as the new 2024/2025 budget is yet to be finalised.

	Cost Centre	Budgeted FTE	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Variance between Budgeted and Actual FTE
Warrack Acute	A0852	14.71	16.11	16.77	14.03	14.25	14.25	0.45
Community Nurses	F0702	3.97	4.56	4.23	4.32	4.69	4.69	-0.72
Other Services (CHSP)	F0902	0	4.82	4.47	4.8	4.48	4.48	-4.48

Yarriambiack Lodge Host	J0002	39.48	31.25	28.47	26.95	27.66	27.66	11.82
Hopetoun Hostel	J0003	17.97	16.71	17.12	17.72	18.49	18.49	-0.52
Yarriambiack Lodge Nurse	J2002	0	-	0.09	0.16	0.47	0.47	-0.47
Leisure Lifestyle&Rehab	J2011	12.24	6.33	5.74	6.81	6.23	6.23	6.01
Beulah PAG	J5002	0	0.11	0.14	0.16	0.22	0.22	-0.22
760 Hopetoun Day Centre	J5003	0.42	0.71	0.59	0.69	0.46	0.46	-0.04
Warrack Day Centre	J5004	3.39	3.37	3.25	3.41	3.65	3.65	-0.25
Health Promotion/Prevent	L0002	1.34	0.23	0.92	1.08	1	1	0.34
Allied Health	N2002	17.12	11.91	12.1	13.05	14.21	14.21	2.91
Warrack CSSD	P0002	1	3.46	2	2.07	1.93	1.93	-0.93
Quality and Education	P0602	1.5	3.78	3.86	3.89	3.84	3.84	-2.34
Clinical Services	P0652	2	1.63	0.96	1.63	1.58	1.58	0.42
Warrack Environmental	R0002	40.05	37.33	33.93	37.24	40.11	40.11	-0.06
RNH Maintenance	R0302	5.74	6.69	7.25	7.02	7.11	7.11	-1.37
RNH Admin	R1002	5.03	5.58	5.01	4.9	5.65	5.65	-0.62
Hopetoun Admin	R1004	1.84	2.52	1.44	1.15	0.88	0.88	0.96
Executive Management	R1802	5.43	5.68	5.61	5.53	5.26	5.26	0.17
RNH Finance	R1852	6.21	7	6.02	5.18	5.03	5.03	1.18
People & Culture	R1952	5	4.61	4.6	5.06	4.2	4.2	0.8
Marketing & Communications	R2310	0	1	1	1	1	1	-1
Education		4.7	3.48	3.48	3.48	3.48	3.48	1.22
RNH Supply	R2602	1.34	1.84	1.62	1.86	1.86	1.84	-0.50
<b>Total</b>		<b>185.78</b>	<b>180.72</b>	<b>170.68</b>	<b>173.19</b>	<b>177.78</b>	<b>177.77</b>	<b>12.74</b>

For a summary of the 2023/2024 recruitment, termination and staff turnover see item 7.1

### Executive Manager Clinical Services (Joseph Bermudo)

#### Our Team:

We continue to recruit in the clinical directorate, with a series of clinical staff to commence work over the next 3 months. This includes RNs, ENs at both Warracknabeal and Hopetoun.

#### Our Partnerships:

The meetings to upgrade of our electronic medication management system (EMMS) has recommenced on 23/08/24. This is to ensure that the EMMS in Yarriambiack Lodge is fully electronic. This will help in the safe administration of medications to the residents. We are aiming at completing this project in October with a plan of rolling this out in Hopetoun by the end of this year.

