

LIMESTONE COAST LHN GOVERNING BOARD MEETING MINUTES

Meeting Date: 28 February 2022 11:30am – 3:30pm

Location: Microsoft Teams meeting

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)
Lindy Cook (LC)

Andrew Birtwistle-Smith (ABS)
John Irving (JI)

Glenn Brown (GB)
Dr Anne Johnson (AJ)

Dr Andrew Saies (AS)

Members: 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: Karen Harris (KH), Executive Director of Community & Allied Health, LCLHN

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

1. IN CAMERA SESSION		
		IN CAMERA SESSION – 11:30am – 12:00pm
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). 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. Acknowledgment was provided for the first attendance by Tjaart Van der Westhuizen, A/Director of Corporate Services, LCLHN. A welcome was extended to Karen Harris, recently appointed Executive Director of Community and Allied Health, LCLHN, as a guest to the meeting.

2.4	Director Conflict of Interest Disclosures	<p>Nil Conflicts of Interest (COI) were disclosed.</p> <p>The process for declaring COI disclosures was discussed, with confirmation provided for the need to identify disclosures which have not previously been recorded on the COI Disclosure Register and with confirmation of any potential conflicts to be disclosed prior to the discussion of any topic where a potential or actual conflict may exist.</p>
2.5	Confirmation of previous meeting minutes and actions	<p>The minutes of the meeting held on 31 January 2022 were noted and were accepted as a true and accurate reflection of the meeting held.</p> <p>The consolidated actions list was noted, with a minor amendment to be made to an action from the meeting held 31 January 2022, to expand the scope of communications in relation to the LCLHNs COVID-19 response. Nil outstanding items were identified.</p>
<p>3. BOARD CHAIR REPORT</p>		
3.1	Report from Grant King, Board Chair	<p>GK provided an overview in relation to key topics discussed during the Governing Board in camera session at the commencement of the meeting, including election campaign commitments made regarding future funding for health care in the region.</p> <p>A reminder for public servant requirements during the State Government Election Caretaker Convention period was provided, including the need for all LCLHN staff to be conscious of remaining impartial.</p> <p>Confirmation was provided for GKs involvement as panelist and subject expert, to support the Department for Health and Wellbeing's (DHWs) Senior Executive Leadership Program, a development program for emerging industry leaders.</p>
<p>4. LIMESTONE COAST LHN REPORTS</p>		
4.1	<p>CEO Report</p> <p>a) General update</p>	<p>The Chief Executive Officer (CEO) Report was noted, and acknowledgement was provided for the reconfigured reporting model to align with the LCLHN strategic priorities.</p> <p>NB provided an update in relation to key priority areas from the report, including:</p> <ul style="list-style-type: none"> • <u>Growing Services:</u> <ul style="list-style-type: none"> ○ Future opportunities to increase the scope and accessibility of Chemotherapy and Oncology services, with work progressing to identify potential funding models. ○ The formation of a steering group, and an advisory group, to guide Statewide Aged Care reforms, with a priority focus on funding models. ○ Embedding the messaging "Aboriginal Health Is Everyone's Business", with a focus on chronic illness pathways, and culturally appropriate care, for Aboriginal and Torres Strait Islander people.

- Confirmation of the signing of a new Memorandum of Understanding (MOU) with Pangula Mannamurna Aboriginal Corporation (PMAC).
- Ongoing planning for a coordinated approach to Mental Health services, with an updated model of delivery to improve access for all consumers.
- Recommencement of projects to support Towards Zero Suicide, an approach led by the Office of the Chief Psychiatrist (OCP).
- Support for a federally funded "Head to Health" program for the region, offering services for people over 25 years of age, to complement the current Headspace services for young people aged 12-25 years.
- Dynamic Workforce:
 - The formation of a sub-group to operationalise the priority, and with future reporting to include updates relating to succession planning, leadership visibility, partnering with stakeholders and the implementation of the operational workforce plan.
- Thriving Culture:
 - Progression of the Clinician and Staff Engagement Strategy (CSES), with confirmation of the commencement of some informal implementation activities, such as listening groups.
 - The desire for the formation of a sub-group of executive team members to lead the development of the priority, with consideration for engaging external support.
- Strong Partnerships:
 - Planning in progress to develop a schedule for meetings with relevant stakeholders in relation to the proposed Ambulatory Care centre.
- Contemporary Infrastructure:
 - Work progressing to develop a full infrastructure plan for the LHN.
 - Completion of a review of residential aged care facilities across the LCLHN by Statewide services, with an action plan to be developed.
- Operational updates:
 - Confirmation was provided regarding the commencement of public consultation in early March relating to the proposed model of care for the Keith Health Care Hub.
 - Approval of the LCLHN COVID-19 recovery plan, including planning for the progression through recovery phases, utilising a staged approach to support effective monitoring.
 - Commencement of arrangements for the provision of General Practitioner (GP) services at the Naracoorte Health Service (NHS) by International Medical Recruitment (IMR).
 - Progression of the DHW COVID-19 Health Systems Recovery Plan.

