

## LIMESTONE COAST LHN GOVERNING BOARD MEETING MINUTES

**Meeting Date:** 31 October 2022 11:30am – 4:00pm  
**Location:** Millicent and District Hospital and Health Service and Microsoft Teams

**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)	
Lindy Cook (LC)	John Irving (JI)	Dr Anne Johnson (AJ)	Dr Andrew Saies (AS)

**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:** Dr Philip Reasbeck, A/ Executive Director Medical Services, LCLHN  
Michelle de Wit (MdW), Executive Officer/Director of Nursing and Midwifery, Millicent & District Hospital & Health Service, LCLHN  
Kelly Borlase (KB), Project Manager Keith and District Hospital Transition, LCLHN

**Secretariat:** Emily Baker, Senior Administrative Officer, Governance & Planning, LCLHN

1. IN CAMERA SESSION		
		<b>IN CAMERA SESSION – 11:30am – 12:30pm</b>
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 Dr Elaine Pretorius, Executive Director Medical Services (EDMS), LCLHN. It was noted that Dr Philip Reasbeck, Acting EDMS, LCLHN was in attendance as Proxy for EP.
2.3	Introduction	GK provided an introduction to the meeting of the LCLHN Governing Board.
2.4	Director Conflict of Interest Disclosures	Nil Conflict of Interest (COI) disclosures were provided.

OFFICIAL

2.5	Confirmation of previous meeting minutes and actions	<p>The minutes of the meeting held on 26 September 2022 were noted and accepted as a true and accurate reflection of the meeting held.</p> <p>An update was provided in relation to the progression of action items, with a summary of the report relating to the Asset Sustainment Program provided by Tjaart Van Der Westhuizen (TV), Director of Corporate Services, LCLHN.</p>
<p><b>3. BOARD CHAIR REPORT</b></p>		
3.1	Report from Grant King, Board Chair	<p>GK provided an overview in relation to key activities during the reporting period, including:</p> <ul style="list-style-type: none"> <li>• Premier Peter Malinauskas' recent visit and tour of the Mount Gambier and Districts Health Service (MGDHS), as the planned site of the state governments \$24m investment for upgrades to the Emergency Department (ED), and including 6 additional mental health beds, and establishing 2 dedicated drug and alcohol detox beds.</li> <li>• Key topics discussed at the recent combined Board Chair and CEO meeting with the Minister for Health and Wellbeing (MHW), including:             <ul style="list-style-type: none"> <li>○ The shared experience of regional LHNs in relation to increased ED presentations, with community members continuing to report challenges with accessing GP services within the Primary Health Network (PHN).</li> <li>○ The desire for a future funding model that improves access to healthcare for consumers, ensuring ongoing collaboration with the PHN, and that is aligned with the net cost of service delivery for LHNs.</li> <li>○ Work progressing to address state-wide recruitment challenges with a national shortage of qualified medical and nursing staff, including protracted recruitment processes due to legislative requirements, and additional requirements for international applicants.</li> <li>○ Planning for the Governing Board member term cycles, and with consideration for methods of filling vacancies including reappointments, recruitment, and nominations.</li> </ul> </li> </ul> <p>Discussions were held regarding the nature of projects where funding has been a result of Election Commitments, including the importance of meaningful consultation and ongoing communication with all relevant stakeholders to ensure that the defined scope and any limitations are clearly articulated.</p>
<p><b>4. LIMESTONE COAST LHN REPORTS</b></p>		
4.1	<p>CEO Report</p> <p>a) General update</p>	<p>The CEO Report – General Update was noted.</p> <p>Updates were provided in relation to key topics including:</p> <p><b>Growing Services</b></p>

