



## Minutes for ISLHD Board Meeting

20/06/2022 | 02:00 PM - 05:00 PM - AEST

Conference Rooms, ISLHD Executive Office, Warrawong

### Attendees (10)

Alan Hudson; Rod McMahon; Richard Morris; Janine Cullen; David Campbell; Chris Bertinshaw; Suzi Clapham; Nick Mitrevski; Jonathan Boswell; Jenny Collins

### Agenda

#### ITEM 1: Chair's Consultation

#### ITEM 2: Welcome

##### 2.1 Acknowledgement of Country

The Board Secretary acknowledged the Traditional Custodians of the land the Board were meeting on, specifically Dharawal Country. She paid respects to elders past present and future and extended that respect to Aboriginal peoples in the room.

##### 2.2 Attendance

Members:

Mr Chris Bertinshaw, Board Chair

Ms Janine Cullen OAM, Deputy Chair

The Hon. David Campbell, Board Member

Dr Richard Morris AM. BM., Board Member

Ms Suzi Clapham, Board Member

Dr Rodney McMahon, Board Member

Dr Jenny Collins, Board Member

Mr Alan Hudson, Board Member

Mr Nick Mitrevski, Board Member

Mr Jonathan Boswell, Board Member (via Microsoft Teams)

In Attendance:

Ms Margot Mains, Chief Executive

Dr Josh Rijdsijk, Chair Medical Staff Council

Ms Jessica De Angelis, Director, Office of the Chief Executive (via Microsoft Teams)

Ms Angela Twist, Board Secretary (minutes).

## 2.3 Apologies

Mr Paul Knight, Chair of the Audit and Risk Committee and Mr Peter McDonald, Board Member were apologies for this meeting.

## 2.4 Declarations of Interests

There were no declarations of interests.

## ITEM 3: Business from the last meeting

### 3.1 Confirmation of Minutes - 11 April 2022

The minutes of the ISLHD board meeting held on 11 April 2022 were adopted as a true and accurate record.

### 3.2 Actions Items Arising

The Board noted the action items arising.

## ITEM 4: Board Governance Framework

The Board noted the draft ISLHD Governance Framework which aims provide an 'at a glance' view of the organisation from a Board Governance perspective. The Framework Shows the 3 part triune focus of the Board including Service Agreement, Annual Budget and Safety and Quality, considered across the three governance actions of compliance, risk management and stakeholder engagement.

Instruments of Governance that help regulate these intersections and provide standards of performance are referenced including District based legislation, policies, targets and groups.

The framework should be used to develop reports, review information and propose questions for results reported across these areas.

The Board discussed the potential restriction of the framework to include a future planning focus. A note will be added to the Framework to clarify.

**RESOLUTION 2022/66:** The Board adopted the ISLHD Governance Framework, with the inclusion of a note that 'future planning requirements are not covered by this framework'.

**ACTION 194/22:** *Add a note to the Board Governance Framework to say 'future planning requirements are not covered by this framework.'*

*(Assignee(s): Board Secretary; Due Date: 30/06/2022)*

## **ITEM 5: Strategic Matters**

### **5.1 Quarterly Board Report for October to December 2021**

The Board noted the information provided querying the period it focused on. The Board Chair advised a letter was sent to all Board Chairs' from the Secretary, NSW Health requesting that Board's focus closely on this report and ensure its review at Board meetings.

In his reply, the Board Chair noted the reports efficacy would be higher if it was received in a more timely manner given the Chief Executive provides more in depth real time reports in the interim. A copy of the Board's draft Governance Framework was also provided.

The Board queried the parameters of the report and how the categories performing; underperforming; not performing and no data or suppressed were ascertained. The Chief Executive advised each measure has a different KPI, these could be based on a state average, from the service agreement or other sources.

The telehealth KPI of 10% was discussed at the Board Health Care Quality Committee as the District was not meeting it. Upon further investigation, it was realised it is a stretch target set by the Ministry.

The Board noted the necessity of the Chief Executive to continue to provide data in her report which includes written and verbal context which is essential.

### **5.2 Sustainability Governance Structure**

The Board received an update on sustainability with the District and discussed a way forward including:

1. the need to track the activities we are undertaking in terms of net zero
2. the need to define areas for future actions
3. the need to set a pathway to achieve the agreed future actions
4. the need to engage with staff through a regular forum or taskforce.

The Chief Executive advised a sustainability lead will be appointed who can pull all the current activities together and take leadership of the future plans.

The Board agreed being clear on what is meant by carbon neutral is key and must be discussed as it is an important but board term.

### **5.3 Service Agreement 2022-23**

The Board noted the update on the 2022/23 Service Agreement ahead of its formal issue.

Discussions occurred regarding the need to strongly consider the covering note which will require the Board Chair to note the Board's concerns to deliver the required services in the current climate.

