

Meeting Date:	Wednesday, 7 August 2024
Meeting Location:	Roma Mitchell House, Level 10, Meeting Room 1, Office of the CEO Boardroom
Members:	Mr Raymond Spencer (Chair), Professor Judith Dwyer (Deputy Chair), Professor Justin Beilby, Professor Christine Kilpatrick, Mr Peter Hanlon, Ms Ingrid Haythorpe, Professor Janine Mohamed and Mr Kevin Cantley
Observer:	Mrs Vanessa McLoughlin, A/Director, Budget and Performance Branch, Department for Treasury and Finance
Guests:	Dr Robyn Lawrence, Chief Executive, Department for Health and Wellbeing
Attendees:	Dr Emma McCahon, Chief Executive Officer (CEO), Ms Catherine Shadbolt, Executive Director, Finance and Business Services, Ms Anna McClure, Executive Director, Integrated Care and Partnerships, Ms Holly Clark, Director, Office of the CEO, and Mr Andrej Knez, Manager, Board and Government Relations (Board Secretariat)
Invitees:	Ms Tanya Sexton, Audit Office of South Australia (item 4.1), Dr David Rosengren, Independent Chair, Emergency Access Steering Committee (item 6.1), Ms Elena Dicus, Executive Director, Strategy and Digital (item 8.2), Dr Paul Furst, Executive Director, Mental Health and SA Prison Health Services (item 8.3), Ms Mel Bradley, Program Director, Mental Health Clinical Program (item 8.3), Mr Michael Luchich, Chair, Statewide Clinical Support Services (SCSS) Committee (item 8.4), Ms Julie Hartley-Jones, Group Executive Director, SCSS (item 8.4), and Ms Michelle Sorensen, A/Director, Safety and Quality (item 8.5)
Proxies:	Nil
Apologies:	Dr Peter Subramaniam, Chair, Clinical Council (observer), Dr Kathryn Zeitz, Deputy Chief Executive Officer/Executive Director, Clinical Governance, Ms Rosey Batt, External Member of the Audit and Risk Committee (item 4.1), Mr Eric Davis, External Member of the Audit and Risk Committee (item 4.1) and Ms Iryna Reszitaryk, Audit Office of South Australia (item 4.1)
Acknowledgement of Country	<p>We would like to acknowledge this land that we meet on today is the traditional lands for the Kaurna people in the Adelaide region. We respect their spiritual relationship with their country.</p> <p>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 Kaurna and Wurundjeri people today.</p>

MINUTES:

No	Agenda Item	Discussion / Decision / Action
Meeting Opening		
1.	1.1 Welcome and Apologies	<p>The meeting commenced at 9:30am.</p> <p>The Chair provided the Acknowledgement of Country and welcomed members and attendees.</p> <p>The Chair welcomed Ms Anna McClure, Executive Director, Integrated Care and Partnerships. An Executive member will be invited to attend each CALHN Governing Board ('Board') meeting as an observer.</p> <p><i>There were no decisions or actions for this item.</i></p>
	1.2 Conflict of Interest	<p>No conflicts of interest were declared.</p> <p><i>There were no decisions or actions for this item.</i></p>
	1.3 Confirmation of Agenda/Any Other Business	<p>The agenda was confirmed and the papers in the consent agenda were noted.</p> <p><i>There were no decisions or actions for this item.</i></p>
	1.4 Confirmation of Previous Minutes	<p>The minutes of the previous meeting held on 5 June 2024 were confirmed as a true and accurate record.</p> <p><i>There were no decisions or actions for this item.</i></p>
	1.5 Action List	<p>The action list was noted.</p> <p>AusHealth (Action Reference 240605.2): The CEO provided an update in relation to the status of appointments to the AusHealth Board. It was agreed the action be extended and deferred to the next Board meeting.</p> <p>CALHN Improvement Activities (Action Reference 240207.3): The Board supported the action's closure, noting further discussion at Item 8.1 – Annual Budget Approach Planning and Finance Report.</p> <p><i>There were no decisions or actions for this item.</i></p>
Connection to Purpose		
2.	2.1 Patient Story	<p>The CEO provided two patient stories related to a patient ramped at the Emergency Department (ED) and a patient treated in the Cardiac Ward at the Royal Adelaide Hospital (RAH).</p>

