

Meeting: Wednesday, 5 June 2024, 9:30am to 4:00pm

MINUTES

Item No.	Item	Discussion	Action No.
Acknowledgement of Country			
<p>We would like to acknowledge this land that we meet on today is the traditional lands for the Kurna people in the Adelaide region and the Yugambeh peoples in the south-east Queensland and north-east New South Wales regions.</p> <p>We respect their spiritual relationship with their country. We also acknowledge that they are the custodians of their regions and that their cultural, linguistic and heritage beliefs are still important to the living Kurna and Yugambeh peoples today.</p>			
1.	Meeting Opening		
1.1	<p>Welcome and Apologies</p> <p>Attendees:</p> <p>In-attendance:</p> <p>Invited guests:</p> <p>Apologies:</p>	<p>The meeting commenced at 9:30am. The Chair provided the Acknowledgement of Country and welcomed members and attendees.</p> <p>The Chair introduced Mrs Vanessa McLoughlin as the new Department of Treasury and Finance representative on the Governing Board. The Chair acknowledged Mr Rick Persse, Under Treasurer for his contributions while a member of the Governing Board.</p> <p>Mr Raymond Spencer (Chair), Professor Judith Dwyer (Deputy Chair), Professor Justin Beilby, Professor Christine Kilpatrick, Mr Peter Hanlon, Ms Ingrid Haythorpe (left meeting at 12:30pm), Professor Janine Mohamed, Mr Kevin Cantley, Dr Peter Subramaniam (Observer) and Mrs Vanessa McLoughlin (Department of Treasury and Finance).</p> <p>Dr Emma McCahon (Chief Executive Officer), Ms Kellie Schneider (General Counsel), Ms Catherine Shadbolt (Executive Director, Finance and Business Services), Ms Holly Clark (Director, Office of the CEO) and Mr Andrej Knez (Manager, Board and Government Relations).</p> <p>Ms Rachael Kay (Executive Director, Operations and Performance), Dr Paul Furst (Executive Director, Mental Health Service and SA Prison Health), Ms Anna McClure (Executive Director, Integrated Care and Partnerships), and Ms Chris King (Executive Director, Allied Health).</p> <p>Dr Kathryn Zeitz (Deputy Chief Executive Officer and Executive Director Clinical Governance).</p>	
1.2	Conflict of Interest Disclosures	The Disclosure Register was noted and amended accordingly, no other conflicts of interest were noted.	

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1.3	Confirmation of Agenda/ Any Other Business	<p>The agenda was confirmed and the papers in the consent agenda were noted.</p> <p>The terminology and use of acronyms in the consent agenda and other related papers were raised and will be reviewed. An acronym reference guide will be added as part of future Board packs, and the use of strength-based language refined in subsequent Board papers.</p> <p><i>Action: Board Secretariat to add an acronym reference guide as part of future Board packs, and the use of strength-based language refined in future papers.</i></p> <p>The Board agreed for an update on AusHealth's future directions and progress in the research space.</p> <p><i>Action: Board Secretariat to add an update and a paper for discussion at a meeting of the Board on AusHealth future directions and progress in the research space.</i></p>	1. 2.
1.4	Confirmation of Previous Minutes	The minutes of the previous meeting held on 3 April 2024 were confirmed as a true and accurate record.	
1.5	Action List	<p>The action list was noted.</p> <p>The Chair advised plans for the <i>Dr Lowitja O'Donoghue Memorial</i> are progressing well.</p> <p>A potential scholarship and memoriam at the Royal Adelaide Hospital is being considered in celebration and acknowledgement of her contribution and achievement as an advocate for the rights, health and wellbeing of Aboriginal and Torres Strait Islander peoples.</p> <p>The Director, Office of the CEO is the central point of contact and coordination for the memorial, which will include consultation with Dr O'Donoghue's family and the Department for Health and Wellbeing.</p>	
2.	Connection to Purpose		
2.1	Patient Story	<p>The Chief Executive Officer provided a patient story related to an incident involving an individual with a rare congenital heart condition and a recently implanted cardioverter-defibrillator.</p> <p>The patient had an incident and was taken to the Royal Adelaide Hospital Emergency Department (ED), where they were admitted and discharged the next day.</p> <p>Feedback post-discharge commended our nurses and doctors for the care, support, and compassion displayed during a traumatic experience for this individual and their family.</p> <p>It is stories such as this that demonstrate the valuable contribution Central Adelaide Local Health Network (CALHN) and all health service professionals provide each and every day to support the health and wellbeing of our community.</p>	

