

**LIMESTONE COAST LHN
GOVERNING BOARD
MEETING MINUTES**

Meeting Date: 27 April 2020 11.30am - 2.00pm
Location: Conference Room 4, Mount Gambier Hospital
Webex Video Conference & Teleconference

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) Glenn Brown (GB) Lindy Cook (LC) John Irving (JI) Dr Anne Johnson (AJ)
Dr Andrew Saies (AS)
Members: Ngaire Buchanan (NB) Kristen Capewell (KC) Dr Elaine Pretorius (EP) Paul Bullen (PB) Hannah Morrison (HM)
Secretariat: Angela Miller (AM), Director of Governance & Planning, Limestone Coast Local Health Network

1.	MEETING OPENING	
Item		Discussion
1.1	Acknowledgement of Country	GK provided the Acknowledgement of Country
1.2	Apologies	Nil
1.3	Introduction	GK provided an introduction to the meeting of the Limestone Coast Local Health Network (LCLHN) Governing Board in Mount Gambier and via web-based platforms to support social distancing measures during the COVID-19 pandemic.
1.4	Director Conflict of Interest Disclosures	Nil Conflicts of Interest disclosed.

1.5	Confirmation of previous meeting minutes and actions	The minutes of the meeting held on 30 March 2020 were accepted as a true and accurate reflection of the meeting and an update on actions was provided.
1.6	<p>Governing Board Legislative Checklist</p> <ul style="list-style-type: none"> a) Health Care (Governance) Amendment Act b) Governing Board Charter Volume 1 c) Service Agreement d) Annual Board Calendar 	<p>The Governing Board Legislative checklists were reviewed and the legislative compliance in relation to the Health Care (Governance) Amendment Act and Governing Board Charter Volume 1 (one) was noted. Confirmation was provided that a checklist will be developed for Governing Board requirements in relation to the 2020/21 Service Agreement and an annual Board calendar will be made available to support agenda development for the 2020/21 Financial Year.</p> <p>ACTION:</p> <p>A succinct annual self-assessment of operations, performance and capability is to be developed utilising existing tools and to assist Board effectiveness and evaluation.</p>
1.7	Correspondence to the Minister for Health & Wellbeing – Resignation of Board Member, Kerri Reilly	<p>The correspondence to the Minister for Health & Wellbeing in relation to the resignation of Kerri Reilly from the Governing Board of the Limestone Coast Local Health Network (LCLHN) was noted.</p> <p>ACTION:</p> <p>Recommendations for the Governing Board position of Aboriginal Health Expert to be forwarded to AM</p>
2.	BOARD CHAIR REPORT	
2.1	Report from Grant King, Board Chair	<p>The Governing Board Chair provided an update on the work being done within the LCLHN, the preparedness of the leadership team in response to the COVID-19 pandemic, the confidence this has instilled in the community and the positive feedback and recognition received from consumers, local government and the media. Further noted was the collaboration and support from the Metro LHNs.</p> <p>An update was provided on the continuing work with the Keith & District Hospital</p>

		and the Mount Gambier Private Hospital as well as the extension to the car park at the Mount Gambier Hospital noting an estimated 7 (seven) weeks for completion.
3.	LIMESTONE COAST LHN REPORTS	
3.1	CEO Report a) General update	<p>The report from the Chief Executive Officer, Ngaire Buchanan, the focus on the COVID-19 pandemic and the Incident Management Team (IMT) response and recovery efforts were noted.</p> <p>The prescribed pathways for the up-transfer arrangements for routine medical care were confirmed: all COVID-19 positive patients were being transferred to the Royal Adelaide Hospital (RAH) if hospitalisation was required or peripheral transfer to Mount Gambier Hospital if the RAH was full and contact with MedSTAR for treatment, advice and retrieval.</p> <p>A discussion was held relating to the impact of COVID-19 on hospital staffing given the border restrictions in place which was further compounded by the changes in the flight schedule of Rex Airlines.</p> <p>The rotation of resources within the State were discussed and confirmation provided that each LHN was donating 1 (one) Full Time Equivalent (FTE) of Emergency Consultant resources for the LCLHN to support the rotation of junior and senior medical officers and the overnight care requirements within the hospitals. The work of the Medical Liaison Officers within the LCLHN and their work to fill the medical rosters during the pandemic was commended.</p> <p>The LCLHNs reliance on locums was discussed and the interest expressed by the Southern Adelaide Local Health Network (SALHN) in strengthening bonds to move to more sustainable solutions was highlighted.</p> <p>It was noted the on ground experience and preparedness of the Incident Management Team (IMT) had led to a rapid response to COVID-19 by the LCLHN and the work of the recovery plan as part of the pandemic planning was well underway.</p> <p>The progress of capital works throughout the LHN was discussed and an update</p>

