

**LIMESTONE COAST LHN  
GOVERNING BOARD  
MEETING MINUTES**

Meeting Date: 26 July 2021 11:30am – 4:30pm  
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.

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) Sally Foster (SF)

Guests: Nil

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

<b>1.</b>	<b>IN CAMERA SESSION</b>	
<b>Item</b>		<b>Discussion</b>
		<b>IN CAMERA SESSION – 11:30am – 12:00pm</b>
<b>2.</b>	<b>MEETING OPENING</b>	
<b>Item</b>		<b>Discussion</b>
2.1	Acknowledgement of Country	GK provided the Acknowledgement of Country.
2.2	Apologies	An apology was provided for Sally Foster, Senior Communications Advisor, Limestone Coast Local Health Network (LCLHN).
2.3	Introduction	GK provided an introduction to the meeting of the LCLHN Governing Board.

**OFFICIAL**

		Andrew Birtwistle-Smith was welcomed to the membership, and to the meeting, as the newly appointed Aboriginal Health Expert to LCLHN Governing Board.
2.4	Director Conflict of Interest Disclosures	Nil Conflicts of Interest disclosed.
2.5	Confirmation of previous meeting minutes and actions	The minutes of the meeting held on 28 June 2021 were noted and were accepted as a true and accurate reflection of the meeting held.  An update on actions was provided.
<b>3.</b>	<b>BOARD CHAIR REPORT</b>	
3.1	Report from Grant King, Board Chair	<p>An update was provided in relation to key topics discussed at recent meetings with the Minister for Health and Wellbeing (MHW), and the various Local Health Network (LHN) Governing Board Chairs, including:</p> <ul style="list-style-type: none"><li>• Work progressing to develop and implement an Aboriginal Leadership program, to provide a pipeline of suitably qualified and trained candidates to fill future key Aboriginal Leadership positions across the various LHN Governing Boards.</li><li>• The independent review of the <i>Health Care (Governance) Act 2008</i> currently being undertaken by Fran Thorn, assisted by Paul Dolan of Deloitte, to understand progress made by the various LHN Governing Boards following Governance Reform on 1 July 2019.</li></ul> <p>An overview was provided of key topics discussed at a recent meeting of the regional LHN (rLHN) Governing Board Chairs, including common experiences with:</p> <ul style="list-style-type: none"><li>• Systemic challenges in relation to recruitment and retention, particularly for the medical workforce.</li><li>• Issues relating to Aged Care Governance, and the potential benefit of board member expertise for each LHN Governing Board.</li></ul> <p>Additionally, it was agreed by the regional LHN (rLHN) Chairs that workforce challenges would be mutually proposed for discussion at the rLHN Health</p>

**OFFICIAL**

**OFFICIAL**

		<p>Advisory Council (HAC) Conference to be held 20-21 October 2021 in Murray Bridge.</p> <p>It was noted that workforce challenges in relation to recruitment timeframes in comparison to the private sector was discussed at the July meeting of the various LHN Chief Executive Officers (CEOs) and Governing Board Chairs.</p> <p>An acknowledgement was provided to the LCLHN Executive team for the high level of leadership shown in supporting staff and in response to the Level Five (5) Restrictions imposed for all South Australians in response to the COVID-19 outbreak.</p> <p>Additionally, acknowledgement was provided for the work undertaken to progress funding support for the Mount Gambier Private Hospital (MGPH) and the Keith and District Hospital (KDH), to assist the with the ongoing provision of health services for consumers in the Limestone Coast region.</p>
<b>4.</b>	<b>LIMESTONE COAST LHN REPORTS</b>	
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"><li>• Progress made with concept plans for potential infrastructure changes to support the proposed Ambulatory Care model for the LCLHN, based at the Mount Gambier and Districts Health Service (MGDHS).</li><li>• A funding proposal recently submitted for the development of an Integrated Cancer Consult Suite, to expand on the existing infusion suite located at the MGDHS and which would provide increased access to cancer care for consumers in the Limestone Coast region.</li><li>• A recent workshop held between the LCLHN and the Electronic Medical Record (EMR) project team to develop an implementation plan for the rollout of EMR across all sites.</li></ul> <p>An overview was provided in relation to the current COVID-19 outbreak and imposed restrictions in South Australia, and the associated implications for the service delivery within the LCLHN, including:</p>