I have attended the following meetings as part of our effort of strengthening partnerships in the region:

- I attended the Nurses and Midwives Reference group on 15/07/24.
- I attended the Restrictive Practices meetings with the Department of Health Aged care support team on 25/07/24 and 06/08/24.
- I attended the Grampians Region Residential in Reach (RiR) Redesign Workshop on 01/08/24. Rural Northwest Health designed the RiR Model of Service Delivery together with representatives from Grampians Health.
- We had an onsite visit by the Federal Department of Health on 06/08/24 to discuss the different issues and challenges faced by Rural Health Services. The Department of Health delegates enjoyed their visit and have given a few resources around grants that Rural Northwest Health can apply for.
- I attended the Enterprise Agreement Implementation Forum for the Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Agreement 2024-2028 ('Proposed Agreement') on 08/08/24.

#### **Our Care:**

We had an RSV (Respiratory Syncytial Virus) outbreak in Hopetoun on 11/08/24. Three residents have tested positive for RSV. The following actions were completed during this outbreak:

- Affected residents were isolated to prevent further spread of the virus.
- Infection Control: Enhanced infection control measures, including the use of PPE, frequent handwashing, and surface disinfection, were strictly enforced.
- Staffing: Adjustments were made to ensure continuity of care, while minimizing the risk of cross-contamination between staff and residents.
- Communication: Families of the affected residents were informed, and regular updates were provided to them. Staff were briefed on the situation and the necessary precautions. Monitoring: We have closely monitored all residents and staff for any new symptoms.
- We worked collaboratively with the Grampians Public Health Unit to manage this outbreak. The outbreak was stood down on 19/08/24. No further cases were noted for both staff and the residents.

### **Executive Manager Environmental Services – (Dave Siddall)**

#### **Our Team**

I would like to take this opportunity to thank the Environmental Services team for their support over these past 2 years it has been my privilege and pleasure to work with a truly committed team that's main aim is to enhance the lives of both our residents and patients a like,

I would like to thank the Board for its guidance and support, and a special mention to Amanda for her kind words that meant the world to me, the Executive that have become like a family to me and of course to Jenni my CEO who has supported me to be my best and who I have enjoyed working with and for, I can say with hand on heart that it was my intention to leave Rural Northwest Health a little better than I found it, I believe I have achieved this, Thank you all, Dave S.

It has been a very busy period in the Environmental Services directorate with both planned and unplanned leave, it was gratifying to acknowledge the support provided by RNH team members who on several occasions heeded the call for help by volunteering to don gloves and aprons to assist with the washing of the dishes, pots, and pans.

#### **Our Partnerships**

On 13 August we received from Health Share Victoria a letter confirming our full compliance with Health Share Victoria's Five Purchasing Policies and the 3 stage Procurement Activity Plan this allows us to complete our annual attestation in our Annual Report with full compliance.

As mentioned at the last Board Meeting we released a limited tender for meat supplies for RNH for the next 3 years, 3 prospective tenderers were selected, Clugston Butchers our current supplier, Warrack Butchers, and Wimmera Super Meat Market in Horsham, After reviewing the 3 submissions against the selection criteria, Warrack Butchers was selected as the best choice for RNH going forward, Warrack Butchers also provided the best value for money and that as well as being a local supplier they ticked all the boxes.

The past month I have:

- Attended the People Culture & Safety Committee Meeting
- Attended the Grampians Chief Procurement Officers (CPO) Meeting.
- Attended the Grampians Region Climate Action Framework Group Meeting.
- Attended Food for Thought Webinar conducted by Older Persons Advocacy Network (OPAN)
- Attended the Climate Health Victoria Disaster Ready Fund Webinar
- Attended the Global Green & Healthy Hospitals Sustainability Meeting
- Attended the RNH Operational Planning Workshop
- Attended the Department of Health's Quarterly Performance Meeting

#### **Our Care**

Currently Bernie is working on an application to apply for the second tranche of the Aged Care Capital Assistance Program Grant for the replacement of carpet to vinyl in both of our aged care facilities as with the previous grant we would be expected to contribute 50% of the works value, the application for new vinyl makes sense as it is already on our 24-25 Capital Plan.

