

#### LIMESTONE COAST LHN GOVERNING BOARD MEETING MINUTES

Meeting Date:	26 September 2022 10:30am – 4:00pr			
Location:	Pangula Mannamurna Aboriginal Co	prporation and Microsoft Teams		
Acknowledgement of Country:				
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:	Kelly Borlase (KB), Project Manager K Michelle de Wit (MdW), Executive Or Dr Philip Reasbeck, A/ Executive Dire	ffice/Director of Nursing and Midwife		al & Health Service, LCLHN

Secretariat: Emily Baker, Senior Administrative Officer, Governance & Planning, LCLHN

1.	IN CAMERA SESSION	
		IN CAMERA SESSION – 10:30am – 11:00pm
2.	SMOKING CEREMONY & 'WALK &	TALK'
		Doug Nicholls welcomed the Limestone Coast Local Health Network (LCLHN) Governing Board, staff and meeting guests to Pangula Mannamurna Aboriginal Corporation (PMAC) with a smoking ceremony, followed by a walk and talk through the Healing Circles on site.
		An overview was provided regarding the cultural significance of the Healing Circles and the message sticks, including how organisations such as the LCLHN can align to this approach when planning for, implementing, and reviewing culturally appropriate services for Aboriginal people.
3.	LUNCH	
		PMAC Board members and staff joined the LCLHN Governing Board for an informal lunch on site at PMAC.

4.	MEETING OPENING	
ltem	Торіс	Discussion
4.1	Acknowledgement of Country	GK provided an Acknowledgement of Country.
4.2	Apologies	<ul> <li>An apology was provided for:</li> <li>Dr Anne Johnson, Governing Board Member, LCLHN</li> <li>Dr Elaine Pretorius, Executive Director Medical Services, LCLHN</li> <li>Angela Miller, Director Governance and Planning, LCLHN</li> <li>Hannah Morrison, Regional Quality, Risk &amp; Safety Manager</li> <li>It was noted that Dr Philip Reasbeck, Acting Executive Director Medical Services, LCLHN was in attendance as Proxy for EP.</li> </ul>
4.3	Introduction	GK provided an introduction to the meeting of the LCLHN Governing Board.
4.4	Director Conflict of Interest Disclosures	Nil Conflict of Interest (COI) disclosures were provided.
4.5	Confirmation of previous meeting minutes and actions	The minutes of the meeting held on 29 August 2022 were noted and accepted as a true and accurate reflection of the meeting held. An update was provided in relation to the progression of action items.
5.	BOARD CHAIR REPORT	
5.1	Report from Grant King, Board Chair	GK provided an overview in relation to key activities and updates during the reporting period. Acknowledgement was provided for work undertaken by LC and for her contributions as Acting Board Chair in recent weeks.
6.	LIMESTONE COAST LHN REPORTS	
6.1	CEO Report a) General update	<ul> <li>The CEO Report – General Update was noted.</li> <li>Updates were provided in relation to key topics including: <ul> <li>Potential new opportunities for the LHN to increase the scope and accessibility of services, relating to urology, older persons mental health, geriatric, vascular services and palliative care.</li> <li>Planning in progress for upgrades at the Mount Gambier and Districts Health Service (MGDHS), including:</li> </ul> </li> </ul>