**OFFICIAL**

**OFFICIAL**

		<ul style="list-style-type: none"><li>• Gaps on nursing and medical rosters as a result of staff isolation, quarantine requirements and the reduction of the cross-border corridor.</li><li>• A reduced provision of surgical services, limited to Category 1 procedures.</li><li>• The closure of the Penola War Memorial Hospital Emergency Department (ED) to protect Aged Care residents in the event of community transmission.</li><li>• Cessation of Direct Care and Personal Care workers working across multiple sites.</li></ul> <p>An update was provided in relation to the proposed collaboration between the LCLHN and the Tatiara District Council to construct a Health Hub in Bordertown, including confirmation that the LCLHN would be progressing an independent build, based on the previously approved plans for a new Country Health Connect site, but which would orientate the building to be directly adjacent to the proposed Health Hub, and with the intention that the two projects would provide cohesive services for the community.</p> <p>The recent submission of bids for Commonwealth grant funding in relation to infrastructure upgrades to two of the LCLHN Multi-Purpose Sites at Kingston and Penola was discussed.</p>
	b) Performance Reporting Summary May 2021	<p>The Performance Reporting Summary for May 2021 was noted.</p> <p>The June 2021 Finance Report was discussed, and it was noted that reported results were anticipated to differ from the results within the Audited Financial Statements (AFS), as a result of various accruals and adjustments not yet reported, and to be processed during the adjustment period.</p> <p>The Chief Finance Officer (CFO) provided a summary of key points from the June 2021 Finance Report, including:</p> <ul style="list-style-type: none"><li>• The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$4.75m unfavourable to budget</li></ul>

**OFFICIAL**

**OFFICIAL**

- Confirmation was provided that the adjustment to the allocation for depreciation of assets of \$1.1m for the current budget period had been incorporated into the current EOY results reported.
- Consideration to be made in relation to allowable unfavourable variances of:
  - \$2.2m in relation to COVID-19 net Year to Date (YTD) expenditure
  - \$1.6m in relation to a historic revenue adjustment following devolvement of Country Health SA LHN (CHSALHN), which would be incorporated into the future Service Agreement and budget arrangements
- Other unfavourable variances included \$0.3m total funding support provided to Private Hospitals, including:
  - \$0.2m for Keith and District Hospital (KDH)
  - \$0.1m for Mount Gambier Private Hospital (MGPH)

Increased activity levels resulting in an EOY variance of 1539 National Weighted Activity Units (NWAU) above target were discussed, including the reported overachievement of Activity Based Funding (ABF) units equating to \$2m worth of additional activity provided.

It was noted that the Finance and Performance Committee considered the overall EOY position to be a positive achievement, further noting that the reported result to budget should be considered cohesively with the increased cost associated with delivering activity levels significantly above target.

The delay with the 2021/22 Service Agreement between the Department for Health and Wellbeing (DHW) and the LCLHN, and the implications for the LCLHN budget process were discussed, including:

- Confirmation that a high level overview had been presented to the LCLHN, by the DHW.
- The delay relating to the provision of detailed data regarding the allocation of funding, originally anticipated to be provided in mid June.

**OFFICIAL**

**OFFICIAL**

		<ul style="list-style-type: none"><li>• The process for aligning the funding allocation within the 2021/22 Service Agreement and the LCLHNs proposed budget for 2021/22, including the need to identify and address potential variances.</li></ul> <p>The Patient Incident Summary and the over-representation of data relating to Aged Care was discussed, including:</p> <ul style="list-style-type: none"><li>• Confirmation that a review into medication errors within Residential Aged Care (RAC) sites had occurred and corrective actions had been implemented which included additional education for RAC staff.</li><li>• Requirements for Aged Care reporting, at times, resulted in inflated results due to the duplication of reporting when residents are transferred between the RAC beds and acute wards, as both areas are mandated to report the same injury.</li></ul> <p>The mandatory requirement for all for clinical and non-clinical RAC workers to have received a minimum first dose of the COVID-19 vaccine by 17 September 2021 was discussed, including the current vaccination rates for LCLHN staff within this cohort, and work progressing to increase access to vaccinations for RAC staff.</p> <p>The desire for additional reporting and detailed information relating to key workforce issues within the People and Culture component of the Performance Summary was discussed.</p>
	c) Key Performance Indicator (KPI) Summary May 2021	The Key Performance Indicator (KPI) Summary for May 2021 was noted.
	<b>IN CAMERA SESSION</b>	
		<b>IN CAMERA SESSION – 1:45pm – 2:15pm</b>
<b>5.</b>	<b>KEITH &amp; DISTRICT HOSPITAL TRANSITION</b>	

