

## LIMESTONE COAST LHN GOVERNING BOARD MEETING MINUTES

**Meeting Date:** 30 May 2022 11:30am – 3:15pm  
**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.

<b>Board Members:</b>	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)
<b>Members:</b>	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

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

### 1. IN CAMERA SESSION

**IN CAMERA SESSION – 11:30am – 12:30pm**

#### RESOLUTION

An overview was provided in relation to an In Camera discussion held regarding Orthopaedic services in the Limestone Coast Local Health Network (LCLHN), with the Governing Board confirming support for the approach taken by the LCLHN senior executive team, and for any necessary changes to be implemented to ensure the desired standard in workplace culture is achieved.

### 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 Hannah Morrison, Regional Quality, Risk & Safety Manager, LCLHN.
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) disclosures were provided.
2.5	Confirmation of previous meeting minutes and actions	The minutes of the meeting held on 26 April 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.
<b>3. BOARD CHAIR REPORT</b>		
3.1	Report from Grant King, Board Chair	GK provided an overview in relation to key activities and meetings attended during May 2022.
<b>4. LIMESTONE COAST LHN REPORTS</b>		
4.1	CEO Report a) General update	<p>The CEO Report – General Update was noted.</p> <p>Key topics from the report were discussed, with updates provided in relation to key topics arisen after the report date, including:</p> <ul style="list-style-type: none"> <li>• Workforce pressures experienced at the Mount Gambier and Districts Health Service (MGDHS), including: <ul style="list-style-type: none"> <li>○ Alert White enacted during the reporting period, in line with the MGDHS Escalation Plan.</li> <li>○ Work in progress to establish Memorandum of Understanding's (MOU's) with the Royal Flying Doctor's Service (RFDS), and the Women's &amp; Children's Health Network (WCHN), for nursing and midwifery support.</li> <li>○ Discussions held with the Department for Health &amp; Wellbeing (DHW) to further escalate the situation, and to discuss options for additional support.</li> <li>○ Planning in progress for a site tour of the MGDHS, and for a meeting with key LCLHN representatives and the Minister for Health and Wellbeing (MHW) in early June.</li> </ul> </li> <li>• Work progressing following a recent onsite assessment by the Aged Care Quality &amp; Safety Commission (ACQSC) at the Naracoorte Health Service, with a focus on all Aged Care sites.</li> <li>• Planning in progress for the executive leadership group to participate in a pilot program to lead implementation of Towards Zero Suicide, an initiative of the Office of the Chief Psychiatrist (OCP).</li> <li>• Confirmation received the gazettal conditions imposed by the OCP were lifted, following the completion of work to address concerns relating to Mental Health services at the MGDHS.</li> </ul>
	b) Performance Reporting Summary March 2022	<p>The Chief Finance Officer (CFO) provided a summary of key points from the March 2022 Finance Report, including:</p> <ul style="list-style-type: none"> <li>• The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$10.5m unfavourable to budget, noting a deterioration of \$0.2m from the previous reporting period.</li> </ul>