## **ITEM 6: For Decision**

### **6.1 ISLHD Delegations Manual - Annual Review**

**RESOLUTION 2022/67:** The Board approved the revisions to the Delegations Manual (PART 1), as part of the annual review.

## **ITEM 7: Board Capability Development**

### **7.1 IT Systems and Digitalisation - Diligent Resource Centre**

The Board noted the capability development presentation on IT Systems and Digitalisation provided in the Diligent Resource Centre.

The Board discussed the informative presentation and offered their thanks to the Chief Information Officer, Mr Peter Shiells.

## **ITEM 8: Committee Reports**

### **8.1 Finance and Workforce Performance Committee**

The Board noted the draft minutes of the Finance and Workforce Performance Committee meeting held 30 May 2022 and discussed concerns raised by the Committee on the matter of consultant fee governance and purchase orders.

In order to alleviate these concerns, the Chief Executive proposed:

#### **Finance**

- provide the consultant engagement report to the Committee in a new format including future arrangements in September 2022 as per existing agreed reporting schedule to the committee. Finance to review current process for reporting as part of this to ensure accuracy of this report.
- provide a report analysing the quantum of vendor supplied services without a valid purchase order by September FWPC meeting.

## **Procurement & Policy**

- Contract Register to be launched and communicated to District including procedure for use.
- Contract Register to be referred to where useful in the existing Consultant Expenditure Report to the FWPC where it helps identify future engagements.

## **Internal Audit**

- Internal Audit to propose the 'Procurement audit – Consultants and Contractor expenditure' audit as part of 2022 section of 2022-2023 plan with specific objectives connected to the risks raised by the Board as part of this discussion.

The Committee were satisfied with this response.

## **8.2 Health Care Quality and Safety Committee**

The Board noted the minutes of the meeting of the Health Care Quality and Safety Committee on 27 April 2022 and 25 May 2022.

## **8.3 Planning and Innovation Committee**

The Board noted the minutes from the meeting held 11 April 2022. The Chair verbally reported on this at the previous meeting.

## **8.4 Aboriginal Health Committee**

The Board noted the minutes of the Aboriginal Health Committee on 9 May 2022.

The Committee Chair verbally noted:

- the enthusiasm to receive both presentations on the immense amount of work being done both in the data space and in the Shoalhaven
- work has commenced to refresh the Statement of Commitment. The time proposed time line is:
  - June - High level principles
  - June - Board verbal update
  - Chief Executive and Core Executive
  - 20 July and 5 August – Board Respecting the Difference Training
  - Meeting with Bomaderry Children's Homes to discuss high level principles and commitments
  - August - Draft to Board Aboriginal Health Committee for referral to the Board
  - September – formal signing by CE and Board Chair.

## **8.5 Audit and Risk Committee**

The Board noted the draft minutes and report of the special meeting of the Audit and Risk Committee on 12 April 2022.

## **ITEM 9: Board Chair Report**

The Board Chair noted his appointment of Dr Jenifer Collins to the Medical and Dental Appointment Advisory Committee (MDAAC) and the Board Health Care Quality Committee (HCQC).

The Board discussed the Australian British Health Catalyst 2022 programme which the Chief Executive has been asked to speak at by the NSW Health Secretary. The conference will be held in the United Kingdom with the CE being a keynote speaker of 'Embracing the Digital Step-Change' and 'Investing in People' who will also moderate the discussion which will follow.

The Board expressed their pride in this well-deserved accolade of the Chief Executive's efforts.

## **ITEM 10: Chief Executive Report**

The Board noted the Chief Executive's report.

### **10.1 Together, Back on Track Progress Report**

The Chief Executive (CE) presented to the Board on the outcomes of the 'Together Back on Track' (TBOT) initiative, which was an organisation wide access and flow initiative is currently in progress with the active reboot phase taking place 23 May – 19 June.

The aim is to reduce barriers to access and flow across the District by collectively focusing more intensely on some of the issues that exist with clear escalation pathways, support mechanisms and plans developed to facilitate faster decision-making for the patient journey.

From the findings, the CE discussed the urgent need to establish two transition facilities in order to support bed flow across the District. Currently there are not enough aged care beds across the District nor enough beds at Wollongong Hospital. In order to facilitate patient flow, transition wards would be set up to move aged care patients into while they wait for placement for example. In Shoalhaven, establishing a day only program would allow patients to visit the program for the say for additional support but return to their homes in the evening.

The Board expressed their full support in the establishment of the transition wards.

## **ITEM 11: For Information**

### **11.1 Board Calendar**

The Board noted the calendar for information.

## **ITEM 12: Closure of General Meeting**

There being no further business, the Board Chair closed the meeting at 3.37pm.