#### **Governance & Policies (Updating Prompt Policies and Procedures)**

Vehicle Request Authorisation Form (newly introduced form)

### **Executive Manager Community Services – (Paula Noble)**

#### **Our Team**

Our new staff have settled into their roles nicely and with the full complement of Team Leaders onboard, our Team Leader Action plan is set back into motion to continue to build stable foundations in Community Services. At present we are focussing on the systems of Community Health and strengthening the governance by addressing gaps identified in gap analysis. This work is quite extensive however is imperative to build strong governance in Community Health.

We are in the process of reviewing the Home Support Program (previously known as CHSP). This program has developed quite quickly and offers services across funding streams – not just CHSP so a name change is fitting.

I continue to receive and update service agreements we receive for external Home Care Package Providers and organisations and have ensure a consistent application of costs for service in the non-subsidised services.

#### **Our Partnerships**

I have participated in several partnership and external meetings:

- Maternity and Newborn Services,
- Maternity and newborn working group – Education
- Grampians Region Independence at Home CoP
- Grampians Region Diversity, Equity and Inclusion CoP
- RAS Assessment
- WVPHN Your care Pathway Network meeting
- HACC PYP Volunteer Program Meeting

Internally I continue to Chair the monthly Community Health meeting and Team Leaders meeting as well with meeting with my team leaders at least monthly and direct reports at least 6 weekly as well as being a member of internal, Morbidity and Mortality Committee and Medication Advisory Committees.

**Our Care**

As our Allied Health team grows, we see that new staff bring great ideas and we are starting to talk about how we provide services across the lifespan. There is a level of commitment from the Allied Health team to look into other programs that would improve the health outcomes of our community. We are listening to the feedback given to Jenni Masters during her Community Engagement Activities and have some plans for the near future about offering more innovative services.

RNH Health Promotion coordinator continues to work hard in the prevention space by providing increased screening opportunities for cancer for our community. Attached is a report outlying successes in these activities.

Home Support Program will soon start providing service type “Home Maintenance” our funding is limited and at present it is limited to 30 people receiving mowing services every 6 weeks. We were fortunate enough to receive grant funding for the equipment and we are in the process of developing an inhouse process where RNH maintenance team provides these services. The funding for these services will therefore stay in RNH and grow the maintenance team. We have applied for more funding and have been successful in moving through the first phase of the funding application.



**Open Board Meeting – Tuesday 27 August 2024**

<b>Prepared by:</b>	<b>Hendrik Barnard Executive Manager Finance and Administration</b>	<b>Meeting Date:</b>	Tuesday 27 August 2024
<b>Responsible person:</b>	<b>Hendrik Barnard Executive Manager Finance and Administration</b>	<b>Agenda Item Number:</b>	Item 6.1
<b>Board Summary / Agenda Item</b>			

**Title: July 2024 Finance Reports**

**RECOMMENDATION TO THE BOARD**

The July 2024 Finance Report is submitted to the Board, and endorsed as to completeness, reliability, and accuracy. The July 2024 Finance Report indicates an official deficit from operations of \$211,064 and an entity deficit of \$789,766 after capital revenue and depreciation for the month.

**Purpose:**

Provide the Board with an overview of the financial performance and position of Rural Northwest Health for the month ending 31 July 2024.

**Report:**

Results as a glance:

We reported a deficit from operations of \$211,064 for the month of July 2024.

Major impacts on the results include:

- ANN-AC received is \$68K under budget for the month, occupancy in line with our expectations and budget for the start of the financial year however average ANN-AC per resident is significantly lower because of lower care needs for residents in our facilities. We continue to monitor these drivers closely going forward.
- RAC Commonwealth Subsidies are above budget with \$43k due to increased admissions. Other revenue is above budget with \$40k due to CHSP services, Yarri café and Covid supplies (unbudgeted.)
- Salaries & Wages reported \$60K under budget due to FTE under budget in Warracknabeal Aged Care & Allied Health. Part of the reason for Warracknabeal Aged Care FTE being under is due to the current vacancies.
- VMO fees for the month is above budget (\$27k) due to the processing of annual retainers for Warracknabeal and Hopetoun in line with current contracts.
- Employee entitlements are higher than budget, that is a provision for long service expense based on rates that the Department provide monthly, and the long service balances – so a book entry to provide for future long service expense, not a real expense in the current month.
- Other significant variances include:
  - Food supplies and Domestic supplies - positive variance combined of \$41k
  - Administrative expense – a negative variance of \$107k, comprising of:
    - ◆ Recruitment expenses \$48k – overseas migration fees \$10.9k and Latitude recruitment fees for 12 employees the last few months
    - ◆ Compulsory savings from Department \$32k
    - ◆ Computer and technology (Grampians and Dulkeith) \$18k
    - ◆ Software licensing fees \$15k (Microsoft annual agreement – Grampians)

**OPEN BOARD OF DIRECTORS MEETING – Tuesday 27 August 2024**

<b>Prepared by:</b>	Jenni Masters, CEO & Executive team	<b>Meeting Date:</b>	Tuesday 27 August 2024
<b>Responsible person:</b>	CEO, Jenni Masters	<b>Agenda Item Number:</b>	Item 7.1

**Title: 2023/2024 Recruitment Summary**

**RECOMMENDATION TO THE BOARD**

It is recommended that the Board of Directors

- Note the summary of recruitment and termination for the 2023/2024 financial year**

**Purpose:**

The purpose of the paper is to the Board with a summary of recruitment and termination for the previous (2023/2024) financial year.

**Background**

A priority of the 2023/2024 year was building the capacity and capability of Rural Northwest Health (RNH). The RNH team have put in a significant amount of time and energy into recruitment, resulting in many new employees across the year in all departments of RNH.

**Report:**

The table below summarises both recruitment and terminations and the month-by-month turnover rate for RNH 2023/2024.

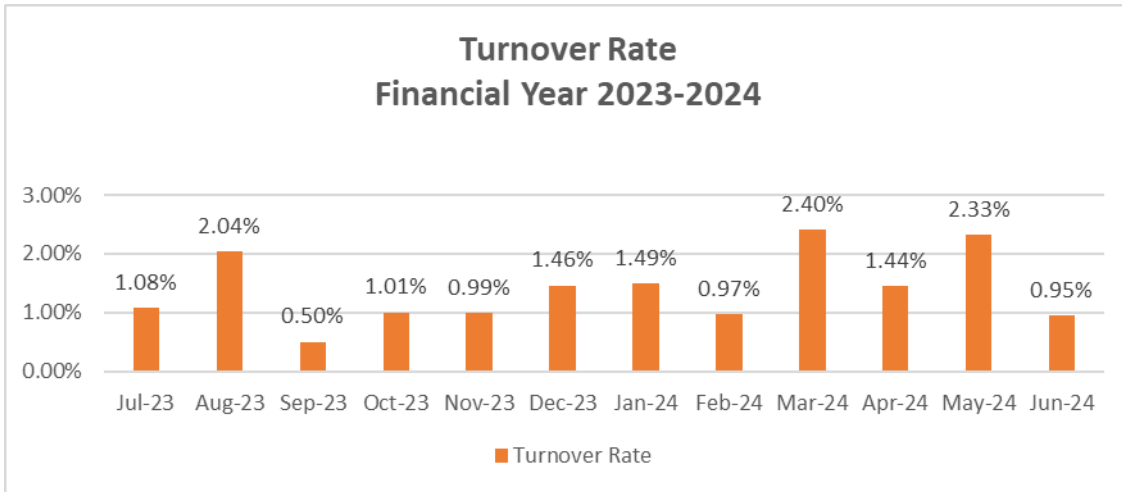
**Recruitment**

Detail	Percentage(number)	Comment
<b>Total</b>	<b>96</b>	
Clinical	45% (43)	
Non-Clinical	55% (53)	
Warracknabeal	85% (82)	Some of these roles cover across all sites
Hopetoun	15% (14)	
Permanent	67% (64)	
Casual	33% (32)	