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3.	Chief Executive Officer Report		
3.1	CEO Insights Report	<p>The Chief Executive Officer provided an overview on strategic and high-level operational matters within CALHN and across the health system.</p> <p>The Chief Executive Officer advised that following the announced Code Yellow on 31 May 2024, CALHN has established its own Incident Management Team to oversee the implementation of a range of strategies to create capacity across our service and the system. For example, a discharge lounge has been set up at the Royal Adelaide Hospital as part of our response. The discharge lounge is for patients who are ready for discharge, supporting flow and demand management within the hospital.</p> <p>The following specific items were discussed.</p> <ul style="list-style-type: none"> Engagement with staff across CALHN is progressing well. <p>The Chief Executive Officer met and toured with over 80 different services and teams, with further times to be scheduled. This has been an excellent opportunity to meet with nurses, clinicians, and allied health professionals, hearing their experiences across the system firsthand. This includes hearing from ED clinicians and hospital staff about strategies to address access and flow, and to reduce ramping at EDs.</p> <p>The Leadership Space series of workshops in May 2024 was well attended with over 400 participants. The feedback has been overwhelmingly positive with leaders embracing the opportunity to connect with their peers across CALHN.</p> Connections across Local Health Networks continue to be strengthened to bring new ways of working with a renewed focus on a collaborative statewide approach and response. <p>A recent visit and tour at the Women's and Children's Health Network showcased their Hospital in The Home (HiTH) program and Mental Health Telehealth services. It also highlighted opportunities for future potential new models of care and approaches once the new Women's and Children's Hospital is built near the Royal Adelaide Hospital site.</p> The recruitment process for the Executive Director, Workforce Management and Reform is in progress and Mr Michael Burton will continue in the role during this time. The Executive Director, Nursing and Patient Experience will return from maternity leave in mid-June 2024. The recruitment for the Manager, Board and Government Relations is now complete. A private entity has approached CALHN to work together to fund and develop a space at the Royal Adelaide Hospital for young adults with a cancer diagnosis to have a non-clinical breakout space to relax and unwind. Interstate similar spaces have included study areas, TV rooms, kitchens, interactive games rooms, clinical consult rooms and accommodation. A business case will be developed, and an area identified at the site. <p>The Board noted the report and thanked the Chief Executive Officer for her contributions.</p>	

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		The positive attendance at the National Reconciliation Week Breakfast on Monday, 27 May 2024 was raised, especially the keynote address from Mr Adam Briggs, a Yorta Yorta man and the heart felt speech by the Hon Kyam Maher MLC, Minister for Aboriginal Affairs.	
3.2	Health Cabinet Committee Update	<p>The Chief Executive Officer provided an update in relation to a recent appearance at the Health Cabinet Committee in May 2024.</p> <p>The Board noted the triage and discharge projects that are ED clinician led. These projects aim to optimise triage processes at the point of entry, and flow through the ED to the point of discharge or admission. This should improve the environment to influence and reduce ramping across our EDs and release ambulances back into the community.</p>	
4.	Strategic Discussion		
4.1	Strategic Risks	<p>The Director, Office of the CEO provided an overview of the revised CALHN strategic risks.</p> <p>The strategic risks have been reviewed and refreshed following a comprehensive consultation process across the organisation. The revised risks have been written to align with the overarching CALHN strategic ambitions and all released strategy documents.</p> <p>The risk tolerance and targets for each strategic risk were discussed. It was noted that each strategic risk will be aligned to a committee to the Board and will be regularly monitored for progress.</p> <p>The Board approved, subject to the proposed amendments, the updated CALHN strategic risks.</p>	
4.2	Internal Audit Plan	<p>The Director, Office of the CEO provided an overview of the Internal Audit Plan for 2025.</p> <p>The Internal Audit Plan has been reviewed against the business' current areas of strategic focus and the enterprise risk register to ensure it is focussed on areas of relevance.</p> <p>A total of nine projects have been identified for 2025.</p> <p>The Board approved the Internal Audit Plan for 2025, noting a review will be required of the audit plan to ensure projects for the outer years are considered and include areas such as culture and mental health.</p> <p>In addition, the Institute of Internal Audit Standards has issued new Global Internal Audit Standards, which places additional obligations on the internal audit function effective from January 2025. The Manager, Internal Audit is registered to become certified in the new standards and will perform a gap analysis of CALHN's current internal audit function. These changes have also been raised with the SA Health Internal Audit Community of Practice Group, and an internal peer review of each Local Health Network's functions is being undertaken, due for completion in December 2024.</p>	

