

LIMESTONE COAST LHN GOVERNING BOARD MEETING MINUTES

Meeting Date: 25 July 2022 11:30am – 3:45pm

Location: Microsoft Teams

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: Kelly Borlase (KB), Project Manager Keith and District Hospital Transition, LCLHN
Karen Hales, Executive Officer/Director of Nursing & Midwifery, MGDHS
Dr Phillip Reasbeck, A/Deputy Director Medical Services, LCLHN

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

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	Apologies were provided for the following Limestone Coast Local Health Network (LCLHN) representatives, noting the number of apologies were indicative of the current workforce pressures: <ul style="list-style-type: none"> Ngaire Buchanan, Chief Executive Officer (CEO) Dr Elaine Pretorius, Executive Director of Medical Services (EDMS) Karen Hales, Executive Officer/Director of Nursing & Midwifery (EO/DONM), Mount Gambier and Districts Health Service (MGDHS) Dr Phillip Reasbeck, A/Deputy Director Medical Services (DDMS)

2.3	Introduction	GK provided an introduction to the meeting of the LCLHN Governing Board.
2.4	Director Conflict of Interest Disclosures	A Conflict of Interest Disclosure was provided for John Irving, LCLHN Governing Board Member, relating to the recent introduction of an acquaintance to the Director of Corporate Services, LCLHN, regarding potential housing options to support workforce accommodation in Mount Gambier, and confirmation was provided both parties had been advised that JI would not be able to have any further involvement, or participate in any further discussions, relating to the matter.
2.5	Confirmation of previous meeting minutes and actions	<p>The minutes of the meeting held on 27 June 2022 were noted and accepted as a true and accurate reflection of the meeting held.</p> <p>An update was provided on key action items, including:</p> <ul style="list-style-type: none"> • The desire to progress engagement between the Governing Board and General Practitioner (GP) service providers across the region. • The importance of progressing a report regarding key resources required to address pressure points within the LHN. • Work progressing to review asset sustainability, with confirmation of a combined meeting with representatives from various LHNs anticipated to provide further information and context.

3. BOARD CHAIR REPORT

3.1	Report from Grant King, Board Chair	<p>GK provided an update in relating to key activities and meetings during the reporting period, including:</p> <ul style="list-style-type: none"> • Work progressing to ensure ongoing stability for the LCLHNs Orthopaedic service, including recent discussions with clinicians. • Key topics discussed at the recent combined Board Chair and CEO meeting with the Minister for Health and Wellbeing, including: <ul style="list-style-type: none"> ○ A system wide approach to address ramping. ○ Support for current governance arrangements across LHNs. ○ Workforce issues, and the common experience for various industries at both a State and national level. ○ The ongoing focus on providing care close to home, and for Aged Care services. ○ Updates relating to senior executive and various Board appointments. ○ An emphasis on staff wellbeing, and the role of Wellbeing SA and the LHNs to support staff, particularly considering the ongoing impacts of COVID-19. ○ Progress made to deliver election commitments relating to various health services. ○ A potential state-wide clinical service model, including cost considerations for LHNs.
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		<p>Acknowledgement and appreciation was provided for the volume of work undertaken by staff across the LCLHN, with consideration for the fatigue being experienced as a result of the ongoing COVID-19 response, and with unprecedented workforce pressures both locally and more broadly.</p>
<p>4. LIMESTONE COAST LHN REPORTS</p>		
<p>4.1</p>	<p>CEO Report a) General update</p>	<p>The CEO Report – General Update was noted.</p> <p>Acknowledgement was provided for the recent cessation of urgent care services at Keith and District Hospital (KDH) impacting access to urgent care for that community, and the increased activity experienced at Bordertown Memorial Hospital as a result.</p> <p>An update was provided in relation to work progressing to address the sanctions imposed by the Aged Care Quality and Safety Commission (ACQSC) at Moreton Bay House, including:</p> <ul style="list-style-type: none"> • A thorough review and assessment undertaken by the recently appointed Nurse Advisor, with the intention to replicate improvements across all LCLHN Residential Aged Care (RAC) sites. • The limited ability of the Nurse Unit Manager (NUM) and Assistant Nurse Unit Manager (ANUM) to progress required remedial works, particularly in relation to documentation, sighting an urgent need for additional support and resources, and for the reallocation of some non-clinical tasks. • A recent audit undertaken in relation to housekeeping identifying gaps in relation to cleaning services, induction & orientation, and with increased requirements as a result of COVID-19 cleaning protocols. • Recruitment of a Lifestyle Co-Ordinator, with the temporary engagement of an external lifestyle expert to provide immediate support. • A broad review undertaken of the administrative burden experienced by NUMs and the reallocation of some tasks, noting additional support is being provided by the Quality, Risk and Safety (QRS) team, and approval for the implementation of a roster clerk for a 3 month period. • The potential to update ageing infrastructure and to provide fit for purpose accommodation for residents, to be considered cohesively with the State Government’s commitment to improving the Naracoorte site, and with innovative solutions to be considered during the initial scoping stage. <p>RESOLUTION</p> <p>The Governing Board provided support for further investigation regarding the ability to incorporate improvements to infrastructure at Moreton Bay House within the scope of planned upgrades for Naracoorte Health Service which is co-located on site.</p> <p>The need to ensure that Health Advisory Councils (HACs) remain informed about the LHNs strategic goals was discussed, with frequent and meaningful engagement providing HACs more opportunities to identify fundraising activities that may be of most benefit for the community.</p>

