

**LIMESTONE COAST LHN
GOVERNING BOARD
MEETING MINUTES**

Meeting Date: 30 August 2021 11:30am – 4:30pm
Location: Keith Institute

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) Paul Bullen (PB) Hannah Morrison (HM)
Angela Miller (AM) Ravinder Singh (RS)

Guests: Kelly Borlase (KB), Project Manager, Keith & District Hospital Transition
Debbie Martin (DM), Co-Director, Rural Support Service (RSS)

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

1. IN CAMERA SESSION		
Item		Discussion
		IN CAMERA SESSION – 11:30am – 12:00pm
2. MEETING OPENING		
Item		Discussion
2.1	Acknowledgement of Country	Andrew Birtwistle-Smith provided the Welcome to Country as a traditional custodian of the Ngarkat region.
2.2	Apologies	An apology was provided for Ngaire Buchanan, Chief Executive Officer, Limestone Coast Local Health Network (LCLHN).

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2.3	Introduction	<p>GK provided an introduction to the meeting of the LCLHN Governing Board.</p> <p>It was noted that an invitation had been extended to representatives from the Keith and District Hospital (KDH) Board, the KDH management team, the local Member of Parliament (MP) and the Tatiara District Council to join the Governing Board at approximately 1:15pm for a formal introduction to Kelly Borlase as the newly appointed Project Manager to support the KDH Transition to a Health Care Hub model from 1 January 2023.</p> <p>Additionally, it was noted that an apology had been received from the office of Nick McBride, MP, Member for MacKillop.</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 26 July 2021 were noted and were accepted as a true and accurate reflection of the meeting held, subject to the time recorded for the Governing Board In Camera Session held.</p> <p>An update on actions was provided.</p>
3.	BOARD CHAIR REPORT	
3.1	Report from Grant King, Board Chair	<p>An overview was provided in relation to key activities during August, including:</p> <ul style="list-style-type: none">• Well wishes and thoughts were provided for Ngairé Buchanan, Chief Executive Officer, LCLHN, during a current period of planned leave.• Acknowledgement provided for the support, guidance and work undertaken by members of the Governing Board and Executive team to progress the Deed of Company Arrangement (DOCA) following the voluntary administration of the Mount Gambier Private Hospital (MGPH), and with work completed to ensure that there would be no impact to private health services for the community.• An acknowledgement was provided for the extensive work undertaken to progress the LCLHN Engagement Strategies.

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4.	LIMESTONE COAST LHN REPORTS	
4.1	CEO Report a) General update	<p>An update was provided in relation to key planning activities for the LCLHN in recent months, including:</p> <ul style="list-style-type: none"> • Work completed to establish and implement a Private Services Transition Plan following the closure of the Mount Gambier Private Hospital (MGPH) as of midnight 20 August 2021, with the Mount Gambier and Districts Health Service (MGDHS) private ward commencing Private in Public services as of 21 August 2021. • Work progressing with the development of a plan for the proposed Ambulatory Care model at the MGDHS. • Further refinements made to the commissioning bid submitted by the LCLHN, seeking commonwealth funding support, for a proposed integrated cancer consult suite in Mount Gambier. • Confirmation of COVID-19 vaccination rates for LCLHN employees, at the time of the report, with 82 percent of staff having received their first dose and 79 percent of staff having received their second dose. • Progress made with the 2021-22 budget process and with meetings scheduled between the LCLHN and the Department for Health and Wellbeing (DHW) to discuss budget allocation. <p>The provision of surgical services at the MGDHS was discussed, with an update provided in relation to the transition of contract arrangements from Central Adelaide Local Health Network (CALHN), with a new arrangement established between the LCLHN and the service providers.</p> <p>An update was provided in relation to the notification received in July 2021, from the Office of Chief Psychiatrist (OCP), regarding an intervention plan to monitor the quality and safety of the mental health services provided at the MGDHS Emergency Department (ED).</p> <p>It was noted that the funding levels for mental health services within the proposed budget for 2021-22 was discussed at the meeting of the LCLHN Finance and Performance Committee on 30 August 2021, including an increased demand for services and the changing service profile, as well as the</p>