**Termination**

Detail	Percentage (number)	Comment
Personal reasons, geographical distance, did not disclose, other employment.	28	
Clinical	60% (17)	
Non-clinical	40% (11)	
Warracknabeal	64% (18)	
Hopetoun	36% (10)	

Permanent	82% (23)	
Casual staff	18% (5)	
Geographical distance	11% (3)	
Other employment	29% (8)	
Personal reasons	46% (13)	
Did not disclose	14% (4)	



The focus on recruitment and retention continues in 2024/2025 with a number of new staff at different places in the recruitment process, including overseas candidates.

**Risk Analysis (risk category/mitigation):**

Risk description	Rating	Mitigation
Inadequate staff numbers due to recruitment issues, rural setting, poor housing options, budgets causing service delivery interruption and reportable events.	Medium	Focus on recruitment including international. Use of agency staff to ensure service delivery Proactive management of rosters Engagement of unions Review of staffing models

**Attachments**

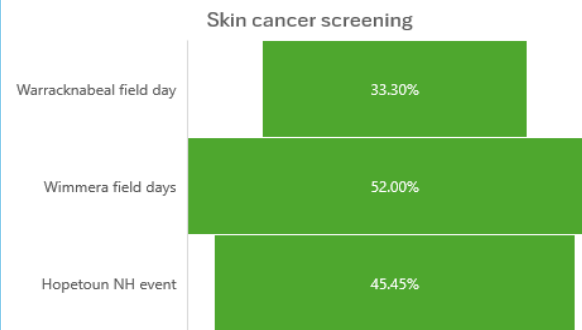
Nil



## HEALTH PROMOTION 2023-24

This one-page report shows the details of all the programs conducted by Health Promotion during the 2023-24 financial year

Health Promotion and Prevention Programs	Achievements
<p><b>3-in-1 walking programs:</b> Aim: The 3-in-1 walking program has been initiated by RNH in partnership with West Wimmera Health Services for six months as a pilot to integrate vital components of active living, and healthy eating through incentives and social connection into the community.</p>	<p>4 walking groups have been conducted over a period of 6 months:</p> <p style="text-align: center;">Chart Title</p> <p style="text-align: center;"> <span style="color: orange;">■</span> Walking group 1            <span style="color: blue;">■</span> Walking group 2            <span style="color: green;">■</span> walkig group 3            <span style="color: brown;">■</span> Walking group 4       </p> <p><b>Findings and recommendations:</b></p> <ul style="list-style-type: none"> <li>• There is a significant decrease in number of people participating in the program.</li> <li>• Dovetail the components of social prescribing and snowballing in for recruiting individuals to walk groups and to ensure the sustainability of the program.</li> </ul>
<p><b>Vic Kids Eat Well and Achievement Program:</b> Aim: improving the food and drinks environments of target organizations where Victorian Kids and families spend their time and to create a positive and healthy school environment.</p>	<ul style="list-style-type: none"> <li>• The health promotion coordinator has been enrolled and accepted as a health promoter for Vic Kids Ear Well and Achievement Program.</li> <li>• One school has newly enrolled in Vic Kids Eat Well.</li> <li>• Two schools have newly joined the Achievement Program.</li> </ul>
<p><b>Workplace Achievement Program and Healthy Choices: Policy Directive</b> Aim: create a workplace that promotes health and healthy behaviour.</p>	<ul style="list-style-type: none"> <li>• Reviewed and developed new posters to be placed at the toilet doors.</li> <li>• Added the updated and new menu to the food checker to ensure the menu follows the healthy eating policy directive.</li> <li>• The Health Promotion team is in the process of analysing the benchmarks achieved by the RNH to develop strategies to attain all-round development in the five health areas.</li> </ul>
<p><b>Cancer Awareness, Support, and Early Detection:</b> Aim: Raising awareness of the prevalence of cancer, including those overlooked and neglected cancers prevalent in Yarrambiack Shire, with a particular focus on early detection of breast, bowel, lung, prostate, and melanoma.</p>	<p>Assisted with nine support groups, conducted three skin cancer screenings, one initiative to increase accessibility to breast screen, and one cancer awareness session so far. A needs assessment was also performed as part of this program to analyse the barriers of the public to attending the population-based screening.</p> <p><b>Results:</b></p>



