

**LIMESTONE COAST LHN
GOVERNING BOARD
MEETING MINUTES**

Meeting Date: 31 January 2022 11:30am – 3:30pm
Location: Microsoft Teams meeting

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) Akhil Kapoor (AK) Dr Elaine Pretorius (EP) Dr Darren Clarke (DC) Hannah Morrison (HM)
Angela Miller (AM) Alex Govan (AG)

Observer: Tjaart van der Westhuizen (TW), Director of Corporate Services, LCLHN

Guests: Kelly Borlase (KB), Project Manager, Keith & District Hospital Transition, LCLHN
Trevor Pearce (TP), A/Chief Finance Officer, LCLHN
Nina Parletta (NP), A/Senior Communications Officer, LCLHN

Secretariat: Emily Baker, Senior Administration Officer, Governance & Planning

1.	IN CAMERA SESSION	
Item		Discussion
		IN CAMERA SESSION – 11:30am – 12:00pm
2.	MEETING OPENING	
Item		Discussion

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2.1	Acknowledgement of Country	GK provided an Acknowledgement of Country.
2.2	Apologies	An apology was noted for Tjaart van der Westhuizen, the newly appointed Director of Corporate Services, LCLHN, and Alex Govan, Senior Communications Advisor, LCLHN.
2.3	Introduction	<p>GK provided an introduction to the meeting of the Limestone Coast Local Health Network (LCLHN) Governing Board.</p> <p>A welcome was provided Nina Parletta, Acting Senior Communications Officer, LCLHN attending as proxy for Alex Govan.</p> <p>Additionally, gratitude was extended to Trevor Pearce for the work completed during his recent tenure as Acting Chief Finance Officer (CFO), LCLHN, and additionally for the thorough handover provided to the incoming CFO, Akhil Kapoor.</p>
2.4	Director Conflict of Interest Disclosures	Nil Conflicts of Interest were disclosed.
2.5	Confirmation of previous meeting minutes and actions	<p>The minutes of the meeting held on 29 November 2021 were noted, and were accepted as a true and accurate reflection of the meeting held, subject to an amendment to Item 4.1 b) as follows:</p> <ul style="list-style-type: none">• Remove - "The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$1.7m favourable to budget."• Replace with - "The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$1.7m unfavourable to budget." <p>The consolidated actions list was noted, with nil issues or outstanding items identified.</p>
3.	BOARD CHAIR REPORT	
3.1	Report from Grant King, Board Chair	GK acknowledged the LCLHN workforce, under the guidance of Ngaire Buchanan, Chief Executive Officer (CEO), for the quality and volume of services provided for the community over the Christmas period, and in particular with

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		<p>consideration for the impact of the escalated COVID-19 situation since the opening of the SA borders on 27 November 2021.</p> <p>Additionally, acknowledgement was provided for the positive feedback received by various members of the community expressing confidence in the LHNs ongoing response to the pandemic.</p> <p>ABS echoed this sentiment, providing an overview of recent feedback received from various Aboriginal Community Controlled Health Organisations (ACCHOs) regarding the effectiveness of the LCLHNs response to the current COVID-19 Omicron outbreak.</p> <p>GK provided an update in relation to the statewide General Practitioner (GP) contract negotiations, with confirmation provided that a resolution had been reached, and for work progressing to finalise formal arrangements.</p> <p>An overview was provided in relation to key topics discussed during the Governing Board in camera session at the commencement of the meeting, including election campaign commitments recently made regarding future funding for health care in the region.</p> <p>A discussion was held regarding the need for updates to be provided to inform political candidates of the service planning activities completed by the LCLHN and to support the alignment of potential future funding opportunities to key service areas to maximise potential benefits for the community.</p>
4.	LIMESTONE COAST LHN REPORTS	
4.1	CEO Report a) General update	<p>NB provided an update in relation to key areas of activity for the LHN during the previous two months, and an overview was provided in relation to the COVID-19 response, including:</p> <ul style="list-style-type: none">• The impact of the recent outbreaks of the Omicron variant across the State, following the easing of South Australia's border restrictions on 27 November 2021.• The significant increased workload for the LCLHN Incident Management Team (IMT) with several local outbreaks in the region, and additional

