

OFFICIAL

Local Health Network Governing Boards

Chairs and Board Member Expression of Interest Information Pack

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Government
of South Australia

SA Health

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Foreword

The South Australian public health system is a large and complex system, servicing a population of approximately 1.6 million with an annual budget of approximately \$6 billion and over 38,000 staff.

In 2019 the South Australian Government introduced a new model of governance and accountability in the public health system. A cornerstone of the model is the Governing Boards for Local Health Networks.

There are ten Governing Boards in South Australia and include four metropolitan and six governing boards covering the six regional Local Health Networks.

The Governing Boards provide an exciting opportunity for the health system to be more responsive and innovative in meeting the health needs of their communities.

I look forward to continuing to work with the Governing Boards as part of the model of governance for public health in South Australia.

Dr Robyn Lawrence

Chief Executive, Department for Health and Wellbeing

Part 1: Background information on the SA public health system

SA Health is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care.

SA Health encompasses all Local Health Networks, the SA Ambulance Service and the Department for Health and Wellbeing. SA Health is a diverse organisation with a wide range of responsibilities and provides a variety of services across regional and metropolitan worksites.

SA Health serves all South Australians and recognises the diversity of the South Australian community, including Aboriginal people and people from culturally and linguistically diverse backgrounds. The knowledge, skills and dedication of SA Health staff benefit all South Australians, both individually and collectively.

SA Health has an important role as part of a larger health and wellbeing sector. Our partners in the non-government, education, research, private and Commonwealth sectors are vital in achieving this plan's vision. SA Health works closely as part of the Government of South Australia to improve the social determinants of health and well-being.

Our vision, values and strategic priorities

Our people and our partners are actively engaged in improving the health and well-being of all South Australians. Consumers and communities are at the centre of our decisions and inform the design and provision of health and well-being services.

SA Health performs three roles in the health system:



We recognise that how we do our work drives the safety and quality of our services.

Acting consistently with the SA Health values, means that our culture will enable delivery of a contemporary and sustainable health and well-being system and support the achievement of our vision for healthy South Australians to enjoy a great quality of life.

We use the South Australian Public Sector values as a foundation of how we describe and discuss the productive behaviours that we demonstrate ourselves and expect from our colleagues.

Care and kindness are the values that underpin how we treat each other, working together to provide services.

Care and kindness are paramount to everything we do with our consumers, their families, carers, our community, our work colleagues and service partners.

The South Australian Public Sector values articulate our commitment to each other, consumers and the community:



Our structure

SA Health is the brand name for the health portfolio of services and agencies responsible to [our Minister](#), the Minister for Health and Wellbeing.

The portfolio consists of the:

- [Department for Health and Wellbeing](#)
- [SA Ambulance Service](#)
- [Barossa Hills Fleurieu Local Health Network](#)
- [Central Adelaide Local Health Network](#)
- [Eyre and Far North Local Health Network](#)
- [Flinders and Upper North Local Health Network](#)
- [Limestone Coast Local Health Network](#)
- [Northern Adelaide Local Health Network](#)
- [Riverland Mallee Coorong Local Health Network](#)
- [Southern Adelaide Local Health Network](#)
- [Women's and Children's Health Network](#)
- [Yorke and Northern Local Health Network](#).

Organisational chart

[SA Health Organisational Chart \(PDF 129KB\)](#)

Amendments to establish the Governing Boards under the *Health Care Act 2008* were passed by Parliament on 26 July 2018 in the *Health Care (Governance) Amendment Bill 2018*. These amendments came into operation on 1 July 2019.

Six new incorporated country hospitals (Local Health Networks) were created under the *Health Care Act 2008* (See Appendix 1 which provides a map of the current Country Health SA Local Health Network regions).

The metropolitan and statewide LHNs are:

- Central Adelaide Local Health Network
- Northern Adelaide Local Health Network
- Southern Adelaide Local Health Network
- Women's and Children's Health Network (statewide)

The regional LHNs are:

- Barossa Hills Fleurieu Local Health Network
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Riverland Mallee Coorong Local Health Network
- South East Local Health Network
- Yorke and Northern Local Health Network.