		<ul style="list-style-type: none"> <li>• Key elements for consideration from the EOY forecast included:             <ul style="list-style-type: none"> <li>○ \$7.3m in relation to COVID-19 costs.</li> <li>○ \$ 2.1m in relation to the Mount Gambier Private Hospital (MGPH), with confirmation a partial offset in additional funding \$1.5m had been received.</li> <li>○ Funding shortfalls within the proposed 2021-22 budget:                 <ul style="list-style-type: none"> <li>▪ \$ 0.5m in relation to Bordertown.</li> <li>▪ \$ 0.6m in relation to Nurse Practitioner positions.</li> </ul> </li> <li>○ \$ 4.2m in relation to Emergency Department (ED) activity, attributed to high activity levels, high locum usage and diagnostic services costs.</li> <li>○ \$1.3m in relation to Residential Aged Care (RAC) revenue underperformance.</li> <li>○ Favourable results alleviating a portion of the cost pressures:                 <ul style="list-style-type: none"> <li>▪ (\$1.5m) in relation to repurposing Medical Ward beds as COVID Ward beds.</li> <li>▪ (\$1.0m) in relation to Home Care Package (HCP) &amp; National Disability Insurance Scheme (NDIS) revenue.</li> <li>▪ (\$1.1m) in relation to Country Health Connect (CHC) expenditure reduction.</li> <li>▪ (\$0.2m) in relation to once off saving for salaried staff in January 2022.</li> </ul> </li> </ul> </li> <li>• Ongoing increased activity levels for the reporting period (excluding COVID related activity), resulting in an EOY forecasted variance of activity levels to be \$13.9m above target.</li> </ul> <p>An update was provided in relation to discussions held with the DHW regarding future commissioning of private patient activity, following the closure of the MGPH and the transition of private services to the LHN.</p>
	<p>c) Key Performance Indicator (KPI) Summary March 2022</p>	<p>The Key Performance Indicator (KPI) Summary March 2022 was noted, and discussion was held regarding:</p> <ul style="list-style-type: none"> <li>• Increased activity levels, including a peak of 115 presentations in a 24 hour period at the MGDHS ED, highlighting the potential benefits of the proposed ambulatory care model.</li> <li>• Results relating to waitlists for elective surgery.</li> <li>• Work progressing with a project anticipated to provide improve performance in General Medicine, including the implementation of a new training program.</li> </ul> <p>An overview was provided in relation to work undertaken by the Executive Director of Medical Services (EDMS) to understand the current state for General Practitioner (GPs) in the region.</p>
<p><b>5. COVID-19 UPDATE</b></p>		
<p>5.1</p>	<p>COVID-19 Update &amp; Response</p>	<p>An overview was provided in relation to the LCLHNs response to COVID-19, including:</p>

		<ul style="list-style-type: none"> <li>• The progression to COVID Recovery Phase 2.5, including the resumption of social groups and community outreach programs.</li> <li>• The closure of the COVID Ward at the MGDHS.</li> <li>• Plans to continue utilisation of the Marquee located at the entrance of the MGDHS ED for the ongoing COVID-19 screening of patients prior to entry, as a part of the winter plan over the coming months.</li> </ul>
<p><b>6. KEITH &amp; DISTRICT HOSPITAL TRANSITION</b></p>		
6.1	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>An overview was provided in relation to key activities for the Keith &amp; District Hospital Transition including:</p> <ul style="list-style-type: none"> <li>• Plans for a meeting between the KDH Board and the MHW to discuss the KDH, with representatives from the LCLHN and the South Australian Ambulance Service (SAAS) invited to attend as subject matter experts regarding the proposed transition plan and the pilot Community Paramedic program.</li> <li>• Due diligence progressing to understand the implications for the LHN if the KDH were to transition into the public health system in the future, and investigation into potential cost implications such as establishing Information Technology (IT) systems.</li> <li>• Work progressing to identify potential areas of the proposed health hub model which could be expanded to align with the election commitment for healthcare in Keith over the next 7 years.</li> </ul>
<p><b>7. GOVERNING BOARD COMMITTEE UPDATES</b></p>		
7.1	Audit & Risk Committee Summary	<p>An update was provided in relation to key topics discussed at the meeting of the Audit &amp; Risk Committee (ARC), on 30 May 2022, including:</p> <ul style="list-style-type: none"> <li>• The outcome of the recent onsite assessment by the Aged Care Quality &amp; Safety Commission (ACQSC) at the Naracoorte Health Service.</li> <li>• Work progressing to undertake a risk assessment across all Aged Care sites within the LHN.</li> <li>• A range of recommendations in relation to recruitment and workforce pressures were provided to the Governing Board.</li> </ul> <p><b>RESOLUTION</b></p> <p>The LCLHN Governing Board provided their support for the following recommendations provided by the LCLHN the Audit &amp; Risk Committee:</p> <ul style="list-style-type: none"> <li>• Address barriers with recruitment, including investigating accommodation options available to potential employees relocating to the region.</li> </ul>

