
MINUTES

BOARD MEETING

Date: 2.00pm-6.00pm, Monday 3 July 2017

Venue: Conference Rooms, District Executive Office

ITEM 1: IN CAMERA SESSION

There was no in camera session.

ITEM 2: PRESENTATIONS

2.1 ISLHD Strategic Plan

Board members are referred to Agenda Item 11.1.

2.2 Research and Innovation Strategy

Mr Nick Northcott, Chrysalis Advisory, presented on the ISLHD Research and Innovation Strategy 2017-2020.

The Board Chair welcomed Mr Northcott to the meeting and advised the Board that this work has come through work that the Illawarra Health and Medical Research Institute (IHMRI) is undertaking on their strategic plan and is in line with the development of their strategy.

Mr Northcott presented on a proposed structure for a research strategy for the District that includes the District, IHMRI and other key activities currently within the region and the state: health analytics collective, clinical research collective, SPARK Illawarra Medical Device Accelerator, and Research Leadership Program, Project 'Make It Easy'.

2.3 Health Round Table Access

Mr Alexander Smeaton, Acting Director Redesign, Innovation and Business Strategy provided an overview on how Board members can access Health Round Table data on the District.

ITEM 3: WELCOME

Attendance of members

Professor Denis King OAM (Chair), Ms Jill Boehm OAM, Associate Professor Stephen Andersen OAM, Professor Kathy Eagar, Mr Roger Downs, Mr Paul Knight, Ms Marisa Mastroianni, Mr Geoff O'Donnell; Ms Carrie Schulman, Professor Gerard Sutton AO.

In Attendance

Ms Margot Mains, Chief Executive; Ms Jasmina Jonceski, Board Secretary.

Present for Agenda Item 2.1 and 11.1 were:

Ms Marg Martin, Executive Director Clinical Operations; Ms Caroline Langston, Executive Director Integrated Care, Mental Health, Planning, Information and Performance; Mr Brent Wiseman, Executive Director Finance and Corporate Services; Mr Gerrard Golding, Executive Director Strategic Improvement Programs; Ms Jessica DeAngelis, Director Corporate Strategy and Governance; Mr Gerard Duck, Manager Planning and Strategic Commissioning.

Apologies

Professor Bill Lovegrove AO, Dr William Pratt, Mr John Stubbs.

The Board Chair welcomed Ms Marg Martin, the new Executive Director Clinical Operations to the meeting. Ms Martin provided an overview of her experience.

The Board thanked Ms Suzanne Harris for acting in the role since March 2017 and acknowledged the considerable work to date to maintain the business.

ITEM 4: DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST

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

ITEM 5: BUSINESS FROM THE LAST MEETING

5.1 Confirmation of Minutes of meeting held 5 June 2017

The minutes were accepted as a true and accurate record.

5.2 List of Action Items

The Board noted progress/completion of actions.

5.3 Register of Board Resolutions

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

ITEM 6: BOARD CHAIR REPORT

The Board received the information provided.

The Board Chair advised the Board of the proposal he received from the Clinical Excellence Commission (CEC) after meeting with their Chief Executive following discussion at the April 2017 Board meeting on the Organisational Safety Improvement Matrix.

The Board noted that that members of the Health Care Quality Committee requested that the CEC work include information on assessment of key outcomes and their measurement. The Chief Executive advised that this request had been discussed with the CEC Chief Executive who accepted the addition and would provide a revised proposal.

ITEM 7: BOARD COMMITTEE REPORTS

7.1 Finance and Performance Committee

The Committee Chair advised that the Board that there was no meeting in June due to quorum; however, he met with the Executive Director Finance and Corporate Services and discussed the 2017/18 Service Level Agreement and noted that the funding does not include the funding for the Illawarra Elective Surgical Services Centre costs, funding for increased activity as experienced in 2016/18 and continued unrealistic private insurance revenue targets.

7.2 Health Care Quality Committee

The Board received the report and noted that there was no formal meeting in June due to inability to meet quorum. The Committee Chair advised that there was an informal meeting of available Committee members who received a presentation on the District's preparedness for accreditation. Board members were reminded that they have been invited to attend a sessions with the Australian Council of Healthcare Standard (ACHS) surveyors undertaking the accreditation survey from 1 August 2017; the Board requested that the invitation be recirculated to Board members and a copy of the Accreditation presentation be provided to the Board.

