

BOARD MINUTES

Board meeting date: 30 September 2019 11.30am - 3.30pm
Location: Conference Room, Millicent & District Hospital & Health Service

Acknowledgement of Country *We acknowledge and respect the traditional custodians whose ancestral lands we are meeting upon today. We acknowledge the deep feelings of attachment and relationship of Aboriginal people to country. We also pay respect to the cultural authority of Aboriginal people visiting/attending from other areas of South Australia present here.*

Members: Chair: Grant King (GK) Glenn Brown (GB) Lindy Cook (LC) Kerri Reilly (KR)
John Irving (JI) Dr Anne Johnson (AJ) Dr Andrew Saies (AS)

Attendees: Ngaire Buchanan (NB) Chief Executive Officer, Limestone Coast Local Health Network
Pam Schubert (PS) A/Executive Director of Nursing & Midwifery, Limestone Coast Local Health Network
Robert Pegram (RP) Executive Director of Medical Services, Limestone Coast Local Health Network
Paul Harris (PH) Financial Business Adviser, Limestone Coast Local Health Network
Hannah Morrison (HM) Regional Quality, Risk & Safety Manager, Limestone Coast Local Health Network
Peta-Maree France (P-MF) Director People & Culture, Limestone Coast Local Health Network
Kathryn Edwards (KE) Director Aboriginal Health, Limestone Coast Local Health Network
Jemima Kemp (JK) Senior Communications Adviser, Limestone Coast Local Health Network
Michelle de Wit Director of Nursing & Midwifery, Millicent & District Hospital & Health Service

Secretariat: Angela Miller (AM) Director Governance & Planning, Limestone Coast Local Health Network
Apologies: Paul Bullen, Kristen Capewell & Kerri Reilly

1.	MEETING OPENING	
Item		Discussion
1.1	1.1.1 Acknowledgement of Country 1.1.2 Apologies 1.1.3 Introduction	KE provided the Acknowledgement of Country Apologies were noted including Paul Bullen, Kristen Capewell and Kerri Reilly. Pam Schubert was welcomed as Acting Executive Director of Nursing & Midwifery. An introduction to the first meeting to be held at Millicent & District Hospital & Health Service was provided.

1.2	1.2.1 Director Conflict of Interest Disclosure	Nil conflicts disclosed.
1.3	1.3.1 Confirmation of previous meeting minutes, format & actions	The minutes of the meeting held on 2 September 2019 were approved as a true and accurate reflection of the meeting. An update on actions from the previous meeting was provided.
2.	LIMESTONE COAST LHN REPORTS	
2.1	<p>2.1.1 CEO Report</p> <p>a) General Update</p> <p>b) Performance Reporting Summary</p> <p>c) Finance Update</p> <p>2.1.2 Draft Limestone Coast Operational Strategies:</p> <p>a) People & Culture Operational Strategic Plan</p>	<p>The CEO Report was noted. An update on the upcoming National Disability Insurance Scheme (NDIS) Accreditation on 8 – 11 October 2019, the successful implementation of the Electronic Medical Record (EMR) ‘Sunrise’ at the Mount Gambier Hospital and a recruitment update was provided. An overview of the Mount Gambier Private Hospital was also provided.</p> <p>ACTION: A briefing to be provided to the Board relating to the Mount Gambier Private Hospital and to include the MOU, staffing and theatre access.</p> <p>ACTION: A working group, including representatives of the Board, senior leadership and the Mount Gambier Private Hospital, to be formed to discuss and plan future services and partnerships.</p> <p>The performance reporting summary was discussed including the work that is being done with CALHN to replicate the success they have had on patient flow and reduction of ‘bed block’.</p> <p>The finance summary was noted.</p> <p>ACTION: The finalised 2019-20 budget to be presented at the Board meeting to be held on 28 October.</p> <p>ACTION: GK to speak with regional Chairs regarding the delay in budget allocation.</p> <p>The People & Culture Operational Strategic Plan was presented to the Board by the Director People & Culture, Peta-Maree France, including the strategic direction, People & Culture objectives and stakeholder and partner support to ensure the achievement of the plan.</p> <p>ACTION: The People & Culture Operational Strategic Plan to be presented to</p>

