

**LIMESTONE COAST LHN  
GOVERNING BOARD  
MEETING MINUTES**

Meeting Date: 29 November 2021 11:30am – 3:30pm

Location: Mount Gambier & Districts Health Service - ED Training Room

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) Trevor Pearce (TP) Dr Elaine Pretorius (EP) Dr Darren Clarke (DC) Hannah Morrison (HM)  
Angela Miller (AM) Alex Govan (AG)

Guests: Kelly Borlase (KB), Project Manager, Keith & District Hospital Transition  
David Kortum (DK), External (Independent) Member of the LCLHN Audit and Risk Committee

Secretariat: Jayel van den Hurk, Performance & Operations Analyst, 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	GK provided an Acknowledgement of Country.
2.2	Apologies	It was noted that EP departed the meeting at 12:25pm

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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>GK welcomed David Kortum, external and independent member of the LCLHN Audit and Risk Committee, and Trevor Pearce, Acting Chief Finance Officer, LCLHN.</p>
2.4	Director Conflict of Interest Disclosures	<p>AS declared an update to his existing Conflicts of Interest disclosure, regarding his current role with Northern Adelaide Local Health Network (NALHN), noting the change from an acting appointment to an ongoing appointment as the Head of the Orthopaedic Unit.</p>
2.5	Confirmation of previous meeting minutes and actions	<p>The minutes of the meeting held on 25 October 2021 were noted and were accepted as a true and accurate reflection of the meeting held.</p> <p>The consolidated actions list was noted, with nil issues or outstanding items identified.</p>
<b>3.</b>	<b>BOARD CHAIR REPORT</b>	
3.1	Report from Grant King, Board Chair	<p>GK provided an update in relation to key topics, including:</p> <ul style="list-style-type: none"><li>• Acknowledgement provided to the Executive Director of Medical Services, for the work being done in the community in relation to COVID-19 preparedness.</li><li>• Recognition provided for the work being done by the LCLHN COVID-19 Incident Management Team (IMT) and staff to prepare for the opening of the State borders.</li><li>• Work progressing with the proposed Ambulatory Care model, and planning in progress for next steps including the development of a marketing strategy.</li><li>• A scheduled meeting with the various Governing Board Chairs and the Minister for Health and Wellbeing (MHW), in early December 2021, to work through the results from the recently completed review of the Health Care Act 2008 relating to the Governance Reform.</li></ul>

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		<ul style="list-style-type: none"><li>• Work progressing in relation to General Practitioner (GP) Fee for Service (FFS) negotiations, with the Rural Support Service (RSS) representing the various LHNs, and with stakeholders now awaiting the outcome of a mediation process.</li><li>• Work completed to prepare for the Annual Public Meeting, to be held in Mount Gambier on 29 November 2021, and to include the official launch of three key strategic documents:<ul style="list-style-type: none"><li>◦ The LCLHN Strategic Plan 2021-2025</li><li>◦ The LCLHN Consumer, Carer &amp; Community Engagement Strategy (CCCES) 2021-2024</li><li>◦ The LCLHN Clinician and Staff Engagement Strategy (CSES) 2021-2024.</li></ul></li></ul>
<b>4.</b>	<b>LIMESTONE COAST LHN REPORTS</b>	
4.1	CEO Report a) General update	<p>Updates were provided on key topics from the LCLHN CEO Report, including:</p> <ul style="list-style-type: none"><li>• The current hold on the GP Fee For Service (FFS) negotiations, pending a Cabinet Submission for the provisioning of increased and ongoing funding and with funding anticipated to be a 10% increase on the current Agreement. Plans for the next stage of negotiation to consider local service provision with the LCLHN, including service, performance and quality measures.</li><li>• A progress update on the transition of the Keith &amp; District Hospital, the funding provision within the 2021-22 Service Agreement and the successful appointment of a Director of Nursing to support the transition.</li><li>• Recruitment strategies being explored in relation to the recruitment and retention of staff and the impact of the COVID-19 pandemic on staffing.</li><li>• A review of contracts to ensure income is being maximised for the LHN and contractual agreements are being met.</li><li>• The completion of an Infrastructure upgrade to the Theatres at Naracoorte Health Service (NHS), with two theatres now able to be used simultaneously.</li></ul>