**Skin cancer screening:**

33.30% of the participants of the skin cancer screening at Wimmera field days, 42% of the participants of the skin cancer screening at Warracknabeal field days, and 45.45% of the participants at the Hopetoun Neighbourhood house event have tested positive for some type of skin condition that needed further evaluation and medical intervention.

**Breast screen bus:**

A total of 8 people booked for the breast screening and through this project we transported 4 people from Hopetoun and Beulah to the Breast Screen in Horsham who had limited access to breast screen due to underlying illness or other conditions.

**Cancer Awareness:**

A cancer awareness session was conducted as part of the Curry Night. A total of 72 participants attended the curry night and a specialist in Oncology with more than 10 years of experience in Oncology presented the warning signs of different types of cancers.

**Cancer Support Group:** The CASED project has supported more than 9 cancer support groups.

- A cancer calendar has been developed.
- 6 screens have been installed at 6 locations in Warracknabeal, Beulah, and Hopetoun.
- The project is in the testing phase.

**Wellness Walls:**

Aim: The main aim of the digital screen was to improve health awareness and health literacy in our community and normalise cancer screening behaviour. The project also aims to empower individuals to take ownership of their own health through improved decision-making

Open Board Meeting – Tuesday 27 August 2024

<b>Prepared by:</b>	Jenni Masters CEO Joseph Bermudo, Executive Manager Clinical Services Odette Richards Quality and Risk Manager	<b>Meeting Date:</b>	Tuesday 27 August 2024
<b>Responsible person:</b>	CEO, Jenni Masters	<b>Agenda Item Number:</b>	Item 8.1.2

**Title: Aged Care and National Safety and Quality Health Care Standards Accreditation Results**

**RECOMMENDATION TO THE BOARD**

It is recommended that the Board

1. **NOTE** the final aged care accreditation report at Warracknabeal has been received.
2. **NOTE** the granting of 3-year accreditation for aged residential care in Warracknabeal.
3. **NOTE** we are in the final processes for 3-year accreditation against the National Standards across RNH.

**Purpose:**

The purpose of the paper is to keep the Board well informed of the results of the

1. Aged Care Accreditation that was completed for Yarriambiack Lodge Nursing Home and Yarriambiack Lodge Hostel and
2. National safety and Quality Health Care Standards accreditation across Rural Northwest Health (Acute and Urgent Care services).

**Background:**

A site audit was completed by the representatives of the Aged Care Quality and Safety Commission on 15/05/24 – 17/05/24 at Warracknabeal. The accreditation team was comprised of three members from the Commission. The accreditation was completed for our aged care facilities specifically Yarriambiack Lodge Nursing Home and Yarriambiack Lodge Hostel. We were accredited against the Aged Care Quality Standards.

A site audit was completed by representatives of the Department of Health on 12 – 14 June 2024 across RNH. The accreditation was completed for our Acute and Urgent Care Services in both Warracknabeal and Hopetoun. We are in the final processes for accreditation against the National Safety and Quality Health Care Standards.

**Report:**

Aged Care Quality Standards

We received the final report for the aged care accreditation on 12/07/24. The decision was based on the performance report, assessment team report, compliance history in relation to the services provided and other materials supplied to the Commission such as the Continuous Improvement Plan pertaining to Restrictive Practices specifically Environmental restraint. The decision and performance report were prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner.

