

**LIMESTONE COAST LHN
GOVERNING BOARD
MEETING MINUTES**

Meeting Date: 25 October 2021 11:30am – 3:30pm

Location: Keith Institute, Keith

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) Andrew Birtwistle-Smith (ABS)

Members: Ngaire Buchanan (NB) Kristen Capewell (KC) Dr Elaine Pretorius (EP) Dr Darren Clarke (DC) Hannah Morrison (HM)
Angela Miller (AM) Ravinder Singh (RS) Alex Govan (AG)

Guests: Kelly Borlase (KB), Project Manager, Keith & District Hospital Transition

Secretariat: Emily Baker (EB), Senior Administration Officer, Governance & Planning

1.	IN CAMERA SESSION	
Item		Discussion
		IN CAMERA SESSION – 11:30am – 12:30pm
2.	MEETING OPENING	
Item		Discussion
2.1	Acknowledgement of Country	GK provided an Acknowledgement of Country.
2.2	Apologies	Nil apologies were noted.

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2.3	Introduction	<p>GK provided an introduction to the meeting of the Limestone Coast Local Health Network (LCLHN) Governing Board.</p> <p>A formal welcome was provided for Dr Darren Clarke, Executive Director of Nursing and Midwifery (EDNM), LCLHN and Alex Govan, Senior Communications Advisor, LCLHN, as new additions to the membership.</p> <p>GK extended gratitude on behalf of the Governing Board to Kristen Capewell, Chief Finance Officer (CFO), LCLHN, as she prepares to commence a new role outside of the LHN in early November, and acknowledgement was provided for the robust oversight and support that Kristen has provided during her time with the LHN.</p>
2.4	Director Conflict of Interest Disclosures	<p>Nil Conflicts of Interest disclosed.</p>
2.5	Confirmation of previous meeting minutes and actions	<p>The minutes of the meeting held on 27 September 2021 were noted and were accepted as a true and accurate reflection of the meeting held, subject to the following amendments:</p> <ul style="list-style-type: none">• Item 2.1 – remove “Andrew Birtwistle-Smith provided an Acknowledgement of Country.” and replace with “Andrew Birtwistle-Smith provided a Welcome to Country as a traditional custodian of the Boandik region.”• Item 10.1 – amend “The need for a uniformed approach...” to state “The need for a uniform approach...” <p>The consolidated actions list was noted, and an update on actions was provided.</p>
3.	BOARD CHAIR REPORT	
3.1	Report from Grant King, Board Chair	<p>GK provided his condolences, on behalf of the Governing Board, for a recent staff bereavement and expressed sympathy and support during this time.</p> <p>Highlights from the inaugural regional Health Advisory Council (rHAC) Conference, held in Murray Bridge on 21-22 October, were provided including:</p>

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		<ul style="list-style-type: none">• A question and answer (Q&A) session with the Minister for Health and Wellbeing (MHW).• Sharing of best practice and good news between various regions, including the Mount Gambier and Districts HAC Men's Pub Talk event to promote Prostate Cancer awareness.• Acknowledgement was provided for the efforts undertaken by the various HACs in raising awareness in the community on key issues, acting as conduit for communication with community members and fundraising activities undertaken. <p>An update was provided in relation to key topics discussed at a recent meeting of the combined regional LHN Board Chairs and Chief Executive Officers (CEOs), including the report from Fran Thorn and the review of the Health Care Act (2008) and the reform of governance in health care.</p> <p>An overview of discussions with the MHW, and the various LHN Board Chairs, in relation to the ongoing response to the COVID-19 pandemic and planning in progress to prepare for the easing of border restrictions was provided.</p> <p>Planning for the management of potential COVID-19 presentations in regional areas was discussed, and a progress update was provided in relation to the LCLHNs COVID-19 Patient Management Plan.</p> <p>Acknowledgement was provided for the successful transition of private services at the Mount Gambier and Districts Health Service (MGDHS).</p> <p>Key updates in relation to workforce planning activities for the LCLHN were discussed, including:</p> <ul style="list-style-type: none">• Work progressing to establish a formal agreement with Southern Adelaide Local Health Network (SALHN) to engage senior medical officers with shift rotations to LCLHN sites and to support ongoing training for junior medical officers.• Recruitment activity for a Project Officer to further support the implementation of the Rural Health Workforce Strategy.
4.	LIMESTONE COAST LHN REPORTS	