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- An anticipated completion date of March 2022 for the planned Electronic Medical Record (EMR) rollout across all LCLHN sites, which will remove the current extreme risk posed by the legacy system CHIRON.
- Recent positive media coverage regarding the proposed Ambulatory Care model for the LCLHN, and work in progress to develop a name and a communication plan for the project.
- Attendance at the recent 'Head to Health' mental health forum by the LCLHN CEO, where Tony Pasin MP Member for Barker, was campaigning for Federal mental health funding to support community members over the age of 25.

An update was provided in relation to key focus areas for the LCLHN to ensure COVID-19 preparedness, including:

- Alignment to the State-wide plan for the management of COVID-19 positive patients, both in the community and in hospitals.
- Establishment of a community response team to work with the Communicable Disease Control Branch (CDCB).
- Preparation for the use of virtual technology to provide monitoring and care for people within the community.
- Preparation of the Mount Gambier and Districts Health Service (MGDHS) to establish a COVID-19 ward, and to establish pathways which may include the use of negative pressure rooms.
- The establishment of an external Emergency Department (ED) marquee at the MGDHS, with nine cubicles for COVID-19 screening.
- Identification of red, green and orange zones, screening spaces and pathways, at all sites across the LCLHN, in preparation for COVID-19 positive patient presentations.
- Acknowledgement was provided for the LCLHN Incident Management Team (IMT), who have increased operational hours and are working seven days per week to ensure the preparedness of the LHN.

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		<ul style="list-style-type: none"><li>• Future changes for visitors at health care sites from early December, including the need to wear masks and vaccination requirements, with confirmation provided that the Audit and Risk Committee had discussed this risk at the meeting held on 29 November 2021, and that the risk rating would be reviewed.</li><li>• The recent escalation from COSTAT level 1 to COSTAT level 2, on Friday 26 November 2021 was discussed, including the resulting closure of the Penola War Memorial Hospital ED, due to its co-location with the aged care facility.</li><li>• An overview was provided in relation to positive feedback received from Pangula Mannamurna Aboriginal Corporation (PMAC), regarding the LCLHNs COVID-19 response.</li><li>• The Demand Management Directions issued by Dr Chris McGowan, Chief Executive (CE) of SA Health, was discussed, noting that the majority of directions related to metropolitan sites and would not impact regional LHNs.</li></ul>
	b) Performance Reporting Summary September 2021	<p>The A/Chief Finance Officer (CFO) provided a summary of key points from the September 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 \$1.7m unfavourable to budget.</li><li>• Consideration to be made in relation to Net Cost of Service EOY forecast reported to be \$11.9m unfavourable to budget, with consideration for:<ul style="list-style-type: none"><li>○ \$3.3m in relation to COVID-19 net Year to Date (YTD) expenditure</li><li>○ \$3.2m of revenue reduction as a result of the administration of the MGPH</li><li>○ Funding shortfalls within the proposed 2021-22 budget:<ul style="list-style-type: none"><li>▪ \$0.5m in relation to Bordertown</li><li>▪ \$1.1m in relation to KDH</li><li>▪ \$0.6m in relation to Nurse Practitioners</li></ul></li><li>○ \$1.1m unfavourable result forecast for Residential Aged Care (RAC)</li></ul></li></ul>