Part 2: Governing board roles and functions

Governance and management arrangements

The functions of a governing board for a Local Health Network include the following:

- to ensure effective clinical and corporate governance frameworks are established to support the maintenance and improvement of standards of patient care and services by the Local Health Network and to approve those frameworks;
- to ensure:
 - the operations of the Local Health Network are carried out efficiently, effectively and economically; and
 - the Local Health Network manages its budget so that performance targets are met; and
 - that Local Health Network resources are applied equitably to meet the needs of the community served by the Local Health Network;
- to ensure strategic plans to guide the delivery of services are developed for the Local Health Network and to approve those plans;
- to provide strategic oversight of and monitor the Local Health Network's financial and operational performance;
- to prepare and keep under review strategies:
 - for the provision of health services by the Local Health Network; and
 - to promote consultation with health professionals working in the Local Health Network; and
 - to promote consultation with health consumers and community members about the provision of health services by the Local Health Network;
- to advise providers and consumers of health services, and other members of the community served by the Local Health Network, as to the Local Health Network's policies, plans and initiatives for the provision of health services;
- to manage performance against the performance measures in the service agreement between the Local Health Network and the Chief Executive, Department for Health and Wellbeing;
- to cooperate with other providers of health services, including providers of primary health care, in planning for, and providing, health services;
- to endorse the Local Health Network 's annual report;
- to liaise with the boards of other Local Health Networks and the Chief Executive, Department for Health and Wellbeing in relation to both local and statewide initiatives for the provision of health services.

A governing board is also to carry out other functions assigned to the board by or under the *Health Care Act 2008* or any other Act, or by the Minister.

The governing board for a Local Health Network:

- must comply with any directions of the Minister and any directions of the Chief Executive, Department for Health and Wellbeing; and
- must comply with any policies of the Department specified by the Minister or the Chief Executive, Department for Health and Wellbeing to apply to a governing board in the performance of its functions; and
- must not exercise a function in a way that is inconsistent with the exercise of a function by the Chief Executive, Department for Health and Wellbeing (including a function that has been delegated to the Chief Executive, Department for Health and Wellbeing).

An act done or decision made by the governing board of a Local Health Network in the course of official functions and duties is an act or decision of the Local Health Network.

Engagement strategies

At a minimum, the governing board for a Local Health Network must develop and publish the following strategies:

- a strategy to promote consultation with health professionals working in the Local Health Network (a clinician engagement strategy);
- a strategy to promote consultation with health consumers and members of the community about the provision of health services by the Local Health Network (a consumer and community engagement strategy).

The governing board must consult with the following persons in developing the strategies:

- for the clinician engagement strategy—health professionals working in the Local Health Network;
- for the consumer and community engagement strategy—health consumers and members of the community.

A strategy developed and published under this section must:

- satisfy any requirements prescribed by regulation for that strategy; and
- be published in a way that allows the strategy to be accessed by members of the public, including, for example, on the internet.

The governing board and the Local Health Network must give effect to the strategies developed and published under this section in performing functions under the *Health Care Act 2008*.

Chief Executive Officer, Local Health Network

The governing board for a Local Health Network may, after consultation with the Chief Executive, Department for Health and Wellbeing, appoint:

- a specified person; or
- a person occupying a specified office or position

as the Chief Executive Officer of the Local Health Network.

Any such appointment:

- takes effect following confirmation of the appointment by the Chief Executive, Department for Health and Wellbeing; and
- is revocable by the governing board at any time, subject to the confirmation of the Chief Executive, Department for Health and Wellbeing.

The Chief Executive Officer of a Local Health Network is responsible for managing the operations and affairs of the Local Health Network and is accountable to, and subject to the direction of, the governing board for the Local Health Network in undertaking that function (although the governing board cannot give a direction concerning the medical treatment of a particular person).

An act done or decision made by the Chief Executive Officer of a Local Health Network in the course of official functions and duties is an act or decision of the Local Health Network.

Part 3: Appointment criteria

Governing board composition

A governing board consists of six or more members but no more than eight members, being persons who collectively have, in the opinion of the Minister, knowledge, skills and experience necessary to enable the governing board to carry out its functions effectively.

It is also a requirement that at least two members of a governing board are health professionals, meaning an individual who holds, or previously held, general registration in a health profession under the *Health Practitioner Regulation National Law (South Australia)* or an individual who practices, or has previously practised, a profession providing health services involving the provision of care or treatment to other persons (directly or indirectly).

A governing board must be comprised of a minimum of 50% female in support of Government's commitment to ensure more female representation on boards and committees.

Eligibility criteria

A person is not eligible for appointment to a governing board of a Local Health Network if:

- the person is employed to work at the Local Health Network;
- the person provides a service to the Local Health Network; or
- the person is an employee of the Department for Health and Wellbeing.