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4.1	CEO Report a) General update	Updates were provided on key topics from the LCLHN CEO Report, including: <ul style="list-style-type: none">• Work progressing to negotiate the acquisition of assets held by the Mount Gambier Private Hospital (MGPH), at the time of voluntary administration, that are deemed necessary to support activity in the private ward.• A Strategic Leadership workshop in November to operationalise the LCLHN Strategic Plan and which had been rescheduled from July due to the COVID-19 lockdown.• The first formal meeting of the Keith and Districts Hospital (KDH) Steering Committee, held in Keith on 25 October 2021.• Ongoing discussions with the Department for Health and Wellbeing (DHW) to discuss the 2021-22 Budget and Service Agreement.• Work progressing with the Theatre Upgrade at Naracoorte Health Service, anticipated to be completed in early November.• Consultation with key stakeholders in relation to the planned Country Health Connect (CHC) purpose-built site in Bordertown.• An update in relation to the rollout of Electronic Medical Record (EMR) across all LCLHN sites, with the implementation phase of the project anticipated to commence in early 2022.• Commencement of meetings with various key stakeholders to showcase the benefits for the community of the proposed Ambulatory Care model for the LCLHN.• The ongoing work of the LCLHN Incident Management Team (IMT), including localised modelling to ensure the LCLHN is prepared for the easing of border restrictions and the potential for positive COVID-19 presentations.• Work continuing for the LCLHN COVID-19 Vaccination team, with availability of vaccinations boosted by the introduction of walk-in appointments and pop-up clinics in rural and remote areas of the region.
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		<ul style="list-style-type: none">• The mandate for staff and volunteers to be vaccinated against COVID-19, or hold a valid exemption, from 1 November 2021 was discussed.• Improvements for the quality and safety of mental health services at the MGDHS Emergency Department (ED), to address key areas from the improvement plan implemented by the Office of the Chief Psychiatrist (OCP). <p>An update was provided in relation to a recent audit of orthopaedic services provided by the LCLHN, indicating comparable activity levels to the Queen Elizabeth Hospital (QEH), and highlighting the potential need to bring forward the second phase of the existing Business Case to support activity levels.</p>
	b) Performance Reporting Summary August 2021	<p>The Chief Finance Officer (CFO) provided a summary of key points from the August 2021 Finance Report, including:</p> <ul style="list-style-type: none">• The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$1.2m favourable to budget.• Consideration to be made in relation to Net Cost of Service EOY forecast reported to be \$9.7m unfavourable to budget, with consideration for:<ul style="list-style-type: none">○ \$3.3m in relation to COVID-19 net Year to Date (YTD) expenditure○ \$3.3m of revenue reduction as a result of the administration of the MGPH○ Funding shortfalls within the proposed 2021-22 budget:<ul style="list-style-type: none">▪ \$0.5m in relation to Bordertown▪ \$1.1m in relation to KDH▪ \$0.6m in relation to Nurse Practitioners○ \$0.9m unfavourable result forecast for Residential Aged Care (RAC)○ \$1.0m of Activity Based Funding (ABF) unit activity above target <p>Work progressing to negotiate the proposed 2021-22 budget with the DHW, and to address the identified funding shortfalls was discussed.</p>

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		<p>The outcomes of a recent review undertaken by Provider Assist, on behalf of the LCLHN, to analyse the Aged Care Funding Instrument (ACFI) levels for five residents at Bordertown's RAC site were discussed, including:</p> <ul style="list-style-type: none">• An uplift of \$180k of ACFI funding per annum from the initial audit• A further three instances identified where the potential ACFI levels of residents could be improved.• The potential for a significant uplift in funding with further audits of resident ACFI levels across LCLHN aged care sites.
	<p>c) Key Performance Indicator (KPI) Summary August 2021</p>	<p>The Key Performance Indicator (KPI) Summary for August 2021 was noted, and work progressing to address the proposed 2021-22 budget and the RAC budgeting model were identified as key focus areas.</p> <p>Key topics from the KPI Summary report were discussed, including:</p> <ul style="list-style-type: none">• The impact of the voluntary administration of the MGPH on the LCLHN debtor balance• The impact on expenses anticipated as a result of forecasted National Weighted Activity Units (NWAU) activity above target.• Key issues affecting access and flow, and improvements anticipated as a result of the General Medicine project.• The current reliance on locums to support the Emergency Department at the MGDHS.• Key focus areas from within the People & Culture (P&C) report, including:<ul style="list-style-type: none">○ Vaccination rates for employees.○ Work completed to address historical improvement notices issued by SafeWork SA.○ Planned additional support for recruitment activities due to the impact of COVID-19 travel restrictions and border closures.