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5.	Committee Reports		
5.1	Clinical Governance and Consumer Engagement	<p>The Chair, Clinical Governance and Consumer Engagement provided an overview of the items discussed at the meeting held in May 2024. In preparation for accreditation, Statewide Clinical Support Services (SCSS) presented on their accreditation readiness, which was well received. Mental Health accreditation preparedness and readiness was also provided.</p> <p>The Chair, Clinical Governance and Consumer Engagement advised that the usual standard reporting items were also tabled; in particular, updates in relation to research, performance, and the Aboriginal Consumer Feedback Review.</p>	
5.2	Audit and Risk	<p>The Chair, Audit and Risk Committee provided an overview of the items discussed at the meeting held in February 2024, in particular, the CALHN strategic risks and Medical Rostering Internal Audit Report.</p> <p>In relation to the Medical Rostering Internal Audit Report, the Board agreed that the audit findings and recommendations are to be realigned from the <i>Audit and Risk Committee</i> to the <i>People and Culture Committee</i>, noting synergies with the <i>Clinical Governance and Consumer Engagement Committee</i>.</p> <p>It was agreed a paper would be provided at a future meeting of the Board, which outlines the process to be taken in relation to addressing the audit findings and recommendations.</p> <p><i>Action: Board Secretariat to ensure the Medical Rostering Internal Audit Report findings and recommendations are tabled at the next meeting of the People and Culture Committee and a paper provided at a future meeting of the Board that outlines the process to be taken to address the Report.</i></p> <p>The Chair, Audit and Risk Committee also advised that the risk associated with the <i>Security of Critical Infrastructure Act 2018</i> is being investigated and discussions are ongoing with the Department for Health and Wellbeing.</p>	3.
5.3	People and Culture	<p>The Chair, People and Culture Committee provided an overview of the items discussed at the meetings held in November 2023 and March 2024.</p> <p>Associate Professor Krish Sundararajan attended the Committee in November 2023 and presented on culture, education, and training at the Royal Adelaide Hospital Intensive Care Unit. His presentation was well received and demonstrated how supporting members of the team and providing a culturally safe environment has translated to staff retention and improvements in morale.</p> <p>The Committee noted areas of improvement in Professional Development discussion rates, Work Health and Safety claims, and the progress made against the People First Strategy. Further, CALHN did not reach its recent challenge target within the Aboriginal workforce. The Board agreed alternative strategies should be identified to encourage Aboriginal candidates to apply for roles across the organisation.</p> <p>The Board noted the People and Culture Committee Report.</p>	

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5.4	Statewide Clinical Support Services	<p>The Chair provided an update in relation to the Statewide Clinical Support Services (SCSS) Committee meeting held in May 2024.</p> <p>The Chair, SCSS Committee advised that he would step down in his role as Chair, and that Mr Michael Luchich has been approached to Chair the SCSS Committee for a three-year term. Mr Luchich is currently the Chair of the Women's and Children's Hospital Foundation and has extensive business acumen and experience to successfully undertake this role.</p> <p>The Board approved the appointment of Mr Luchich as the new Chair, SCSS Committee.</p> <p>The Chair advised that a regular SCSS Committee report will be provided in the consent agenda, and the new Chair and the Group Executive Director, SCSS invited to attend the Board on a regular basis to provide updates on SCSS related matters.</p> <p><i>Action: Board Secretariat to ensure SCSS Committee reports are provided in the consent agenda and the Chair, SCSS and Group Executive Director, SCSS are invited to attend the Board on a regular basis.</i></p>	4.
6.	Matters for Update and Discussion		
6.1	Finance Report	<p>The Executive Director, Finance and Business Services spoke to this item and reported on CALHN's financial performance as at the end of March 2024. The impacts of variances and other changes to the budget were discussed, especially related to activity flows and ongoing costs associated with the operational aspects of the hospital and health service sites.</p> <p>The Board noted CALHN's financial position as at the end of March 2024.</p>	
6.2	Access to Care (Priority Projects)	<p><i>The Executive Director, Operations and Performance, Executive Director, Mental Health Service and Prison Health, Executive Director, Integrated Care and Partnerships, and Executive Director, Allied Health were in-attendance for items 6.2 to 6.6.</i></p> <p>The Chair welcomed invited guests and thanked them for their attendance.</p> <p>The Executive Director, Operations and Performance provided an update in relation to the priority projects and acknowledged that work is progressing in the Access to Care streams. These streams include hospital avoidance, improved ED processes, throughput and length of stay, which may influence ramping at EDs.</p> <p>The Executive Director, Operations and Performance highlighted that improvements have been in the Hospital Avoidance and Supported Discharge Services - Sefton in the West, the ED Rapid Assessment and Treatment Model of Care (such as the nurse lead rapid intensive treatment zone team in the waiting room), and the Care Progression Improvement Program.</p> <p>The Board noted the Access to Care update and were supportive of areas having the capacity to trial new initiatives and embedding those that make a difference to improve services across the organisation.</p>	