	b) Aboriginal Health Operational Strategic Plan	<p>Regional Leadership for feedback before final approval from the Governing Board.</p> <p>The Aboriginal Health Operational Strategic Plan was presented to the Board by the Director Aboriginal Health, Kathryn Edwards, supporting the feedback and outcomes of the Aboriginal Health Community Forum held on 25 September at Pangula Mannamurna. The Corka Mob was confirmed as being the Elders consultation group within the Limestone Coast.</p> <p>ACTION: The Aboriginal Health Operational Strategic Plan to be presented to Regional Leadership for feedback before final approval from the Governing Board.</p> <p>ACTION: Budget allocation for Aboriginal Health to be confirmed</p>
3.	MATTERS FOR DISCUSSION	
3.1	3.1.1 Engagement Strategy Update	<p>An update was provided on behalf of the Consumer & Community and Clinician & Staff Engagement Strategy Development Working Group noting a framework and timeline for the Clinician & Staff Engagement Strategy was in development and would include engagement methods and enablers as the next phase of the work. The Consumer and Community Engagement Strategy was also noted as being in development with the inclusion of carers and the attendance at the Partnering with Consumers group as the next phase of the work.</p> <p>ACTION: A media release to be drafted to provide an update of the first 3 months as a Local Health Network and the strategic direction of the Limestone Coast LHN.</p>
5.	MATTERS FOR APPROVAL	
5.1	5.1.1 Community Paramedic Briefing	<p>Andrew Thomas, Operations Manager, SA Ambulance Service Limestone Coast, presented the Community Paramedic Briefing to the Governing Board and spoke of the relationship between the Limestone Coast Local Health Network and the SA Ambulance Service (SAAS) and the opportunity to work closely with the Governing Board moving forward. An overview of the election promise relating to the Community Paramedic Program in the mid-upper Limestone Coast region was provided including the positive impact it has had</p>

		<p>on supporting consumers to stay in their residence and reduce length of stay and/or earlier discharge from hospital along with the opportunity to enhance GP services.</p> <p>The briefing to the Governing Board sought support for a continuation of the Community Paramedic Program from January 2020 to July 2022. The cost to the LHN of approximately \$100k per annum being 25% of the total budget.. These funds would contribute to the cost of salaries and wages, good and services and point of care testing in the community. It was further noted that 67% of Community Paramedic visits were Emergency Department (ED) or hospital admission avoidance with the average cost of each presentation at ED being approximately \$2k.</p> <p>ACTION: Andrew Thomas to advise how many patients/consumers would have had a catastrophic outcome if not for the Community Paramedics.</p> <p>ACTION: The Governing Board to consider the Community Paramedic Briefing in conjunction with the revised budget for the Limestone Coast Local Health Network.</p>
6.	TOPIC OF THE MONTH: LHN KEY THEMES & DRIVERS	
6.1	<p>6.1.1 Key Themes & Drivers:</p> <p>a) Reputation</p> <p>b) Workforce</p>	<p>The Governing Board has identified a number of key themes and drivers of the Limestone Coast Local Health Network to continue the development of the strategic plan.</p> <p>Ensuring confidence in the Governing Board and the public health system and the Engagement and Communications Strategies were discussed. An opportunity to engage the community by providing education relating to funding within the public health system and service capability in regional areas along with an invitation to make comment at the public meetings to be held in November 2019 were discussed.</p> <p>Workforce capability, recruitment, retention and succession planning along with the barriers to employing staff in South Australia were discussed including ensuring the right skills are available at the right time and for the right price for</p>

