



LIMESTONE COAST LHN GOVERNING BOARD MEETING MINUTES

Meeting Date: 28 March 2022 11:45am – 3:45pm
Location: Bordertown Memorial Hospital and via 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) Andrew Birtwistle-Smith (ABS) Glenn Brown (GB) Dr Anne Johnson (AJ) Dr Andrew Saies (AS)
 Lindy Cook (LC) John Irving (JI)

Members: Ngaire Buchanan (NB) Dr Elaine Pretorius (EP) Dr Darren Clarke (DC) Akhil Kapoor (AK)
 Tjaart van der Westhuizen (TV) Angela Miller (AM) Hannah Morrison (HM) Alex Govan (AG)

Guests: Kelly Borlase (KB), Project Manager Keith and Districts Hospital Transition, LCLHN
 Peta-Maree France (P-MF), Director of People and Culture, LCHLN
 Melissa Perry (MP), Executive Officer/Director of Nursing & Midwifery – Bordertown Memorial Hospital, LCLHN
 Jennie Jacobs (JJ), Aged Care Project Lead, LCLHN
 Jayel van den Hurk (JV), Performance and Operations Analyst, LCLHN
 Melanie Halton (MH), Project Officer Service Excellence, LCLHN

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

1. IN CAMERA SESSION		
		IN CAMERA SESSION – 11:45am – 12:15pm
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 Alex Govan (AG), Senior Communications Advisor, Limestone Coast Local Health Network (LCLHN), and an apology was provided for Hannah Morrison (HM), Regional Quality, Risk & Safety Manager, LCLHN. It was noted Nina Parletta (NP) was in attendance as proxy for AG.

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	The minutes of the meeting held on 28 February 2022 were noted and were accepted as a true and accurate reflection of the meeting held. The consolidated actions list was noted, and an update was provided on recent activity.
3.	BOARD CHAIR REPORT	
3.1	Report from Grant King, Board Chair	GK provided an overview in relation to key recent events, including: <ul style="list-style-type: none"> • A tour of the Mount Gambier and Districts Health Service (MGDHS) with Peter Malinauskas MP, as the newly elected Premier of South Australia, with the premier meeting several staff members and South Australian Ambulance Service (SAAS) and discussing the state government's commitment to future funding for health care in the region. • A meeting between representatives from the LCLHN and the Rural Support Service (RSS), to discuss feedback recently provided by the LHN regarding the progress of the RSS Strategic Plan 2022-26, and to support ongoing communication to strengthen their relationship.
4.	LIMESTONE COAST LHN REPORTS	
4.1	CEO Report a) General update	NB provided an update in relation to key priority areas from the Chief Executive Officer (CEO) Report, including: <ul style="list-style-type: none"> • <u>Growing Services:</u> <ul style="list-style-type: none"> ○ Increased focus on improved collaboration with the Primary Health Network (PHN) to explore mutual planning strategies and service provision, and with work progressing to explore options for establishing formal agreements. ○ A recent review undertaken in relation to future demand for aged care services, and with modelling indicating the potential need for an additional 128 Residential Aged Care (RAC) beds in the region over the next four years. ○ Work progressing in collaboration with the Office of the Chief Psychiatrist (OCP), to recommence the Towards Zero Suicide program, including analysis of activity trends in the region, to support staff wellbeing and effective service planning. • <u>Thriving Culture:</u> <ul style="list-style-type: none"> ○ The completion of a review to identify and interlink priority focus areas, and work