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- Improved results with reporting of challenging behaviour incidents, partially attributed to the implementation of daily huddles.
- The reported percentage rates of employee turnover within the last 12 months and the variance to the ideal attrition rate.
- Key focus areas from within the Quality & Safety (Q&S) report, including:
 - The trend for patient incidents reported, attributed to improved reporting practices.
 - The Severity Assessment Code (SAC) 1 and SAC 2 incidents reported in August.
- Key focus areas from within the Risk Management report, including:
 - The refined Risk Management Report highlighting the impact on risk ratings where mitigation strategies are in place.
 - The number of risks falling outside of tolerance, attributed to low risk tolerance levels.
 - Ongoing refinement to Risk Console software settings to ensure data integrity in risk reporting.
 - Progression of the Coordinator Audit, Risk and Compliance role, to be advertised in late October.
 - The need to update the risk owner information aligned to the ongoing risk in relation to the CHIRON legacy software was discussed.
- The aged care bed occupancy rates, and considerations for the strategic direction of aged care into the future were discussed.

The Governing Board reiterated the benefit of having the CFO talk through key topics relating to finance and performance within the KPI report each month, and expressed a desire for an executive member to be aligned to each focus area within the report to provide insight and support future discussion.

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<p>5.</p>	<p>COVID-19 UPDATE</p>	
<p>5.1</p>	<p>COVID-19 Preparedness & Response</p>	<p>The ongoing response to the COVID-19 pandemic and planning in progress to prepare for the easing of border restrictions was discussed, including:</p> <ul style="list-style-type: none"> • Ongoing communication identified as a key objective for the Governing Board, to ensure the community remains informed and reassured about the LCLHNs preparedness. • Planning in progress to establish rapid assessment centres. • The ability to manage patients with mild symptoms, providing in-home care and support. • Ensuring patient pathways are clearly defined as a part of the LCLHNs COVID-19 Patient Management Plan.
<p>6.</p>	<p>KEITH & DISTRICT HOSPITAL TRANSITION</p>	
<p>6.1</p>	<p>Health Care Hub Transition Plan</p>	<p>An overview was provided in relation to the KDH Transition Plan and key activities were discussed including:</p> <ul style="list-style-type: none"> • The establishment of the KDH Transition Steering Committee, and confirmation of the first meeting of the group held in Keith on 25 October 2021. • Recent meetings with the local member for MacKillop, Nick McBride MP. • Work continuing to strengthen relationships with the KDH Board, and to ensure ongoing and effective communication. • The impact on the KDH as a result of the recent resignation of the combined role of Chief Executive Officer (CEO) and Director of Nursing (DON), KDH and recruitment in progress to fill the vacancy.

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		<ul style="list-style-type: none">The desire for the KDH Transition Steering Committee to develop a service plan for the Keith and Districts community, to support future discussions and consultation in 2022.
7.	ENGAGEMENT STRATEGIES	
7.1	Engagement Strategy Update	<p>An overview of Engagement Strategy activities was provided, including:</p> <ul style="list-style-type: none">Recent updates to incorporate the new vision statement recently approved as a part of the LCLHN Strategic Plan 2021-2025.Plans in progress to align the launch of both the Consumer, Carer and Community Engagement Strategy, and the Clinician and Staff Engagement Strategy, with the launch of the LCLHN Strategic Plan at the Annual Public Meeting (APM) to be held on 29 November 2021.
8.	GOVERNING BOARD COMMITTEE UPDATES	
8.1	Audit & Risk Committee Summary	<p>Nil additional updates were provided from the Audit & Risk Committee (ARC) from the last meeting of the ARC on 30 August 2021 and with the next meeting to be held on 29 November 2021.</p>
8.2	Clinical Governance Committee Summary	<p>An update was provided in relation to key topics discussed at the recent meeting of the Clinical Governance Committee (CGC) on 25 October 2021, including:</p> <ul style="list-style-type: none">Clinical risks identified in relation to pre-anaesthetic clinic referrals, outpatient services and morbidity rates.A review into the model of care for obstetric services, including negotiations to increase the contracted hours of the Head of Unit (HOU), and increasing registrar support.Confirmation provided that the Clinical Solvency Statement was passed, with no significant quality and safety issues identified.
8.3	Finance & Performance Committee Summary	