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6.3	Kangkanthi – TQEH Clinical Services Update	<p>The Executive Director, Operations and Performance provided an update on the completion of construction of Kangkanthi (translation 'to care') at The Queen Elizabeth Hospital and the project activities underway to prepare for operational readiness and relocation in early July 2024.</p> <p>A high-level outline of the ramp down and relocation planning was provided, with a focus on the relocation of critical services with minimal disruption and then sub-acute rehabilitation services.</p> <p>A number of digital readiness activities are still progressing and are due for completion by mid-June 2024. The workforce recruitment component commenced early in 2024, and staff across the disciplines and streams have been recruited to support the larger physical footprint at Kangkanthi.</p> <p>A detailed communication plan had also been developed in relation to the reduction of services pre move, and relocation activities that are in progress. Further, a cultural celebration, staff and public open events, and an official opening are planned throughout June 2024.</p> <p>The Board acknowledged the milestone in the delivery of the build and service relocations, and thanked the Executive Director, Operations and Performance and the team behind the project for their commitment to successfully deliver the project for the State.</p>	
6.4	Operations and Performance – Mental Health	<p>The Executive Director, Mental Health Service and SA Prison Health provided an overview of performance indicators and data for the Mental Health Clinical Program.</p> <p>The Board noted an overall improvement in several performance indicators and that further work is needed to improve flow of patients with a mental illness in the ED, which may influence and have a positive effect on ramping and flow in the ED.</p> <p>It was also acknowledged that CALHN has a higher proportion of patients with Schizophrenia and related disorders than other metropolitan networks. Despite this, strategies such as: direct admissions where appropriate; improved clinical decision-making and care at the point of presentation; the Mental Health SAPOL Co-Responder initiative; and improved discharge processes, are having an impact.</p> <p>In relation to the Mental Health SAPOL Co-Responder initiative, the Board was impressed to note that during the first two months of the CALHN trial, there were 94% of avoided ED presentation and 231 calls for assistance. The initiative is proving successful and is building a positive partnership between CALHN and SAPOL with patients able to remain in the community and avoid a hospital visit or admission.</p> <p>The Board noted the progress against the Mental Health Strategy and key performance indicators.</p>	

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6.5	Operations and Performance – Integrated Care	<p>The Executive Director, Integrated Care and Partnerships provided an integrated care update.</p> <p>The success of the Hospital Avoidance Supported Discharge Service at Sefton Park has seen the development of a second service in the western suburbs at The Queen Elizabeth Hospital site.</p> <p>The service operates as a rapid see, treat, discharge service, providing an alternative location for patients to receive acute care outside the CALHN EDs.</p> <p>Further, the Hospital in the Home (HiTH), Geriatrics in the Home (GiTH), Residential Aged Care Facility Outreach and My Home Hospital services were discussed, along with general infrastructure updates related to the Refugee Health Service and O'Brien Street Practice.</p> <p>The Board noted the focus areas for integrated care.</p>	
6.6	Operations and Performance – Long Length of Stay – Care Progression Improvement Program	<p>The Executive Director, Allied Health discussed the impact of long stay patients across CALHN hospital and health service sites, and the initiation of the Care Progression Improvement Program.</p> <p>It was noted that across CALHN acute and sub-acute sites there are several long stay patients.</p> <p>The external system pressures impacting on long length of stay has continued, and the Department for Health and Wellbeing is working with state, federal and other government Agencies to support CALHN on matters that are outside of the organisation's control in the management of some patients. This includes in the areas of aged care and NDIS discharge pathways.</p> <p>The Care Progression Improvement Program has been initiated and specified projects focus on internal long length of stay improvement strategies, such as review and development of standardise pathways for care progression and discharge planning, workforce capacity and skill mix for allied health professionals, and improved pathways within the aged care sector and NDIS.</p> <p>The Board noted the impact of long stay patients across CALHN hospital and health service sites, and the strategies being initiated to address them.</p>	
7.	Board Reflections and Conclusion		
7.1	Board Reflections and Conclusion	The Governing Board reflected on the meeting highlighting several areas of valued work.	
8.	Executive Session (Board and CEO)		
8.1	Executive Session	The Governing Board held an Executive Session with the Chief Executive Officer.	

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9.	Executive Session (Board)		
9.1	Executive Session	The Governing Board held an in camera Executive Session.	
10.	Conclusion and Next Meeting		
10.1	Conclusion and Next Meeting	<i>The next meeting is scheduled for Wednesday, 7 August 2024 in the CEO Boardroom, Roma Mitchell House. The meeting closed at 5:00pm.</i>	

Signed: 

Date: 07 / 08 / 2024

Mr Raymond Spencer, Chair, CALHN Governing Board

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