		<p>progressing to develop a cohesive implementation plan.</p> <ul style="list-style-type: none">• <u>Contemporary Infrastructure:</u><ul style="list-style-type: none">○ Work progressing to assess Information Technology (IT) requirements for the LHN, with the topic to be included for ongoing discussion and review as a key focus area during regional Management Operating System (MOS) meetings.• <u>Operational updates:</u><ul style="list-style-type: none">○ Updates in relation to the LCLHN COVID-19 recovery plan, including a temporary reintroduction of increased surveillance measures and visitor restrictions, as a result of escalating case numbers, and with consideration for the impact to workforce as a result of isolation requirements.○ Progression of formal agreements between the LCLHN and various General Practitioner (GP) service providers, as a part of the state-wide GP contract negotiation process, with a future meeting planned to finalise arrangements with providers in Bordertown, and to establish Memorandum of Understanding (MoU) agreements between shared providers.○ Confirmation of two representatives from the LCLHN to sit respectively on the newly established steering group and the advisory group, to guide the State Wide Aged Care Reform agenda.○ Work progressing to finalise plans for the purpose-built Country Health Connect (CHC) site at Bordertown, to include multi-purpose spaces that can accommodate client meetings, along with open office space to suit administrative functions. <p>The late breaking paper regarding Labor Election Commitments was noted, and key considerations relating to the LCLHN were discussed, including a workshop scheduled in late April with LCLHN executives, and relevant subject matter experts, to review each commitment for the region, and to develop a plan which is aligned with the LHNs Strategic Plan, and Service Planning strategies.</p> <p>RESOLUTION</p> <p>The Governing Board resolved to provide support to the executive group with the review of the Labor Election Commitments, providing subject expertise as relevant with the development of an implementation plan.</p> <p>Additionally, the Governing Board resolved to prepare correspondence to the incoming Minister for Health and Wellbeing (MHW), acknowledging the labor election commitments made for future healthcare funding in the region, and to provide an update on work progressing by the LCLHN to develop an implementation plan.</p>
	CEO Report - Attachment 1 LCLHN Aged Care Built Environment Quality and Safety Audit	Key topics from the LCLHN Aged Care Built Environment Quality and Safety Audit were discussed, including: <ul style="list-style-type: none">• The aged care provision ratio utilised an to assess demand for aged services and guide the allocation of aged care licenses.

		<ul style="list-style-type: none"> • Projected demand for the Limestone Coast region inclusive of an additional 128 Aged Care Beds, 74 Home Care Packages and 3 Restorative Care Packages over the four year period from 2021-2026, with these figures replicated for the period from 2026-2031. • Consideration for the ability of residents to age in one place, allowing for high care service provision in a site that typically accommodates residents with low care needs. • Planning in progress to align the finding of the report the LHNs Strategic Plan. • The potential for a portion of the projected demand for future aged care services to be provided by private providers, with consideration to be made for the competitive facilities and infrastructure offered by the private sector.
	<p>b) Performance Reporting Summary January 2022</p>	<p>The Chief Finance Officer (CFO) provided a summary of key points from the January 2022 Finance Report, including:</p> <ul style="list-style-type: none"> • The Year to Date (YTD) Net Adjusted Result (excluding revaluations), reported to be \$4.8m unfavourable to budget, noting a \$0.4m deterioration from the previous reporting period. • The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$11.8m unfavourable to budget. • Key considerations to be made in relation to Net Cost of Service EOY forecast, including: <ul style="list-style-type: none"> ○ \$7.0m in relation to COVID-19 net Year to Date (YTD) expenditure, attributed to the COVID-19 response and COVID ward operational costs. ○ \$2.1m of revenue reduction as a result of the administration of the Mount Gambier Private Hospital (MGPH). ○ 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. ▪ \$ 3.6m in relation to Emergency Department (ED) Activity, attributed to high activity levels, high locum usage and diagnostic services costs. ○ \$1.4m unfavourable projected result in relation to Residential Aged Care (RAC) sites. ○ Offsets to be considered as a result of favourable movement, including: <ul style="list-style-type: none"> ▪ \$0.65m favourable result in relation to Home Care Package (HCP) & National Disability Insurance Scheme (NDIS) revenue. ▪ \$1.5m favourable result in relation to reduced costs with Medical Ward beds being repurposed as COVID Ward beds. ▪ \$1.0m projected savings in relation to Country Health Connect (CHC) Program expenditure