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		<p>The stories contrasted different consumer experiences, the challenges faced, and level of care able to be delivered in each case. They also demonstrated the compassion and commitment of our staff to deliver the best care and outcomes for our patients across services.</p> <p><i>There were no decisions or actions for this item.</i></p>
CEO Session		
3.	3.1 CEO Report	<p>The CEO provided an overview on strategic and high-level operational matters within CALHN and across the health system.</p> <p>The CEO advised that the Code Yellow announced on 31 May 2024 would be stood down on 16 August 2024, and that the ongoing implementation and monitoring of system-wide patient flow will continue to be led by the Department for Health and Wellbeing (DHW).</p> <p>The following items were discussed:</p> <ul style="list-style-type: none"> Engagement with staff and senior leadership teams across CALHN continues to progress well. <p>The 90-day forum held in June 2024 was well attended, with attendees committed to improving and refining our communication to make CALHN a Safe and Connected space for staff and patients.</p> <p>As part of meetings and tours across teams, wards and services, a recent visit to the <i>Behavioural Assessment Response Team</i> demonstrated the great work undertaken to de-escalate challenging behaviours through clinical and mental health interventions across our wards and services. This is an example of a team that could be replicated across the organisation, reducing Code Black security assisted calls, in a more therapeutic approach to our consumers.</p> Work Health and Safety data for 2023-24 indicates CALHN's new claims have reduced to lower than statewide average, which is a good outcome. Further, SafeWork SA has requested consultation with staff in relation to changes proposed to the Demand Escalation Framework. The changes will ensure reference to established processes and tools to consider the risk to staff health and safety are included. The recruitment process for the Executive Director, People and Culture was held on 2 August 2024. The calibre of applicants was high, and an appointment should be made shortly to the position. Mr Michael Burton will continue in the role until the successful candidate commences. <p>The Program Director, Mental Health Clinical Program has accepted a new role at Preventative Health SA and a recruitment process for her replacement will commence soon.</p>

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		<ul style="list-style-type: none"> • The proposed model of care for the 70 beds to remain open at the Hampstead Rehabilitation Centre is progressing and will incorporate a multidisciplinary mix of occupational therapists, nursing, and medical staff to support the care of patients awaiting supported accommodation and aged care placements. • CALHN is well prepared for the Short Notice Accreditation Assessment Program (SNAAP). A mock assessment against the National Safety and Quality Health Service Standards was held in July 2024. Governance Plus spent three days visiting different sites, including inpatient, outpatient and community settings. There was positive feedback received from staff and assessors who appreciated the opportunity to showcase their services. • CALHN Hospital Avoidance and Supported Discharge Service (BRIGHT) opened at Woodville with the first patient treated on 15 July 2024. The service is based on the 'see and treat' model with more than 30 patients accessing the service per day, assisting to alleviate pressure at The Queen Elizabeth Hospital (TQEH) ED, while providing an alternative to the general hospital environment. • The Kangkanthi building at TQEH has opened, with the relocation of services nearly completed. There has been some deterioration in several performance measures that should improve as staff become familiar to the new site. • The recruitment of Trainee Medical Officers has progressed. The Acute and Urgent Care Clinical Program received a total of 684 applications from both SA Health campaigns, employing 73 international and 54 Australian graduates. <p>The Board raised the recent WorkSafe SA notification at the RAH ED and the internal process for the escalation of incidents. The CEO advised that the Chair is always contacted, and communications are prepared to the Board as required pending the severity and investigations required. As a result, the Board asked that the current reporting mechanism for significant incidents be reviewed, and a proposed updated plan returned at the next Board meeting for consideration.</p> <p>The Board noted the CEO's Report.</p> <p><i>There were no decisions for this item.</i></p> <p>ACTION (240807.1): Secretariat to review the current escalation process and return an updated plan to the Board for consideration.</p>