		<p>was provided on the following projects:</p> <ul style="list-style-type: none"> • Mount Gambier Hospital Car Park extension • New carpet tiles at Millicent Hospital • New Fire Hydrants at Naracoorte Hospital • \$3million theatre upgrade at Mount Gambier Hospital • Fire and phone upgrades at Kingston Hospital • DECT and Nurse Call phone systems at Mount Gambier Hospital • Drive way upgrade at Millicent Hospital • Kitchen upgrade at Sheoak Lodge Aged Care in Millicent <p>The opportunity to provide information to the Minister for Health & Wellbeing regarding the achievements of the Governing Board and the progress of the Engagement Strategies to support the Healthcare (Governance) Amendment Act 2020 was discussed.</p>
	b) COVID-19 Situation Report	The LCLHN COVID-19 Situation Report of 15 April 2020 was noted.
	c) Performance Reporting Summary February 2020	<p>Appreciation was extended to the Governing Board for their participation in the Public Sector Finance Workshop and confirmation was provided that another session for LCLHN members was scheduled for May 2020.</p> <p>It was noted that the LCLHN had a \$1.6 million favourable position at the end of February 2020 and an on budget forecast at the end of the 2020/21 Financial Year. It was noted the cost recovery in relation to the impacts of COVID-19 was in progress.</p> <p>Activity accuracy for the LHN in relation to clinical coding and the impact of the implementation of Sunrise (EMR) was discussed. The Governing Board Briefing – MGDHS Sunrise (EMR) Emergency Department Code Funding was referenced and confirmation was provided that the Department for Health & Wellbeing has been updated on the activity concerns in preparation for the budgeting and commissioning process for 2020/21.</p> <p>It was highlighted that the Performance Reporting estimated a reduction in</p>