The Aged Care Quality and Safety Commission has decided to grant an accreditation period of 3 years. The next application for re-accreditation will be due on 26/02/27.

**The final report included some commentaries such as:**

- Most consumers and their representatives interviewed provided positive feedback in relation to the service, care delivery and staff.
- The Assessment Team interviewed 32 consumers and/or representatives out of the 44 who reside at the service, during the Site Audit and their feedback is reflected in the site audit report. Consumers and representatives expressed the care, support and services provided were generally meeting the consumer's needs, consumers were assisted to live the life they chose, they were engaged in the evaluation of care and services and provided with additional opportunities to inform improvement.
- The service's compliance against the Quality Standards in the last period of accreditation and its history of compliance against these Standards and the previous Accreditation Standards have been considered. It was noted that the service, was found compliant with these Quality Standards during previous performance assessments.
- The report recognised the plan in place to address issues of environmental restrictive practice.

#### National Safety and Quality Health Care Standards

We are in the final stages for accreditation against the National standards. The final decision will be based on the performance report, assessment team report, current improvement plans in place and other materials supplied to the auditors. A final meeting with the auditors is planned for 10 September 2024.

#### **Attachments**

Nil

**Open Board of Directors Meeting**

<b>Prepared by:</b>	Jenni Masters, CEO	<b>Meeting Date:</b>	Tuesday 27 August 2024
<b>Responsible person:</b>	Jenni Masters - CEO	<b>Agenda Item Number:</b>	Item 10.0

**Board Summary / Agenda Item**

**Title: Provider Operating Reporting**

**RECOMMENDATION TO THE BOARD**

That the Board of Directors will complete the requirements for the Provider Operations reporting by the Board Chair completing the attestation.

**Purpose:**

To provide background information for the Board of Directors to understand the requirements to complete the requirements for the new Provider Operations reporting.

**Background**

Following recommendations made in the Final Report of the Royal Commission into Aged Care Quality and Safety, the Department of Health and Aged care are changing provider governance arrangements. Changes are to improve the quality and transparency of aged care services. These changes came into effect from 1 December 2022 and apply to providers of residential care, home care and flexible care services. This change is the requirement for providers to report annually by the 31<sup>st</sup> of October for the previous financial year on key governance aspects of the organisation.

**Report**

Residential care and home care providers must provide the following information through the Provider Operations Collection Form (Collection Form), in GPMS, to the Department:

- A statement signed by the governing body that the provider complied with its duties under the aged care legislation, and if not, why and what is being done to fix this.
- Diversity information on:
  - ❖ Whether the providers' governing body includes representatives from Aboriginal and/or Torres Strait Islander, disability, gender diverse and cultural and linguistically diverse communities.
  - ❖ Key things done to support a diverse and inclusive environment for care recipients and staff at each service.
- The most common kinds of positive feedback and complaints received by each service
- Key improvements made at the service in response.
- Governing body membership - Information about whether the provider:
  - ❖ has a majority of independent members and a person with clinical experience on their governing body, or
  - ❖ has an exemption from this responsibility.
- Key personnel - Any individual who holds an executive position in the organisation (such as the CEO).

RNH will require the commitment of all Board of Directors to complete this annual attestation. To note that consent must be given by all Board Directors and executives to provide information to the Department (such as any directors who wish to declare an identification of being diverse) as this information will be displayed on the My Aged Care portal.

This information includes the signed Key personnel annual declaration with the Aged Care Suitability criteria statutory declarations of Directors.