If an applicant who falls into one of these categories is offered a board position and wishes to accept the appointment, they must resign from their employment at that LHN or the Department, or cease provision of the service arrangement with that LHN before they can be appointed.

This will ensure the LHN governing boards maintain independence and that members do not have inherent conflicts of interest (whether real or perceived).

Public Sector employees are not eligible to be paid board fees unless exceptional circumstances are demonstrated.

Selection criteria

As far as practicable, the Membership of a Governing Board must comprise persons who between them have knowledge of, and experience and expertise in, the following fields:

- (a) health management;
- (b) clinical governance;
- (c) commercial management;
- (d) financial management;
- (e) the practice of the law;
- (f) the provision of health services;
- (g) other knowledge, experience and expertise that, in the opinion of the Minister, will enable the effective performance of the Board's functions.

In addition to these requirements:

- at least two Members of a Governing Board must be health professionals.
- at least one Member of a Governing Board must be a person who has expertise, knowledge or experience in relation to Aboriginal health.

Individuals who reside in the local area, or have close connections with the local area, are encouraged to apply.

Part 4: Appointment terms and conditions

Eligibility to receive fees

Governing board members are not paid a salary but are entitled to be paid fees and allowances as recommended by the Department of Premier and Cabinet and determined by the Minister for Health and Wellbeing.

Eligibility to receive fees is determined in accordance with the Department of Premier and Cabinet Circular 16 - *Remuneration for Government Appointed Part-Time Boards and Committees* (September 2016) which contains the government's policy on remuneration for part-time boards and committees. Public sector employees are generally not eligible to be paid board fees, and must receive an approved exemption for this to occur. More information can be found in [DPC Circular PC016](#).

Governing board member remuneration

Metropolitan

Eligible Members of metropolitan LHN Governing Boards are currently entitled to the following remunerations per annum, as recommended in accordance with ***DPC Circular PC016 Remuneration for government appointed part-time Boards and committees*** and approved in accordance with schedule 3 clause 3 of the *Health Care Act 2008*:

Chairperson:	\$70,758
Deputy Chairperson:	\$53,069
Members:	\$35,379

Each metropolitan LHN Governing Board also operates subcommittees. Eligible (non-Board) Members of these committees are entitled to the following remuneration:

Chairperson:	\$885 per meeting up to a maximum of \$10,614 per annum
Members:	\$442 per meeting up to a maximum of \$5,307 per annum

Regional

Eligible Members of regional LHN Governing Boards are currently entitled to the following remunerations per annum, as recommended in accordance with *DPC Circular PC016* and approved in accordance with schedule 3 clause 3 of the *Health Care Act 2008*:

Chairperson:	\$46,435 per annum
Members:	\$30,957 per annum

Each regional LHN Governing Board also operates subcommittees. Eligible (non-Board) Members of these committees are entitled to the following remuneration:

Chairperson:	\$580 per meeting up to maximum of \$6,965 per annum
Members:	\$387 per meeting up to a maximum of \$4,644 per annum

Term of appointment to a governing board

Governing board members will be appointed for a period not exceeding three years.

Governing board members will be eligible for reappointment at the expiration of a term of office, however, a member may not hold office for more than nine consecutive years.

Indemnity and insurance information

Members of boards and committees are covered by the Department for Health and Wellbeing's insurance in accordance with the Department of the Premier and Cabinet publication "Government Boards and Committees – Guidelines for Agencies and Board Directors"

Probity and screening requirements

Appointment to a governing board is subject to satisfactory completion of formal requirements which may include:

- 100 Point Identity Check and National Criminal Record Check.
- Verification of formal education qualifications and professional memberships material to candidate's application.
- Australian Securities and Investments Commission Banned and Disqualified Register Check.
- Australian Financial Security Authority National Personal Insolvency Index Check.
- Department of Human Services Check.
- International Criminal Record Check if a candidate has lived for more than 12 months in one country in the past 10 years.
- Provision of three professional referees.
- Participation in telephone or face to face screening activities as necessary.

Anticipated time commitment

Governing board members are expected to prepare for, attend and contribute to board meetings, and participate in relevant development activities including induction sessions.

Part 5: Application process

Selection process

Governing board appointments and reappointments will be merit based, made through a fair and open process.

Interested applicants for appointment and reappointment are asked to complete an Expression of Interest Application and provide a current Curriculum Vitae.