- Progression of a business case seeking the joint appointment of a General Practitioner (GP) between Pangula Mannamurna Aboriginal Corporation (PMAC) and the LCLHN, including a review of the proposed funding model and billing process.
  - Meetings with key stakeholders regarding the proposed after-hours urgent care centre for the region, including discussions regarding funding sources for the initial build and ongoing operational costs, potential rostering challenges and various options for consideration.
  - Progress made with two key Aboriginal Health projects, in relation to Maternal and Chronic Disease pathways.
  - Continuing work with the Towards Zero Suicide initiative, including a recent Just Restorative Culture executive workshop held, and a future workshop scheduled to support implementation across the LHN.
- Dynamic Workforce**
- Work continuing to address ongoing fatigue and related issues across the LHN, with a focus on alleviating immediate pressures where possible, increased leadership presence with the recommencement of walk arounds, and an ongoing focus of wellbeing with additional support from Employee Assistance Program (EAP) providers where necessary.
- Thriving Culture**
- Progress of the Wellbeing & Recognition Committee, working to strengthen communication channels, and encouraging staff to take leave during quiet periods given the down trend of COVID cases and with the upcoming Christmas period.
  - Introduction of performance indicators within the 2022-23 Service Agreement relating to wellbeing programs.
- Strong Partnerships**
- Work progressing to establish a comprehensive database of Departments, Agencies, Organisations and Community Groups across the Limestone Coast and Greater Green Triangle to ensure all stakeholders are considered in relation to communications, consultation processes and opportunities for collaboration.
- Contemporary Infrastructure**
- Progress made to update project plans and to develop a timeline for the Bordertown Country Health Connect (CHC) site build, to incorporate feedback following consultation, and to provide clarity for all stakeholders.
  - Formation of a regional Digital Reform group and preparations for implementation of Electronic Medical Records (EMRs) across all remaining sites in early 2023, followed by projects to review other electronic client management systems which are approaching end of life.
  - Improvements with various other digital systems including:

OFFICIAL

		<ul style="list-style-type: none"><li>○ Theatre systems; expanded use of Operating Room Management Information System (ORMIS), and the introduction of SystemView and Provation for colonoscopy services</li><li>○ Implementation of LeeCare medication management module</li><li>○ Working towards the introduction of Enterprise Chemotherapy Prescribing System (ECPS) in early 2023.</li><li>● Receipt of a report regarding sterilisation units, with remedial work to be progressed at Millicent, Bordertown and Mount Gambier sites.</li></ul>
	b) Performance Reporting Summary August 2022	<p>The Chief Finance Officer (CFO) provided a summary of key points from the August 2022 Finance Report, including:</p> <ul style="list-style-type: none"><li>● Year to Date (YTD) Net Adjusted result (excluding revaluations) reported to be \$0.97m unfavourable to budget</li><li>● End of Year (EOY) projected result for Net Cost of Service (excluding revaluations) reported \$8.0m unfavourable to budget, with consideration for key factors impacting results, including:<ul style="list-style-type: none"><li>○ \$3.8m in COVID-19 related expenditure.</li><li>○ \$4.5m in costs relating to Mount Gambier and Districts Health Service (MGDHS) Emergency Department (ED) - high activity levels, locum usage and diagnostic services.</li><li>○ \$1.0m relating to Residential Aged Care (RAC) sites, noting the impact of sanctions at Moreton Bay House in Naracoorte.</li></ul></li><li>● Anticipation for an EOY result of approximately 3000 additional National Weighted Activity Unit (NWAU) episodes above commissioned levels, with consideration for:<ul style="list-style-type: none"><li>○ 3000 NWAU episodes equating to approximately \$15.0m expenditure.</li><li>○ Relative comparison of the \$15.0m additional expenditure and the \$8.0m unfavourable result to budget, resulting in \$7.0m of estimated cost savings.</li></ul></li></ul> <p>Discussion was held in relation to the significant and sustained pressure on the workforce while operating at such an efficient rate, and an update was provided in relation to work progressing to alleviate administrative burden for clinical staff by implementing additional business support roles across all sites. Consideration for developing performance indicators to measure the success of the additional business support was also discussed.</p> <p>The desire to form an optimum ratio of Full Time Equivalent (FTE) clinical staff to patient numbers was discussed, noting the challenges with attributing a set FTE when considering variation in acuity and length of stay with each episode of care.</p>