<ul> <li>State funding commitment for additional emergency department beds, including dedicated mental health beds</li> </ul>
<ul> <li>Confirmation for federal funding commitment to build a cancer care suite on site</li> </ul>
<ul> <li>Alignment of infrastructure works to incorporate both projects</li> </ul>
<ul> <li>Work progressing in collaboration with Drug and Alcohol Solutions Australia (DASA), and options for consideration to establish an elective detox service in the region.</li> </ul>
<ul> <li>An overview of both local and state-wide activities being progressed to address issues contributing to ongoing workforce pressures.</li> </ul>
<ul> <li>A summary of discussion regarding the establishment of an after hours GP facility in the region during a recent Health Round Table (HRT) meeting, with local service providers raising concerns about the viability of the proposed service under current funding models.</li> </ul>
Michelle de Wit, Executive Officer/Director of Nursing and Midwifery (EO/DONM), Millicent and District Hospital and Health Service (MDHHS) provided an overview of a virtual specialist care service at MDHHS, with the pilot service anticipated to commence in late September/early October 2022.
Dr Darren Clarke, Executive Director of Nursing and Midwifery (EDNM), LCLHN provided a progress update in relation to:
<ul> <li>the review of Aged Care services at Naracoorte and across the LHN; and</li> </ul>
• the commencement of meetings for the operational Aged Care Governance committee.
Kathy Edwards, Director of Aboriginal Health, LCLHN provided an update in relation to work progressing towards renaming of meeting rooms, including plans for signage with QR codes to support correct pronunciation of the names in Aboriginal language.
An update was provided in relation to a proposal submitted for a dedicated General Practitioner (GP) to provide services at both the LCLHN and PMAC sites, and to continue to improve pathways for culturally appropriate health care for Aboriginal consumers.
Discussion was held in relation to funding allocations for site repairs and maintenance, including:
<ul> <li>Acknowledgement for the aging infrastructure across the LHN, and the need to ensure required works are prioritised.</li> </ul>
The state-wide approach to funding election commitments via reallocation of existing allocations.
An update was provided in relation to the Country Health Connect build in Bordertown, including work progressing to address concerns raised by various stakeholders during consultation, and it was noted that the re-evaluation of plans would provide an opportunity for the LHN to consider innovative approaches to treatment rooms and meeting spaces.

		Andrew Birtwistle-Smith provided an overview of future opportunities for further collaboration under the Memorandum of Understanding (MOU) between the LCLHN and PMAC with re-commencement of community outreach programs across the Limestone Coast region.
	b) Performance Reporting Summary July 2022	The Chief Finance Officer (CFO) provided a summary of key points from the July 2022 Finance Report, including:
		<ul> <li>The Year to Date (YTD) Net Adjusted Result (excluding revaluations) of \$0.38m unfavourable to budget.</li> </ul>
		<ul> <li>It was noted that the End of Year (EOY) forecast was not provided due delays with data availability relating to activity, and with changes to the Activity Based Funding (ABF) model for the 2022-23 reporting period yet to be incorporated into regional reporting.</li> </ul>
		Improved results relating to debtors balances
		Discussion was held regarding the anticipated impact to financial performance as a result of a significant investment to progress remedial works addressing the sanctions imposed by the Aged Care Quality and Safety Commission (ACQSC) at Moreton Bay House, Naracoorte, noting that the investment would result in improvements across the LHN.
	c) Key Performance Indicator	The Key Performance Indicator (KPI) Summary June 2022 was noted.
	(KPI) Summary July 2022	Key topics from the report were discussed, including:
		<ul> <li>A focus on improving the process of undertaking performance and development discussions, to reduce administrative burden and to provide improved outcomes for staff and leaders.</li> </ul>
		<ul> <li>The high percentage of Aboriginal and/or Torres Strait Islander consumers identifying as "not stated" indicative of a culture where staff are not comfortable to ask the question.</li> </ul>
		<ul> <li>The transition of Patient Incident Severity rating from using a Safety Assessment Code (SAC) to Incident Severity Rating's (ISR).</li> </ul>
7.	KEITH & DISTRICT HOSPITAL TRANS	ITION
7.1	Health Care Hub Transition Plan	Kelly Borlase (KB), Project Manager Keith and District Hospital Transition, LCLHN, joined the meeting to provide an update in relation to the Keith & District Hospital (KDH) Transition Plan.
		An update was provided in relation to:
		<ul> <li>Work progressing with due diligence reports relating to assets, anticipated to be circulated to the LCLHN Audit and Risk Committee (ARC), and the Governing Board, in the coming weeks.</li> </ul>
		• Plans for a special meeting of the KDH Board in late September to provide the community with an opportunity to vote on the proposed plans for the transition of the KDH to a health hub within the public system, with LCLHN representatives encouraged to promote and attend the meeting.

