

LIMESTONE COAST LHN GOVERNING BOARD MEETING MINUTES

Meeting Date: 26 April 2022 11:30am – 3:45pm

Location: Microsoft Teams - Video Conferencing

Acknowledgement of Country: Limestone Coast Local Health Network acknowledges Traditional Custodians of Country throughout the region and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures; and Elders past and present.

Board Members: Chair: Grant King (GK)
Lindy Cook (LC)

Andrew Birtwistle-Smith (ABS)
John Irving (JI)

Glenn Brown (GB)
Dr Anne Johnson (AJ)

Dr Andrew Saies (AS)

Members: Ngaire Buchanan (NB)
Tjaart van der Westhuizen (TV)

Dr Elaine Pretorius (EP)
Angela Miller (AM)

Dr Darren Clarke (DC)
Hannah Morrison (HM)

Akhil Kapoor (AK)
Alex Govan (AG)

Guests: Kelly Borlase (KB), Project Manager Keith and District Hospital Transition, LCLHN
Jane Goode (JG), Senior Project Officer, Rural Health Workforce Strategy
Peter Brookman (PB), Chair, Keith and District Hospital Board

Secretariat: Emily Baker, Senior Administration Officer, Governance & Planning

1. IN CAMERA SESSION

IN CAMERA SESSION – 11:30am – 12:00pm

2. MEETING OPENING

Item	Topic	Discussion
2.1	Acknowledgement of Country	GK provided an Acknowledgement of Country.
2.2	Apologies	An apology was provided for Ngaire Buchanan, Chief Executive Officer (CEO), Limestone Coast Local Health Network (LCLHN), and Andrew Birtwistle-Smith (ABS), Governing Board Member, LCLHN. It was noted Dr Elaine Pretorius (EP) Executive Director of Medical Services (EDMS) was attending in her capacity as Acting Chief Executive Officer (A/CEO), LCLHN and proxy for NB. It was noted Dr Andrew Saies left the meeting at approximately 1:30pm.
2.3	Introduction	GK provided an introduction to the meeting of the LCLHN Governing Board.

2.4	Director Conflict of Interest Disclosures	Nil Conflicts of Interest (COI) were disclosed.
2.5	Confirmation of previous meeting minutes and actions	<p>The minutes of the meeting held on 28 March 2022 were noted and were accepted as a true and accurate reflection of the meeting held, subject to the following addition at Item 12.1 – Other Business:</p> <ul style="list-style-type: none"> “It was noted that the first meeting of the LCLHN Corporate Governance Committee (CoGC) had been held in late March 2022, and the CoGC sub-committees had also commenced meetings, including the first meeting of the Facilities and Asset Management Committee.” <p>The consolidated actions list was noted, and an update was provided on recent activity.</p>
3. BOARD CHAIR REPORT		
3.1	Report from Grant King, Board Chair	<p>GK provided an overview in relation to key topics discussed during a recent meeting held with the various LHN Chief Executive Officers (CEOs), Governing Board Chairs and the Minister for Health and Wellbeing (MHW), including:</p> <ul style="list-style-type: none"> A focus on election commitments, including the need to address issues relating to ramping in metro areas. The desire for a system wide approach to performance, planning and strategies across SA Health, and placing an emphasis on culture and leadership at all levels. A change in process for engaging with stakeholders at a local level to foster increased collaboration with the MHWs office. Confirmation the reported findings from an independent review of current governance arrangements under the Health Care Act were anticipated to be circulated to LHNs in early June 2022.
4. LIMESTONE COAST LHN REPORTS		
4.1	CEO Report a) General update	<p>The CEO Report – General Update was noted, and key topics from the report were discussed, including:</p> <ul style="list-style-type: none"> Acknowledgement of a new Head to Health mental health service to be established in the region, an initiative of the Primary Health Network (PHN), providing support for consumers with moderate mental health conditions and anticipated to complement services delivered by local GPs for consumers with less severe conditions, and also services delivered by the LHN for consumers with more severe conditions. Challenges experienced with negotiating formal arrangements between the LCLHN and metro LHNs, Southern Adelaide Local Health Network (SALHN) and Women's & Children's Health Network (WCHN), with the partnerships intended to support regional LHNs to alleviate medical workforce pressures. Work progressing to support recruitment to critical medical and nursing vacancies, including:

		<ul style="list-style-type: none"> o Negotiations on the rotation of junior medical staff from metro sites, to be rostered at the Mount Gambier and Districts Health Service (MGDHS), including the provision of accommodation within remuneration packages. o Planning in progress to work towards accreditation for training positions at the MGDHS Emergency Department (ED), and in the Medical Ward, as a mechanism to attract junior medical staff and to create a culture supporting ongoing education. o Consideration of a marketing strategy to showcase the health profile of the Limestone Coast population, and to highlight the unique demographics, location and distance from metropolitan health services, as well as the ongoing increase in demand for services in the region. <p>The potential risks associated with ongoing increased activity above commissioned levels, and proposed mitigation strategies, were discussed.</p> <p>RESOLUTION</p> <p>The Governing Board confirmed support for the LCLHN executive to introduce immediate mitigation strategies to alleviate current pressures felt across the system, as a result of an imbalance between demand for services and workforce availability.</p> <p>Additionally, the Governing Board resolved to invest in the introduction of key roles to support long term organisational development of the LHN, and to further alleviate workload pressures felt in current strategic leadership roles, with a request for the executive group to develop a defined report for consideration.</p>
	b) Performance Reporting Summary February 2022	<p>The Chief Finance Officer (CFO) provided a summary of key points from the February 2022 Finance Report, including:</p> <ul style="list-style-type: none"> • The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$12.0m unfavourable to budget, noting a deterioration of \$0.2m from the previous reporting period. • Key elements for consideration from the EOY forecast included: <ul style="list-style-type: none"> o \$7.0m in relation to COVID-19 costs. o \$ 2.1m in relation to the Mount Gambier Private Hospital (MGPH). o Funding shortfalls within the proposed 2021-22 budget: <ul style="list-style-type: none"> ▪ \$ 0.5m in relation to Bordertown. ▪ \$ 0.6m in relation to Nurse Practitioner positions. o \$ 4.1m in relation to Emergency Department (ED) activity, attributed to high activity levels, high locum usage and diagnostic services costs. o \$1.3m in relation to Residential Aged Care (RAC) revenue underperformance. o Favourable results alleviating a portion of the cost pressures: <ul style="list-style-type: none"> ▪ (\$1.5m) in relation to repurposing Medical Ward beds as COVID Ward beds.

		<ul style="list-style-type: none"> ▪ (\$0.8m) in relation to Home Care Package (HCP) & NDIS revenue. ▪ (\$1.1m) in relation to Country Health Connect (CHC) expenditure reduction. ▪ (\$0.2m) in relation to once off saving for salaried staff in January 2022. <ul style="list-style-type: none"> • Ongoing increased activity levels for the reporting period (excluding COVID related activity), resulting in an EOY forecasted variance of activity levels to be \$12.27m above target.
	c) Key Performance Indicator (KPI) Summary February 2022	<p>The Key Performance Indicator (KPI) Summary February 2022 was noted.</p> <p>Changes to the reporting model for the Full Time Equivalent (FTE) Summary report, with a reduced ability for refining parameters was noted, and an update was provided in relation to work progressing to address the issue.</p> <p>Results for the LCLHN relating to injury management benchmarked against other LHNs and divisions of Department for Health and Wellbeing (DHW) were discussed, and an overview was provided in relation to the robust processes in place to review and address each event.</p> <p>Trends from Aged Care Reporting were discussed, including:</p> <ul style="list-style-type: none"> • The need to consider funding source, resident acuity and minimum staffing ratios at various sites when looking at results comparatively. • A summary of medication management and review processes, including limitations under current arrangements with an external provider. <p>The desire for further refinement of reporting models, to collate and summarise strategies for improvement across all KPI report areas.</p>
5. COVID-19 UPDATE		
5.1	COVID-19 Update & Response	<p>An overview was provided in relation to the LCLHNs response to COVID-19, including:</p> <ul style="list-style-type: none"> • Average daily case numbers presenting at various sites across the region remaining consistent for the past few weeks. • Current restrictions under recovery phase 2, including the recent lifting of visitor restrictions at health sites. • Planning in progress to develop a model of care for COVID positive patients when the Emergency Department (ED) screening marquee and the dedicated COVID Ward close.
6. KEITH & DISTRICT HOSPITAL TRANSITION		
6.1	Health Care Hub Transition Plan	<p>Kelly Borlase (KB), Project Manager Keith and District Hospital Transition, LCLHN, and Peter Brookman (PB), Chair, Keith and District Hospital Board joined the meeting to provide an update in relation to the Keith & District Hospital (KDH) Transition Plan.</p> <p>An overview was provided in relation to feedback received from the MHW regarding the progress of the transition to-date, and to request further exploration to ensure alignment of the transition plan and</p>