		Limitations for the existing workforce to undertake significant project work in addition to Business As Usual (BAU) activities was discussed, noting the benefits of introducing dedicated resources as demonstrated by the success of implementing a Project Manager for the Keith and District Hospital Transition.
	c) Key Performance Indicator (KPI) Summary August 2022	<p>The Key Performance Indicator (KPI) Summary August 2022 was noted.</p> <p>Key topics from the report were discussed, including consumer feedback within the Quality and Safety Report, and improved trends following the implementation of the Audit, Risk Management and Compliance Coordinator role.</p> <p>Challenging behaviour incidents noted within the Aged Care report were discussed, including the strategies implemented to support residents and to mitigate risk.</p>
<b>5. KEITH &amp; DISTRICT HOSPITAL TRANSITION</b>		
5.1	Health Care Hub Transition Plan	<p>Kelly Borlase (KB), Project Manager Keith and District Hospital Transition, LCLHN, joined the meeting to provide an update in relation to the Keith &amp; District Hospital (KDH) Transition Plan.</p> <p>A report was provided seeking support from the LCLHN Governing Board to progress plans for the implementation of the Keith Health Hub, which would see KDH transition into the public system.</p> <p>Discussion was held in relation to key considerations from the report, including:</p> <ul style="list-style-type: none"> <li>• An overview of the KDH Annual General Meeting held in late September 2022, including confirmation that over 200 members of the community had voted almost unanimously in support for the proposed model.</li> <li>• Confirmation for the completion of due diligence reports, with a summary paper included, and with no significant issues of concern raised.</li> <li>• A report prepared for the MHW seeking support to progress with the proposed transition, and demonstrating support for the new model from the community, the KDH Board and the LCLHN Governing Board.</li> <li>• The potential need for additional project support and/or resources to progress with the transition if approved.</li> </ul> <p><b>RESOLUTION</b></p> <p>The LCLHN Governing Board resolved to support for the implementation of the proposed Keith Health Hub, which would see the Keith &amp; District Hospital transition into the public system, and under the governance of the Limestone Coast Local Health Network, including endorsement to forward the report to the Minister for Health and Wellbeing and seek approval to progress.</p> <p>Additionally, the LCLHN Governing Board acknowledged the commitment provided by the KDH Transition Steering Committee, the KDH Board and Kelly Borlase, Project Manager, and the significant work that had been undertaken to progress the KDH Transition project to this stage.</p>

6. GOVERNING BOARD COMMITTEE UPDATES		
6.1	Audit & Risk Committee Summary	<p>It was noted the last meeting of the Audit &amp; Risk Committee (ARC) was held on 29 August 2022, with no additional updates from the Committee to report.</p> <p>PR acknowledged the ongoing risk posed by the persistent workforce challenges, particularly relating to the attraction and retention of medical officers and nursing staff.</p>
6.2	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 31 October 2022, including:</p> <ul style="list-style-type: none"> <li>• Reported results within Dashboard Reports, and planning in progress for the addition of a compliance summary at the top of each report.</li> <li>• Compliance with sterilisation requirements added to the Risk Register.</li> <li>• The benefit of ongoing reviews of consumer compliments and complaints, with feedback provided to relevant stakeholders.</li> </ul> <p>Confirmation was provided that the LCLHN was considered by the Committee to be Clinically Solvent, with consideration for recommendations currently in place, and for actions taken to address the Aged Care sanctions at Naracoorte to ensure compliance.</p> <p>An update was provided in relation to preparation for the introduction of Voluntary Assisted Dying in South Australia from early 2023, with regular meetings held for the state-wide working group and with plans to establish an LCLHN working group to oversee and support staff with new processes.</p>
6.3	Engagement Strategy Oversight Committee	<p>An update from the Engagement Strategy Oversight Committee (ESOC) was provided following the previous meeting held on 27 September 2022, including:</p> <ul style="list-style-type: none"> <li>• Progress made with implementation of the Clinician &amp; Staff Engagement Strategy 2021-24 following the external facilitation of a workshop to support the development of a 12-month plan.</li> </ul> <p>AJ provided an update following attendance at a recent meeting of the Bordertown and Districts Health Advisory Council (HAC), with positive feedback received for the recently launched LCLHN Community Update.</p>
6.4	Finance & Performance Committee Summary	<p>An update was provided in relation to key topics discussed at the meeting of the Finance and Performance Committee (FPC) on 31 October 2022, including:</p> <ul style="list-style-type: none"> <li>• A summary of trends identified following a review of Casemix data, analysing residential post codes linked to patient episodes, with results indicating a high level of self-sufficiency for the LHN, and highlighting key service areas of focus.</li> </ul>