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	3.2 Health Cabinet Committee Update	<p>The CEO provided an update in relation to a recent appearance at the Health Cabinet Committee in July 2024.</p> <p>The Board noted progress in the triage and discharge projects that are ED clinician led. These projects focussed on influencing and reducing ramping across our EDs while releasing ambulances back into the community.</p> <p>The Board noted the Health Cabinet Committee update.</p> <p><i>There were no decisions or actions for this item.</i></p>
Matters for Update and Discussion		
4.	4.1 2023-24 Draft General Purpose Financial Statements	<p><i>As part of this special joint item, the Chair noted apologies from the two independent members of the Audit and Risk Committee, Ms Rosey Batt and Mr Eric Davis, and welcomed Tanya Sexton from the Audit Office of South Australia.</i></p> <p>The Executive Director, Finance and Business Services provided an overview of the status of the 2023-24 Draft General Purpose Financial Statements.</p> <p>An updated version of the Financial Statements was circulated for consideration with updates related to procurement reporting, and notes for commitment and administered items.</p> <p>The material movements in the Financial Statements were discussed, noting changes to assets such as property, plant and equipment, and general liabilities. There were also minor amendments to the section on Board and Committee members.</p> <p><i>Professor Justin Beilby logged out of MS Teams at 10:53am.</i></p> <p>DECISION: The Board approved in-principle the 2023-24 draft General Purpose Financial Statements subject to the amendments discussed.</p>
	4.2 Security of Critical Infrastructure Risk Management Update	<p>The Executive Director, Finance and Business Services provided an update in relation to the Security of Critical Infrastructure Risk Management Program (CIRMP) and 2023-24 Security of Critical Infrastructure (SOCI) Annual Report Attestation.</p> <p>The CIRMP has been developed in house and has used other Local Health Network CIRMP documents as a foundation for the CALHN version. The timelines proposed in the paper will ensure the CIRMP is endorsed and filed with the Commonwealth Department of Home Affairs by the end of September 2024.</p> <p>The Board commented on the high quality of the document and noted that Statewide Clinical Support Services (SCSS) should be referenced as part of the CIRMP critical components.</p> <p>DECISION: The Board approved the Audit and Risk Committee to authorise the submission of the CIRMP and 2023-24 SOCI Annual Report Attestation to be filed with the Commonwealth Department of Home Affairs.</p>

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	4.3 Annual Financial Controls Self-Assessment	<p>The Executive Director, Finance and Business Services provided an overview of the Annual Financial Controls Self-Assessment.</p> <p>The assessment included 182 controls where DHW identified items requiring requisite control activities. Of these, there were two new items for consideration related to <i>assets that do not meet the recognition criteria disclosure</i> and <i>annual report disclosure</i>.</p> <p>The Board noted the 2023-24 Control Self-Assessment process, its submission to the DHW and the summary of review outcomes.</p> <p><i>There were no decisions or actions for this item.</i></p>
	4.4 Annual Compliance Certification 2023-24	<p>The Director, Office of the CEO provided an overview of the Annual Compliance Certification 2023-24.</p> <p>The reference to the CIRMP under <i>Compliance Systems and Processes</i> is to be amended to reflect that the document has been developed and will be lodged with the Commonwealth Department of Home Affairs.</p> <p>DECISION: The Board approved the Annual Compliance Certification 2023-24 and authorised the CEO to sign and submit the document to DHW.</p>
Strategic Discussion		
5.	5.1 Strategic Discussion	<p>The Chair highlighted the opportunity in the afternoon to hear from Dr Robyn Lawrence, Chief Executive, DHW about her key priorities and focus areas for 2024-25. In addition, the Board supported raising with her the current pressures and challenges facing CALHN, including impacts of ramping at metro EDs and the industrial landscape in SA.</p> <p><i>There were no decisions or actions for this item.</i></p>
CEO Session continued		
6.	6.1 CEO Performance Focus Improvement Projects Plan	<p><i>Dr Robyn Lawrence, Chief Executive, DHW arrived at 12:00pm.</i></p> <p><i>The Executive Director, Performance and Operations arrived at 12:30pm.</i></p> <p><i>Professor Janine Mohamed attended via MS Teams at 12:35pm.</i></p> <p><i>The Executive Director, Mental Health and SA Prison Health Services and Professor Beilby arrived at 1:00pm.</i></p> <p>The CEO presented the CEO Performance Focus Improvement Projects Plan. This Plan builds on the CEO's priorities of engagement, leadership, governance, and learning and improvement towards enabling focus areas to influence and embed change across the organisation.</p>