**Attachments**

Attestation statement template  
Governing body attestation statement fact sheet

**Affix your organisational logo or letter head here**

This attestation statement  
is made by

---

*Name of office holder/member of Governing Body*

Holding the position/office  
on the Governing Body

---

*Title of officeholder/member of Governing Body*

For and on behalf of the  
governing body titled

---

*Governing body's title (the Governing Body)*

---

*Health service organisation name (the Organisation)*

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture.
2. The Governing Body has fully complied with, and acquitted, any Actions in the National Clinical Trials Governance Framework, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture
3. In particular I attest that during the past 12 months the Governing Body:
  - a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation
  - b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers
  - c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community
  - d. has endorsed the Organisation's current clinical governance framework
  - e. has endorsed the Organisation's current clinical trials governance framework
  - f. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians
  - g. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services, including clinical trial services.
  - h. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.

4. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
5. I have the full authority of the Governing Body to make this statement.
6. All other members of the Governing Body support the making of this attestation statement on its behalf (*delete if there is only one member/director of the governing body*).

I understand and acknowledge, for and on behalf of the Governing Body, that:

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme
- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s
- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using the National Clinical Trials Governance Framework under the Scheme
- specific Actions in the National Clinical Trials Governance Framework concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

Signed

---

Position

---

Date

---

Counter signed by the Health Service Organisation's Chief Executive Officer (however titled)

Signed

---

Position

---

Name

---

Date

---

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Address

## Template with instructions: Governing Body's Attestation Statement under the AHSSQA Scheme

### Affix your organisational logo or letter head here

This attestation statement  
is made by

---

*Name of office holder/member of Governing Body*

Holding the position/office  
on the Governing Body

---

*Title of officeholder/member of Governing Body*

For and on behalf of the  
governing body titled

---

*Governing body's title (the Governing Body)*

---

*Health service organisation name (the Organisation)*

*Note: Where a governing body is responsible for more than one health service organisation, a schedule of all organisations to be covered by this attestation statement may be attached and this section annotated: "See Schedule attached".*

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture.
2. The Governing Body has fully complied with, and acquitted, any Actions in the National Clinical Trials Governance Framework, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture

*Note: Point 2 refers to health service organisations providing clinical trial services. Where the service does not conduct clinical trials, point 2 above can be crossed out and initialled by the office holder who signs this attestation statement.*

3. In particular I attest that during the past 12 months the Governing Body:
  - a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation
  - b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers

- c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community
- d. has endorsed the Organisation's current clinical governance framework
- e. has endorsed the Organisation's current National Clinical Trials Governance Framework

*Note: Point e refers to health service organisations providing clinical trial services. Where the service does not conduct clinical trials, point e above can be crossed out and initialled by the office holder who signs this attestation statement.*

- f. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians
  - g. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services, including clinical trial services
  - h. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.
4. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.

*Note: Some organisations can apply for Action 1.2 to be considered not applicable, see Advisory AS18/01. Where not applicable status is granted for Action 1.2, point 2 above can be crossed through and initialled by the office holder who signs this attestation statement.*

5. I have the full authority of the Governing Body to make this statement.
6. All other members of the Governing Body support the making of this attestation statement on its behalf (*delete if there is only one member/director of the governing body*).

*Note: Where there is only one member / director of the governing body. Point 4 above can be crossed through and initialled by the office holder who signs this attestation statement.*

I understand and acknowledge, for and on behalf of the Governing Body, that:

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme
- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.
- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using the National Clinical Trials Governance Framework under the Scheme
- specific Actions in the National Clinical Trials Governance Framework concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

*Note: Point 3 and 4 refer to health service organisations providing clinical trial services. Where the service does not conduct clinical trials, point 3 and 4 above can be crossed out and initialled by the office holder who signs this attestation statement.*

Signed

---

Position

---

Date

---

Counter signed by the Health Service Organisation's Chief Executive Officer (however titled)

*Note: The signature can be a group Chief Executive Officer (CEO) or facility CEO. This should be specified under "Position title". Obtaining a CEO signature may not always be feasible so an alternative officer may be nominated by the Governing Body and their position title specified in the signature block.*

Signed

---

Position

---

Name

---

Date

---

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Address

*Note: Add as many lines as necessary to cover all of the facilities covered by this attestation statement.*