OFFICIAL

		<ul style="list-style-type: none"> <li>An invitation was extended to the membership to attend an upcoming education session planned in early November 2022 to workshop financial &amp; performance reports.</li> </ul>
6.5	Rural Support Service Governance Committee Summary	<p>An update was provided in relation to the Rural Support Service (RSS) Governance Committee, including the continued focus on governance and improving communication with all stakeholders, including a discussion held regarding the results of the annual self-evaluation process.</p> <p>LC encouraged all Governing Board and Committee members to subscribe to the RSS stakeholder communication list, to ensure frequent and timely access to information and updates.</p>
<b>7. TOPIC OF THE MONTH – MILLICENT &amp; DISTRICT HOSPITAL &amp; HEALTH SERVICE</b>		
7.1	Millicent & District Hospital & Health Service update	<p>Michelle de Wit (MdW) provided an overview of the Millicent &amp; District Hospital &amp; Health Service (MDHHS), and key activities being undertaken at the service, including:</p> <ul style="list-style-type: none"> <li>Workforce statistics across various disciplines, including a summary of vacancies, and the shared experience relating to challenges with recruitment, attraction, and retention.</li> <li>The approach to providing growth and development opportunities for staff.</li> <li>Statistics relating to inpatient and emergency activity, theatre lists and bed occupancy rates.</li> <li>Gratitude was extended to Carlin and Gazzard Mount Gambier for the provision of a free courtesy vehicle, providing residents with uninterrupted access to transport while awaiting the delivery of the replacement bus which is anticipated to be received in early November.</li> <li>Acknowledgement for the longstanding service provided by Brenton Dohnt, following his recent resignation as Presiding Member of the Millicent and District HAC.</li> <li>Improvements made following the recent appointment of a new services manager at the site, including an updated menu providing inpatients and residents with more choice.</li> <li>Various improvements to infrastructure, with several projects progressed thanks to funds raised by the HAC and community groups.</li> <li>Ongoing progress with the rollout and implementation of various digital systems, including:             <ul style="list-style-type: none"> <li>Virtual care systems providing access to bedside assessments and Allied Health services for both RAC residents and inpatients.</li> <li>The iCCnet system to support ongoing monitoring of chronic diseases</li> <li>Expansion of LeeCare to include a medication management module</li> </ul> </li> <li>A summary of the COVID-19 response at the site, including successful management of outbreaks, and the delivery of screening and vaccination programs in addition to BAU activities.</li> <li>Work progressing with service planning activities, and with consideration for the site to support a regional model for the provision of day surgery.</li> </ul>

OFFICIAL

OFFICIAL

		<ul style="list-style-type: none"> <li>Increased presentations to Accident and Emergency (A&amp;E) due to difficulties for the community with accessing GP services.</li> <li>The need to progress communications with both the local and broader communities regarding the clinical capabilities, and the range and quality of services that can be accessed at the site.</li> <li>Investigations into the potential success and/or viability of various models of care proven successful at other sites, including the use of Nurse Practitioners.</li> </ul>
7.2	Site tour	<p><i>Due to extended discussion relating to previous items on the agenda, the site tour was held at the end of the meeting.</i></p> <p>MdW provided members of the Governing Board and leadership group with a tour of key areas of the MDHHS, with highlights including the Xander Function Room, the upgraded Admella deck, and the recently refurbished family room.</p>
<b>8. MATTERS FOR DISCUSSION</b>		
8.1	LCLHN Service Agreement 2022-23	<p>A discussion was held regarding the proposed LCLHN Service Agreement 2022-23 with the Department for Health and Wellbeing (DHW), with feedback to be provided in relation to funding allocations in some areas, and in relation to the proportion of the National Efficient Price (NEP) applied to activity.</p> <p><b>RESOLUTION</b></p> <p>The LCLHN Governing Board agreed to adopt the proposed LCLHN Service Agreement 2022-23 with the Department for Health and Wellbeing (DHW) and supported the proposal to provide feedback in relation to key considerations for the LCLHN.</p>
8.2	Update on Naracoorte Health Service sanctions and learnings for aged care sites	<p>Dr Darren Clarke provided an update in relation to the work progressed at the Naracoorte Health Service (NHS) following the sanctions imposed by the Aged Care Quality and Safety Commission (ACQSC) in May 2022.</p> <p>Discussion was held in relation to:</p> <ul style="list-style-type: none"> <li>Challenges experienced with embedding improvement initiatives as a result of inconsistency within the workforce.</li> <li>Workforce pressures including: <ul style="list-style-type: none"> <li>Difficulties recruiting to vacant positions, with inconsistent roster cover utilising a limited pool of staff, noting the benefit of establishing a roster clerk function for the site.</li> <li>Persistent and increased reliance on agency staff.</li> <li>Fatigue and pressure experienced by the permanent staff, with planning underway to ensure opportunities are provided for leave and rest periods.</li> <li>Delays with recruitment to the position of Aged Care Lead, resulting in additional workload for the Executive Officer/Director of Nursing and Midwifery, NHS.</li> </ul> </li> </ul>