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		<p>support provided to businesses and non-government organisations (NGOs).</p> <ul style="list-style-type: none">• Workforce pressures experienced with over 120 staff furloughed due to being COVID positive, or deemed a close contact of a positive case, since November 2021.• The statewide Community Response Team (CRT) established to manage and support COVID positive cases in the community experiencing overwhelming demand; and the resulting establishment of a LCLHN CRT to support the local community, with 27 staff members seconded from their existing roles enabling the timely establishment of the service.• Acknowledgement was provided to the teams at Kingston and Bordertown Residential Aged Care (RAC) sites with the successful management of COVID positive cases resulting in limited impact to services and residents.• The temporary closure of the Kingston Soldiers' Memorial Hospital for a 72 hour period, following COVID positive cases and the co-location of acute and aged care services at the site.• The success of the marquee erected at the Mount Gambier and Districts Health Service (MGDHS) established to enable the screening of patients for COVID-19 prior to entering the Emergency Department (ED) and further reducing exposure to staff and patients.• Establishment of the COVID ward at the MGDHS, with an average of 8-11 patients per day admitted during the peak of the outbreak.• The temporary conversion of the MGDHS consulting rooms into a Rapid Antigen Testing (RAT) site for pregnant women and staff members.• Initial supply issues experienced in relation to Personal Protective Equipment (PPE) and RAT tests, which have since been resolved.• The establishment of the LCLHN Staff Health Unit (SHU) to provide information and support for staff in relation to varied and evolving testing, quarantine and furlough requirements.
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	<p>b) Performance Reporting Summary October & November 2021</p>	<p>The Performance Reporting Summaries for October 2021 and November 2021 were noted.</p> <p>The A/Chief Finance Officer (CFO) provided a summary of key points from the November 2021 Finance Report, including:</p> <ul style="list-style-type: none">• The End of Year (EOY) Net Adjusted Result (excluding revaluations), reported to be \$10.6m unfavourable to budget.• Key considerations to be made in relation to Net Cost of Service EOY forecast, including:<ul style="list-style-type: none">○ \$3.8m in relation to COVID-19 net Year to Date (YTD) expenditure○ \$ 2.1m of revenue reduction as a result of the administration of the Mount Gambier Private Hospital (MGPH)○ Funding shortfalls within the proposed 2021-22 budget:<ul style="list-style-type: none">▪ \$ 0.5m in relation to Bordertown▪ \$ 0.6m in relation to Nurse Practitioner positions▪ \$ 3.0m in relation to Emergency Department Activity• The significant increase in activity for the reporting period, resulting in an EOY forecasted variance of \$16m above target, and planning in progress to analyse driving factors <p>An update was provided in relation to key focus areas, including:</p> <ul style="list-style-type: none">• Budget preparation for the 2022-23 period, and the required structural adjustment to incorporate private services now provided by the LCLHN.• A recent internal audit of debtor management, with an action plan developed to address the improvement areas identified.
	<p>c) Key Performance Indicator (KPI) Summary October & November 2021</p>	<p>The Key Performance Indicator (KPI) Summaries for October 2021 and November 2021 were noted, and the need for ongoing refinement of the reporting models was discussed.</p> <p>Key topics from the KPI Summary November 2021 report were discussed, including:</p>

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		<ul style="list-style-type: none">• Funding levels for Aboriginal Health in the LCLHN, disproportionate to other regions, based on the percentage of population identifying as Aboriginal or Torres Strait Islander.• A proposal submitted in June 2021, in relation to funding for a Project Officer - Aboriginal Health• The disparity between reduced activity performance and increased salary & wages (S&W) costs for Naracoorte, noting the impact of:<ul style="list-style-type: none">○ The temporary closure of Theatre due to infrastructure upgrades, and the delay in transfer of S&W for staff reallocated to the MGDHS theatre○ Increased COVID activity during the reporting period <p>The process for ensuring the integrity of data relating to COVID expenditure was discussed, including:</p> <ul style="list-style-type: none">• The need to provide an accurate reflection of activity and associated costs.• The inability to capture all hidden costs, such as the proportion of executive and non-clinical staff members time spent on COVID related activities.
5.	COVID-19 UPDATE	
5.1	COVID-19 Update & Response	It was noted that an update had been provided in relation to the COVID response throughout the CEO Report – General Update at Item 4.1 on the agenda.
6.	KEITH & DISTRICT HOSPITAL TRANSITION	
6.1	Health Care Hub Transition Plan	An overview was provided in relation to the KDH Transition Plan, and key activities were discussed, including:

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		<ul style="list-style-type: none">• The upcoming meeting of the KDH Transition Steering Committee in early February, with plans to table the draft business case for the proposed model of care for review and endorsement.• Subsequent plans to progress the draft business case to the LCLHN Governing Board, following endorsement by the Steering Committee.• Discussions held with the Keith and Districts Hospital (KDH) Board to understand potential implications for the project following a recent election commitment made regarding future funding for the KDH. <p>The LCLHN Governing Board acknowledged the collegiate and collaborative approach demonstrated by all members of the KDH Transition Steering Committee.</p>
7.	ENGAGEMENT STRATEGIES	
7.1	Engagement Strategy Update	An overview of Engagement Strategy activities was provided, including planning in progress for the first meeting of the LCLHN Engagement Strategy Oversight Committee (ESOC) in March 2022, with Expressions of Interest (EOI) being sought for specialist and community representatives, and with confirmation of four nominations received to-date.
8.	GOVERNING BOARD COMMITTEE UPDATES	
8.1	Audit & Risk Committee Summary	An update was provided in relation to key topics for the Audit & Risk Committee (ARC), including the progress of recruitment to the new Coordinator Audit, Risk and Compliance position.
8.2	Clinical Governance Committee Summary	An update was provided in relation to key risk and safety matters discussed at the meeting of the Clinical Governance Committee (CGC) on 31 January 2022, including: <ul style="list-style-type: none">• Vacancies in key medical services positions, which include anaesthetics, GP obstetrics, Junior Medical Officers and postgraduate medical officers.• Consistent performance relating to ED Presentations Seen on Time KPI results not met.

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		<ul style="list-style-type: none">• The impact of the COVID-19 response to business as usual (BAU) and the progression of quality improvement activities.• Confirmation provided that the Clinical Solvency Statement was passed, with no significant quality and safety issues identified. <p>The common experience for all regional LHNs, with difficulties attracting and retaining medical workforce was discussed, including the desire for a statewide approach to ensure an equitable distribution of staff across metro and regional services.</p>
8.3	Finance & Performance Committee Summary	<p>An update was provided in relation to key topics discussed at the meeting of the Finance and Performance Committee (FPC) on 31 January 2022, including:</p> <ul style="list-style-type: none">• The successful appointment of Akhil Kapoor to the Chief Finance Officer (CFO) position, commencing in late January 2022.• Upcoming priorities relating to budget preparation for the 2022-23 period, including costing provisions for workforce and private in public services.• Impacts on performance in relation to activity performed during the current Omicron COVID-19 outbreak, including:<ul style="list-style-type: none">○ Utilisation of private beds for public patients during peak periods resulting in data reconciliation challenges○ Reduced activity as a result of statewide public safety measures limiting non-emergency surgery procedures
9.	TOPIC OF THE MONTH	
9.1	Regional overview and site updates	<p>An overview was provided in relation to key activities, opportunities and challenges for the LHN across all acute, aged care and community health services and key priority service areas, including:</p> <ul style="list-style-type: none">• <u>Bordertown Memorial Hospital</u><ul style="list-style-type: none">○ Confirmation of the newly appointed Executive Officer/Director of Nursing, Melissa Perry

