MINUTES BOARD MEETING

Date: 3.30pm-6.00pm, Monday 4 July 2016 Venue: Conference Rooms, Wollongong Hospital



Dr Jean-Frederic Levesque, Chief Executive Bureau of Health Information

The District Strategic Executive was invited to and attended the presentation from Dr Levesque.

The Chief Executive introduced Dr Levesque, Chief Executive Bureau of Health Information (BHI), to the meeting.

Dr Levesque provided an overview of BHI's establishment following the Garling Report into acute care services in NSW public hospitals. The purpose of BHI is to provide information to the public on the performance of the public health sector, encouraging transparency of information. He provided an overview of the key reports produced by BHI, including:

- NSW Patient Survey Program completed over the past three years to produce hospital information, includes Admitted Children and Young Patients Survey, Adult Admitted Patient Survey, Emergency Department Patient Survey, Outpatient Survey; and has recently expanded to include Maternity Care Survey, Small and Rural Hospital Survey, Outpatients Cancer Clinics Survey.
- Hospital Quarterly produced every quarter to provide information on volume and types of services provided and timeliness; redesigned two years ago following feedback with a new iteration to be released next March.
- Insights Into Care provides in-depth analyses on selected performance areas highlighting variation in care.
- Patient Perspective Snapshot provides overview of patient feedback, such as the Adult Admitted Patient Survey, Emergency Department Patient Survey.

Dr Levesque advised of upcoming reports and that looking strategically forward, BHI would like to use measures based on system needs to align with its visibility action plan; more to be done on clinical variation data, and timely detailed and tailored information.

Questions related to:

- How BHI works with pillars and whether their information requirements are aligned with those of local health districts; noted the need for a system approach to information and that BHI is working to align with programs and requests for data on how care is provided, such as through clinical variations. It was noted that forums to ensure there is alignment in information is to raise the issue at Council of Board Chairs meetings and Senior Executive Forums.
- Globally comparative data and whether we benchmark against other jurisdictions nationally and internationally. It was noted that BHI does an annual comparison against 24 other countries; however, difficult to compare due to different definitions/measures for key indicators, for example, hospitalisation is measured different across nations.
- Frequency that board members and senior managers and clinicians should visit BHI website/data; BHI does not currently provide advice but would consider such.
- Whether BHI provides advice to the Ministry of Health on key performance indicators and appropriate definitions, such as the unplanned readmissions.

The Board Chair thanked Dr Levesque for his presentation. The Strategic Executive left the meeting.



ITEM 2: MEETING OPENING

Attendance of members

Clinical Professor Denis King OAM (Chair), Ms Jill Boehm OAM, Associate Professor Stephen Andersen OAM, Mr Roger Downs, Professor Kathy Eagar, Mr Paul Knight, Ms Marisa Mastroianni; Associate Professor Rod McMahon, Clinical Professor Jan Potter, Ms Carrie Schulman, Professor Gerard Sutton AO.

In Attendance

Ms Margot Mains, Chief Executive; Ms Jasmina Jonceski, Board Secretary; Ms Carolyn Cooper, Executive Director Clinical Operations; Mr Brent Wiseman, Executive Director Finance and Corporate Services; Ms Helen Freeland, A/Executive Director Integrated Care, Mental Health, Planning, Information and Performance.

Apologies

Mr Geoff O'Donnell, Dr William Pratt.

ITEM 3: DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST

There were no conflicts of interest, gifts, or benefits declared.

ITEM 4: BUSINESS FROM THE LAST MEETING

4.1 Confirmation of Minutes of meeting held 6 June 2016

The minutes were accepted as a true and accurate record.

4.2 List of Action Items

The Board noted progress/completion of actions.

4.3 Register of Board Resolutions

Members received the Board resolutions of the previous 12 months, and the progress to date.

ITEM 5: BOARD CHAIR REPORT

The Board received the information provided.

ITEM 6: BOARD COMMITTEE REPORTS

6.1 Finance and Performance Committee

The Board received the draft minutes from the last Finance and Performance Committee meeting.

Dr Andersen provided an overview as the Chair of the Committee was an apology. He noted that work health and safety performance remains a concern for the Committee and noted as included in the minutes that the focus needs to be on work health and safety and culture change, and concern that Ministry of Health does not see the workforce function as an executive-level responsibility. The Chief Executive noted that negotiations with Ministry of Health (MoH) on need for workforce director responsibility to be at an executive level appointment have continued.

6.2 Health Care Quality Committee

The Board received the draft minutes from the last Health Care Quality Committee meeting.

Ms Boehm advised that the Committee has sought information on quality monitoring reporting for the District; further information is contained at Agenda Item 8.2.

6.3 Planning Committee

The Board received the draft minutes from the last Planning Committee meeting.

The Committee Chair advised that the focus of the Committee was:

- The HealthOne projects as contained in the Board papers
- Shoalhaven Strategy noting that due to different staff working on the project as have worked on previous Shoalhaven planning projects, there is lack of background information available
- Bulli Aged Care Centre of Excellence is progressing with the model of care near agreement and that the IRT Board approved capital contribution, both of which are positive steps forward; legal advice confirming that District employees will not be able to provide services to IRT as it will affect their fringe benefits tax benefits
- The draft Joint Integrated Care Strategy with the Primary Health Network (PHN), which requires further work and a working group including Board members, management and PHN representatives will meet before the joint Board meeting in August 2016.

ITEM 7: WORK HEALTH AND SAFETY

7.1 Safety Share

The Board received the information provided and noted that Fire Safety is the District's work health and safety theme this month.

