Central Adelaide Local Health Network Governing Board

Meeting: 3 April 2024

MINUTES

Item No.	Item	Discussion	Action No.
	Connection to Purpose Members attended a tour of the new Queen Elizabeth Hospital clinical service building prior to the commencement of the Board meeting. Uncle Frank was in attendance to share the aboriginal engagement work that has been undertaken throughout the design and construction of the new building.		
	Meeting Opening Marni ngadlu tampinthi Ngadlu Kaurna yartangka inparrinthi Ngadlu tampinthi Kaurna Purkarna kumu Miyurna iya yalaka		
1.1	Welcome	The meeting commenced at 10:03am with the Chair welcoming all Governing Board members, meeting attendees and guests Eric Davis and Rosey Batt who joined as members of the Audit and Risk Committee for the morning session.	
	Attendance of Board members:	Mr Raymond Spencer (Chair), Professor Judith Dwyer, Professor Justin Beilby, Ms Ingrid Haythorpe, Mr Peter Hanlon, Professor Christine Kilpatrick, Professor Janine Mohamed, Dr Peter Subramaniam (Observer).	
	In attendance:	Dr Emma McCahon (Chief Executive Officer), Dr Kathryn Zeitz (Deputy Chief Executive Officer and Executive Director Clinical Governance), Ms Kellie Schneider (General Counsel), Ms Catherine Shadbolt (Acting Executive Director, Finance and Business Services), Ms Holly Clark (Director, Office of Chief Executive Officer) and Ms Michelle Sorensen (Manager Board and Intergovernmental Relations).	
	Invited guests:	Mr Eric Davis and Ms Rosey Batt (external members, Audit and Risk Committee, attended for item 3.1), Mr Jim Papanicolaou (Director Enterprise Risk and Compliance, attended for item 3.1), and Ms Rachael Kay (Executive Director Operations and Performance, attended for item 5.2).	
	Apologies:	Mr Rick Persse (Department Treasury and Finance).	
1.2	Conflict of Interest Disclosures	Professor Kilpatrick informed the members of her recent appointment as Chair of the Australian Council on Healthcare Standards (ACHS). The board congratulated Professor Kilpatrick on her appointment recognising this was not a conflict, however requested the appointment be captured on the declaration of interests register.	

1.3	Confirmation of Agendas / Any Other Business	Members confirmed the agenda and noted the papers in the Consent agenda. Professor Mohamed discussed the Aboriginal cultural awareness training referred to in the People and Culture report in the consent agenda. It was noted that whilst this was mandated training by the Department of Health and Wellbeing, it doesn't address cultural safety training which has recently become national law through the Australian Health Practitioner Regulation Authority. People and Culture Committee to pick up the conversation during the next meeting. It was also noted that work was occurring to provide commentary regarding the Aboriginal inpatient discharge against medical advice data captured in the Integrated Quality and Performance Report through the Clinical Governance and Consumer Engagement Committee.	
1.4	Confirmation of Previous Minutes	Members endorsed the minutes from the previous meeting held 2 February 2024.	
1.5	Action List	The members noted the completion of several action items. The Chief Executive Officer raised the progress of Statewide Clinical Support Services (SCSS) orientation with the new members. The Chair noted that Professor Kilpatrick recently attended the SCSS Committee meeting and suggested this was a suitable orientation option over having a dedicated session. The Chair then extended an invitation for interested board members to attend the next SCSS Committee meeting scheduled in May 2024.	
2	***Chief Executive Officer Report***		
2.1	CEO Insights Report	The Chief Executive Officer spoke to the new report format to ensure the board members are across key organisational activity including any patient or staff incidents of concern. Highlights of the clinician engagement strategy was provided to the board including the recent 90-day forum where leaders across the organisation came together to connect and think about how we can do things differently to get a different outcome. The focus of the strategy is on meaningful connection and setting up systems that enable the right people to make the right decisions at the right time. Building outward facing connections is also a focus, with the Chief Executive Officer informing the Board about planned meetings with the rural Chief Executives and recent visit with the Chief Executive of the Lyell McEwin Hospital touring the Radiation Oncology Department and Renal Dialysis Unit which are statewide services led by Central Adelaide Local Health Network. Anna McClure has been appointed to the Executive Director Integrated Care and Partnerships position bringing a dedicated passion to improving our community partnerships and will be an asset to the organisation. A discussion occurred around plans to honour Dr Lowitija O'Donoghue acknowledging her contributions to nursing and First Nations health. Feedback on the report was welcomed with suggestions to include key information from external meetings as well as highlighting the positive achievements across the organisation. An overview of Health Cabinet Committee was provided acknowledging that Central Adelaide Local Health Network was a large focus of the discussions, particularly our focus areas; Avoid and Re-direct, Improving Throughput and Increasing Output, as well as the clinical engagement strategy which many other Chief Executive Officers were interested in. *ACTION: The Chief Executive Officer to meet with Professor Dwyer and Professor Mohamed to progress plans for Dr O'Donoghue's memorial in collaboration with the family.*	*01.*