		<ul> <li>A preliminary implementation meeting held in early September to commence planning, with consideration for services at Bordertown and Keith to be complementary.</li> <li>Confirmation of a funding commitment by the LHN to support the continuation of the Community Paramedic Program (CPP) in Keith.</li> </ul>
8.	GOVERNING BOARD COMMITTEE U	PDATES
8.1	Audit & Risk Committee Summary	It was noted the last meeting of the Audit & Risk Committee (ARC) was held on 29 August 2022, with no additional updates to report.
8.2	Clinical Governance Committee Summary	An overview was provided in relation to key concerns for the Clinical Governance Committee (CGC) since the previous meeting held on 25 July 2022, including persistent workforce pressures, and challenges relating to recruitment and retention, particularly in the areas of obstetrics, gynaecology, and anaesthetics.
8.3	Engagement Strategy Oversight Committee	It was noted the next of the Engagement Strategy Oversight Committee (ESOC) was planned for 27 September 2022.
8.4	Finance & Performance Committee Summary	It was noted the last meeting of the Finance and Performance Committee (FPC) was held on 29 August 2022, with no additional updates to report.
8.5	Rural Support Service Governance Committee Summary	<ul> <li>An update was provided in relation to the Rural Support Service (RSS) Governance Committee, including:</li> <li>The postponement of the RSS Stakeholder Forum which had been planned for 22 September 2022, due to the National Day of Mourning public holiday.</li> <li>Work progressing towards the establishment of individualised service agreements between the regional LHNs and RSS.</li> </ul>
9.	TOPIC OF THE MONTH – ABORIGINAL HEALTH	
9.1	Memorandum of Understanding	<ul> <li>The operationalisation of the Memorandum of Understanding between the LCLHN and PMAC was discussed, including:</li> <li>Progress made to develop a proposal to implement a dedicated GP for Aboriginal and/or Torres Strait Islander consumers</li> <li>Acknowledgement provided for the success of the collaborative COVID response, including recognition received by the Coalition of Peaks, and the resulting influence on current Closing the Gap (CTG) targets.</li> <li>A desire to replicate the success of the MOU with other organisations including Aboriginal Community Controlled Health Organisations (ACCHOs)</li> </ul>

		<ul> <li>The potential to develop Key Performance Indicators (KPIs) to measure the ongoing achievements and successful outcomes from the partnership</li> </ul>
9.2	Reconciliation Action Plan	<ul> <li>Michelle de Wit provided a progress update in relation to the LCLHNs Innovate Reconciliation Action Plan (RAP), including: <ul> <li>Nil areas of risk reported.</li> <li>Confirmation that the LCLHN has registered for the next Innovate RAP.</li> <li>A desire to undertake the next process utilising the Healing Circles on site at PMAC, and to incorporate the traditional Aboriginal approach of the message sticks; ceremony &amp; talk, hunt &amp; gather, and song &amp; dance.</li> <li>The focus for the RAP working group to educate and improve understanding for staff in relation to: <ul> <li>Reconciliation; what it is and what it looks like in practice.</li> <li>Ways to provide more culturally safe spaces and treatment rooms.</li> <li>The importance of "Asking the Question" and identifying ways to imbed the process</li> <li>Culturally appropriate questions and approaches to care</li> <li>Identifying and understanding racism</li> </ul> </li> </ul></li></ul>
9.3	Closing the Gap a) Health Performance Council Report	An overview was provided in relation to the process for each LHN to undertake a peer-to-peer desktop audit to review work progressed to address recommendations from the Health Performance Council Report.
	b) Board Clinical Governance Committee Reporting	An update was provided in relation to work progressing to improve the Board Clinical Governance Committee Reporting to include results to Closing the Gap (CTG) targets.
	c) LCLHN Aboriginal Operating Plan	<ul> <li>The LCLHN Aboriginal Operating Plan was noted, and key considerations were discussed, including:</li> <li>The volume of work to be progressed, noting actions aligned to various governance and operational areas.</li> <li>The 12 month timeframe of the plan, selected to allow for updates as requirements under RAP and CTG continue to evolve.</li> <li>A considerable increase in required reporting, and at times duplicated reporting, at state and national levels.</li> <li>Challenges relating to resourcing for the LCLHN in relation to Aboriginal Health, including the finite term of the current Aboriginal Health project officer, and the requirement to absorb increased requirements within existing funding arrangements.</li> <li>Key focus areas for the LHN, including:</li> </ul>