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		<p>The initial three focus areas will be Emergency Access, Mental Health Access, and CALHN Budget. Each focus area will have a Performance Focus Steering Committee reporting to the CALHN Executive with an Independent Chair, and a membership comprising of a clinical program representative, and up to four multidisciplinary clinicians with an Executive Sponsor. The key success markers for the steering committees will be processes, measures, baseline, and defined targets to achieve outcomes in each area.</p> <p>The CEO welcomed and introduced Dr David Rosengren, an ED Physician, and the A/Executive Director, Organisation Development at the Gold Coast Hospital and Health Service, who will be the independent chair of the Emergency Access Steering Committee. Dr Rosengren has already spent a day within the RAH ED and shared his initial reflections.</p> <p>The CEO advised that independent chairs are currently being identified for the Mental Health Access and Budget Steering Committees.</p> <p>DECISION: The Board approved the CEO Performance Focus Improvement Project Plan.</p>
6.2	Chief Executive, DHW Reflections	<p>The Chair welcomed Dr Robyn Lawrence, Chief Executive, DHW and thanked her for attending the Board meeting.</p> <p>Dr Lawrence provided a high-level overview of the issues impacting health at a State and National level. There are similarities across states such as ramping in EDs, industrial relations and access to primary health care and services.</p> <p>Dr Lawrence discussed the important role of clinician and staff engagement and culture in delivering the Government's priorities and driving systemic change across the health system.</p> <p>The Chair also suggested that the Performance Focus Steering Committees discussed earlier may be a successful methodology to drive change, that a DHW representative on the steering committees would be advantageous, and that if successful, there will be opportunities to use the methodology to make changes more broadly across the system. Dr Lawrence was supportive of this approach, and suggested that the Deputy Chief Executive, Clinical System Support and Improvement be involved.</p> <p><i>There were no decisions or actions for this item.</i></p>
Committee Reports		
7.	7.1 Clinical Governance and Consumer Engagement	<p>The Chair, Clinical Governance and Consumer Engagement Committee, provided an overview of the items discussed at the meeting held in July 2024, which included:</p> <ul style="list-style-type: none"> Cancer and Mental Health Programs are performing well against the National Safety and Quality Healthcare Standards in accreditation readiness for SNAAP.