**OFFICIAL**

**OFFICIAL**

5.1	Funding Agreement and Recruitment Update	<p>The Keith and District Hospital (KDH) transition was discussed, including:</p> <ul style="list-style-type: none"><li>• Confirmation provided that the new Funding Agreement had been accepted by the KDH Board, with the hardcopy documentation anticipated to be received by the LCLHN in the coming days, which would allow for funding arrangements to be finalised.</li><li>• Progress made in relation to recruitment activities for the role of Project Manager - Keith and District Hospital Transition, including the completion of shortlisting applications and arrangements underway for the interview process, with the panel to include staff from the LCLHN and a member of the KDH Board.</li></ul> <p>The Governing Board resolved to continue to work towards strengthening relationships with the KDH Board and the Keith community throughout the transition process, noting the intention to hold the next meeting of the LCLHN Governing Board in Keith, subject to COVID-19 travel restrictions.</p>
<b>6.</b>	<b>ENGAGEMENT STRATEGIES</b>	
6.1	Engagement Strategy Update	<p>An overview of Engagement Strategy activities was provided, including:</p> <ul style="list-style-type: none"><li>• Recent consultation with medical staff regarding the Clinician and Staff Engagement Strategy (CSES) providing insight into key issues and preferred communication methods for this cohort, with a further session planned in late July 2021.</li><li>• Work progressing to incorporate feedback received to date into the draft CSES document, and to align the format to be cohesive with the Consumer, Carer &amp; Community Engagement Strategy (CCCES) document.</li><li>• Work commenced to develop an implementation strategy for the CCCES.</li></ul>
<b>7.</b>	<b>GOVERNING BOARD COMMITTEE UPDATES</b>	

**OFFICIAL**

**OFFICIAL**

7.1	Audit & Risk Committee Summary	An update was provided from the Audit & Risk Committee (ARC) in relation to a special meeting planned for late July 2021, to review the Interim Financial Statements, draft the LCLHN Risk Appetite Statement and discuss any significant new or emerging risks, with an invitation extended to the Governing Board.
7.2	Clinical Governance Committee Summary	An update was provided in relation to key topics discussed at the recent meeting of the Clinical Governance Committee (CGC) on 26 July 2021, including: <ul data-bbox="1070 443 2161 901" style="list-style-type: none"><li>• Confirmation provided the Key Performance Indicator's (KPIs) for reporting committee performance to the LCLHN Governing Board had been agreed and would be captured formally within the meeting minutes.</li><li>• Key issues identified in relation to Length of Stay (LOS) timeframes in Emergency Departments (ED), including attributing factors and corrective action undertaken to improve results.</li><li>• Confirmation provided that all LCLHN sites are accredited, scope of practice was on target and the Clinical Solvency Statement was passed.</li><li>• A review of the Committee self-evaluation results highlighting key themes in relation to reporting models, with a consistently positive response overall.</li></ul>
7.3	Finance & Performance Committee Summary	An overview was provided in relation to key topics discussed at the recent meeting of the Finance & Performance Committee (FPC) on 26 July 2021, including: <ul data-bbox="1070 1050 2161 1348" style="list-style-type: none"><li>• The EOFY results, and delays in relation to the 2021-22 budget process, previously discussed at Item 4.1 b).</li><li>• The format of FPC meeting agendas to be adapted to support extended discussion in relation to key strategic issues.</li><li>• The commencement of the Auditor General's Department external audit process undertaken by Galpins Accountants, Auditors and Business Consultants, with confirmation provided the audit management letter would be disseminated to the Governing Board once received.</li></ul>