Applicants will be contacted as vacancies arise to attend an interview.

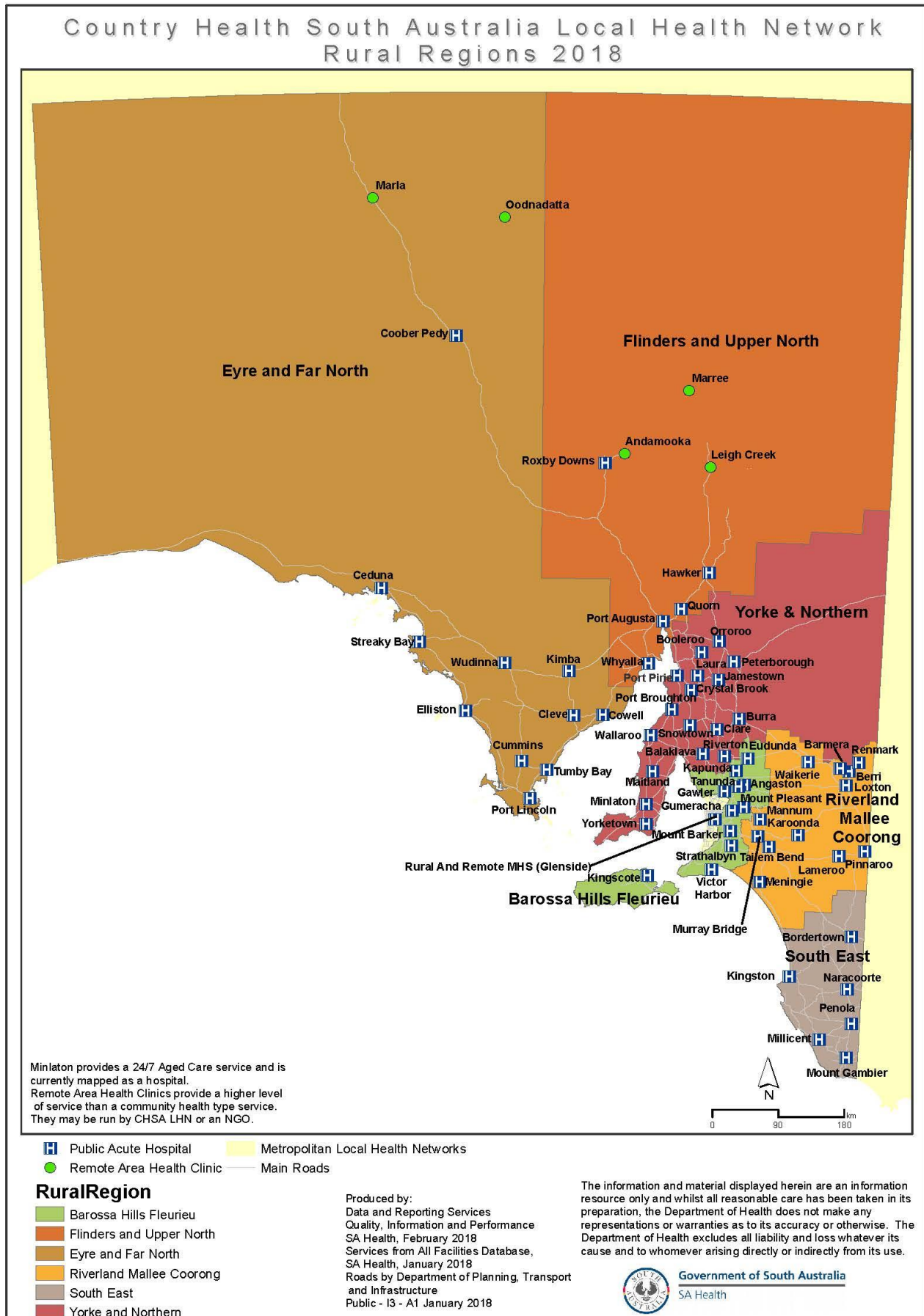
Applicants will be advised of progress of their application via email.

How to apply

Please submit your completed Expression of Interest Application Form and Curriculum Vitae via the website below:

W: www.sahealthlhnboards.com

Appendix 1 – Current Country Health SA Local Health Network regions showing proposed six new regional Local Health Network geographic boundaries



Appendix 2 – Current Metropolitan and Statewide SA Local Health Network regions