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		negative impact to performance as a result of ongoing staff vacancies in both inpatient and community service areas.
	b) Performance Reporting Summary June 2021	<p>It was noted that performance reporting had been provided for the June 2021 End of Year (EOY) adjustment period in lieu of performance reporting for the July 2021 period.</p> <p>The Chief Finance Officer (CFO) provided a summary of key points from the June 2021 (Adjusted) Finance Report, including:</p> <ul style="list-style-type: none">• The EOY Net Adjusted Result (excluding revaluations), reported to be \$1.0m favourable to budget• Consideration to be made in relation to allowable unfavourable variances of:<ul style="list-style-type: none">○ \$2.1m in relation to COVID-19 net Year to Date (YTD) expenditure○ \$1.6m in relation to the historic revenue adjustment○ Funding support provided to private hospital services, including:<ul style="list-style-type: none">▪ \$0.1m unfavourable provided to the MGPH▪ \$0.2m unfavourable provided to Keith & District Hospital (KDH)○ \$7.9m favourable in relation to the DHW appropriation adjustment inclusive of:<ul style="list-style-type: none">▪ \$6.4m as a result of accounting adjustments made to support cash flow payments, not considered to be actual income• A reported overachievement of Activity Based Funding (ABF) units equating to \$2m worth of additional activity provided. <p>It was noted that the process for reporting payments received had been referred to the Auditor-General's Department, with the LCLHN seeking to ensure reporting of income and cash flow is differentiated.</p> <p>Acknowledgement was provided for the overall financial result for the LCLHN being favourable to budget, and the achievement of this key performance indicator for the Service Agreement 2020-21 between the LCLHN and the DHW.</p>

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	<p>c) Key Performance Indicator (KPI) Summary June 2021</p>	<p>The Key Performance Indicator (KPI) Summary for May 2021 was noted, and key areas were discussed, including:</p> <ul style="list-style-type: none">• Successful appointment of an Older Persons Nurse Practitioner at the MGDHS ED.• Acknowledgement was provided for the increased reporting of key workforce issues included within the People & Culture report, including:<ul style="list-style-type: none">○ I Work For SA employee survey results, including additional SA Health specific questions and results filtered by site.○ It was noted that results from the I Work For SA employee survey were to be tabled for discussion at the next meeting of both the Regional Leadership and Strategic Leadership Committees, with actions to be aligned to key areas identified for improvement.• Risk Management reporting, and work in progress to adjust the Risk Console software to ensure that reporting accurately reflects the risk themes and tolerance levels for the LCLHN and the DHW.• Acknowledgement was provided for the level of detail included within the Aboriginal Health report, and additionally for the need to further refine the dashboard report to ensure that data is specific to the region and aligned to Key Performance Indicators (KPIs) within the Health Performance Agreement (HPA). <p>Andrew Birtwistle-Smith provided an update in relation to a planned information session for the Aboriginal Health Experts aligned to the various LHN Governing Boards, to be hosted by the Minister for Health and Wellbeing (MHW).</p> <p>The Governing Board provided an acknowledgement for the newly developed LCLHN Guide for Engaging with Aboriginal People, and resolved to ensure that the guide is directly linked to the LCLHN Engagement Strategies.</p>
	<p>d) Medical Staffing Challenges</p>	<p>Dr Elaine Pretorius, Executive Director of Medical Services (EDMS), LCLHN, provided an overview of the current challenges faced at the MGDHS in relation to Medical Staffing, and key topics from the report were discussed, including:</p>