**OFFICIAL**



<b>8.</b>	<b>AGED CARE</b>	
8.1	LCLHN Aged Care Committee Terms of Reference Review	<p>The current LCLHN Aged Care Committee Terms of Reference (TOR) was discussed, with feedback and suggestions proposed, including:</p> <ul style="list-style-type: none"> <li>• Recommendations provided by Dr Cathy Balding, Director, Qualityworks, in relation to Aged Care governance in the LCLHN at the meeting held on 28 June 2021.</li> <li>• Commentary to be included to reference a requirement to consider recommendations from external influences, such as recommendations in the report from the Royal Commission into Aged Care Quality and Safety.</li> <li>• Support for Consumer Representation on the LCLHNs operational Aged Care Committee to be included within the TOR, and for invitations to be extended to the various Health Advisory Council (HAC) representatives.</li> <li>• Amendment of wording to clearly articulate the obligation for the operational committee to implement strategic directions.</li> </ul> <p>Options for consideration in relation to future strategic governance for LCLHN Aged Care were discussed, including:</p> <ul style="list-style-type: none"> <li>• Implementing a strategic Aged Care Committee of the Governing Board.</li> <li>• Assigning an Aged Care strategic lead to elevate the existing operational Aged Care Committee for a set time period.</li> </ul> <p><b>RESOLUTION</b></p> <p>The Governing Board resolved to provide recommended amendments to the Aged Care Committee TOR to the LCLHN Aged Care Committee for consideration and amendment as required.</p>
<b>9.</b>	<b>STRATEGIC PLANNING</b>	
9.1	Strategic Planning Update	<p>A progress update was provided in relation to the development of the LCLHN Strategic Plan, including:</p>

**OFFICIAL**

		<ul style="list-style-type: none"><li>• A recent workshop with the LCLHN Strategic Leadership group, facilitated by Denise Picton, Director, OzTrain, with positive feedback received. It was noted that the workshop was intended to be held over a two day period but was cut short due to the evolving COVID-19 situation in SA.</li><li>• Planning in progress for consultation with key stakeholder groups such as Local Government Associations (LGAs), Regional Development Australia (RDA) and General Practitioners (GPs) in the region, seeking to understand opportunities for collaboration during the implementation phase of the Strategic Plan.</li></ul>
<b>10.</b>	<b>TOPIC OF THE MONTH</b>	
10.1	Governing Board Self-Evaluation 2021	<p>An overview of the LCLHN Governing Board Self-Evaluation 2021 was provided, and key themes identified within the survey were discussed, including:</p> <ul style="list-style-type: none"><li>• The desire of the Board to strengthen Aged Care governance.</li><li>• Acknowledgement for the additional work completed in relation to the MGPB and the KDH and the ongoing response to the COVID-19 pandemic, in addition to business as usual activities.</li><li>• Acknowledgement of the experience, insight and knowledge provided by Executive members as subject experts in their field.</li><li>• Acknowledgement of the significant time commitment for Board members, with attendance at several meetings throughout the year, in addition to the regular monthly meetings.</li><li>• Confirmation that meeting frequency and duration were considered to be suitable, and advanced meeting materials were detailed and timely.</li><li>• It was noted that refinement to reporting models and meeting materials would continue, including:<ul style="list-style-type: none"><li>○ Reducing duplication of reporting to the Committees and the Governing Board.</li></ul></li></ul>

**OFFICIAL**

		<ul style="list-style-type: none"> <li>○ The addition of a cover sheet for all papers was identified as an immediate improvement to be implemented.</li> <li>● Governing Board Committees were effective and the current committee structure supported effective governance and would remain unchanged at this time.</li> <li>● The desire of the Governing Board to finalise and implement the Strategic Plan and to ensure time was allocated on the monthly meeting agenda for comprehensive discussion which aligned to the strategic priorities of the LHN.</li> <li>● An opportunity for improvement with regular updates from the Board Chair to be provided to members in between the scheduled meetings in relation to key activities and updates.</li> </ul>
<b>11.</b>	<b>MATTERS FOR DISCUSSION</b>	
11.1	Quality Improvement Project - General Medicine	<p>An overview was provided on the recent Quality Improvement Project and the review of General Medicine at the Mount Gambier and Districts Health Service (MGDHS) undertaken by Dr Elaine Pretorius, Executive Director Medical Services, including:</p> <ul style="list-style-type: none"> <li>● The review of the current model of care and the identification of factors which contribute to pressures across the service.</li> <li>● Employee association intervention and actions taken to address concerns raised.</li> <li>● Investigations into best practice models of care, and opportunities for improvement identified.</li> <li>● The cultural issues identified during the process and the resulting engagement with CulturAlchemy to support the LCLHN to lead an effective change management program into the future.</li> </ul>