		<ul style="list-style-type: none"> <li>• Progress public communications providing background and context to the recent instances of Alert White and to articulate the workforce pressures experienced.</li> <li>• Escalate the LHNs desire for formal arrangements with metro sites, to rotate clinicians to work in regional areas, at the next combined Governing Board Chairs meeting.</li> <li>• Move the risk allocation for Workforce Pressures &amp; Recruitment Challenges from High to Extreme on the LCLHN Risk Register.</li> </ul>
7.2	Clinical Governance Committee Summary	It was noted the last meeting of the Clinical Governance Committee (CGC) was held on 26 April 2022. The Chair of the CGC reiterated support for the recommendation provided at the previous meeting to progress with recruitment for an Deputy EDMS, which would provide additional resources to improve education and training.
7.3	Engagement Strategy Oversight Committee	It was noted the last meeting of the Engagement Strategy Oversight Committee (ESOC) was held on 29 March 2022, with no additional updates or concerns to be noted by the Committee.
7.4	Finance & Performance Committee Summary	An update was provided in relation to key topics discussed at the meeting of the Finance and Performance Committee (FPC), on 30 May 2022, including planning in progress to engage an external facilitator to deliver an education session, supporting further knowledge and understanding of the reporting model.

**8. MATTERS FOR DISCUSSION**

8.1	MGDHS Alert White and Workforce Pressures	<p>The report in relation to MGDHS Alert White and Workforce Pressures was noted, and key topics were discussed, including:</p> <ul style="list-style-type: none"> <li>• The impact of staff illness and absence, and the resulting pressure placed on services at the MGDHS, and the impact on other sites within the LHN.</li> <li>• Identification of key contacts and potential avenues for additional support from the DHW.</li> <li>• Planning undertaken in relation to media and communication releases to ensure that the community remains informed.</li> <li>• Strategies implemented, including the temporary closure of some beds and work progressing to implement MOUs for additional staffing.</li> <li>• Development of a winter preparedness plan to address the potential impacts of the cold and flu season.</li> <li>• Refinement of the COVID-19 screening process for patients arriving by ambulance, with surveillance undertaken prior to arrival improving patient flow.</li> </ul>
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**9. MATTERS FOR APPROVAL**

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9.1	External (Independent) Member, Audit & Risk Committee Reappointment	<p>The report regarding External (Independent) Member, Audit &amp; Risk Committee Reappointment was noted.</p> <p><b>RESOLUTION</b></p> <p>The Governing Board supported the proposed Reappointment of the External (Independent) Member, to the LCLHN Audit &amp; Risk Committee for a 12 month term.</p>
9.2	Engagement Strategy Oversight Committee: Member Appointments	<p>The proposed Engagement Strategy Oversight Committee: Member Appointments was discussed.</p> <p><b>RESOLUTION</b></p> <p>The Governing Board supported the proposed Member Appointments of various consumer and employee representatives to the LCLHN Engagement Strategy Oversight Committee for a 12 month term, subject to the completion of all probity and due diligence checks prior to commencement.</p>
9.3	Business Case: Rheumatology Service	<p>The Business Case regarding Rheumatology Service was noted.</p> <p>Discussion was held in relation to the demonstrated benefits for consumers with the proposal, and the alignment to the LHNs strategic priorities relating to improving access to services closer to home.</p> <p><b>RESOLUTION</b></p> <p>The Governing Board provided approval for the Business Case: Rheumatology Service.</p>
9.4	Bank Account Signatory Updates - Historical Aged Care Funds	<p>Bank Account Signatory Updates - Historical Aged Care Funds were noted.</p> <p><b>RESOLUTION</b></p> <p>The Governing Board supported the proposed updates to Bank Account Signatories relating to Historical Aged Care Funds, as defined in the supporting papers, noting the method of operation would remain unchanged as a minimum of two signatures required to operate.</p>
<b>10.</b>	<b>MATTERS FOR NOTING</b>	
10.1	LCLHN Payment Performance Report April 2022	<p>The LCLHN Payment Performance Report April 2022 was noted.</p>
10.2	LCLHN Late Payments of Interest (LPI) April 2022	<p>The LCLHN Late Payments of Interest (LPI) April 2022 were noted.</p>
10.3	Audit and Risk Committee Agenda 30 May 2022	<p>The Audit and Risk Committee Agenda 30 May 2022 was noted.</p>
10.4	Finance & Performance Committee Agenda 30 May 2022	<p>The Finance &amp; Performance Committee Agenda 30 May 2022 was noted.</p>