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		<ul style="list-style-type: none">• Acknowledgement provided for the complexity and range of attributing factors, with the Audit and Risk Committee highlighting medical staffing challenges as a systemic issue for the LHN.• The limited ability to provide on the job training due to challenges recruiting to an ongoing vacancy for a Director of Clinical Training with the LCLHN.• The desire for a coordinated and strategic approach towards attraction and retention of medical officers across all LHNs, and for contractual arrangements to be structured to ensure an equitable tenure of service within regional communities. <p>Confirmation was provided that the medical staffing challenges for the LHN had been escalated to the Chief Medical Officer, including a request for support to coordinate a collaborative solution across all LHNs.</p> <p>Endorsement was provided by Dr Pretorius for the report and supporting papers, included at agenda Item 4.1 d), to be escalated to the Combined LHN Governing Board Chairs Committee for further discussion.</p>
5.	KEITH & DISTRICT HOSPITAL TRANSITION	
5.1	Project Manager Introduction & Project Timeline	<p>Representatives from the Keith and District Hospital (KDH) Board, the KDH management team, and the Tatiara District Council joined the meeting at approximately 1:15pm.</p> <p>Following introductions between the external attendees and the LCLHN Governing Board and Executive team, a formal introduction and welcome was provided for Kelly Borlase as the newly appointed Project Manager, KDH Transition.</p> <p>An overview of Kelly's vision and approach to the KDH Transition Project was provided, including:</p> <ul style="list-style-type: none">• The opportunity to create an exciting health service that the community would continue to be proud of moving forward.

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		<ul style="list-style-type: none">• A desire to meet with all key stakeholders to gain various perspectives, and to collate information and proposed models for consideration.• Acknowledgement was provided for the importance of ensuring access to healthcare services in regional communities, and additionally for the history of the KDH as an acute hospital service with a level community hesitation associated with the proposed transition plan. <p>The LCLHN Governing Board Chair extended congratulations to Kelly for her successful appointment to the role, and noted her experience with governance transition and her understanding of the local community.</p> <p>Geoff Davidson representative for the KDH Board, highlighted the opportunity for the KDH Transition Project to provide engagement with, and a positive outcome for, the community of Keith as a vibrant part of the Local Government area. Acknowledgment was also provided for recent work completed to upgrade the Aged Care areas located at the KDH site.</p> <p>Mayor Graham Excell, Tatiara District Council, provided support for the KDH Transition Project as it pertained to continued access to local health services for the residents of Keith and surrounding areas.</p> <p>A timeline was provided for the project with a hard deadline for the current funding arrangements up to 31 December 2022, and with the planned transition to a future service model from 1 January 2023. Kelly confirmed her appointment to March 2023 to allow for oversight and to provide support during the implementation phase in early 2023.</p> <p>It was noted that representatives from the Keith and District Hospital (KDH) Board, the KDH management team, and the Tatiara District Council left the meeting at approximately 2:05pm.</p>
6.	MOUNT GAMBIER PRIVATE HOSPITAL	
6.1	Private Services Transition Plan	The plan for the transition of private hospital services at the Mount Gambier & Districts Health Service (MGDHS), previously provided to the Limestone Coast community by the Mount Gambier Private Hospital (MGPH), was discussed, including:

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		<ul style="list-style-type: none">• Funding arrangements to ensure that future funding is aligned to the current agreement, which had been implemented prior to the voluntary administration of the MGPH, and with correspondence to be prepared for the Minister for Health and Wellbeing.• Acknowledgement was provided to Grant King, Governing Board Chair, and LCLHN clinicians Mr Barney McCusker and A/Prof Matthias Wichmann, for the clear and timely communication provided to the community, ensuring consumers remained informed and to alleviate any potential anxiety regarding the transition of private health services.
7.	ENGAGEMENT STRATEGIES	
7.1	Engagement Strategy Update	<p>An update was provided in relation to recent activities to progress the LCLHN Engagement Strategies, including:</p> <ul style="list-style-type: none">• A recent meeting of the LCLHN Engagement Strategies working group to progress the LCLHN Clinician and Staff Engagement Strategy (CSES), with an invitation extended to Dr Andrew Saies to attend a meeting of the Visiting Medical Specialist Advisory Group.• Further updates made to the draft CSES document, to incorporate feedback gathered from stakeholders during consultation, and the intention to circulate an updated draft to the Executive Leadership team and the Clinical Leadership Council seeking further input.
8.	GOVERNING BOARD COMMITTEE UPDATES	
8.1	Audit & Risk Committee Summary	<p>It was noted that key topics discussed at the recent meeting of the Audit & Risk Committee (ARC), held on 30 August 2021, had been addressed during discussion at previous agenda items.</p>
8.2	Clinical Governance Committee Summary	<p>An update was not provided from the Clinical Governance Committee (CGC) with key topics of concern for the committee addressed during conversation at previous agenda items.</p>