		<p>An update was provided in relation to the impact of the current COVID-19 wave across the LHN, including:</p> <ul style="list-style-type: none"> • Outbreaks affecting patients and staff, extensive numbers of furloughed staff, and COVID-related fatigue exacerbating existing and persistent workforce pressures. • Increased state-wide demand across the system limiting the ability for all sites to up transfer patients to metro areas where sites are reaching capacity. • The immense workload pressures for EO/DONMs, with work progressing to develop a proposal for additional support, in the form of an assistant or deputy role at Mount Gambier. <p>Confirmation was provided regarding the receipt of the report following the review of Maternity Services at Mount Gambier, with a plan to progress a review via the Clinical Governance Framework and to develop an action plan to be tabled at a future meeting of the Governing Board.</p>
	<p>b) Performance Reporting Summary May 2022</p>	<p>The Chief Finance Officer (CFO) provided a summary of key points from the May 2022 Finance Report, including:</p> <ul style="list-style-type: none"> • The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$8.5m unfavourable to budget, noting a deterioration of \$0.3m from the previous reporting period. • The EOY forecast of \$9.75m unfavourable to budget (\$0.25 improvement from the previous month), including key elements for consideration: <ul style="list-style-type: none"> ○ \$6.7m of COVID related expenditure. ○ \$2.1m in relation to the Mount Gambier Private Hospital (MGPH). ○ \$1.1m for funding shortfalls within the 2021-22 budget. ○ \$ 5.0m in relation to Emergency Department (ED) Activity. ○ \$1.1m in relation to RAC revenue underperformance. ○ (\$5.6m) of favourable results alleviating a portion of the cost pressures from various areas including: <ul style="list-style-type: none"> ▪ additional funding from surgery reserves. ▪ a reduction in costs due to closure of Medical Ward beds. ▪ revenue performance for Home Care Package (HCP) & NDIS. ▪ a reduction in expenditure for Country Health Connect (CHC) and other savings associated salaries and wages. <p>An overview was provided in relation to the proposed 2022-23 budget process, including:</p> <ul style="list-style-type: none"> • An approximate overall increase of 15%, equating to an additional \$19.0m compared to the previous period, with consideration for:

		<ul style="list-style-type: none"> ○ Increased activity levels, including private patient activity and management of elective surgery, and to support the incorporation of COVID-19 activity within business as usual (BAU). ○ The Consumer Price Index (CPI) increase for Goods & Services, and for Salaries & Wages increases in line with Enterprise Agreements. <ul style="list-style-type: none"> ● The potential for a considerable portion of the increased budget amount to be absorbed by COVID-related expenditure. <p>It was noted the Finance and Performance Committee considered the increased budget for the 2022-23 period would provide opportunities to invest additional resourcing to support a renewed focus on business improvement activities.</p>
	<p>c) Key Performance Indicator (KPI) Summary May 2022</p>	<p>The Key Performance Indicator (KPI) Summary May 2022 was noted.</p> <p>Key issues from the Aboriginal Health Report were discussed, including:</p> <ul style="list-style-type: none"> ● Concerns relating to racism and a reduction in presentations by consumers identifying as Aboriginal and/or Torres Strait Islander. ● New implementation plans for the LHN in relation to Closing the Gap targets, with progress reports fed back at a national level via the Council of Australian Governments (COAG). <p>The desire to add the Memorandum of Understanding (MOU) with Pangula Mannamurna Aboriginal Corporation (PMAC) as a standing agenda item was discussed, including:</p> <ul style="list-style-type: none"> ● The ability to extend an invitation to Kathryn (Kathy) Edwards, Director of Aboriginal Health to attend meetings and to discuss key issues as they arise. ● The benefit of regular review and discussion relating to the LCLHNs Innovate Reconciliation Action Plan and the Aboriginal Health Strategic Operating Plan. ● A recent example provided regarding the success of the MOU, with representatives from the LHN providing support to PMAC to address a critical situation that had arisen. <p>It was noted the meeting schedule for September 2022 would provide an ideal opportunity for further discussion in relation to key Aboriginal Health issues, with the meeting to be held on site at PMAC.</p>
<p>5. KEITH & DISTRICT HOSPITAL TRANSITION</p>		
<p>5.1</p>	<p>Health Care Hub Transition Plan</p>	<p>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.</p> <p>Key topics were discussed, including:</p> <ul style="list-style-type: none"> ● Support provided by the LHN following the cessation of urgent care services at KDH with correspondence sent to the Minister for Health and Wellbeing highlighting the impact on the community, with increased activity through the Bordertown Memorial Hospital.

		<ul style="list-style-type: none"> • Correspondence sent to the MHW seeking clarity and guidance for the proposed Model of Care, and for the proposed transition of KDH into the public system, with confirmation provided that the papers had been noted and returned with further considerations for LCLHN to address. • The progression of due diligence activities with external support, to understand the impact of the proposed transition as it relates to assets and financial requirements, with consideration to be made for all options. It was noted these activities may take longer than initially anticipated. • A planned meeting for the KDH Transition Steering Committee in late July, and further meetings to provide an update for key stakeholders such as the local Member for MacKillop, noting the need to communicate the extensive community support received for the proposed transition. <p>A discussion was held in relation to the need for the LCLHN to further investigate options for formal arrangements, including:</p> <ul style="list-style-type: none"> • Community ownership of assets via HACs and options to lease part, or all, of existing infrastructure. • The potential to establish a MOU to address areas such as ongoing maintenance and repairs. • The opportunity to gain insight from any precedents that may have been set where existing private services had transitioned into the public health system.
<p>6. GOVERNING BOARD COMMITTEE UPDATES</p>		
<p>6.1</p>	<p>Audit & Risk Committee Summary</p>	<p>Updates were provided in relation to key activities for the Audit & Risk Committee (ARC), following the previous meeting held on 30 May 2022, including:</p> <ul style="list-style-type: none"> • Recruitment to the Co-ordinator Audit, Risk and Compliance role, with the successful incumbent commencing in July, and bringing with him a wealth of knowledge and experience from previous roles, as a paramedic and relating to major disaster preparedness. • Confirmation of the extraordinary meeting scheduled in late July, to discuss the General Purpose Financial Statements (GPFS), with an opportunity to provide questions on notice, and for an additional meeting in early August seeking to approve the GPFS.
<p>6.2</p>	<p>Clinical Governance Committee Summary</p>	<p>An update was provided in relation to key concerns for the Clinical Governance Committee (CGC) following the previous meeting held on 25 July 2022, including:</p> <ul style="list-style-type: none"> • The primary focus for the Committee to support the delivery of Safe and Quality care for consumers, with current pressures on the system at critical levels, with key areas identified: <ul style="list-style-type: none"> ○ Administrative support for clinical frontline staff to free up capacity for the provision of direct patient care, particularly for unit managers. ○ The progression of an Aged Care Lead to support RAC sites across the LHN, and to ensure compliance with relevant standards and regulations.