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10.5	Clinical Governance Committee Minutes 26 April 2022 (draft)	The Clinical Governance Committee Minutes 26 April 2022 (draft) were noted.
10.6	Finance & Performance Committee Minutes 26 April 2022 (draft)	The Finance & Performance Committee Minutes 26 April 2022 (draft) were noted.
10.7	RSS Governance Committee Minutes 23 March 2022	The RSS Governance Committee Minutes 23 March 2022 were noted. An opportunity for representatives from the LCLHN to attend an upcoming stakeholder forum, to be held in Adelaide 31 May 2022, was noted.
10.8	LCLHN Performance Review meeting papers 10 May 2022	The LCLHN Performance Review meeting papers 10 May 2022 were noted.
10.9	Country Cabinet Briefings May 2022	The Country Cabinet Briefings May 2022 were noted. Discussion was held regarding the processed undertaken to reduce and refine the LHNs submissions, and to remove references to funding and commissioning arrangements. The re-introduction of Country Cabinet meetings was discussed, with Cabinet members travelling to Mount Gambier for the first meeting in early June, and with planning in progress to arrange a site tour for the MHW of MGDHS, and for various meetings with key stakeholders.
10.10	Correspondence: Keith & District Hospital Board	The Correspondence: Keith & District Hospital Board was noted.
10.11	Board Briefing: Naracoorte Health Service Aged Care Safety & Quality Commission Sanctions	The Board Briefing: Naracoorte Health Service (NHS) Aged Care Safety & Quality Commission (ACSQC) Sanctions was noted, and key topics from the report were discussed including: <ul style="list-style-type: none"> <li>• Sanctions imposed by the Delegate of the ACSQC, following a site audit at the NHS from 17-19 May 2022, and the resulting requirements for the LHN.</li> <li>• Confirmation of the immediate actions taken to mitigate potential risk of further sanctions and to ensure responsibilities relating to care and services are met were provided, including: <ul style="list-style-type: none"> <li>○ Appointing a Nurse Advisor for a period of six months.</li> <li>○ Conducting a review of staffing levels, and of the Aged Care Lead role.</li> <li>○ Focussing on standardised processes, improving education and strengthening oversight.</li> <li>○ Consideration for updating the current auditing model.</li> <li>○ A planned resident and family meeting to be held on site at the NHS, to ensure open and transparent communication with key stakeholders.</li> </ul> </li> <li>• Delays with the implementation of a strengthened Aged Care Governance Committee, was attributed to the impacts of COVID, with the potential oversight benefits not realised in a timely manner.</li> </ul>

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		<p><b>RESOLUTION</b></p> <p>The Governing Board provided a formal acknowledgement of the Naracoorte Health Service (NHS) Aged Care Safety &amp; Quality Commission (ACSQC) Sanctions, including recognition of the challenges for the LCLHN to meet the requirements of those Sanctions. The Governing Board resolved to support all LCLHN RAC staff, and in particular the staff at the NHS and the executive leadership group, as they undertake all necessary steps to rectify the concerns identified by the ACSQC as quickly as possible.</p>
<b>11.</b>	<b>OTHER BUSINESS</b>	
11.1	Any other business	Work progressing to develop a Business Case relating to Medical Services was discussed, with anticipation for the final version to be circulated to the Governing Board for out of session review.
<b>12.</b>	<b>MEETING EVALUATION AND CLOSE</b>	
12.1	Meeting Evaluation	LC provided an evaluation of the LCLHN Governing Board Meeting.
12.2	Next Meeting & location	27 June 2022, Naracoorte Health Service.
12.3	<b>Meeting Close</b>	<b>3:15 pm</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](https://sahealth.sa.gov.au/limestonecoastlhn)

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