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		<ul style="list-style-type: none">○ The Rural Support Service (RSS) utilisation of underspent funding provided by the regional LHNs (rLHNs), for the purpose of engaging an external provider to undertake a review into the RSS becoming a separate entity.○ Grant funding applications approved for infrastructure at Multi-Purpose Service (MPS) sites in Kingston and Penola.
	b) Performance Reporting Summary December 2021	<p>The Chief Finance Officer (CFO) provided a summary of key points from the December 2021 Finance Report, including:</p> <ul style="list-style-type: none">• The Year to Date (YTD) Net Adjusted Result (excluding revaluations), reported to be \$4.4m unfavourable to budget, noting a \$1.6m 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">○ \$6.0m in relation to COVID-19 net Year to Date (YTD) expenditure, a significant increase from the previous reporting period, and attributed to the recent outbreak and the establishment of a COVID ward.○ \$ 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.▪ \$ 3.5m in relation to Emergency Department (ED) Activity, attributed to high activity levels, high locum usage and diagnostic services costs.○ Residential Aged Care (RAC) revenue benchmarks higher than historical levels:<ul style="list-style-type: none">▪ \$0.6m in relation to Charla Lodge.▪ \$0.2m in relation to Moreton Bay House.○ \$0.5m favourable result in relation to Home Care Package (HCP) & NDIS revenue.○ \$1.5m favourable result in relation to reduced costs with Medical Ward beds being repurposed as COVID Ward beds.• A significant increase in activity for the reporting period (excluding COVID related activity), resulting in an EOY forecasted variance of \$12.4m above target. <p>Work progressing to understand driving factors for the increased demand for services above historic activity levels was discussed, including:</p>

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		<ul style="list-style-type: none"> • A review of consumer domicile postcode data from the previous 4 years, tabled at the meeting of the Finance and Performance Committee on 28 February 2022, with: <ul style="list-style-type: none"> ○ Results indicating a decreased demand for services by interstate consumers by approximately 50%, attributed to COVID-19 border restrictions. ○ Ongoing investigations into up-transfer and down-transfer of patients with metro sites, and in relation to population profile data. <p>Key issues from the People and Culture report were discussed, including impacts to the results for mandatory training compliance, attributed to increased pressures as a result of the ongoing COVID-19 response, and with a priority focus on employee wellbeing.</p> <p>Recent negotiations for allowable variances within the 2021-22 Service Agreement were discussed, with confirmation provided that key issues had been resolved and that endorsement has been provided by the LCLHN CEO to formalise the Agreement.</p> <p>RESOLUTION</p> <p>The Governing Board provided their endorsement for the updated 2021-22 Service Agreement with the DHW.</p>
	c) Key Performance Indicator (KPI) Summary December 2021	<p>The Key Performance Indicator (KPI) Summary December 2021 was noted.</p> <p>The impact of the recent COVID-19 outbreak to performance results for the reporting period was discussed, including:</p> <ul style="list-style-type: none"> • Planning in progress to re-open the Penola ED, which had been closed in November 2021 to protect aged care residents during the most recent outbreak. • Elective surgery admitted on time results affected by statewide restrictions for non-emergency surgeries, with LCLHN waitlist times anticipated to return to normal levels in the coming weeks. • The process implemented at the Mount Gambier and Districts Health Service (MGDHS) ED, to screen patients for COVID-19 prior to entry, impacting admission time results. • The need to monitor the number of patients receiving mental health care in outlying wards, with an improved result during the reporting period.
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	An overview was provided regarding the KDH Transition Plan, and a presentation was provided in relation to the proposed Model of Care for the Keith Health Care Hub.