		<ul style="list-style-type: none"> ○ A desire for the continuation of a permanent Deputy Director of Medical Services (DDMS). ○ Consideration for strategies to limit non-essential activity, and to reduce administrative burden where possible. <ul style="list-style-type: none"> • A review of the Committee's Key Performance Indicators (KPIs) for reporting to the board, with consideration for recommendations made and processes implemented to address key focus areas. • The anticipated review and assessment of work undertaken to address the sanctions imposed at Moreton Bay House in May 2022. • Confirmation provided the LCLHN was considered by the Committee to be Clinically Solvent, considering recommendations currently in place, and actions taken to address the ACQSC sanctions at Naracoorte. <p>The following recommendations from the CGC were provided to the Governing Board:</p> <ul style="list-style-type: none"> • To include the MOU between LCLHN and PMAC as a standing item on the LCLHN Governing Board meeting agenda • KE to be invited to key Governing Board meetings to lead discussions when concerns are identified within the Aboriginal Health report.
6.3	Engagement Strategy Oversight Committee	<p>It was noted the last meeting of the Engagement Strategy Oversight Committee (ESOC) was held on 28 June 2022, with an update provided in relation to key activities, including:</p> <ul style="list-style-type: none"> • Progress made to develop an implementation plan for the Clinician and Staff Engagement Strategy (CSES), including a workshop for staff held in early July. • Options being considered to engage an external provider to oversee the implementation of the Consumer, Carer and Community Engagement Strategy due to existing staff commitments and current workload pressures. • Work progressed by the QRS team to reintroduce and promote the consumer feedback process via an online form, with poster displays at various sites and QR codes providing quick and easy access for consumers. • The development of a weekly staff newsletter for all LCLHN staff to incorporate business updates and to promote good news stories, innovation updates and quality improvement activities. <p>Confirmation was provided that the outstanding probity checks for external members to the ESOC were now complete, allowing onboarding to be formalised.</p>
6.4	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) held on 25 July 2022, including:</p>

		<ul style="list-style-type: none"> • Confirmation of the anticipated EOY result considered by the Committee to be a positive result overall. • Additionally, the proposed budget for 2022-23 also considered to be favourable with an anticipated 15% increase equating to \$19.0m of additional funding, noting the potential impact of COVID-19 expenditure that will no longer be considered as an allowable variance. • The staggered allocation of the \$70.0m relating to Election Commitment funding, with a portion attributed to Capital Expenditure within the current budget. <p>Discussion was held in relation to the specificity of Election Commitments, and the limited scope with funding allocation, with the need to consider the best approach to ensure that improvements and/or upgrades are fit for purpose and meet consumer needs.</p> <p>Ongoing increased activity levels were discussed, including the unsustainable pressure placed on the workforce as a result of the volume, and with 2842 National Weighted Activity Units (NWAUs) above commissioned levels forecasted to be achieved.</p>
<p>7. MATTERS FOR DISCUSSION</p>		
<p>7.1</p>	<p>LCLHN Workforce Pressures and Recruitment Barriers</p>	<p>Key topics from the report relating to LCLHN Workforce Pressures and Recruitment Barriers were discussed, including:</p> <ul style="list-style-type: none"> • Confirmation the recruitment of clinical staff remains an ongoing and critical concern across the LCLHN and noting the small amount of success achieved in relation to recruitment had been offset by further attrition. • The turnover rate for International Medical Graduates (IMGs) expediated by amendments to VISA requirements, which had halved the required time IMGs were required to work in regional areas. • Significant workforce pressures across the service providing challenges for the Naracoorte aged care site to be able to allocate resources to progress required actions as they relate to the ACSQC sanctions. • An overview was provided in relation to vacancies of concern across the LHN including medical, nursing, mental health, allied health and patient services. • The significant shift in skill mix within the nursing cohort due to: <ul style="list-style-type: none"> ○ Aggressive recruitment of junior staff, noting the need for a focused nurse education program to support this group. ○ Challenges with attraction and retention, and attributing factors including: <ul style="list-style-type: none"> ▪ attractive recruitment packages being offered interstate ▪ difficulties for people relocating to the region in finding suitable accommodation ▪ high numbers of middle aged workers transitioning to retirement

- Confirmation of a submission prepared seeking approval to increase the Full Time Equivalent (FTE) of ward clerks anticipated to alleviate administrative burden for clinical staff, to support heads of unit and site managers, and to provide capacity for clinical oversight, supervision and training activities.
- Work progressing by the Department for Health & Wellbeing (DHW) to identify state-wide solutions, including additional support services.
- Challenges within corporate and patient services, where there has been a gradual change to requirements of various roles, with some activities not within capacity of current roles, and work progressing to review the current structure and demands for this cohort.
- The progressive increase in utilisation of electronic systems, but with limited direct user access to extract data, and the desire to implement a dedicated Information Officer to support clinicians.
- Acknowledgement provided regarding the elevated risk exposure for the LHN as a result of the current and ongoing situation as it relates to workforce pressures.

