

## SALHN GOVERNING BOARD

Minutes of the meeting

**29 September 2022**

8:30 am – 1:30 pm (ACST)

FMC Boardroom, Level 2, Flinders Medical Centre

### INVITEES

Board members	SALHN Executive
<u>In attendance</u> Mr Mark Butcher (Chair) Ms Virginia Hickey <i>VIA TEAMS</i> Assoc Prof Tamara Mackean <i>VIA TEAMS</i> Ms Julie Mitchell Ms Jill Noble <i>VIA TEAMS</i> Ms Jenny Richter Prof Judy Searle Dr Tony Sherbon <i>VIA TEAMS</i> <u>Apologies</u> Nil	<u>In attendance</u> Dr Kerrie Freeman, Chief Executive Officer Mr Wayne Gadd, Chief Finance Officer – Items 13 to 16.2.2 Mr Michael Nance, Clinical Director, Mental Health Services – Item 14 Mr Michael Francese, Chief Workforce Officer – Item 15.3 <u>Apologies</u> Ms Dulcey Kayes, Acting Chief Operating Officer – Item 15.2 Ms Sarah McRae, I/Executive Director, Strategy, Planning & Performance

### IN ATTENDANCE:

Ms Amy Hawke, Principal Occupational Therapist - Item 7.0  
 Ms Susan Mclean, A/Nursing Director Acute Services Mental Health – Item 7.0  
 Ms Karen Mugford, I/Board Secretariat

### 8:30 am In-camera discussion

~ The meeting commenced at 10:10 am ~

#### 1. Welcome & Acknowledgement of Country

The Chair recognised the Kurna Acknowledgement of Country.

The Chair welcomed Board members and all those in attendance to the meeting, and members noted that Mr Sherbon would be absent during the meeting for intervals.

#### Apologies

Members noted the apologies of the Acting Chief Operating Officer and Interim Executive Director, Strategy Planning and Performance.

#### 2. Framing of the meeting

The Chair summarised the matters to be discussed by the Board at the meeting.

**Action:** Executive Officer to include a standing item for Any Other Business.

#### 3. Agenda Specific | Undisclosed Declarations of Interest

**DECISION:** There were no changes to the disclosed declarations of interest or any conflicts identified in relation to the matters before the Board.

#### 4. Starring of items

**Action:** Executive Officer to cease this item recognising all matters on the agenda are discussed.

**5. Minutes of the previous meeting**

**DECISION:** The minutes of 4 August 2022 were approved as a true and accurate record of proceedings.

**6. Actions arising from the previous meeting**

Actions arising from previous meetings were either completed, on track for delivery by the due date, or addressed for discussion in agenda Items.

*~ Ms Hawke and Ms Mclean joined the meeting at 10:45 am*

**7. Spotlight | Sensory Modulation Room, Margaret Tobin Centre**

The Chair recognised applications submitted for the 2022 SA Health Awards, with SALHN finalists in five of the ten categories. The Chair welcomed nominees Ms Hawke and Ms Mclean, who discussed patient outcomes from the Sensory Modulation Project in Margaret Tobin Centre. The Board discussion included:

- Positive engagement of staff and patients in this non pharmacological approach and additional therapeutic modality available to patients during their stay.
- Preliminary outcomes indicating a 62% reduction in consumer self-reported feeling of distress, impact on length of stay, or reduction in need for psychiatric intensive care unit placement.
- The opportunities to build on this approach through the new psychiatric intensive care unit build have been informed by the evaluation of insights gained with consumers and staff.

Mr Butcher thanked Ms Hawke and Ms Mclean for attending the Board meeting and acknowledged the impact of this innovative improvement, which has translated into a new model of care for our patients. Board Members were invited to visit the Sensory Modulation Room following the Board meeting.