		<p>A progress update was provided in relation to public consultation activities, including:</p> <ul style="list-style-type: none"> • Recent meetings held with local stakeholder groups including local aged care residents, LCLHN & KDH staff, and local community groups such as the Probus Club and Playgroup. • Planning in progress for an Aboriginal Engagement session, supported by the LCLHN Director of Aboriginal Health, and with an offer of additional support from PMAC. • Scheduled public consultation sessions to be held in early March, and with attendance by LCLHN and KDH representatives. <p>Key considerations in relation to the proposed model of care were discussed, including:</p> <ul style="list-style-type: none"> • The potential future transition of governance arrangements and the need to seek formal advice to ensure all potential implications have been considered. • Assessment of current and planned infrastructure at the current KDH site, including the co-located RAC facility. • The need to ensure that the scope of service provision for after hours emergency and acute care adequately meets the needs of the community. • Improving access to services using an interdisciplinary approach, and with increased access to allied health services for the region. • Planning for meaningful engagement with the Aboriginal and Torres Strait Islander community members. <p>The potential for confusion for community members in relation to a planned independent Health Hub in Bordertown was discussed, with consideration to be made for clear communication around the Keith Health Care Hub as the transition progresses.</p> <p>RESOLUTION</p> <p>The Governing Board provided in principle support for the proposed Model of Care for the Keith Health Care Hub, and resolved to undertake a robust review of all feedback received throughout the consultation process.</p>
<p>7. ENGAGEMENT STRATEGIES</p>		
<p>7.1</p>	<p>Engagement Strategy Update</p>	<p>An overview of Engagement Strategy activities was provided, with the first meeting of the LCLHN Engagement Strategy Oversight Committee (ESOC) planned for March 2022.</p> <p>An update was provided in relation to the Expressions of Interest (EOI) process to appoint various specialist and community representatives to the membership, with interviews in progress.</p> <p>Confirmation was provided in relation to minor amendments made to the Terms of Reference for the Committee, to refine the membership categories and to ensure balanced representation is achieved.</p>

8. GOVERNING BOARD COMMITTEE UPDATES		
8.1	Audit & Risk Committee Summary	<p>An update was provided in relation to key topics discussed at the meeting of the Audit and Risk Committee (ARC) on 28 February 2022, including:</p> <ul style="list-style-type: none"> • The 2021-22 Annual Compliance Certification process, with the LCLHN electing to replicate the work from the 2020-21 period to demonstrate a comparative result, and with a focus on progressing and evaluating key improvements. • Work progressing to address outstanding items on the Risk Register, and with anticipation for the commencement of the newly appointed Coordinator Audit, Risk and Compliance to drive key activities. • The escalated potential risk of cyber-attack to Information Technology (IT) systems, as a result of current global events, and mitigation strategies in place. • Escalation of the risk relating to medical workforce issues. • Potential political risks associated with current state and federal elections. • Plans in progress to align current Strategic Risks to the strategic priorities identified in the LCLHN Strategic Plan 2021-2025. • An internal audit of Biomedical Equipment Maintenance with a need identified for improved governance arrangements. • An internal audit in relation to Debtor Management with issues identified in relation to debt collection, and with plans to progress to identify best practice processes across various LHNs. <p>An update was provided in relation to the review of the strategic risk regarding Aboriginal Health, including improved KPI results and plans to expand reporting to capture result areas relating to chronic disease outcomes, and additionally for further collaboration with PMAC.</p> <p>Confirmation was provided that the ARC had approved to close out the LCLHN Action Plan relating to the SA Health ICAC report 'Troubling Ambiguity, Governance in SA Health' with confidence all required actions had been undertaken or would continue to be monitored under existing governance arrangements.</p>
8.2	Clinical Governance Committee Summary	<p>It was noted that the last meeting of the Clinical Governance Committee (CGC) was held on 31 January 2022, additionally it was noted that medical workforce issues were a continued key risk and safety concern for the Committee.</p>
8.3	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 28 February 2022, including:</p> <ul style="list-style-type: none"> • A summary of the EOY forecasted result, anticipated to be unfavourable to budget, with consideration for extensive levels of activity beyond projected targets.