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8.3	Finance & Performance Committee Summary	It was noted that key topics discussed at the recent meeting of the Finance & Performance Committee (FPC) on 30 August 2021, had been addressed during discussion at previous agenda items.
9.	AGED CARE	
9.1	LCLHN Aged Care Vision & Mission Statement	<p>The LCLHN Aged Care Vision and Mission Statement was discussed, with key themes including:</p> <ul style="list-style-type: none">• Acknowledgement was provided for the work undertaken in the Vision and Mission Statement for the LCLHN Aged Care Committee and with an overarching strategic statement to be provided by the Governing Board.• The desire of the Governing Board to continue to expand and build on strategic thinking and planning in relation to Aged Care.
10.	STRATEGIC PLANNING	
10.1	LCLHN Draft Strategic Plan 2021-2025 Consultation Update	A progress update was provided in relation to the development of the LCLHN Strategic Plan 2021-2025.
11.	MATTERS FOR DISCUSSION	
11.1	Rural Support Service Memorandum of Agreement & Decision-Making Process	<p>Debbie Martin, Co-Director, Rural Support Service (RSS), joined the meeting to discuss the RSS Memorandum of Administrative Agreement (MoAA) and the RSS Decision-Making Process, with key topics including:</p> <ul style="list-style-type: none">• Alignment of the MoAA to the new Governance changes for the RSS• Endorsement provided by the RSS Governance Committee, as a Tier 1 Committee of the Barossa Hills Fleurieu LHN (BHFLHN) Board, comprised of a skills-based membership with representation from each regional LHN.• Proposed changes to the MoAA had been requested during a consultation with various LHNs, seeking more detailed clarification regarding delegations.

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		<ul style="list-style-type: none">• The intention of the RSS Governance Committee to establish quarterly stakeholder meetings to ensure collaboration and discussion with the various LHNs regarding key decisions. <p>An overview of the RSS Decision Making Process was provided, including the process for seeking endorsement and approval from the BHFLHN Governing Board and Tier 1 committees relating to strategic matters, and where endorsement is to be sought from individual LHN Governing Boards or Tier 1 Committees.</p> <p>The LCLHN highlighted the need to address oversight for the RSS, and the process for addressing potential Conflicts of Interest for the BHFLHN Governing Board in relation to decision making which affects all regional LHNs (rLHNs).</p> <p>The need to ensure decision making is undertaken via a process that includes consultation with, and endorsement by, all stakeholders was discussed, including the need for more consultation to occur with:</p> <ul style="list-style-type: none">• Clinicians in relation to operational matters• The various rLHNs in relation to the budget allocation and cost for services provided by the RSS. <p>It was noted that the RSS Governance Committee is progressing investigations to consider establishing the RSS as a separate entity to the BHFLHN, under a shared services structure, with consideration for the potential financial and workforce implications.</p> <p>The LCLHN Governing Board requested time to review and discuss the proposed RSS MoAA at the next meeting of the Board on 27 September 2021, with formal feedback and recommendations to be provided to the RSS Governance Committee in early October.</p>
12.	MATTERS FOR APPROVAL	
12.1	LCLHN Attestation Statement 2020-21	Hannah Morrison, Regional Quality, Risk and Safety Manager, LCLHN, led the discussion in relation to the retrospective LCLHN Attestation Statement 2020-21, with confirmation that:

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		<ul style="list-style-type: none">• The LCLHN Attestation Statement 2019-20 had been approved by the Governing Board, and with the Accreditation to the National Safety and Quality Health Service (NSQHS) Standards not taking place during that period due to delays attributed to COVID-19.• Accreditation achieved against the NSQHS Standards during the 2020-21 period.• Receipt of the retrospective Attestation Statement from the MGPH, via the current administrator arrangements, and as the private health organisation was registered under the LCLHN, and that the document had been co-signed by Ngaire Buchanan, CEO, LCLHN.• Endorsement provided by the LCLHN Audit and Risk Committee during the meeting held on 30 August 2021. <p>RESOLUTION</p> <p>The Governing Board provided approval for the signing of the LCLHN Attestation Statement 2020-21.</p>
13.	MATTERS FOR NOTING	
13.1	LCLHN Payment Performance Report July 2021	The LCLHN Payment Performance Report July 2021 was noted.
13.2	LCLHN Late Payments of Interest (LPI) July 2021	The LCLHN Late Payments of Interest (LPI) July 2021 were noted.
13.3	Finance & Performance Committee Agenda 30 August 2021	The Finance & Performance Committee Agenda 30 August 2021 was noted.
13.4	Audit & Risk Committee Agenda 30 August 2021	The Audit & Risk Committee Agenda 30 August 2021 was noted.

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13.5	Finance & Performance Committee Minutes 26 July 2021	The Finance & Performance Committee Minutes 26 July 2021 were noted.
13.6	Clinical Governance Committee Minutes 26 July 2021	<p>It was noted that the Clinical Governance Committee Minutes 26 July 2021 would be circulated Out of Session in early September 2021.</p> <p>Confirmation was provided that the CGC confirmed the LCLHN was reported to be clinically solvent at the meeting held 26 July 2021, with no issues or matters to be reported, or escalated, to the Governing Board.</p>
13.7	Annual Integrated Compliance Certification 2020-21	The Governing Board Briefing in relation to the Annual Integrated Compliance Certification 2020-21 was noted.
13.8	LCLHN Interim Audit Letter 2020-21	The LCLHN Interim Audit Letter 2020-21 was noted.
13.9	LCLHN Grant Funding 2020-21	The Governing Board Briefing in relation to LCLHN Grant Funding 2020-21 was noted.
14.	OTHER BUSINESS	
14.1	Any other business	<p>The extensive discussion which had occurred during the Finance and Performance meeting and the Audit and Risk meeting earlier today regarding the EOY Net Adjusted Result (excluding revaluations) of \$1.0m favourable to budget was noted by the Governing Board. Some views were expressed that a potential opportunity for an increased investment in resources across the system during the 2020-21 period was lost.</p> <p>It was acknowledged that strong fiscal management over the last two (2) financial years had reflected well on the LHN, however we should ensure that our operational model is resourced to allow for business growth and to mitigate any clinical and other risks across the service.</p> <p>RESOLUTION</p>

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		<p>The Governing Board requested that the CEO, in consultation with the Executive team, prepare for the Board an LCLHN organisation overview detailing the current and proposed executive and management team structures in readiness for discussion at the Governing Board's October 2021 meeting.</p> <p>The overview is to include reference to current and projected workloads and which would detail an adequate allocation of funding to support the effective management of the strategic and operational risk for the LCLHN as set out in the Service Agreement for the current reporting period.</p>
15.	MEETING EVALUATION AND CLOSE	
15.1	Meeting Evaluation	Jl provided an evaluation of the LCLHN Governing Board Meeting.
15.2	Next Meeting & location	27 September 2021, Pangula Mannamurna Aboriginal Corporation, Mount Gambier
15.3	Meeting Close	3:35 pm