3	Strategic Discussion		

3.1	Strategic Risk and Board Priorities	The Director of Enterprise Risk and Compliance attended for this item alongside the external board members from the Audit and Risk Committee.
		
		The Chief Executive Officer introduced this item followed by the Director, Office of the Chief Executive Officer leading the board through a presentation which highlighted the approach taken to review the organisations strategic risk profile and ensure alignment with our strategic objectives.
		
		It was noted that consideration should be given to outward facing risks such as external stakeholders, cyber security, research, and education, with many of these elements noted to be captured within the controls and treatments of existing strategic or operational risks.
		
		Overall, the members supported the approach taken and felt the risk descriptions better described the actual problem. Several suggestions were discussed, and a plan agreed for the revised risks to come back to the next board meeting through the Audit and Risk Committee for approval.
		
		   o *Workforce Wellbeing (new risk).* It was agreed that the culture element of the risk, which impacts all aspects of the organisation, should be pulled out as a standalone risk. An operational risk should be developed around recruitment and retention, whilst the strategic component of the workforce risk should focus on workforce trends nationally and internationally.
		
		   o *Clinical Safety and Quality Systems* should capture the importance of quality improvement.
		
		   o *Governance and Structure.* The naming of the risk to be reviewed with consideration for capturing the business improvement element and remove the operational feel it currently has. It was noted that the environment we currently work in is heavily regulated and not currently captured well in the risk description.
		
		   o *Digital Enablement.* Consider alternative naming such as digital enhancement or digital optimisation to capture the future technology component of the risk. It was noted that data governance should sit underneath this risk as a standalone risk.
		
		   o *Organisational Planning and Sustainability (new risk)* should include a focus on innovation, research, and education to achieve our vision.
		
		ACTION: Report with revised strategic risk profile to be tabled at the June Board Meeting.
			02.

3.2	CALHN Operating Model	The Deputy Chief Executive Officer presented the planned CALHN operating model to the board. The CALHN Ways of Working is based on the INTEGRIS Health in Oklahoma model. The model is a solution to how we embed a positive culture of continual improvement.
		
		There are six areas that were outlined which focus on how we can make the difficult things easy in both the clinical and clinical-support space.
		
		   o Visualisation
		   o Daily Improvement
		   o Loop closure
		   o Problem solving
		   o Best Practice Sharing and
		   o Strategy deployment.	