		<ul style="list-style-type: none"> ▪ \$0.2m favourable results in relation to one off January leave savings ○ Activity for the reporting period (excluding COVID related activity), resulting in a forecasted variance of \$9.7m above target. <p>An update was provided in relation to a recent review undertaken of Activity Based Funding levels, to compare funding at the full National Efficient Price (NEP), with current funding levels for the LCLHN at 91% of the NEP, and the resulting unfavourable variance of \$12m.</p> <p>The potential risks associated with ongoing increased activity above commissioned levels, and without a correlating increase in funding to support improve staffing levels, was discussed, noting the YTD variance of 2,403 in additional National Weighted Activity Units (NWAUs).</p>
	c) Key Performance Indicator (KPI) Summary January 2022	The Key Performance Indicator (KPI) Summary January 2022 was noted.
5. COVID-19 UPDATE		
5.1	COVID-19 Update & Response	It was noted that an update had been provided in relation to the COVID response throughout the CEO Report at Item 4.1 on the agenda.
6. KEITH & DISTRICT HOSPITAL TRANSITION		
6.1	Health Care Hub Transition Plan	<p>A progress update was provided in relation to the Keith & Districts Hospital (KDH) Transition Plan, and key activities for the reporting period were discussed, including:</p> <ul style="list-style-type: none"> • A recent meeting of the KDH Transition Steering Committee. • Feedback received during public consultation of the proposed model of care, with key themes identified: <ul style="list-style-type: none"> ○ Concern regarding Urgent Care Hours of operation, and potential impact with no Acute Hospital Care service. ○ Support for the Community Paramedics Program, with plans for a three month trial to assess the effectiveness of the program and the impact on the South Australian Ambulance Service (SAAS). ○ The preferred name for the proposed service to be “Keith & District Health Hub” <p>Key considerations for the LCLHN in relation to the proposed model of care were discussed, including:</p> <ul style="list-style-type: none"> • The need for community education regarding the definition of Urgent Care and Acute Care and profiles to highlight the scope of the Nurse Practitioner and Community Paramedic roles. • Investigation required into the potential impacts for the Bordertown Memorial Hospital relating to acute presentations and any potential limitations for after hours service provision. • Due diligence to be undertaken in relation to the future transition of governance arrangements

		Acknowledgement was provided for the work undertaken by the LCLHN Executive Team and the KDH Board, in addition to Business as Usual (BAU) activities, to support the progression of the KDH Transition project.
7. ENGAGEMENT STRATEGIES		
7.1	Engagement Strategy Update	An update was provided in relation to planning underway for the first meeting of the LCLHN Engagement Strategy Oversight Committee (ESOC) to be held on 29 March 2022, including confirmation of the membership incorporating specialist and community representatives.
8. GOVERNING BOARD COMMITTEE UPDATES		
8.1	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.
8.2	Clinical Governance Committee Summary	It was noted that the last meeting of the Clinical Governance Committee (CGC) was held on 31 January 2022, with no additional updates or concerns to be noted by the Committee.
8.3	Finance & Performance Committee Summary	It was noted that the last meeting of the Finance & Performance Committee (FPC) was held on 28 February 2022, with no additional updates or concerns to be noted by the Committee.
9. MATTERS FOR DISCUSSION		
9.1	LCLHN Performance Reporting review	<p>Melissa Perry (MP), Executive Officer/Director of Nursing & Midwifery – Bordertown Memorial Hospital, LCLHN joined the meeting.</p> <p>Peta-Maree France (P-MF), Director of People and Culture, LCLHN, Jennie Jacobs (JJ), Aged Care Project Lead, LCLHN, Jayel van den Hurk (JV), Performance and Operations Analyst, LCLHN and Melanie Halton (MH), Project Officer Service Excellence, LCLHN joined the meeting to lead discussions regarding LCLHN Performance Reporting models, with key topics including:</p> <ul style="list-style-type: none"> • Ongoing review and refinement to ensure the inclusion of reporting against all Key Performance Indicators (KPIs) from the Department for Health and Wellbeing (DHW) Service Agreement. • The desire from the Governing Board for a summary document for each reporting area, to include high level commentary identifying key issues, activity undertaken to address concerns, and to detail actual and/or anticipated outcomes. • The need to ensure performance reporting and any key issues are addressed at the appropriate level, and to consider reporting across the various operational and strategic committees. • Benefits from including benchmarking data, from various sources, to consider performance comparatively at a national and state level.