**Action:** The Chair to send a letter of thanks to Ms Hawke and Ms Mclean for their presentation.

*~ Ms Hawke and Ms Mclean left the meeting at 11:10 am ~*

**8. Chief Executive Officer (CEO) Report**

Dr Freeman discussed with the Board:

- The evolution of the CEO report, including:
  - the intent to include status of strategic implementation, following the strategic refresh;
  - appending key performance indicator performance as per the Excellence Framework; and
  - reflection on key issues and risks of CEO focus.
- The volume of simultaneous strategic and operational activity being overseen.
- Service Level Agreement negotiations and processes.
- Actively listening and working in collaboration with the Aboriginal and Torres Strait Islander community.
- Recruitment strategies to build current and future workforce pathways.

**9. SALHN Executive Portfolio Responsibilities**

The CEO discussed proposed portfolio changes for the SALHN Executive, to optimise current and future strategic and operational delivery. The Board discussed:

- How the reframe will enable the implementation of strategy.
- Engagement with Executive as a high performance team and alignment to the SALHN Excellence Framework.
- The short and longer term impact of the reporting structure on the CEO.
- Subsequent realignment of governance frameworks, systems and delegations to reflect changes.

**DECISION:** The Board noted the proposed changes to SALHN Executive Portfolios.

**10. SALHN Excellence Framework**

The CEO discussed how the SALHN Executive Framework will build on the strong improvement culture and provide accountability and key relationships required to achieve excellence in a high performing team environment.

The Board discussed the balance of a learning organisation with mandated expectations. The Board noted the the introduction of this approach, providing a framework for accountability in a supportive environment with a just culture approach to deliver objectives.

**DECISION:** The Board noted the Excellence Framework and its approach to proactively monitoring, measuring and supporting performance across SALHN.

#### 11. SALHN Board Governance Framework

The Chair reflected on the evolution of the Board governance structure since the Board's establishment. The Board discussed a proposed framework as an evolution to the Board governance structure, including:

- Embedding consumer engagement throughout the Board governance structure.
- Reshaping sub-committees to align with refreshed strategy.
- Streamlining reporting to reduce duplication.
- Refocusing Executive attendance with the Boards strategic function.

**DECISION:** The Board approved the SALHN Board Governance Framework, including:

- monthly Board meetings from February 2023.
- The CFO and COO in the Finance and Performance Committee
- Sub-Committee chair's term to be three years or as per legislative obligation.
- A process enabling Board discussion on remuneration and nomination.

**ACTION:** Chair to discuss with Board members proposed incumbents of Sub-Committee Chair positions and confirm with the CEO and Board Secretariat.

**ACTION:** Evaluation of the structure to commence at 12 months post implementation.

#### 12. Patient Journey Collaborative

The CEO discussed activities being undertaken in the Patient Journey Collaborative, highlights being:

- Multiple intersecting components which attribute to demand risk.
- Performance outcomes such as reduction in transfer of care time.
- Interpretation of data measures into daily operational practice.
- Optimisation with the Department of Health and Wellbeing in receiving and reviewing timely data to work on specific issues.
- Demand risk management governance structure and initial priority programs.

#### 13. SALHN Annual Report 2021-2022

The Board noted that the draft Annual Report is prepared using a mandated template for submission to the Minister for Health by 30 September 2022. The Board reflected on the experience in preparing the Financial Statements and Annual Report.

The Board noted that the SALHN Financial Statements 2021-22 had been previously accepted and approved by the Board.

**DECISION:** The Board approved the SALHN Annual Report 2021-22, with the inclusion of Clinician Engagement Strategy and the contribution of Interim CEO and Executive in the Chair's summary, additional safety and quality information, and consistency in year format.

**DECISION:** **The Board approved that the Board Chair then co-sign the SALHN Annual Report 2021-2022 with the Interim CEO.**

**ACTION:** Annual Report 2021-2022 to be updated with required information and submitted following I/CEO, CEO and Chair's final review.

**ACTION:** Chief Finance Officer to conduct a 'lessons learnt' examination of the process, consulting with those involved, to inform next year's annual reporting process.

#### 14. Drug and Alcohol Services SA (DASSA) and Southern Intermediate Care (SICC) Trial

The Board discussed an integrated initiative with DASSA within a SALHN location to support the provision of services to people with comorbidities of substance dependence and mental health issues.