7.2 Work Health and Safety Report

The Board received the information provided.

7.3 Notifiable Incidents

The Board received the information provided.

The Board noted the wording in the report "Without a focus on safety improvement as a top priority for ISLHD, there is a considerable likelihood of continuing high rates or incidents and injuries, and the increased potential for serious injury or fatality." The Board stated that this risk is unacceptable. The Chief Executive retracted the paragraph from the written report.

7.4 Electrical audit

The Board received the information provided.

The Executive Director Finance and Corporate Services advised that he expected the testing at Wollongong Hospital to be completed in mid-July; that a sampling audit of other sites also underway to be completed by 19 July; and that the Shoalhaven Hospital has been 100% tested. The District will go out to tender to engage regular testing for facilities.

The Board requested information on how new equipment is tested outside of the regular testing.

ACTION ITEM: Provide information on how new equipment is tested outside of the regular testing.

ITEM 8: QUALITY AND SAFETY

8.1 Patient Safety, Quality and Risk Report

The Board received the information provided.

8.2 Health Care Quality Committee – Next Steps

The Board received the information provided.

The Chief Executive advised that the Committee provided feedback on the reporting it received and the Board Secretary prepared a paper on next steps following a review of other jurisdictions. A temporary agenda structure has been adopted by the Committee with a staged approach to transition to where the Committee needs to be to be meeting its robust terms of reference.

ITEM 9: STRATEGIC MATTERS

9.1 Ambulatory Care Initiative Phase 1: Strategy Development for Specialists Outpatient Services

The Board received the information provided.

The Board noted that the document provides a strong framework to enable the District to determine where outpatient services should be provided. The Board noted that the District would need to develop a strategy to manage demand and equity of access/services across the District and ensure appropriate management and training for administrative staff to support the services.

The Board noted that in the next steps noted on page 48 of the report, that 'discussions be held with the Ministry of Health with a view to amending the current commissioning framework to reflect the cost of outpatient services" needs to link into National Weighted Average Unit (NWAU) funding arrangements.

ITEM 10: MATTERS FOR APPROVAL

10.1 2016-17 Service Agreement

The Board received the information provided.

The Board noted that the funding agreement in the service agreement contains an ongoing funding shortfall due to factors outside of the control of the District, including:

- The recurrent funding shortfall from the Illawarra Elective Surgical Services Centre
- Unachievable Private Health Insurance Target.

The Board noted with concern the funding gap due to factors outside of the control of the District. The Board agreed to write to the Minister for Health, with a copy to the Secretary NSW Health, outlining the Board's concerns with the Service Agreement committing the District to meet funding targets while being subject to an ongoing funding gap and that a capital strategy for Activity Based Funding is needed to enable the future capital growth and expansion of health care services.

ACTION ITEM: Write to the Minister for Health, copy to the Secretary NSW Health, outlining the Board's concerns with the Service Agreement committee the District to meet funding targets subject to an ongoing funding gap.

The Board agreed in-principle to the 2016/17 Service Agreement between the Secretary NSW Health and Illawarra Shoalhaven Local Health District, noting the reservations as outlined in the letter to the Minister for Health.

RESOLUTION (2016/13): The Board agreed in-principle to the 2016/17 Service Agreement between the Secretary NSW Health and Illawarra Shoalhaven Local Health District, noting the reservations as outlined in the letter to the Minister for Health.

10.2 Medical and Dental Appointments Advisory Committee

The Board received the information provided.

The Board noted that the model is a significant improvement on the current committee structure and processes reflecting NSW Health policy on medical and dental appointments and is in line with the principles of the Leadership and Governance Framework. The Board approved the proposed structure for the Medical and Dental Appointments Advisory Committee.

RESOLUTION (2016/14): The Board approved the recruitment and selection process for senior medical staff is undertaken by specifically tailored sub-committees of Medical and Dental Appointments Advisory Committee, with governance by the full Medical and Dental Appointments Advisory Committee.

ITEM 11: CHIEF EXECUTIVE REPORT

The Board received the information provided.

The Chief Executive provided the following updates:

- The Nurses Union has raised concern with proposed Hub structure; most operational issues; hopeful of resolution
- Continuing to discussion Illawarra Health Information Platform (IHIP) funding arrangement with the Ministry of Health IHIP
- NSW Intensive Care Service Model, an Agency for Clinical Innovation (ACI) program to ensure that recommended standards are being met in the units is being undertaken at Shoalhaven.

The Chief Executive tabled a handout "Excellence: Every patient, every time" outlining that it will be used as a framework to refocus work into the District's priority focus areas of Keeping People Health, Zero Harm and Truly Integrated care.

The Board received the framework noting:

- Priorities need to be clear, which the framework does
- Accountability needs to be clear
- Need to be clear of other priorities and commitments outside of this fit in.

ITEM 12: GENERAL BUSINESS

12.1 Board Calendar

The Board received the information provided.

ITEM 13: BUSINESS WITHOUT NOTICE

There was no business without notice.

ITEM 14: IN CAMERA SESSION

There was no in camera session held.

ITEM 15: NEXT MEETING

Details for the next meeting of the Board are: Monday 1 August 2016 3.30pm-6.00pm Conference Rooms, District Executive Office, Warrawong

Board members are referred to the Confidential Minutes for minutes relating to the Confidential Agenda.

MEETING CLOSED AT 6.48PM.

CERTIFIED A CORRECT RECORD

Clinical Professor Denis King OAM 1 August 2016