**OFFICIAL**

11.2	Rural Doctors Association Memorandum of Agreement (MoA)	<p>The Rural Doctors Association (RDA) Memorandum of Agreement (MoA) was noted, and an update was provided in relation to work progressing between the RDA and the Rural Support Service (RSS), including:</p> <ul style="list-style-type: none"><li>• Ongoing negotiations in relation to the proposed MoA, with the RSS providing representation for the various LHNs.</li><li>• The collective desire of LHN Chairs to engage specialist Industrial Relation (IR) representation to support the RSS through the negotiation process.</li><li>• The proposed funding arrangements having the potential not to be viable for many smaller health sites, and the desire of the LCLHN to assess funding models on a site by site basis rather than a single method approach.</li></ul>
<b>12.</b>	<b>MATTERS FOR APPROVAL</b>	
12.1	rLHN Annual Audit Charter and Internal Audit Rolling Plan 2021-2024	<p>The rLHN Annual Audit Charter and Internal Audit Rolling Plan 2021-2024 was discussed, including confirmation that the LCLHN Audit and Risk Committee had provided endorsement.</p> <p><b>RESOLUTION</b></p> <p>The LCLHN Governing Board provided approval for the rLHN Annual Audit Charter and Internal Audit Rolling Plan 2021-2024, subject to an amendment to remove the reference to CHSALHN on page 8 of the document.</p>
<b>13.</b>	<b>MATTERS FOR NOTING</b>	
13.1	LCLHN Payment Performance Report June 2021	The LCLHN Payment Performance Report June 2021 was noted.
13.2	LCLHN Late Payments of Interest (LPI) June 2021	The LCLHN Late Payments of Interest (LPI) June 2021 were noted.

**OFFICIAL**

13.3	Finance & Performance Committee Agenda 26 July 2021	The Finance & Performance Committee Agenda 26 July 2021 was noted.
13.4	Clinical Governance Committee Agenda 26 July 2021	The Clinical Governance Committee Agenda 26 July 2021 was noted.
13.5	SA Health Annual Security Attestations	The SA Health Annual Security Attestations were noted.
13.6	SA Government Procurement Framework	The SA Government Procurement Framework was noted.
13.7	SA Health Financial Management Controls Self-Assessment Results	The SA Health Financial Management Controls Self-Assessment Results were noted.
13.8	Deputy CE Correspondence LCLHN Performance Level	The Deputy CE Correspondence LCLHN Performance Level was noted.  The process for review between the DHW and the LCLHN was discussed, including key areas analysed when measuring LHN performance, and the opportunity for the LHN to demonstrate where action plans have been implemented to address KPIs not met.
13.9	Project Brief - Mount Gambier Hospital Integrated Cancer Consult Suite	The Project Brief - Mount Gambier Hospital Integrated Cancer Consult Suite was noted.
13.10	Chief Executive Correspondence Escalation of Risk Posed by CHIRON	The Chief Executive Correspondence Escalation of Risk Posed by CHIRON was noted.
<b>14.</b>	<b>OTHER BUSINESS</b>	

**OFFICIAL**

**OFFICIAL**

14.1	Health Care Act Review 2021	<p>The 2021 Review of the <i>Health Care (Governance) Act 2008</i> Terms of Reference was discussed, including:</p> <ul style="list-style-type: none"><li>• The opportunity for the LCLHN Governing Board to provide feedback and input into potential future updates to the Act.</li><li>• The process of reviewing the effectiveness of current governance systems and processes, following the devolution of CHSALHN and the transition to regional LHN Governing Boards on 1 July 2019.</li></ul>
14.2	Mandatory Training	<p>The Mandatory Training schedule for Governing Board members was discussed, and confirmation was provided for current training due, with reminders to be disseminated following the meeting.</p>
14.3	Any other business	<p><b>RESOLUTION</b></p> <p>The LCLHN Governing Board formally notes the Voluntary Administration of the Mount Gambier Private Hospital (MGPH), and resolves that Ngaire Buchanan, Chief Executive Officer (CEO), LCLHN, will be the proxy representative for the Limestone Coast Local Health Network (LCLHN). Additionally, the following representatives will be in attendance for any meetings relating to administration process outlined above:</p> <ul style="list-style-type: none"><li>• Grant King, Governing Board Chair, LCLHN</li><li>• John Irving, Board Member, Finance &amp; Performance Committee Chair, LCLHN</li><li>• Kristen Capewell, Chief Finance Officer (CFO), LCLHN</li><li>• Angela Miller, Director of Governance and Planning, LCLHN</li></ul>
<b>12.</b>	<b>MEETING EVALUATION AND CLOSE</b>	
12.1	Meeting Evaluation	<p>LC provided an evaluation of the LCLHN Governing Board Meeting.</p>
12.2	Next Meeting & location	<p>30 August 2021, Keith</p>
12.3	<b>Meeting Close</b>	<b>4:38 pm</b>

**OFFICIAL**