**DECISION:** The Board provided a qualified approved in principle for the use of the SALHN location to trial the Managed Alcohol Program. This decision will be ratified by delegated Board members (Ms Richter, Prof Searle, Mr Sherbon and Assoc Prof Mackean) upon provision of a further briefing from DASSA addressing questions of the Board.

**ACTION:** DASSA to meet with the CEO and Clinical Director Mental Health Services, to confirm to the Board:

- Consistency with the State Alcohol Plan and strategies for First Nations people.
- Ministerial approval for the program.
- That the program meets all regulatory requirements.
- Engagement with the SALHN Aboriginal Community Group.

- Communication strategy to the local community.
- Level of risk exposure and key controls (jointly with Southern Mental Health Services).

**ACTION:** Mental Health Services to submit a briefing to the Board for November 2022 evaluating the intermediate care centre model of care, recommending benefit realisation for future state.

## 15. SALHN Performance

### 15.1 SALHN Finance Report

The Chief Finance Officer provided an analysis of the headline and underlying results for the period, with key highlights including:

- Position to underlying budget result.
- The components giving rise to activity cost pressures.
- Savings performance to target.

The Board noted the Finance Report and discussed matters including:

- Status of budget, service level agreement negotiations and activity submissions with the DHW.
- Funding of elective surgery and demand risk strategies.
- Repurposing facilities for bed capacity and budget response.
- Costings associated with sustained COVID-19 responses.
- Benchmarking alternative model of care use to other Local Health Networks.

### 15.2 SALHN Operational Performance report

The CEO provided an overview of the operational performance report, with the key highlights being:

- The intent to streamline report detail and interrogation under the Excellence Framework through the Finance Sub-Committee to the Board.
- The cohesive integration of the Excellence Framework, Master Plan and Clinical Service Plan.
- Outcomes of discussions at performance meetings with the DHW.

The Board noted the Operational Report and acknowledged, amongst other things:

- Overall trend of reduction of hours lost due to transfer of care >30 minutes.
- Tier 1 and 2 performance reflects those proposed in the draft Service Level Agreement 2022-2023.
- The Quarter 4 performance status.

**ACTION:** Future reports from data provided by the DHW to include comparative Local Health Network data to enable benchmarking and analysis.

### 15.3 SALHN Worksite Safety Inspections

The Chief Workforce Officer provided an overview of the quarterly Workforce Performance Report, with the highlights including:

- Completion of worksite safety inspections and themes identified.
- Exploration of the use of electronic safety audit tools to contemporise how WHS audits are taken.

The Board discussed, amongst other things:

- Processes for staff reporting hazards and incidents.
- Escalation processes through the Across Government Facilities Management Agreement.

## 16. Items from Sub-committees

### 16.1 Clinical Governance Sub-committee

The Sub-Committee Chair provided a summary with the key highlights being:

- Learnings and action taken from a consumer experience.
- Updates on clinical risk and clinical improvement initiatives in progress.
- Preparation to enact the Voluntary Assisted Dying (VAD) legislative obligations, including endorsing SALHN's responsibility for the governance of VAD Statewide Navigator Service located at the Repat Health Precinct.

**DECISION:** The Board discussed the Clinical Governance Sub-Committee update and noted the minutes of the 11 August 2022 meeting.

**16.1.1 Board Attestation Statement 2021-2022**

**DECISION:** The Board approved that the Board Chair co-sign the SALHN Attestation Statement 2021-2022 with the Interim CEO.

**16.2 Asset and Infrastructure Planning Sub-committee**

**DECISION:** The Board noted that the Sub-committee has not met since the last Board meeting.

**16.2.1 Southern Health Expansion (SHEP) and FMC Emergency Department (ED) Expansion Plan “Lessons Learnt”**

The Deputy Chair provided a summary noting change management learnings and recognition that the Executive functional realignment and Board Governance structure will enable implementation of recommendations. The Chair thanked the Deputy Chair for the report.

**ACTION:** Lessons Learned Paper to be provided to the Capital Master Planning Executive Steering Committee, with a request the Steering Committee report back to the Board on how learnings gained from the SHEP and ED Expansion Plan may be applied to future governance in asset and infrastructure planning.