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		<ul style="list-style-type: none"> A partnership project with <i>Pride in Diversity</i> has commenced that aims to improve experiences of LGBTQIA+ consumers and staff. Awareness workshops are planned with the Board, Executive, managers and leaders and peer supporters, as well as open webinars for all staff and volunteers. The Disability Access and Inclusion Plan (DAIP), and review of progress against the Plan, is underway. As part of the Plan's review, a CALHN-wide Disability Governance Committee will be established. The role of this Committee will be to review current actions that need further progress and update the Plan due to be renewed at the end of 2024. The Director, Aboriginal Health and Research Translation attended the Committee and provided an update on strategies being implemented to improve Aboriginal Torres Strait Islander access to health services. The Director, Trauma Service and Director, Nursing Service, Trauma attended the Committee and provided an update in relation to the RAH Trauma Verification Outcomes Report. For the first time in Australia, a statewide review was conducted, including the RAH, Flinders Medical Centre, Women's and Children's Hospital, and Lyell McEwin Hospital. The RAH underwent the verification process in March 2023, and successfully achieved Level 1 Trauma Service verification. <p><i>There were no decisions or actions for this item.</i></p>
	7.2 People and Culture	<p>The Chair, People and Culture Committee provided an overview of the items discussed at the meeting held in June 2024, which included the Medical Rostering Internal Audit Report. Further analysis of the report findings and recommendations will be undertaken, and a strategic approach developed for consideration.</p> <p>In addition, the usual standard reporting items were tabled. In particular, these included Workforce, Workforce Planning, Aboriginal Employment and Reconciliation Action Plan updates.</p> <p><i>There were no decisions or actions for this item.</i></p>
Matters for Update and Discussion continued		
8.	8.1 Annual Budget Approach Planning and Finance Report	<p>The Executive Director, Finance and Business Services reported on CALHN's adjusted end of year 2023-24 financial performance.</p> <p>The Board noted that although Finance and CALHN programs are working closely to align the budgets and minimise financial impacts for 2024-25, given current financial performance, a balanced budget for 2024-25 is unlikely to be delivered. The Executive Director, Finance and Business Services advised that for 2024-25, CALHN will focus on containment and efficiency initiatives. The Board acknowledged the budget situation for 2024-25 and raised concerns with CALHN's ability to achieve containment, efficiencies and budget provisions as outlined in the Service Agreement.</p>

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		<p>The Chair asked that the CEO develop a strategy on efficiency initiatives that can be delivered, and a three-year plan to achieve a balanced budget for CALHN. Further, the Board asked that a letter be prepared to accompany the Services Agreement outlining CALHN's budget position for 2024-25.</p> <p>The Board noted CALHN's adjusted end of year 2023-24 financial performance and noted the approach in relation to the budgeting process for 2024-25.</p> <p><i>There were no decisions for this item.</i></p> <p>ACTION (240807.2): CEO to develop a 12-month plan and a three-year strategy to achieve a balanced budget.</p> <p>ACTION (240807.3): Executive Director, Finance and Business Services to prepare a letter to DHW to accompany the Service Agreement outlining CALHN's position on the budget for 2024-25.</p>
	8.2 Digital Risks and Investments	<p>The Executive Director, Strategy and Digital was in-attendance and reported on the clinical and operational risks that exist at the RAH.</p> <p>The Board noted that there are suppliers in the market who can offer competitive digital infrastructure technologies.</p> <p>The Board requested CALHN further investigate options and strategies to fund a refresh and upgrade of the RAH network infrastructure, with a paper is to be developed outlining options, including funding implications for CALHN.</p> <p>The Chair thanked the Executive Director, Strategy and Digital for the detailed update on digital risks and investments and the work undertaken to date to identify a solution.</p> <p><i>There were no decisions for this item.</i></p> <p>ACTION (240807.4): Executive Director, Strategy and Digital and Executive Director, Finance and Business Services to investigate and develop a paper through the Financial Performance and Investment Committee that outlines options and strategies to fund a refresh and upgrade of the RAH network infrastructure.</p>
	8.3 Access to Care – Mental Health	<p><i>The Program Director, Mental Health Clinical Program was in-attendance.</i></p> <p>The Executive Director, Mental Health and SA Prison Health Services presented an overview and status of projects being undertaken with DHW and the Commission for Excellence and Innovation in Health. The projects are designed to inform mental health flow opportunities, and to improve patient outcomes and efficiency in mental health.</p> <p>Consumer groups have now been differentiated into schizophrenia and mood disorder streams. A Schizophrenia Clinical Pathway is under development, and the Psychiatric Assessment and Supported Discharge pathway is intended to address the mood disorder stream.</p>