**OFFICIAL**

		<ul style="list-style-type: none"> <li>• Increased presence and on-site support provided by the Executive Director of Nursing and Midwifery, LCLHN, with the scheduling of regular and consistent visits to site.</li> <li>• Planning for the reduction in intensive support that has been provided by: <ul style="list-style-type: none"> <li>○ The Quality, Risk and Safety team, with the transition back to BAU roles in progress</li> <li>○ The external Nurse Advisor and associate, finishing in November and December 2022</li> </ul> </li> <li>• Anticipation for a follow up site visit from ACQSC surveyors from December 2022, to review progress made with remedial and quality improvement works.</li> <li>• An ongoing focus on workplace culture anticipated to support recruitment and retention efforts.</li> </ul>
<b>9. MATTERS FOR NOTING</b>		
9.1	LCLHN Payment Performance Report September 2022	The LCLHN Payment Performance Report September 2022 was noted.
9.2	LCLHN Late Payments of Interest (LPI) September 2022	The LCLHN Late Payments of Interest (LPI) September 2022 were noted.
9.3	Engagement Strategy Oversight Committee Minutes 27 September 2022	The Engagement Strategy Oversight Committee Minutes 27 September 2022 were noted.
9.4	Clinical Governance Committee Agenda 31 October 2022	The Clinical Governance Committee Agenda 31 October 2022 was noted.
9.5	Finance & Performance Committee Agenda 31 October 2022	The Finance & Performance Committee Agenda 31 October 2022 was noted.
9.6	RSS Governance Committee Minutes 24 August 2022	The RSS Governance Committee Minutes 24 August 2022 were noted.
9.7	LCLHN Community Newsletter 17 October 2022	The LCLHN Community Newsletter 17 October 2022 was noted.
9.8	Update on Service Planning - Millicent and Mount Gambier	The update on Service Planning - Millicent and Mount Gambier was noted.
9.9	LCLHN Future Capital Works Plan	The LCLHN Future Capital Works Plan was noted, and the Governing Board requested for the report to be tabled at the November meeting to provide an opportunity for further discussion.
9.10	LCLHN Governing Board & Committee Calendar 2023 (draft)	The LCLHN Governing Board & Committee Calendar 2023 (draft) was noted.

10. OTHER BUSINESS		
10.1	Any other business	<p>Confirmation was provided in relation to the recent resignation of LCLHN Governing Board member Dr Anne Johnson, with GK extending thanks on behalf of the Governing Board and the LHN for her dedication and commitment to the service and the community during her tenure.</p> <p>Additionally, acknowledgement was provided for the significant contribution that Dr Johnson had made towards the development and implementation of the LCLHNs engagement strategies, and as Chair of the LCLHN Engagement Strategies Oversight Committee.</p> <p>Confirmation was provided Dr Elaine Pretorius, Executive Director Medical Services, LCLHN, had resigned from her position and the intention to formally acknowledge her valued contribution to the LCLHN and broader Limestone Coast community at the next meeting of the Governing Board to be held on 28 November 2022.</p>
11. MEETING EVALUATION AND CLOSE		
11.1	Meeting Evaluation	AJ provided an evaluation of the LCLHN Governing Board Meeting.
11.2	Next Meeting & location	Governing Board and Annual Public Meeting - 28 November 2022, Mount Gambier.
11.3	<b>Meeting Close</b>	<b>4:00pm</b>

## For more information

Limestone Coast Local Health Network

Governance and Planning

Email: [Health.LCLHNGovernanceandPlanning@sa.gov.au](mailto:Health.LCLHNGovernanceandPlanning@sa.gov.au)

[sahealth.sa.gov.au/limestonecoastlhn](http://sahealth.sa.gov.au/limestonecoastlhn)

 Follow us at: [facebook.com/LimestoneCoastLHN](https://facebook.com/LimestoneCoastLHN)

### OFFICIAL

© Limestone Coast Local Health Network, Government of South Australia.  
All rights reserved.