The need for an innovative approach to address the significant pressures across the system was discussed, with consideration for:

- The potential to alleviate a significant amount of administrative burden for hiring managers, often being frontline clinical staff, with consideration to recruit dedicated Human Resource (HR) support to progress the elevated volume of recruitment activity.
- Limited ability to recruit using traditional methods, and the need to explore alternate and a more specialised approach, including:
 - A desire for a tailored approach to attraction and retention provisions for regional appointments to create a point of difference from metropolitan areas.
 - Options for appropriately trained employees who have retired or reduced hours to be offered flexible term roles to undertake clinical documentation activities.
 - Potential benefits of aligning employment authority with governance arrangements to streamline the approval process and overall turnaround time of recruitment activity.
 - The potential to form a strategic taskforce/working group to address the workforce and recruitment challenges for the LHN, and more broadly for the region, and to include external members who might provide regional development insight and expertise.
- The need to investigate various options for the LHN to better support employees looking to relocate to the region with access to suitable accommodation.
- Options to expand the LHNs online presence in relation to recruitment and to explore the potential reach of platforms like LinkedIn.
- The potential to engage an external provider to undertake a review of the organisational structure, and to identify best practice models to support ongoing operational efficiency.

		<ul style="list-style-type: none"> The ability to reallocate corporate resources to clinical areas wherever possible, to provide support with duties that are within scope, with administrative tasks identified as a key area for consideration. Reviewing the scope and abilities of volunteers to support where possible, with the Friends of the ED highlighted as an example where this approach has had a positive impact. <p>RESOLUTION</p> <p>The LCLHN Governing Board recognises the extreme duress under which clinical and related services are being delivered across the region. To mitigate these pressures and in addition to all the usual work force recruitment measures, the Governing Board supports the LCLHN executive team to direct resources as a priority to support clinical patient quality and safety in preference to other non-clinical duties.</p> <p>Additionally, the LCLHN Governing Board is seeking frank and fearless advice from the executive team to define the key activities that are required to address workforce pressure points, and that would support long term organisational development, including but not limited to reallocation, attraction and recruitment.</p>
8. MATTERS FOR APPROVAL		
8.1	LCLHN Attestation Statement 2021-22	<p>The LCLHN Attestation Statement 2021-22 was discussed, with consideration for the Governing Board to ensure the governance requirements have been met, and to ensure that recommendations have been made to address any issues that have arisen during the statement period.</p> <p>RESOLUTION</p> <p>The Governing Board approved the LCLHN Attestation Statement 2021-22.</p>
9. MATTERS FOR NOTING		
9.1	LCLHN Payment Performance Report June 2022	The LCLHN Payment Performance Report June 2022 was noted.
9.2	LCLHN Late Payments of Interest (LPI) June 2022	The LCLHN Late Payments of Interest (LPI) June 2022 were noted.
9.3	Engagement Strategy Oversight Committee Minutes 28 June 2022	The Engagement Strategy Oversight Committee Minutes 28 June 2022 were noted.
9.4	Clinical Governance Committee Agenda 25 July 2022	The Clinical Governance Committee Agenda 25 July 2022 was noted.
9.5	Finance & Performance Committee Agenda 25 July 2022	Finance & Performance Committee Agenda 25 July 2022 was noted.

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9.6	RSS Governance Committee Minutes 25 May 2022 (approved)	The RSS Governance Committee Minutes 25 May 2022 (approved) were noted.
9.7	Correspondence to the Minister: Keith & District Hospital	Correspondence to the Minister: Keith & District Hospital was noted.
10.	OTHER BUSINESS	
10.1	Governing Board Self-Evaluation 2022	The annual Governing Board Self-Evaluation was discussed, with confirmation provided that an internal process would be undertaken for the 2022 period, and be guided by the recent external review of governance arrangements undertaken by Fran Thorn.
10.2	Any other business	Confirmation was provided Lindy Cook would be acting in the role of Governing Board Chair to cover an upcoming period of leave. GK extended gratitude on behalf of the Governing Board to the executive team for their diligence and efforts with the significant workload currently being experienced and offered support wherever possible.
11.	MEETING EVALUATION AND CLOSE	
11.1	Meeting Evaluation	AS provided an evaluation of the LCLHN Governing Board Meeting.
11.2	Next Meeting & location	29 August 2022, with a location to be confirmed.
11.3	Meeting Close	3:58pm

For more information

Limestone Coast Local Health Network
Governance and Planning

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