ACTION ITEM (28/17): Recirculate invitation to ACHS survey meeting with Board on 1 August 2017 and provide a copy of the presentation on Accreditation readiness received by the Health Care Quality Committee.

7.3 Planning Committee

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

The Committee Chair advised that the Board of highlights from the meeting earlier in the day:

-
- There was an additional \$1 million in the budget for the Shoalhaven Hospital car park
 - Discussion on planning matters in the Shoalhaven and how they are impacted by the proposed Shellharbour Hospital Redevelopment and the subsequent District-wide reviews of clinical services
 - Presentation on the National Disability Insurance Scheme (NDIS) and the challenges that it presents for the District, including a reduction in block funding; a range of decisions may need to be made on the role the District is to have within the NDIS
 - No announcement on the funding model for Shellharbour Hospital Redevelopment, however, services planning continues for the project.

7.4 Aboriginal Health Committee

There was no update as there had not been a meeting scheduled during the period.

7.5 Audit and Risk Management Committee

Ms Mastroianni, a Board representative on the Committee provided an update on the last Audit and Risk Management Committee meeting, noting the following highlights:

- The results from the 2016 People Matter Employee Survey were presented
- Three internal audit reports were reported: Infection Control; Inventory
- Procurement, Storage and Management (incorporating Clinical Product Procurement); and Medical Records Management
- The Infection Control Audit findings for legionnaire disease control and environmental cleaning were referred to the Board Health Care Quality Committee
- Approved 2017/18 Internal Audit Plan for
- Revised the Audit and Risk Management Charter, which would proceed to the Board for approval.

The Board noted that it had not received the 2016 People Matter Employee Survey results and asked that they be provided to the next meeting.

ACTION ITEM (29/17): Provide 2016 People Matter Employee Survey results to the Board.

ITEM 8: WORK HEALTH AND SAFETY

8.1 Safety Share

The Board received the information provided.

8.2 Work Health and Safety Report

The Board received the information provided.

ITEM 9: QUALITY AND SAFETY

9.1 Patient Safety, Quality and Risk Report

The Board received the information provided.

The Board noted the increase in patients discharging against medical advice, however, noted that there might be sampling issues due to sample size; it was noted that ongoing work is being undertaken to confirm whether there is an operational issue and that updates will be provided to the Health Care Quality Committee.

ITEM 10: STRATEGIC MATTERS

There were no agenda items.

ITEM 11: MATTERS FOR APPROVAL

11.1 Strategic Directions for the Illawarra Shoalhaven Local Health District 2017-2020

The Board received the information provided.

The Board discussed the draft Strategic Directions; key points were:

- **Agreed** need to ensure alignment with the *NSW State Health Plan: Towards 2021* and the NSW Health Strategic Priorities FY2017-18 included in the 2017/18 Service Agreement and include the eight strategic priorities in the District Strategic Plan under 'Our Strategic Context, State Framework'
- **Endorsed** the Vision to: Excellent services, quality partnerships, healthy communities
- **Amended** the Purpose to: To provide best practice healthcare and programs that promote the health and well-being of the people in the Illawarra Shoalhaven
- Discussed whether the Strategy on a Page should include a summary of measures of success for each strategic priority or whether it should keep the summary of what the four strategies mean in practice and add 'what this means in practice' as a navigation label; it was agreed that matter would be revisited following completion of the outcomes and initiatives for Board consideration on whether appropriate measures can be defined
- Discussed whether the enablers need to include outcomes and initiatives; **agreed** that the enablers would not include outcomes and initiatives and only include a summary of what the enabler means
- Discussed outcomes for each strategy; need to ensure that outcomes are factors that the District can influence; Board **agreed to maximum of five outcomes per strategy**:
 - Strategy 1
 - Wording to be reviewed and Closing the Gap moved from initiative to an outcome with revised wording
 - Change "Improved patient experience measures" to "Care decisions guided by evidence"
 - **Board endorsed** the amended outcomes for Strategy 1, pending finalisation of Closing the Gap outcome
 - Strategy 2
 - Outcomes to be reviewed for finalisation by Chair Finance and Performance Committee
 - Strategy 3
 - Amend second outcome to incorporate innovation and education; to read "Increased number of research and education projects and translation of research and evidence into innovation in healthcare practices"
 - Amend fourth outcome to focus on culture that encourages innovation and agility
 - Strategy 4
 - Outcomes to be reviewed for finalisation by Chair Finance and Performance Committee
- **Agreed** that the Executive propose initiatives to achieve each the outcomes for each strategy
- **Agreed** that the respective Board committees will have ownership of monitoring implementation of the strategies; alignment of strategies and outcomes will be undertaken and presented to the Board for approval
 - In the interim, Finance and Performance Committee will finalise Strategy 2 and 4, Health Care Quality Committee will finalise Strategy 1 and 3, and the Closing the Gap Aboriginal health outcome to be finalised by the Aboriginal Health Committee
- **Agreed** that once the revisions to the draft strategy are received the document will be circulated out of session for consideration by the Board
- **Agreed** Communications Plan would be discussed at the next Board meeting.