**ACTION:** Presentation to the Board on how clinical engagement is being approached in master planning to provide change management assurance and clinical leadership in model of care integration with master planning.

**16.2.2 Capital Master Planning Update**

Mr Gadd provided a summary with the key highlights including:

- Commencement of the Executive Steering Committee meetings for the Capital Master Planning (SAHD) Program, with the programs integrated governance structure approved.
- Status of work undertaken in progressing the program and commencement of projects.
- Clinical service planning prioritising clinical specialties linked with the early infrastructure development to inform health service planning.
- Minor Works program comprising of key infrastructure and facility upgrades.

**DECISION:** The Board noted the progress with capital master planning and minor works program.

**ACTION:** A one page summary on major capital works and progress to be provided to the Board at the November 2022 meeting for noting.

**16.3 Community Engagement Sub-committee**

The Sub-Committee chair highlighted:

- Community engagement and information relating to VAD.
- Engagement activities aligning topics important to consumers, carers, and community.
- Role and function of the Community Engagement Sub-Committee in supporting a direction refresh.

**DECISION:** The Board noted the Community Engagement Sub-committee update and minutes of the 18 August 2022.

**16.4 Audit and Risk Sub-committee**

The Sub-Committee Chair provided an update on the Audit and Risk Sub-committee meetings with the key highlights being:

- Recommendation that the Board approve the Biannual Risk Report Jan-June 2021 for submission to the DHW.
- Oversight of strategic risk reassessment and subsequent risk profile.
- Key discussions and decisions supporting the Financial Statement 2021-2022 submission.
- Matters arising from Internal Audits.
- Cyber security exposure and accountabilities of the DHW.

**DECISION:** The Board noted the Audit and Risk Sub-committee update and draft minutes of the 01 September 2022.

**ACTION:** Mr Brett Morris, Digital Health SA be invited to present to the November 2022 Board on cyber security risk exposure across SA Health, control effectiveness and policy positions in relation to attack responses.

**16.5 Nominations and Remuneration Sub-committee**

**DECISION:** The Board noted the Nominations and Remuneration Sub-committee has not meet since the previous Board meeting.

**17. Items for Noting**

**17.1 COVID-19 Health System Response**

**DECISION:** The Board noted the COVID-19 Health System response update.

**17.2 Declarations of Interest Report**

**DECISION:** The Board noted the Interests Declared Report.

**17.3 Decisions made by Circular Resolution**

**DECISION:** The Board noted the decisions made by circular resolution.

**17.4 Clinical Incident Briefings**

**DECISION:** The Board noted the Clinical Incident Briefings Report.

**17.5 Media Report**

**DECISION:** The Board noted the Media Report.

**18. Correspondence**

**DECISION:** The Board noted the items of correspondence to the Board Chair.

**ACTION:** Advice to be sought and inform the response to the Flinders Foundation invitation to the CEO to participate on the Board.

**19. Integrated Engagement Opportunities**

The Chair noted the value in Board Members attending events and engaging with staff and the community.

The CEO advised that the Flinders University has invited her to apply for academic status.

**DECISION:** The Board approved new engagement opportunities.

**20. Evaluation of meeting**

The Board evaluated the meeting and provided the I/Board Secretariat and CEO with information to assist in future meetings.

**ACTION:** Roster of Executive and Clinical Directors attendance at least once a year to discuss Excellence Framework performance and matters of significance to their areas.

**ACTION:** CEO and Chair to determine preferred arrangements for Executive attendance and participation in papers presented to the Board.

**ACTION:** Spotlight and Value Moments to be regularly scheduled for each Board meeting.

**21. Next Meeting**

The next meeting was confirmed as 3 November 2022 | 08.00 am – 01.30 pm to accommodate the Minister for Health and Wellbeing attendance from 8:00 am to 9:00 am.

**22. Meeting Close**

The meeting was formally closed at 2:30 pm.

The Chair thanked all in attendance for their contribution.



**Approved as an accurate record of proceedings**  
BOARD CHAIR