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- Progression of the purpose-built Country Health Connect building, to be co-located on site with the hospital
- Challenges with implementing a Memorandum of Agreement (MoA), to establish principals for equitable rostering of GP providers and to define behaviour standards
- Kingston Soldiers' Memorial Hospital
 - Confirmation of the newly appointed Executive Officer/Director of Nursing, Kylie Campbell
 - A newly established arrangement with GPs in the township of Robe to provide supervision for interns and expand the reach of the rotation schedule further into the region
- Millicent and District Hospital and Health Service
 - Progression of service planning activities, currently in the implementation phase
 - Ongoing negotiations with the GP clinic providing services at Sheoak Lodge Aged Care, with consideration for the credentialing process
- Mount Gambier and Districts Health Service
 - Confirmation of the newly appointed Executive Officer/Director of Nursing, Karen Hales
 - Work progressing towards completion of the Clinical Services Plan, currently in the consultation phase, supporting the hub and spoke model for growing services throughout the region
 - The establishment of a Working Party to operationalise the 'growing services' component of the Strategic Plan, including key executive members from the LCLHN
 - Recruitment of additional medical staff, and a clinical liaison to improve the ability for mental health assessments to be undertaken in ED
 - A proposal submitted to the Department for Health and Wellbeing (DHW), seeking to expand the current capacity for specialist

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		<p>consultations by an additional 30 sessions per week to support ongoing demand</p> <ul style="list-style-type: none">• <u>Naracoorte Health Service</u><ul style="list-style-type: none">○ Recent infrastructure works completed to double the capacity of operating rooms, and work progressing to establish a GP anaesthetist service to support the increase in theatre sessions○ Improvement of GP cover on the after hours on call roster in ED, with the establishment of a new contractual arrangements with International Medical Recruitment (IMR), to integrate with existing arrangements○ Acknowledgement of the significant impact to workloads, and for the successful management of local cases of COVID-19, during the recent Omicron outbreak○ Succession planning underway to ensure ongoing service provision, utilising the hub and spoke model, with the upcoming retirement of a specialist clinician currently under fly-in fly-out (FIFO) arrangements• <u>Penola War Memorial Hospital</u><ul style="list-style-type: none">○ A further temporary closure of the ED on 27 November 2021, to protect aged care residents against the increased risk of COVID-19, due to the co-location of the ED and aged care at the site• <u>Country Health Connect</u><ul style="list-style-type: none">○ Confirmation of the newly appointed Executive Director of Community and Allied Health, Karen Harris○ Planning in progress to improve the integration between community health, acute and aged care services across the continuum of care○ Work progressing with key quality improvement projects to streamline the management of corporate and medical records• <u>Focus Services: Aboriginal Health</u>
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| | | <ul style="list-style-type: none">○ Ongoing work to embed the messaging “Aboriginal Health - It’s everyone’s business” and to integrate this thinking into all existing processes and practices○ Progress made to improve entrances at all sites and provide a more welcoming environment for Aboriginal and Torres Strait Islander people○ Improving access to services closer to home and addressing barriers for Aboriginal and Torres Strait Islander people, particularly with key areas identified as having a high burden of disease○ Plans to appoint a Project Officer - Aboriginal Health, with the progression of a funding proposal○ The investigation of options to improve aged care for Aboriginal and Torres Strait Islander people in the region, with a focus on the importance of receiving care on Country● <u>Focus Services: Aged Care</u><ul style="list-style-type: none">○ Work progressing with funding arrangements for an improved training program○ Updates to the IT system, Leecare, to incorporate a medication component into current electronic medical records○ The reduction of variation between the models of care utilised, including community-based care and residential care settings○ The success of the recent review conducted by Provider Assist, resulting in increased revenue and providing learning opportunities for LCLHN staff to improve documentation to more accurately reflect the acuity and needs of residents○ Acknowledgement of the work undertaken by Jennie Jacobs, Aged Care Lead, LCLHN for the recent establishment of a community of practice incorporating private and not-for-profit service providers, and resulting in ongoing collaborative arrangements was provided |
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		<ul style="list-style-type: none">○ Work in progress to improve practices for consumers requiring short term care whilst awaiting placement● <u>Focus Services: Mental Health Services</u><ul style="list-style-type: none">○ Work progressing to investigate funding options to improve drug and alcohol treatments○ Progression towards establishing a rapid access clinic to commence services which will underpin the proposed Ambulatory Care model into the future
10.	MATTERS FOR APPROVAL	
10.1	Nil	N/A
11.	MATTERS FOR NOTING	
11.1	LCLHN Payment Performance Report November 2021	The LCLHN Payment Performance Report November 2021 was noted.
11.2	LCLHN Late Payments of Interest (LPI) November 2021	The LCLHN Late Payments of Interest (LPI) November 2021 were noted.
11.3	LCLHN Payment Performance Report December 2021	The LCLHN Payment Performance Report December 2021 was noted.
11.4	LCLHN Late Payments of Interest (LPI) December 2021	The LCLHN Late Payments of Interest (LPI) December 2021 were noted.
11.5	Finance and Performance Committee Agenda 31 January 2022	The Finance and Performance Committee Agenda 31 January 2022 was noted.
11.6	Clinical Governance Committee Agenda 31 January 2022	The Clinical Governance Committee Agenda 31 January 2022 was noted.