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		<p>An update was provided in relation to key topics discussed at the recent meeting of the Finance and Performance Committee (CGC) on 25 October 2021, including:</p> <ul style="list-style-type: none">• Work progressing with the proposed 2021-22 budget, and to address funding shortfalls.• Preparation for the transition of a new committee lead in the coming months.
9.	STRATEGIC PLANNING	
9.1	LCLHN Strategic Plan 2021-2025 Update	<p>An update was provided in relation to the implementation phase of the Strategic Plan, including plans in progress for:</p> <ul style="list-style-type: none">• The Strategic Leadership group workshop scheduled in November to operationalise the Plan.• The official launch of the Strategic Plan at the APM on 29 November 2021.
10.	TOPIC OF THE MONTH	
10.1	LCLHN Organisation Review	<p>A recent review of the LCLHN Organisation structure, to provide an overview of the current and future state of the LHN, was discussed.</p> <p>Acknowledgement was provided for the current workload of various cohorts across the organisation, with the current rate of staff turnover indicative of pressures felt by staff.</p> <p>An update was provided in relation to work progressing to address workforce issues, including a statewide workforce planning focus, and reviewing the scope of practice to provide flexibility to individuals within their role.</p> <p>An overview was provided in relation to the organisation design principals used to guide the decision-making process, including the need to approach</p>

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		<p>workforce planning for the LCLHN based on the unique requirements of the LHN, without trying to match the structure of other LHNs.</p> <p>The approach to engaging external consultants or contractors to support projects for a set time period and at a finite cost, and producing long term benefits was discussed, with the example of the recent engagement of Provider Assist resulting in an ongoing funding uplift for the LCLHN.</p> <p>The current unfavourable Net Cost of Service EOY forecast was noted, and the plan to escalate business cases with financial implications through the Strategic Leadership group and to the Governing Board for approval was discussed.</p> <p>An overview was provided in relation to the prioritisation of investment into clinical areas of the LHN, the need for an interdisciplinary approach, and to address funding shortfalls within the proposed 2021-22 budget.</p>
11.	MATTERS FOR DISCUSSION	
11.1	LCLHN Aged Care – Overarching Statement	<p>The proposed overarching statement for LCLHN Aged Care to articulate the Board's strategic vision, crafted by the Aged Care lead was discussed, including the review and endorsement by the LCLHN Strategic Leadership group.</p> <p>"The Limestone Coast Local Health Network Governing Board recognises the holistic care of the aged and disabled is a speciality in its own right, where multi-disciplinary, high quality care is delivered respectfully and professionally with compassion, accountability, understanding and integrity, acknowledging the consumers right to dignity and choice."</p> <p>RESOLUTION</p> <p>The Governing Board approved the proposed overarching statement for dissemination to relevant governance committees and for inclusion in future documentation as required.</p>
	Residential Aged Care (RAC) Budgeting Models	<p>The briefing in relation to Residential Aged Care (RAC) Budgeting Models was noted, and an overview was provided on the change in funding methodology to align all relevant revenue and cost drivers to benchmarks more closely.</p>