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		As part of Strategy Deployment Executive have been working through identification of our core pillars, establishing our true north statements, and defining our key performance metrics that are aligned to the pillars. Dashboards have been created with clear definitions and a consistent method is used to visualise and monitor our data through statistical process control charts. A procurement process is underway to engage a partner to help with the deployment as significant engagement is required to embed this model across all levels of the organisation. The board thanked the Deputy Chief Executive Officer for her comprehensive presentation and welcomed future updates on the progress of the operating model.	
4.0	***Committee Reports***		
4.1	Clinical Governance and Consumer Engagement Committee	The Chair provided the board with an update of the newly combined Clinical Governance and Consumer Engagement Committee which occurred last month as a three-hour meeting (occurring as alternate meetings between consumer engagement and research), acknowledging this is aligns with the National Standards accreditation. One of the new board members queried the readiness of Statewide Clinical Support Services for accreditation. The governance of Statewide Clinical Support Services was outlined acknowledging that standard 1 and 2 fall within Central Adelaide Local Health Networks accreditation process, whilst standards 3 – 8 align with the relevant health network where the care is provided (and as such staff follow the respective health networks accreditation process). *ACTION: Committee Chair and Executive Sponsor to seek assurance of Statewide Clinical Support Services accreditation readiness aligned to CALHN and to report back to the next Board Clinical Governance Committee.*	*03.*
4.2	Audit and Risk Committee	The Chair highlighted that the focus of the last meeting centred around the establishment of systems and reviewing the terms of reference. The conversations had during the risk workshop were extremely beneficial in ensuring we have the right governance for our risks across the organisation.	
4.3	People and Culture	The Chair noted the committee was in a holding pattern whilst the recruitment to the new Executive Director of Workforce occurs.	
4.4	SCSS Committee Report	Professor Kilpatrick attended the committee and was impressed with how well the five services forming Statewide Clinical Support Service work not having come across a model like this in other jurisdictions. The Chair noted his last meeting will be in May after which time Mr Luchich will take over as Chair. *ACTION: Mr Luchich to be invited to two board meetings per year aligning with the SCSS Committee reporting.*	*04.*

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5.0	**Matters for Update and Discussion**		
5.1	Finance Report	The Acting Executive Director Finance and Business Services spoke to this item noting changes to the forecasted position, some of which can be attributable to the Acute and Urgent Care Clinical Program. The finance team along with the Chief Executive Officer, Executive Director Operations and Performance and key Acute and Urgent Care stakeholders have worked together to understand the data and identify opportunities to improve current performance. A detailed report will be provided to the Financial Performance and Investment Committee meeting this week. The same process is planned occur across all Clinical Programs with Surgery planned next to understand the costs associated with elective surgery. Challenges with reporting against a seasonal bed plan was discussed with work is occurring to report on bed numbers as opposed to bed plan, with clear definitions of beds being developed. Understanding the cause of unfunded activity, such as falls or hospital acquired complications for example, is being investigated down to the ward level.	
5.2	Access to Care Taskforce	The Executive Director Operations and Performance attended for this item. The Executive Director of Operations and Performance provided an overview of the 2023 Access to Care year in review as summarised in the papers, noting an overall continued trend in length of stay improvement across the organisation. The Deputy Chief Executive Officer will chair a new Project Board dedicated to progressing six core projects aligned with the framework set by the Access to Care Taskforce: Avoid and Re-direct, Improving Throughput and Increasing Output. Central to the projects is setting a baseline data set of where we are now, and identifying what our stretch goals are for where we aim to be. The board acknowledged the leads for the six projects and expressed satisfaction with the proposed approach acknowledging that future updates to the board will centre around progress of the projects.	
6.0	**Board Reflections and Conclusion**	Board members reflected on the meeting highlighting several areas of valued work including the progress made to review our strategic risks, the important work led by the Deputy Chief Executive Officer to improve our ways of working, the thoughtful and planned approach to access to care projects, and continued plans to sharpen data across the organisation.	
7.0	**Executive Session | Board and CEO**	The Board held an Executive Session with the Chief Executive Officer and the Manager Board and Intergovernmental relations for part of the session.	
8.0	**Executive Session**	The Board held an Executive Session with the Board members only.	
	Meeting Close		
		Meeting closed at 3:59pm. The next Board meeting is scheduled for 5 June 2024 in the CEO Boardroom, Roma Mitchell House.	

Signed .... **Mr Raymond Spencer, Chair** **Date: 5 June 2024**