	<p>c) Capacity</p> <p>d) Innovation</p> <p>e) Facilities</p>	<p>the demographic. Opportunities for Virtual Clinical Care (VCC) and innovative opportunities for service delivery, the role of Colleges and challenges in industrial framework and the ability to influence the Enterprise Agreement arrangements by focussed discussions relating to regional areas were also discussed along with the opportunity to develop the best workforce model with the support of the Workforce Strategist within the Rural Support Service (RSS) and the relationship with Uni SA.</p> <p>Present and future service capacity, access and partnership opportunities and the demographics within the Limestone Coast were discussed including the ageing population, chronic disease, seasonal impacts and the optimum occupancy rate along with the management, prediction and monitoring of elective surgery, the skill set requirement and leave impacts.</p> <p>Service delivery and different ways to provide service than what would be considered conventional or traditional were discussed. The opportunity for Virtual Clinical Care (VCC), upgrade to bandwidth, iPads for medication trolleys and the implementation of the Electronic Medical Record (EMR) in Mount Gambier were examples of recent innovations. Specialists attending via Telelink reducing significant travel for patients and carers for short appointments and the commencement of Vascular Surgeons utilising telemedicine with the assistance of a trained nurse onsite for wound care and the future of haematology in telemedicine were discussed. The opportunity to utilise LEAN methodology was also noted.</p> <p>ACTION: Investigate additional Virtual Clinical Care (VCC) & Telehealth options.</p> <p>Existing assets, upgrade requirements and future services were discussed including the opportunity for capital funding from the Federal stimulus package of \$140m over 9 years in South Australia in support of Commonwealth building standards and recommendations from the Royal Commission into Aged Care. An opportunity to develop strong proposals for infrastructure upgrades on projects within the Limestone Coast Local Health Network was discussed.</p> <p>ACTION: Further discussion with LHN CEOs regarding the allocation of the \$140 million stimulus package over 9 years is required.</p>
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	f) Sustainability	<p>Clinical, financial and environmental sustainability options were discussed. The \$2.5 million upgrade to the Renal Unit at the Mount Gambier hospital was highlighted as a project that considered eco-friendly options and future projects will review similar options.</p> <p>ACTION: Discussion points to form the basis of the strategic plan and aligned to a working document. ACTION: 'Topic of the Month' to be replaced by 'Strategic Planning' on the agenda.</p>
7.	MATTERS FOR NOTING	
7.1	<p>7.1.1 Escalation Matrix</p> <p>7.1.2 Minute – Aboriginal Health System Priorities</p> <p>7.1.3 Health Advisory Council Constitution</p> <p>7.1.4 Risk Management & Audit Committee Agenda</p> <p>7.1.5 Draft Risk Management & Audit Committee Terms of Reference</p> <p>7.1.6 Updated List of Outstanding Capital Works</p> <p>7.1.7 Biomed Priority Replacement List</p> <p>7.1.8 Key Performance Indicator (KPI) Summary</p> <p>7.1.9 Governing Board & Committee Calendar</p> <p>7.1.10 Electronic Medical Record (EMR) Media Article</p>	<p>The Escalation Matrix was noted. ACTION: KE to discuss the involvement of an Aboriginal Consultant with KR</p> <p>The minute relating to Aboriginal Health System Priorities was noted. The Health Advisory Council Constitution was noted. The Risk Management & Audit Committee Agenda was noted and an update provided on the preferred panel of providers for locum services.</p> <p>ACTION: A briefing regarding the preferred panel of providers/agencies on regional services to be provided to the Board and escalated.</p> <p>The draft Risk Management & Audit Committee Terms of Reference were noted and will be circulated to the Board once approved by the Committee The updated List of Outstanding Capital Works was noted, confirmation received that the contract with Honeywell will end in 2022.</p> <p>ACTION: The capital works list is to be revised noting which outstanding works could potentially impact accreditation, reputation or services.</p> <p>The Biomed Priority Replacement List was noted. The Key Performance Indicator (KPI) Summary was noted. The Governing Board & Committee Calendar was noted. The Electronic Medical Record (EMR) Media Article was noted.</p>

8.	SUMMARY AND CLOSE	
8.1	Next Meeting & location	Monday 28 October 2019, Penola War Memorial Hospital
8.2	Meeting Close	3:30 PM