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		The improved ability to identify variances when reporting performance against the new budgeting model was noted.
12.	MATTERS FOR APPROVAL	
	2021-22 LCLHN Service Agreement	<p>The LCLHN Service Agreement 2021-22 was discussed, including the review completed by the LCLHN Strategic Leadership group, and continuing discussions with the DHW regarding issues identified with the funding schedule.</p> <p>RESOLUTION</p> <p>Considering the recommendation by the Chief Finance Officer, the Governing Board approved the partial signing of the agreement, with the exception of Part E: Funding and Commissioned Activity which is subject to further discussions with DHW.</p>
	Change of Bank Account Signatories	<p>The need to update current signatories for Historical Aged Care Banking Accounts was discussed, including:</p> <ul style="list-style-type: none">• Current approved signatories for the accounts listed in the papers under Item 12.1 (Attachment 1) being:<ul style="list-style-type: none">o Ngairé Buchanan, Chief Executive Officer (CEO),o Kristen Capewell, Chief Finance Officer (CFO) and;o Paul Bullen, Executive Director of Nursing and Midwifery (EDNM)• The proposal to remove Paul Bullen as an approved signatory and replace with Dr Darren Clarke as the newly appointed EDNM. <p>RESOLUTION</p> <p>The Governing Board approved the proposed amendments to historical Aged Care Banking Account Signatories.</p>

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13.	MATTERS FOR NOTING	
13.1	LCLHN Payment Performance Report September 2021	The LCLHN Payment Performance Report September 2021 was noted.
13.2	LCLHN Late Payments of Interest (LPI) September 2021	The LCLHN Late Payments of Interest (LPI) September 2021 were noted.
13.3	Rural Support Service (RSS) Governance Committee Minutes 25 August 2021	The Rural Support Service (RSS) Governance Committee Minutes 25 August 2021 were noted.
13.4	Rural Support Service (RSS) Governance Committee Minutes 22 September 2021	The Rural Support Service (RSS) Governance Committee Minutes 22 September 2021 were noted. The desire for improved communication between the RSS Governance Committee and the various LHNs, in particular regarding the budgeting process and decisions which impact the cost of service provided to the LHNs was discussed.
13.5	Draft Board & Committee Calendar 2022	The Draft Board & Committee Calendar 2022 was noted, and the intent to vary the location of meetings across various LCLHN sites throughout the year was discussed.
13.6	Correspondence – Consumer EOI Opportunities	The Correspondence – Consumer EOI Opportunities was noted.
13.7	Clinical Governance Committee Agenda 25 October 2021	The Clinical Governance Committee Agenda 25 October 2021 was noted.
13.8	Finance and Performance Committee Agenda 25 October 2021	The Finance and Performance Committee Agenda 25 October 2021 was noted.

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14.	OTHER BUSINESS	
14.1	Correspondence – Sharing the LCLHN Annual Report 2020-21 prior to tabling	<p>A request received from the Medical Liaison Officer (MLO) team to access a copy of the LCLHN Annual Report 2020-21 prior to tabling in Parliament, to support the recruitment process for an International Medical Officer, was discussed.</p> <p>Correspondence received from Corporate Affairs – SA Health, confirming support from the Minister's Office to release a copy of the report for the purpose outlined was noted.</p> <p>RESOLUTION</p> <p>The Governing Board provided approval to share a copy of the LCLHN Annual Report 2020-21 with the LCLHN MLO team to support the recruitment process referenced.</p>
14.2	Any other business	<ul style="list-style-type: none">• The format of the 2021 LCLHN Annual Public Meeting (APM) was discussed, with the Governing Board expressing a desire to ensure community members in all regions of the Limestone Coast are able to engage in the meeting.• The recent experience by Governing Board member Lindy Cook in relation to the cross-border exemption process was discussed, and challenges experienced by consumers requiring interstate travel to access services, particularly where services are located outside of the cross-border corridor was further highlighted.• It was noted that Ravinder Singh, Director of Corporate Services, LCLHN would commence a period of leave in early November, with plans progressing to ensure backfill for this position. <p>RESOLUTION</p> <p>The Governing Board resolved to hold the LCLHN APM in Mount Gambier and with links via video conferencing at each of the sites across the LHN to provide options for community members attend at their nearest town/city.</p>
15.	MEETING EVALUATION AND CLOSE	

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15.1	Meeting Evaluation	AJ provided an evaluation of the LCLHN Governing Board Meeting.
15.2	Next Meeting & location	29 November 2021, Mount Gambier
15.3	Meeting Close	3:30 pm

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