		<p>patient numbers by a couple of thousand less than previous year for the LHN. In an 'ordinary' year, activity in the current year would impact the next years' budget and funding however, given the local impacts of COVID-19, the implementation of Sunrise (EMR) and the coding concerns, 2019/20 was not an ordinary year. It was confirmed that next years' budget would be based on the prior years' expenditure and activity with allowances for COVID-19 and with additional concerns being raised with the Department for Health & Wellbeing.</p> <p>Confirmation was provided that resources had been obtained to support the correction of coding errors relating to Sunrise (EMR) which would take approximately 6 (six) weeks to complete.</p> <p>The Auditor-General's report on Country Health SA (CHSA) Property Maintenance and the \$140million funding from the Government to meet property maintenance standards was referenced. The need for the Governing Board to focus on compliance and risk relating to capital works was highlighted.</p> <p>The Health Round Table (HRT) report was referenced as a report to inform a quality improvement agenda and to be filtered to the Clinical Governance Committee. Further noted were the significant risks for the LCLHN given the employee statistics (8% male, 92% female, 119 staff members working over 30 years, 50% of medical workforce leaving within 4 years and 50% of staff members being over 50 years old).</p> <p>The Risk Management Key Performance Indicator (KPI) report was referenced and confirmation was provided that a significant amount of work had been done to ensure all treatments and controls had been updated.</p> <p>ACTION:</p> <p>Finance & Performance Committee briefings relating to 'Financial Update – Ongoing Issues' and 'Aged Care Services in the Limestone Coast Local Health Network' to be sent to the Governing Board and membership.</p> <p>ACTION:</p> <p>Future Health Round Table (HRT) reports are to be captured in the Clinical</p>
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		Governance Committee Agenda.
	d) Key Performance Indicator (KPI) Summary February 2020	The Key Performance Indicator (KPI) Summary for February 2020 was noted.
4.	ENGAGEMENT STRATEGIES	
4.1	Engagement Strategy Update	An opportunity for the LHN to participate in a Consumer & Community Engagement meeting of all SA LHNs on 30 April 2020 was highlighted and confirmation provided that the LCLHN will have representation at this meeting and an opportunity to share and discuss progress on the engagement strategy progression and implementation across SA. Further confirmation was provided that the LHN had ensured all legislative requirements in the draft Consumer, Carer & Engagement Strategy for the LHN were met.
5.	GOVERNING BOARD COMMITTEE UPDATES	
5.1	Clinical Governance Committee	The Committee Meeting Summary for the Clinical Governance Committee was noted. AS provided an update on the Clinical Governance Committee and the need to align the reporting to SA requirements and National Standards. An opportunity to develop sophisticated and robust processes in this area was highlighted.
5.2	Finance & Performance Committee	The Committee Meeting Summary for the Finance & Performance Committee was noted. JI reflected on the meeting of the Finance & Performance Committee on 27 April 2020 including the performance to-date, the reports being received and their interpretation, what could be influenced and confidence in terms of progress and improvements implemented by the LHN.
5.3	Risk Management & Audit Committee	The Committee Meeting Summary for the Risk Management & Audit Committee was noted.

		<p>GB advised that the Risk Management & Audit Committee was in its formative stages, continuing to refine the agenda and the meeting in January 2020 provided an opportunity to review controls and treatments in relation to the Strategic & Operational Risk Registers. The adoption of Risk Console to replace ERA in May 2020, implications of the Independent Commissioner Against Corruption (ICAC) report and the work of the Department for Health & Wellbeing in engaging legal services for the interpretation of legislation were also highlighted.</p> <p>A query was raised in relation to the Auditor-General's report for 2018/19 regarding Medical Officer Contracts. Confirmation was provided that the transition to an LHN had provided greater visibility of this and the opportunity to have flexibility to define the service model and capability and implement succession planning initiatives.</p> <p>The ongoing plan to review and address risks was discussed and the internal mechanism, Management Operating System (MOS), was referenced as a structure providing oversight of this and not reliant on a static risk register. Implementation of MOS across the region and the ability of the new risk management system, Risk Console, to provide alerts to risk owners to prompt timely review was also confirmed.</p>
6	TOPIC OF THE MONTH	
6.1	COVID-19	<p>An update was provided on the recovery plan for COVID-19 and the inclusion of principles and triggers to reduce the health emergency including: no increase in positive cases, sufficient Personal Protective Equipment (PPE) and the availability of a vaccination for COVID-19.</p> <p>The recovery plan included getting staff back into the workforce, guidance from SA Health on the return of Category 2 & 3 surgeries and confirmation was provided that high risk clinics for anaesthesia were commencing.</p> <p>It was noted that learnings from COVID-19 were also being captured as part of the recovery plan to identify how the way the LHN has worked can be sustained including the use of Telehealth, criteria led discharge and reduction in length of</p>