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11.7	Finance and Performance Committee Minutes 29 November 2021	The Finance and Performance Committee Minutes 29 November 2021 were noted.
11.8	Audit and Risk Committee Minutes 29 November 2021	The Audit and Risk Committee Minutes 29 November 2021 were noted.
11.9	Rural Support Service (RSS) Governance Committee Minutes 23 November 2021 (approved)	The Rural Support Service (RSS) Governance Committee Minutes 23 November 2021 (approved) were noted.
11.10	Rural Support Service (RSS) Governance Committee Minutes 15 December 2021 (draft)	The Rural Support Service (RSS) Governance Committee Minutes 15 December 2021 (draft) were noted.
11.11	Rural Support Service Strategic Plan 2022-26 (draft)	<p>Key issues relating to the Rural Support Service Strategic Plan 2022-26 (draft) were discussed, including:</p> <ul style="list-style-type: none">• Limited opportunity for consultation with members of the LCLHN Executive and Governing Board during the development process• The desire for an opportunity to provide feedback on the final draft, and for the plan to demonstrate an evidence-based approach• Articulation of the role of the RSS in supporting regional LHNs with advice, with concerns raised in relation to the emphasis on the level of support described• The level of emphasis placed on collaborative partnerships with the LHNs, and effective stakeholder engagement and the misalignment to the level of input sought from Governing Board members during the development phase <p>Confirmation was provided regarding a consultation held with members of the LCLHN executive leadership team, facilitated by an external consultant, to discuss the LHNs vision for RSS services into the future and a recommendation provided by the consultants for a business plan to be developed in lieu of a strategic plan.</p> <p>The maturity of Governance structures in place to be able to support the establishment of the RSS as a separate entity at this time was noted as a</p>

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		<p>concern for the LCLHN Governing Board, and key considerations were discussed including:</p> <ul style="list-style-type: none">• A desire for further research into the level of support LHNs require from the RSS, and for investigation into the potential for further devolvement of services• The need for the future of RSS services to be defined to ensure that the funding arrangements are aligned to service provision <p>Additionally, concerns were raised by members of the LCLHN executive team regarding the inefficient flow of information between the DHW to the LHNs, via the RSS, particularly with policies, procedures and guidelines relating to critical clinical services and emergency response matters and the need for this information to be directed to the LHNs.</p> <p>RESOLUTION</p> <p>The Governing Board resolved to provide feedback to the Rural Support Service (RSS) in relation to key issues identified with the draft RSS Strategic Plan 2022-26.</p>
11.12	RSS Governance Committee briefing – Implementation of Rural Health Workforce Strategy	The RSS Governance Committee briefing – Implementation of Rural Health Workforce Strategy was noted.
12.	OTHER BUSINESS	
12.1	Any other business	<p>RESOLUTION</p> <p>The Governing Board resolved to draft correspondence to Labor MP, Peter Malinauskas, following his visit to the region in January 2022, the election commitments made at this time and the consultation required for future funding to ensure alignment with the LHNs Strategic Plan and Service Planning activities.</p>
13.	MEETING EVALUATION AND CLOSE	
13.1	Meeting Evaluation	AS provided an evaluation of the LCLHN Governing Board Meeting.

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13.2	Next Meeting & location	28 February 2022 (Location to be confirmed)
13.3	Meeting Close	3:40 pm