		<ul style="list-style-type: none"> • Considerations for the Committee in relation to budget preparation for the 2022-23 period, including negotiations in relation to activity targets aligned to performance, and for Activity Based Funding at the full National Efficient Price (NEP) benchmark. <p>Plans to extend the review of consumer domicile postcode data to further understand attributing factors to the ongoing increased ED activity was discussed, including the potential to seek support from the DHW to understand trends across other regional and metro LHNs.</p> <p>RESOLUTION</p> <p>The Governing Board provided endorsement to seek support from the DHW to progress an extended review of consumer domicile postcode data, to further understand attributing factors to the ongoing increased ED activity in the region, and to understand trends across other regions and metro service areas.</p>
9. MATTERS FOR DISCUSSION		
9.1	Internal Briefing – Medical Staffing	<p>IN CAMERA SESSION – 2:00pm – 3:10pm</p> <p>RESOLUTION</p> <p>The Governing Board provided support for the establishment of a Deputy Director of Medical Services role for the LCLHN.</p>
9.2	Rural Support Service	<p>Recent interactions with the Rural Support Service (RSS) were discussed, including:</p> <ul style="list-style-type: none"> • Concerns raised regarding utilisation of underspent funding, provided to the RSS by the rLHNs, to engage an external provider. • Confirmation of the feedback provided to the RSS in relation to the proposed RSS Strategic Plan. • Anticipation for a meeting with the RSS Governance Committee chair in the near future, to ensure ongoing and open communication between the RSS and the LCLHN.
9.3	Radiation Therapy Proposal - Mount Gambier Hospital - Integrated Cancer Consult Suite	<p>The Radiation Therapy Proposal - Mount Gambier Hospital - Integrated Cancer Consult Suite was discussed, including:</p> <ul style="list-style-type: none"> • Work undertaken by the LCLHN to assess the viability of a radiation oncology service at the MGDHS, following a proposal tabled in September 2020, with significant gaps identified in relation to suitable infrastructure, and the ability to attract and retain specialist staff. • Identification of an alternate service model via an integrated cancer consult suite, to expand on existing infrastructure, with the potential to provide access to seamless multidisciplinary care for cancer patients in the region. <p>RESOLUTION</p>

		The Governing Board provided endorsement for the proposed Integrated Cancer Consult Suite at the MGDHS, and resolved to continue investigations into options to address barriers and work towards a viable radiation oncology service in the future.
10.	MATTERS FOR APPROVAL	
10.1	Mount Gambier & Districts Health Service: Service Plan 2022-2027	The Mount Gambier & Districts Health Service: Service Plan 2022-2027 was noted. RESOLUTION The Governing Board acknowledged the comprehensive work undertaken to develop the Mount Gambier & Districts Health Service: Service Plan 2022-2027, and approval was provided.
11.	MATTERS FOR NOTING	
11.1	LCLHN Payment Performance Report January 2022	The LCLHN Payment Performance Report January 2022 was noted.
11.2	LCLHN Late Payments of Interest (LPI) January 2022	The LCLHN Late Payments of Interest (LPI) January 2022 were noted.
11.3	Finance & Performance Committee Agenda 28 February 2022	The Finance & Performance Committee Agenda 28 February 2022 was noted.
11.4	Audit & Risk Committee Agenda 28 February 2022	The Audit & Risk Committee Agenda 28 February 2022 was noted.
11.5	Clinical Governance Committee Minutes 31 January 2022	The Clinical Governance Committee Minutes 31 January 2022 were noted.
11.6	Finance & Performance Committee Minutes 31 January 2022	The Finance & Performance Committee Minutes 31 January 2022 were noted.
11.7	Ministerial Correspondence – Mount Gambier Private Services	Ministerial Correspondence – Mount Gambier Private Services was noted.
11.8	Internal Correspondence – RSS Strategic Plan 2022-2026	Internal Correspondence – RSS Strategic Plan 2022-2026 was noted.
11.9	Internal Correspondence – Election Commitments	Internal Correspondence – Election Commitments was noted.
11.10	Incoming Government Briefing – Portfolio Overview	The Incoming Government Briefing – Portfolio Overview was noted.

11.11	Internal Correspondence - SA Ambulance Service Resourcing	Internal Correspondence - SA Ambulance Service Resourcing was noted. RESOLUTION The Governing Board resolved to provide a contribution to the Legislative Review Committee in relation SA Ambulance Service Resourcing, and the impact for the LCLHN.
12.	OTHER BUSINESS	
12.1	Any other business	N/A
13.	MEETING EVALUATION AND CLOSE	
13.1	Meeting Evaluation	GB provided an evaluation of the LCLHN Governing Board Meeting.
13.2	Next Meeting & location	28 March 2022 (Location to be confirmed)
13.3	Meeting Close	3:48 pm

For more information

Limestone Coast Local Health Network

Governance and Planning

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