		It was noted that P-MF, JV and MH left the meeting at approximately 3:10pm.
10. MATTERS FOR APPROVAL		
10.1	Community Paramedic Program Funding	<p>The Evaluation of the South Australian Ambulance Service Community Paramedic Program in the Outer Limestone Coast – Interim Report was discussed, including:</p> <ul style="list-style-type: none"> • Key themes from the report indicated a high level of community confidence in the program to provide improved access to multi-skilled paramedics to deliver appropriate and timely care. • Feedback received from local nursing staff in the region echoed the sentiment of the report. • Challenges for the Community Paramedic Program, including lack of security regarding funding • Consideration to be made for the actual and potential benefits for the LHN, and consumers in the region, in particular the Beachport, Kingston/Robe and Keith areas. • Anticipation for the final report to be completed by September 2022, and to include a formal recommendation regarding the future of the program. <p>RESOLUTION</p> <p>The Governing Board provided support for further funding of \$53,000 for the period 1 January 2022 to 30 June 2022, to continue to support the SA Ambulance Service (SAAS) Community Paramedic Program (CPP) and to provide the service to the Kingston/Robe community in the Limestone Coast.</p>
11. MATTERS FOR NOTING		
11.1	LCLHN Payment Performance Report February 2022	The LCLHN Payment Performance Report February 2022 was noted.
11.2	LCLHN Late Payments of Interest (LPI) February 2022	The LCLHN Late Payments of Interest (LPI) February 2022 were noted.
11.3	Engagement Strategy Oversight Committee Agenda 29 March 2022	The Engagement Strategy Oversight Committee Agenda 29 March 2022 was noted.
11.4	Audit & Risk Committee Minutes 28 February 2022	The Audit & Risk Committee Minutes 28 February 2022 were noted.
11.5	Finance & Performance Committee Minutes 28 February 2022	The Finance & Performance Committee Minutes 28 February 2022 were noted.
11.6	RSS Governance Committee Minutes 23 February 2022	<p>The RSS Governance Committee Minutes 23 February 2022 were noted.</p> <p>LC provided an update in relation to an upcoming RSS stakeholder forum, to be held in late April, to support ongoing engagement with LHNs.</p>

12. OTHER BUSINESS		
12.1	Any other business	<p>An update was provided in relation to an appointment to the Coordinator Audit, Risk and Compliance position, with the previous successful candidate withdrawing their application, with consideration for appointing another suitable candidate identified during the recruitment process.</p> <p>The South Australian Aboriginal Chronic Disease Consortium Operational Plan 2021-2024 (Summary) was noted as a valuable inclusion within the Aboriginal Health reporting, with strategies and guidelines for consideration to address chronic disease areas.</p> <p>It was noted that the first meeting of the LCLHN Corporate Governance Committee (CoGC) had been held in late March 2022, and that the CoGC sub-committees had also commenced meetings, including the first meeting of the Facilities and Asset Management Committee.</p>
13. MEETING EVALUATION AND CLOSE		
13.1	Meeting Evaluation	AJ provided an evaluation of the LCLHN Governing Board Meeting.
13.2	Next Meeting & location	26 April 2022 via MS Teams
13.3	Meeting Close	3:45 pm

For more information

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 Governance and Planning

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