		<p>stay and how this can be maintained to provide service excellence.</p> <p>Confirmation was provided that the recovery plan had been shared to assist other LHNs and the Department in their recovery planning efforts and would be shared with the community to illustrate the recovery process across the network.</p> <p>The restrictions relating to aged care and nursing homes was raised and confirmation provided that the LCLHN had implemented State initiatives, have initiated the use of iPads to keep families connected and, from 1 May 2020, no staff or visitors will be able to visit aged care facilities without a flu vaccination. COVIDSafe, the Federal Government's App for tracking people exposed to COVID-19, was fully supported by the LHN as a suppression strategy and encouraged for the greater good of the community.</p> <p>The uptake of Telehealth and its importance in the recovery phase of the COVID-19 pandemic was discussed in relation to outpatients and mental health. The increase in mental health presentations and diagnosis in recent weeks was noted.</p> <p>ACTION:</p> <p>The LCLHN COVID-19 Recovery Plan to be sent to the Governing Board</p> <p>ACTION:</p> <p>The LCLHN Governing Board to make a statement of support relating to the COVID-19 App and the effort to maintain safety in the community.</p>
7.	STRATEGIC PLANNING	
7.1	Strategic Planning Update	<p>ACTION:</p> <p>The Governing Board to send LHN priorities to be captured in Strategic Planning to AM</p>
8.	OTHER BUSINESS	
8.1	Mount Gambier Private Hospital	<p>The commitment of the Governing Board and the participation, feedback and support for the work being undertaken in relation to the Mount Gambier Private Hospital (MGPH) and Keith & District Hospital (KDH) was acknowledged. Confirmation was provided that the project request for the review of the MGPH had progressed with an anticipated completion date of mid-June 2020.</p>

		<p>The Service Agreement between the LCLHN and the MGPH was highlighted as being imperative in the review process and for National Standards accreditation.</p> <p>ACTION: A letter to MGPH to be constructed highlighting the importance of the progression of the Service Agreement</p>
8.2	Keith & District Hospital	<p>An update was provided on the progress of the external review of the KDH and the anticipation of the final report being available by the end of April. The funding agreement to 30 June 2020 between LCLHN & KDH was discussed noting the two six month Contracts covering the period 1/7/19 to 30/6/20 totalled \$1.21million.</p> <p>ACTION: Contact to be made with KDH highlighting the importance of the progression of the funding agreement to 30 June 2020.</p> <p>ACTION: Nick McBride, MP, to be updated regarding the contract discussions with KDH</p>
8.3	Any other business	Nil
9.	MATTERS FOR APPROVAL	
9.1	Change of Name: Risk Management & Audit Committee	<p>The Governing Board reviewed the briefing relating to the name change of the Risk Management & Audit Committee to the Audit & Risk Committee to align to the naming conventions across the Regional Local Health Networks.</p> <p>DECISION: The Governing Board approved the name change of the Risk Management & Audit Committee to the Audit & Risk Committee.</p>
9.2	Memorandum of Understanding: Rural Support Service and Regional Local Health Networks	<p>The Memorandum of Understanding between the Rural Support Service (RSS) and the Regional Local Health Networks was reviewed.</p> <p>DECISION: The Governing Board approved the Memorandum of Understanding between the Rural Support Service (RSS) and the Regional Local Health Networks.</p>
10.	MATTERS FOR NOTING	

10.1	LCLHN Invoice Payments February 2020	The LCLHN Invoice Payments February 2020 was noted.
10.2	LCLHN Late Payments of Interest (LPI) February 2020	The LCLHN Late Payments of Interest (LPI) February 2020 was noted.
10.3	Finance & Performance Committee Agenda – 27 April 2020	The Finance & Performance Committee Agenda for the meeting 27 April 2020 was noted.
10.4	Finance & Performance Committee Minutes – 24 February 2020	The Finance & Performance Committee minutes for the meeting held on 24 February 2020 were noted.
10.5	Risk Management & Audit Committee Agenda – 27 April 2020	The Risk Management & Audit Committee agenda for the meeting held on 27 April 2020 was noted.
10.6	Revised Strategic Risk: Commonwealth Programs Funding – Reforms in a Competitive Model	The revised Strategic Risk relating to Commonwealth Programs Funding – Reforms in a Competitive Market was noted.
10.7	Governing Board Briefing – MGDHS Sunrise (EMR) Emergency Department Code Funding	The Governing Board Briefing relating to MGDHS Sunrise (EMR) Emergency Department Code Funding was noted.
11.	SUMMARY AND CLOSE	
11.1	Next Meeting & location	Monday 25 May 2020, Mount Gambier & via Video Conference
11.2	Meeting Close	1:49 pm