		<p>proposed Model of Care (MOC) to the Labor election commitment made for future investment into healthcare within the region.</p> <p>An update was provided on an upcoming meeting between representatives from the Keith and District Hospital Transition Steering Committee (KDHSC) and local MP Nick McBride, Member for MacKillop, to discuss the transition project and with arrangements to be made to meet with Minister Picton in the near future, to continue open communication with all key stakeholders.</p> <p>Acknowledgement of the significant work undertaken by KB, the collaborative approach demonstrated by the KDHSC to progress the transition plan to this point, and the extensive community consultation that had informed the proposed model of care was provided.</p>
7. GOVERNING BOARD COMMITTEE UPDATES		
7.1	Audit & Risk Committee Summary	It was noted that the last meeting of the Audit & Risk Committee (ARC) was held on 28 February 2022, with no additional updates or concerns to be noted by the Committee.
7.2	Clinical Governance Committee Summary	<p>An update was provided in relation to key topics discussed at the meeting of the Clinical Governance Committee (CGC), on 26 April 2022, including:</p> <ul style="list-style-type: none"> • Confirmation and a strong recommendation of support from the CGC to progress with recruitment of an Deputy Director of Medical Services (AEDMS) to improve the capacity and to support for the EDMS. • Work completed to address the gazettal conditions imposed by the Office of the Chief Psychiatrist (OCP) regarding Mental Health, with verbal confirmation received indicating the conditions are likely to be lifted. • Acknowledgement of a recently reported incident at Severity Assessment Code (SAC) 1, with initial investigations indicative of staff compliance with all relevant policies and practices. • An overview of cost of litigation for the LHN. • Confirmation provided, in all other aspects, the LCLHN was considered by the Committee to be Clinically Solvent. <p>It was noted that medical workforce issues were a continued concern for the Committee.</p>
7.3	Engagement Strategy Oversight Committee	<p>An update was provided following the first meeting held of the Engagement Strategy Oversight Committee (ESOC), on 29 March 2022, including:</p> <ul style="list-style-type: none"> • Acknowledgement of the contributions provided by the various Community Representatives to the Committee, with each member bringing valuable skills and experience to the table. • Work progressing with the implementation plan for the Consumer, Carer & Community Engagement Strategy (CCCES).

		<ul style="list-style-type: none"> Planning in progress for the development of the implementation plan for the Clinician & Staff Engagement Strategy (CSES).
7.4	Finance & Performance Committee Summary	<p>An overview was provided in relation to key topics discussed at the meeting of the Finance and Performance Committee (FPC), on 26 April 2022, including:</p> <ul style="list-style-type: none"> The outcome of a recent meeting between the LCLHN and the DHW to discuss the LHNs performance against the Service Agreement with confirmation provided for the LHN to maintain a rating at the top tier (Performance Level 1), and additionally that ongoing meetings to review and discuss performance would be held on a quarterly basis. Challenges faced by Board Members with interpreting the operational context and background of some reports, and with planning in progress for an education session in the near future to provide further support and improve understanding. Work progressing between the Committee Chair and Lead with ongoing refinement of reporting models.
8. MATTERS FOR DISCUSSION		
8.1	Workforce Implementation Project Plan: International Medical Graduate (IMG) Competency Framework	<p>Jane Goode (JG), Senior Project Officer, Rural Health Workforce Strategy, joined the meeting to lead a discussion regarding the Workforce Implementation Project, and to provide a presentation on the LCLHNs International Medical Graduate (IMG) Competency Framework.</p> <p>Key themes from the presentation included:</p> <ul style="list-style-type: none"> A background regarding the recruitment of IMGs to the LCLHN, and challenges and barriers experienced. An overview of the project scope, details of the consultation and development processes, and anticipated outcomes. A detailed breakdown of the framework, including key accreditation and competency benchmarks, and an overview of implementation tools was provided.
8.2	Briefing to DHW – MGDHS Maternity Services	<p>The Briefing to DHW – MGDHS Maternity Services was noted, and key issues impacting services were discussed, including:</p> <ul style="list-style-type: none"> The impact of staff vacancies in nursing and midwifery, with limitations backfilling midwifery roles due to the requirement for specialised skills resulting in the inability to fill shifts with staff from other nursing disciplines Challenges experienced with recruitment and retention to midwifery roles within the region. Contributing factors including COVID-19 positive infections in staff, sick leave and workforce fatigue, noting that staff were undertaking extended and additional shifts to fill gaps. Limited ability to seek support from other sites within the LHN without impacting services more broadly.