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		<ul style="list-style-type: none"><li>o \$4.7m of Activity Based Funding (ABF) unit activity above target</li></ul>
	c) Key Performance Indicator (KPI) Summary September 2021	<p>The Key Performance Indicator (KPI) Summary for September 2021 was noted. Key topics from the KPI Summary report were discussed, including:</p> <ul style="list-style-type: none"><li>• Increased activity levels noted in comparison to reported results for August 2021.</li><li>• The achievement of Elective Surgery Timely Admissions KPI results of 100% for all categories.</li><li>• ED Seen on Time results for the MGDHS.</li><li>• The improved result of one (1) ED 24-hour Length of Stay (LOS) in September, down from five (5) ED in August.</li><li>• Progression of various quality improvement projects as a result of the Lean Leadership training recently completed by LCLHN staff.</li><li>• Key achievements within the People and Culture report.</li></ul>
<b>5.</b>	<b>COVID-19 UPDATE</b>	
5.1	COVID-19 Preparedness & Response	A further update was provided in relation to COVID-preparedness and including an overview of regular communications provided to all staff.
<b>6.</b>	<b>KEITH &amp; DISTRICT HOSPITAL TRANSITION</b>	
6.1	Health Care Hub Transition Plan	<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"><li>• The second meeting of the KDH Transition Steering Committee in early November, where the draft model of care for the Keith Health Hub was presented, with in principle support provided by the Committee and by the KDH Board.</li></ul>

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		<ul style="list-style-type: none"><li>• The development of a business case for the model of care in collaboration with Stewart Blythe, as the newly appointed CEO for the KDH.</li><li>• The appointment of a Director of Nursing for the KDH to support the transition to the new model of care.</li><li>• The commencement of community consultation from February 2022.</li></ul> <p>The LCLHN Governing Board acknowledged the work completed to date by Kelly Borlase, Project Manager – KDH Transition, LCLHN.</p>
<b>7.</b>	<b>ENGAGEMENT STRATEGIES</b>	
7.1	Engagement Strategy Update	<p>An overview of Engagement Strategy activities was provided, including:</p> <ul style="list-style-type: none"><li>• Confirmation of the formal launch of the engagement strategies at the LCLHN Annual Public Meeting, to be held on 29 November 2021.</li><li>• Gratitude was extended to the Director of Governance and Planning, and the team for their support.</li><li>• Development of a draft Terms of Reference (TOR) for the Engagement Strategy Oversight Committee (ESOC).</li><li>• Planning in progress for the first meeting of the LCLHN ESOC in March 2022, with an Expression of Interest (EOI) being sought for specialist and community representatives.</li><li>• Progress of the Consumer, Carer &amp; Community Engagement Strategy (CCCES) Implementation Plan The development of the Clinician &amp; Staff Engagement Strategy Implementation Plan</li><li>• The opportunity to share the work the LHN has developed including the i3 and the World Cafe models</li></ul>
<b>8.</b>	<b>GOVERNING BOARD COMMITTEE UPDATES</b>	
8.1	Audit & Risk Committee Summary	<p>An update was provided in relation to key topics discussed at the recent meeting of the Audit &amp; Risk Committee (ARC) on 29 November 2021, including:</p>

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		<ul style="list-style-type: none"><li>• Receipt of the Internal Audit Report highlighting contractual arrangements with medical and allied health providers as a financial and business continuity risk.</li><li>• The elevation of COVID-19 from high to an extreme risk for the LHN</li><li>• Updates in relation to Procurement Contracts.</li><li>• The recruitment in progress for the new role of Coordinator Audit, Risk and Compliance.</li><li>• Amendments to the TOR, clarifying voting rights within the Committee, to be Board member's and the external member only confirming all other members are ex-officio.</li><li>• Updates to the Risk Management Procedure for the LCLHN.</li><li>• Endorsement of the interim review of the LCLHN Financial Delegations Procedure.</li></ul>
8.2	Clinical Governance Committee Summary	<p>An update was provided in relation to key topics discussed at the meeting of the Clinical Governance Committee (CGC) on 25 October 2021, including:</p> <ul style="list-style-type: none"><li>• The addition of a frequently used acronyms list added to the Diligent Resource Centre for reference.</li><li>• A presentation from Dr Kit Brogan, Orthopaedic Surgeon, providing an overview of orthopaedic services at the MGDHS, and activity levels in line with the orthopaedic activity at the Queen Elizabeth Hospital (QEH) and with the MGDHS having a quarter of the staffing.</li><li>• The need for a business case in relation to expanding Orthopaedic Services, and also to address key risks resulting from a shortage of GP Obstetric specialists, and priority areas for improvement in mental health.</li><li>• Data integrity with improved dashboard reporting, providing the Committee with a robust understanding of benchmarks and priority areas.</li><li>• Confirmation was provided that the Clinical Solvency Statement was endorsed by the Committee.</li></ul>