ACTION ITEM (30/17): Update the draft Strategic Plan as per the minutes; action list to be circulated separately.

11.2 2017/18 Service Agreement

The Board received the information provided.

The Board discussed the new reports required through the Service Agreement, including the Quality Accounts Report and that it would be a public document.

The Board discussed caveats that the District has in relation to meeting the conditions within the 2017/18 Service Agreement, particularly District activity projections not adequately forecast and funded and unrealistic private health insurance revenue targets. The Board agreed to include a caveat with the signed Service Agreement concerning these matters.

The Board approved the 2017/18 Service Agreement with caveats on the District's ability to meet private health insurance revenue targets and that the District expects to exceed activity projections, both of which will have a unfavourable impact on the District's ability to meet budget compliance.

ACTION ITEM (31/17): Write to Secretary NSW Health outlining caveats on the 2017/18 Service Agreement as outlined in the minutes.

RESOLUTION (2017/12): The Board approved the 2017/18 Service Agreement with caveats on the District's ability to meet private health insurance revenue targets and that the District expects to exceed activity projections, both of which will have a unfavourable impact on the District's ability to meet budget compliance.

ITEM 12: CHIEF EXECUTIVE REPORT

The Board received the information provided.

In addition to the written report, the Chief Executive advised the Board:

- Concerns have been raised concerning Milton Ulladulla Hospital Palliative Care unit beds following recent concerns raised that they should be additional to the bed base of the hospital
- The 2017 People Matter Employee Survey is currently underway and the District currently has a response rate over 36 per cent, well above the 20 per cent response rate from the 2017 Survey. The Board Chair noted that the recent survey from the Australian Salaried Medical Officers Federation (ASMOF) indicated that the District engaged well with medical staff.

ITEM 13: GENERAL BUSINESS

13.1 AHHA Deeble Institute Think Tank: Hospital Avoidance and Prevention Conference

The Board received the information provided.

Dr Andersen advised that he and Ms Schulman attended a conference in Melbourne in May with the key take home message being on the importance of potentially preventable hospitalisations.

The Board noted that the Centre for Health Research Illawarra Shoalhaven Population is undertaking work relating to admissions and hospital avoidance with the aim to use it in a translational way with clinicians.

13.2 Board Calendar

The Board received the information provided.

The Board secretary advised Board members of the upcoming Research Dinner on 27 July 2017 and that the Research Office has advised that they are welcome to bring their partners.

The Board discussed the rotation of meetings at District sites and requested a proposal be developed for how the Board could undertake meaningful engagement and activities at the key District sites and facilities to align with Board meeting locations.

ACTION ITEM (32/17): Develop proposal for Board engagement activities at District sites.

ITEM 13: BUSINESS WITHOUT NOTICE

13.1 Board Committee Membership Review

The Board Chair advised Board members that he is continuing to finalised the reviewed membership of committees, noting that some Board members are currently on leave and expects that it would be completed for August 2017.

The Board Chair advised that Ms Boehm would like to cease her membership on the Board Audit and Risk Management Committee and recommended that Mr Paul Knight be appointed as the Board-appointed member effective 1 July 2017 to 31 December 2018. The Board approved proposal.

RESOLUTION (2017/xx): The Board approved the appointment of Mr Paul Knight to the Audit and Risk Management Committee commencing 1 July 2017 to 31 December 2018, filling the Board vacancy on the Committee.

ITEM 14: NEXT MEETING

Details for the next meeting of the Board are:

Monday 7 August 2017

2.00pm-6.00pm

District Executive Office, Warrawong

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

MEETING CLOSED AT 6.25PM.

CERTIFIED A CORRECT RECORD

**Professor Denis King OAM
7 August 2017**