		<ul> <li>Ensuring 100% of consumers are asked the question: "Are you an Aboriginal and/or Torres Strait Islander?"</li> </ul>
		<ul> <li>Improving Chronic Disease Pathways</li> </ul>
		<ul> <li>Implementation of a co-ordinated approach, with a proposal to implement case managers for Aboriginal and/or Torres Strait Islander consumers</li> </ul>
		<ul> <li>Anticipation for future community consultation in relation to a system-wide anti racism strategy being developed by the Department for Health and Wellbeing (DHW).</li> </ul>
10.	MATTERS FOR NOTING	
10.1	LCLHN Payment Performance Report August 2022	The LCLHN Payment Performance Report August 2022 was noted.
10.2	LCLHN Late Payments of Interest (LPI) August 2022	The LCLHN Late Payments of Interest (LPI) August 2022 were noted.
10.3	Audit & Risk Committee Minutes 29 August 2022	The Audit & Risk Committee Minutes 29 August 2022 were noted.
10.4	Finance & Performance Committee Minutes 29 August 2022	The Finance & Performance Committee Minutes 29 August 2022 were noted.
10.5	RSS Governance Committee Minutes 27 July 2022	The RSS Governance Committee Minutes 27 July 2022 were noted.
10.6	Incoming Correspondence – Radiation Oncology	Incoming Correspondence – Radiation Oncology was noted.
10.7	Outgoing Correspondence –	Outgoing Correspondence – Radiation Oncology was noted.
	Radiation Oncology	Challenges relating to resourcing, infrastructure, education and training for a Radiation Oncology service were discussed, including the significant financial commitment to establish a service, noting the cost would be untenable for the LCLHN.
10.8	Briefing – Patient Administration System & Electronic Medical Records	The briefing – Patient Administration System & Electronic Medical Records was noted.
11.	OTHER BUSINESS	
11.1	Opportunity to extend length of future In Camera Sessions	The opportunity extend length of future In Camera Sessions was discussed.

12.3	Meeting Close	4:00pm
12.2	Next Meeting & location	31 October 2022.
12.1	Meeting Evaluation	ABS provided an evaluation of the LCLHN Governing Board Meeting.
12.	MEETING EVALUATION AND CLOSE	
		The LCLHN Governing Board approved the minor amendment to the Limestone Coast Local Health Network Annual Report 2021-22 to update the financial information to align with the audited financial statements.
		Approval was sought from the Governing Board to progress a minor amendment to the recently approved LCLHN Annual Report 2021-22, to update the financial information in line with audited financial statements recently received. RESOLUTION
		DC provided an update in relation the allocation of an additional 58 nursing graduates for the LCLHNs TPPP training program in 2023, noting the increased number would result in the provision of additional wrap around support and funding for the program.
	Any other business	An update was provided in relation to merging of pathology results into patient records within the Sunrise Electronic Records Management (EMR) system.
		The LCLHN Governing Board decided not to extend the length of future In Camera Sessions, and resolved to refine the meeting agenda structure to support focused discussion relating to strategic matters.
		RESOLUTION
		Discussion was held in relation to the Governing Board's desire to ensure adequate time is allocated during future meetings for focused discussion relating to strategic matters, balanced with time allocated for statutory reporting requirements.

#### For more information

Limestone Coast Local Health Network

Governance and Planning

Email: <u>Health.LCLHNGovernanceandPlanning@sa.gov.au</u>

#### sahealth.sa.gov.au/limestonecoastlhn

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