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8.3	Finance & Performance Committee Summary	<p>An update was provided in relation to key topics discussed at the recent meeting of the Finance and Performance Committee (FPC) on 29 November 2021, including:</p> <ul style="list-style-type: none"><li>• The reported result of \$11.9m unfavourable to budget for October 2021, with allowable variances negotiated with the DHW in relation to funding for the Mount Gambier Private Hospital (MGPH), KDH, Aged Care and COVID-19 expenditure to provide an improved adjusted result.</li><li>• Activity levels for the LCLHN highlighted as being well above budgeted levels by approximately \$5.0m and strengthening the proposed increase in funding within the 2021-22 Budget.</li></ul> <p>Acknowledgement was provided for the work completed in recent weeks by Trevor Pearce, during his time as Acting CFO for the LCLHN.</p>
<b>9.</b>	<b>STRATEGIC PLANNING</b>	
9.1	LCLHN Strategic Plan 2021-2025 Update	<p>An update was provided in relation to work completed to prepare for the launch of the LCLHN Strategic Plan 2021-2025, including:</p> <ul style="list-style-type: none"><li>• The planned launch at the Annual Public Meeting on 29 November 2021, along with the Consumer, Carer &amp; Community and Clinician &amp; Staff Engagement Strategies and the opportunity to celebrate the achievements of the LCLHN Annual Report 2020-21.</li><li>• Confirmation was provided that the LCLHN Annual Report 2020-21 had been tabled in Parliament on 18 November 2021.</li></ul> <p>Acknowledgement was provided for the hard work completed by the team with the development of these key strategic documents for the LCLHN.</p>
<b>10.</b>	<b>TOPIC OF THE MONTH</b>	
10.1	Strategic Planning: <ul style="list-style-type: none"><li>• Aboriginal Health</li></ul>	<p>An overview was provided in relation to a recent workshop held for the Strategic Leadership team, facilitated by Denise Picton, with key topics including:</p>

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	<ul style="list-style-type: none"><li>• Aged Care</li><li>• Mental Health</li></ul>	<ul style="list-style-type: none"><li>• A review of strategic priorities.</li><li>• The development of an implementation framework for the Strategic Plan.</li><li>• The opportunity to leverage existing systems to operationalise the Plan</li><li>• How the leadership team can work together to deliver the strategic priorities for the LHN.</li></ul>
<b>11.</b>	<b>MATTERS FOR APPROVAL</b>	
11.1	LCLHN Financial Delegations Procedure – Interim Review	<p>The LCLHN Financial Delegations Procedure – Interim Review was discussed.</p> <p>Confirmation was provided that the ARC, and the FPC, had endorsed the proposed updates at the previous meetings for each Committee, held on 29 November 2021.</p> <p><b>RESOLUTION</b></p> <p>The LCLHN Governing Board approved the proposed updates to the LCLHN Financial Delegations Procedure following the interim review process undertaken.</p>
11.2	LCLHN Engagement Strategy Oversight Committee – Terms of Reference	<p>The LCLHN Engagement Strategy Oversight Committee (ESOC) – Terms of Reference (TOR) were discussed along with the potential for the GP Advisory Group to have representation and engagement with the Committee.</p> <p><b>RESOLUTION</b></p> <p>The Governing Board approved the LCLHN Engagement Strategy Oversight Committee (ESOC) – Terms of Reference (TOR), subject to the addition of a clarifying statement to note that one of the Board representatives must be the Chair of the ESOC.</p>
<b>12.</b>	<b>MATTERS FOR NOTING</b>	
12.1	LCLHN Payment Performance Report October 2021	The LCLHN Payment Performance Report October 2021 was noted.