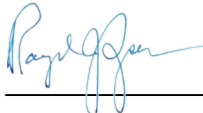
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		<p>Professor Mohamed raised the importance of having First Nation people involved in the development process to address mental health flow. The rates of suicide in First Nation communities and mental health presentations are high and should be at the forefront of any initiatives, models of care or pathways.</p> <p>The Program Director, Mental Health Clinical Program advised that this will be a factor, and that consideration will be made to First Nation people in the development of these pathways.</p> <p>The Board noted the Access to Care – Mental Health presentation.</p> <p><i>There were no decisions or actions for this item.</i></p>
	<p>8.4 Statewide Clinical Support Services Committee Report</p>	<p><i>The Chair welcomed Mr Michael Luchich, Chair, Statewide Clinical Support Services (SCSS) Committee and Ms Julie Hartley-Jones, Group Executive Director, SCSS.</i></p> <p>Mr Luchich provided an overview of the focus areas for SCSS as reported to the SCSS Committee on 26 July 2024. This included progress across workforce and performance indicators, and a presentation from BreastScreen SA on their strategic plan.</p> <p>An update was also provided on the progress of meetings with other Local Health Network chairs and Chief Executive Officers to better understand the challenges faced in accessing SCSS.</p> <p>The Board acknowledged and congratulated SCSS for a Level 1 Performance achievement with DHW.</p> <p>Mr Luchich advised that a new external member has been proposed to the SCSS Committee and requested the Board's approval to progress the appointment.</p> <p>DECISION: The Board approved the appointment of Ms Alex Reid as an external member to the SCSS Committee.</p>
	<p>8.5 National Safety and Quality Service Standards Assessment Update</p>	<p>The A/Director, Safety and Quality was in-attendance and presented on CALHN's preparedness for SNAAP and the role of governing board members in the accreditation process.</p> <p>In anticipation of SNAAP, a placeholder is to be arranged in calendars for the surveyors to meet with Board members at commencement, and as part of the summation at the end of the accreditation period. Further, an information session will be arranged for the Board about the status of accreditation preparedness and readiness for SNAAP assessment.</p> <p>The Annual Attestation Statement that is to be submitted to the Australian Council on Healthcare Standards (ACHS) was also discussed.</p> <p>DECISION: The Board approved the submission of the Annual Attestation Statement to ACHS.</p> <p>ACTION (240807.5): Secretariat to arrange an information session for the Board about the status of accreditation preparedness and readiness for SNAAP assessment.</p>

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Presentation		
9.	9.1 Cultural Safety Session	<p>The Chair requested, due to time constraints, for the item to be deferred to the next Board meeting to be held on Wednesday, 2 October 2024.</p> <p><i>There were no decisions for this item.</i></p> <p>ACTION (240807.6): Secretariat to include <i>Cultural Safety Session</i> at the Board meeting on Wednesday, 2 October 2024.</p>
Board Reflections and Conclusion		
<p>The Chair advised members that this is Professor Mohamed's last meeting and acknowledged and thanked Professor Mohamed for her professionalism, valuable contribution, and commitment while a Board member over the last 12 months.</p>		
Executive Session (Governing Board and Chief Executive Officer)		
Executive Session (Governing Board)		
Close of meeting		
	Next Meeting	<p>Date: Wednesday, 2 October 2024</p> <p>Location: Roma Mitchell House, Level 10, Meeting Room 1 Office of the CEO Boardroom</p>

MINUTES APPROVAL	
<p>Mr Raymond Spencer Chair, CALHN Governing Board</p>	<p>The minutes of meeting are confirmed as a true and accurate record of proceedings.</p> <p>Signed: </p> <p>Date: 2 / 10 / 2024</p>

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