		<p>An overview was provided in relation to an external review undertaken of the MGDHS Maternity Service to identify key areas for improvement, including an assessment of infrastructure, and to consider current state in comparison to best practice models.</p> <p>Confirmation was provided of a planned visit to the site by the Chief Nurse and Midwifery Officer, in mid May, with current challenges to be included on the agenda for discussion, and with a tour of the MGDHS Maternity and Pediatric ward.</p>
9. MATTERS FOR APPROVAL		
9.1	Nil	N/A
10. MATTERS FOR NOTING		
10.1	LCLHN Payment Performance Report March 2022	The LCLHN Payment Performance Report March 2022 was noted.
10.2	LCLHN Late Payments of Interest (LPI) March 2022	The LCLHN Late Payments of Interest (LPI) March 2022 were noted.
10.3	Clinical Governance Committee Agenda 26 April 2022	The Clinical Governance Committee Agenda 26 April 2022 was noted.
10.4	Finance & Performance Committee Agenda 26 April 2022	The Finance & Performance Committee Agenda 26 April 2022 was noted.
10.5	Engagement Strategies Oversight Committee Minutes 28 March 2022	The Engagement Strategies Oversight Committee Minutes 28 March 2022 were noted.
10.6	RSS Governance Committee Minutes 23 March 2022 (draft)	<p>The RSS Governance Committee Minutes 23 March 2022 (draft) were noted.</p> <p>An opportunity for representatives from the LCLHN to attend an upcoming stakeholder forum, to be held in Adelaide in late May, was noted.</p>
10.7	RSS Governance Committee Minutes 23 February 2022 (approved)	The RSS Governance Committee Minutes 23 February 2022 (approved) were noted.
10.8	Briefing to DHW – GP Credentialling, Sheoak Lodge	<p>The Briefing to DHW – GP Credentialling, Sheoak Lodge was noted, and key themes from the report were discussed.</p> <p>RESOLUTION</p> <p>The Governing Board resolved to meet with the General Practitioners (GPs) located in Millicent, and to continue to focus on strengthening relationships with external service providers.</p>

10.9	Correspondence to the Minister re: Election Commitments	Correspondence to the Minister re Election Commitments was noted.
11. OTHER BUSINESS		
11.1	Any other business	<p>The benefits of having a defined nursing education program was discussed, with a program recently re-established in the LHN as a result of funding provided by the DHW for the period from 1 January 2022 – 31 December 2022, and the desire to secure funding for a more permanent solution was noted.</p> <p>An update was provided in relation to an upcoming session showcasing Nursing and Midwifery, hosted by the Office of the Chief Nurse & Midwifery, and to be held at Uni SA in Mount Gambier in late May, with confirmation provided GK and AJ would attend as representatives of the LCLHN Governing Board.</p>
12. MEETING EVALUATION AND CLOSE		
12.1	Meeting Evaluation	Jl provided an evaluation of the LCLHN Governing Board Meeting.
12.2	Next Meeting & location	30 May 2022 location to be confirmed.
12.3	Meeting Close	3:45 pm

For more information

Limestone Coast Local Health Network

Governance and Planning

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