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12.2	LCLHN Late Payments of Interest (LPI) October 2021	The LCLHN Late Payments of Interest (LPI) October 2021 were noted.
12.3	Rural Support Service (RSS) Governance Committee Minutes 22 September 2021	The Rural Support Service (RSS) Governance Committee Minutes 22 September 2021 were noted.
12.4	Rural Support Service (RSS) Governance Committee Minutes 27 October 2021	<p>The Rural Support Service (RSS) Governance Committee Minutes 27 October 2021 were noted.</p> <p>LC provided an update in relation to key topics discussed at the meeting, including:</p> <ul style="list-style-type: none"><li>• Her positive experience being on the Committee, and in relation to activities undertaken by the RSS and the depth of experience of RSS staff.</li><li>• Identification of a communication gap between the RSS and the regional Local Health Networks (rLHNs) and the need for clarity in relation to RSS budgeting processes.</li><li>• The RSS Strategic Plan, including confirmation that consultation had occurred with the LCLHN, with questions raised regarding the requirement for the RSS to have a Strategic Plan or a Business Plan.</li><li>• It was noted that there is potential to strengthen mechanisms for the rLHNs to provide feedback to the RSS.</li></ul>
12.5	Finance and Performance Committee Agenda 29 November 2021	The Finance and Performance Committee Agenda 29 November 2021 was noted.
12.6	Audit and Risk Committee Agenda 29 November 2021	The Audit and Risk Committee Agenda 29 November 2021 was noted.
12.7	Finance and Performance Committee Minutes 25 October 2021	The Finance and Performance Committee Minutes 25 October 2021 were noted.

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12.8	Clinical Governance Committee Minutes 25 October 2021	The Clinical Governance Committee Minutes 25 October 2021 were noted.
12.9	rLHN Board Chairs & CEO Committee Minutes 20 October 2021	The rLHN Board Chairs & CEO Committee Minutes 20 October 2021 were noted.
12.10	Ministerial Correspondence – Board agendas and papers	<p>The Ministerial Correspondence – Board agendas and papers was noted.</p> <p>Confirmation was provided that the new process for providing the Governing Board agenda and papers to the Minister's Office had commenced for the November meeting.</p>
12.11	Governing Board & Committee Calendar 2022	The Governing Board & Committee Calendar 2022 was noted.
12.12	Funding – Medical Education Unit	<p>Funding – Medical Education Unit was noted.</p> <p>An overview was provided in relation to the Medical Education Unit (MEU), including:</p> <ul style="list-style-type: none"><li>• The provision of support for pre-vocational trainees, including interns and second year postgraduates (PGY2).</li><li>• Accreditation provided by South Australia Medical Education and Training (SAMET).</li><li>• The requirement to have a Director of Clinical Training, Medical Education Officer and Administrative Support to coordinate the teaching program, student welfare, reporting and the supervision requirements of the MEU.</li><li>• Current funding of the LCLHN MEU provided by Flinders University (Flinders) as a long-term arrangement.</li><li>• Historical Commonwealth funding was available to support the MEU, which has now ceased, with the service fully funded by Flinders</li></ul>

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		<ul style="list-style-type: none"><li>• Flinders University have indicated they are unable to continue this funding beyond three years.</li><li>• Current National Efficient Price (NEP) funding arrangements for the LCLHN does not include funding for training, with the need to consider funding of approximately \$350K per year to continue MEU operations.</li><li>• Risks identified if the program is unable to be funded, which may result in a risk to recruitment and retention of staff and reputational risk for the LCLHN.</li></ul> <p><b>RESOLUTION</b></p> <p>The Governing Board provided support for the funding of the Medical Education Unit (MEU) within the LCLHN operational budget.</p>
<b>13.</b>	<b>OTHER BUSINESS</b>	
13.1	Any other business	It was noted that there is potential to explore a partnership with UniSA in the proposed Ambulatory Care hub, and to explore a partnership with the Arts in Health Alliance, run by Flinders University.
<b>14.</b>	<b>MEETING EVALUATION AND CLOSE</b>	
14.1	<b>Meeting Evaluation</b>	AJ provided an evaluation of the LCLHN Governing Board Meeting.
14.2	<b>Next Meeting &amp; location</b>	It was noted that the LCLHN Annual Public Meeting is planned for the evening of 29 November 2021, to be held in Mount Gambier, with the next meeting of the Governing Board scheduled for 31 January 2022.
14.3	<b>Meeting Close</b>	3:25 pm

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