

---

# MINUTES

## BOARD MEETING

**Date:** 2.00pm-6.00pm, Monday 7 August 2017

**Venue:** Conference Rooms, District Executive Office

---

**ITEM 1: IN CAMERA SESSION**

*The Board held an in camera session at the end of its meeting.  
There were no minutes recorded.*

**ITEM 2: PRESENTATIONS**

**2.1 CHRISP: Unplanned Readmissions and Frequent Attenders in Emergency Department**

Professor Judy Mullan, Director, and Dr Luise Lago, Senior Statistician, from the Centre for Health Research Illawarra Shoalhaven Population (CHRISP), presented on CHRISP research findings using Illawarra Health Information Platform (IHIP) data on frequent attenders in the District's Emergency Departments and Unplanned Readmissions. The presenters tabled documents that provided an updated analysis of the findings from the CHRISP team.

The Board noted that CHRISP was seeking to have the research findings submitted to peer-reviewed conferences and that this would be supported by the unique and rich IHIP dataset the research is based on.

**2.2 Emergency Department Quality Pathology Ordering Project**

Mr David Jeffrey, Co-Director Medicine Division, and Ms Natalie De Wit, Manager Information Management Unit, presented on the Emergency Department Quality Pathology Ordering Project (QPOP).

The presenters provided an overview of the intent of the project to reduce the number of unnecessary pathology tests undertaken in the District to minimise distress to patients; noted the key barriers faced by the project team and the four key components of QPOP:

- Urine collection and ordering
- Test set ordering
- Interval testing
- Going for Green

The presenters noted that key to the success of QPOP was regular static reporting to respective clinical managers that triggered them to review the information, with further analysis available via a live dashboard.

In response to a question on benchmarks and best practice targets to measure the District's performance against, the Board was advised that the QPOP team is looking at benchmarking as a future step, including analysis of testing for disease related group (DRG), however, the initial focus has been on getting managers familiar with the reporting tool and reviewing the information. The Board queried whether it was known how many people who receive the push-report are reviewing it and suggested that this be reviewed and those not engaging be focused on for future improvement.

In response to a question on staff support for QPOP, the Board noted that face-to-face engagement was critical to the success and rollout of the project and has been one of the key lessons learned for future projects.

The Board noted that the QPOP project was a good example of an evidence based approach to business development and review.

---

**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, Professor Bill Lovegrove AO, Ms Marisa Mastroianni, Mr Geoff O'Donnell; Dr William Pratt, Ms Carrie Schulman, Mr John Stubbs.

**In Attendance**

Ms Caroline Langston, Acting Chief Executive; Ms Jasmina Jonceski, Board Secretary.

Present for Agenda Item 8 and 13.1 were:

Mr Gerrard Golding, Executive Director Strategic Improvement Programs.

**Apologies**

Professor Gerard Sutton; Ms Margot Mains, Chief Executive.

**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 3 July 2017**

The Board noted the amendment to 13.1, that Jill Boehm asked to cease membership of the Audit and Risk Management Committee from 30 June 2017 and that Paul Knight would commence on the Committee from 1 July 2017.

The amended 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.

**5.4 Action 8/17: Board Member Liability**

The Board received the information provided.

The Board noted the TMF Statement of Cover specifies areas where Board Members are not covered by Legal Liability Cover, such as in Section 4.3 (iii), for liability, damages, costs or expenses arising from pollution or contamination to persons, property emanating from the District's operations. However, the Board did not that under its establishing legislation, the *Health Services Act 1997*, Board Members are not personally liable for business conducted in good faith. Notwithstanding, the Board sought further clarification on Board Member liability, particularly areas where the TMF cover is exempt, and any potential liabilities through the *Work Health and Safety Act 2011*.

**ACTION ITEM (34/17):** Seek clarification through MoH Legal Branch on Board Member liability.

**ITEM 6: BOARD CHAIR REPORT**

The Board received the information provided.

*The Board discussed agenda items 6, 11.1 and 11.2 together. Refer to section 11.1 in the minutes.*

---

**ITEM 7: BOARD COMMITTEE REPORTS****7.1 Finance and Performance Committee**

The Board received the verbal report from the Committee Chair, who advised of the following highlights from the last meeting:

- There had been no quorum for the past May and June meetings, but the Committee met in July
- Work, health and safety (WHS) performance results for the 2016-17 financial year were generally positive; the Lost Time Injury ratio results and claims were favourable against target and that the Committee asked that some of WHS safety results be included in the Chief Executive's newsletter to advise staff of the positive performance
- The Aboriginal Employment Plan was launched and the District is currently performing below the target
- Five LHDs needed a cash surplus by the end of the year, including ISLHD; however, it was noted that many did not meet their activity targets, where ISLHD exceeded activity levels
- Implementation of the ICT Strategy appears to be on track.

The Board noted that District's 2016/17 yearend financial result was primarily driven by performance of additional activity and that the complexity of acuity experienced by the District has increased at a higher rate than other LHDs.

**7.2 Health Care Quality Committee**

The Board received the verbal report from the Committee Chair, who advised of the following highlights from the last meeting:

- Received a on the development of an Emergency Department interface with General Practice; further information to be provided
- Discussed complaints and complaints handling within the District with regular reporting to the Committee to be established
- Professional practice report noted a number of staff reported to the Australian Health Practitioner Regulation Agency (AHPRA)
- Received an update on Access and Flow and Emergency Treatment Performance
- Received an update on the Clinical Excellence Commission (CEC) Organisational Safety Improvement Matrix (OSIM) project; the forward work which includes the amalgamation of the Board committee with the management Clinical Governance Council, which the Committee is keen to progress
- Received the Internal Audit Report on Infection Control, which highlighted key risk areas.

**7.3 Planning Committee**

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

The Committee Chair advised the Board that at its meeting earlier in the day, the Committee considered the draft clinical services plans, with further work requested before they are recommended to the Board and that the Committee held an in camera session.

In response to a question from the Board on the presentation on the National Disability Insurance Scheme the Committee received at its July 2017 meeting, the Board noted that some information was provided to the Board in June 2017, however, the matter was not discussed due to time constraints and was referred to the Planning Committee. The Board requested that the presentation to the Planning be circulated to the Board.

**ACTION ITEM (35/17):** Circulate a copy of presentation on the NDIS received by the Planning Committee in July 2017 to the Board.

---

#### **7.4 Aboriginal Health Committee**

The Board received the report and draft minutes from the last Aboriginal Health Committee meeting.

The Committee Chair advised the Board that in addition to the information in the report, the Committee asked that the Translational Research Grants expression of interest on the cardiac care project highlight the importance of the research including the use of the Centre of Health Research Illawarra Shoalhaven and access to the unique dataset.

The Board discussed the inclusion of an acknowledgement to country in the Board meeting agenda and agreed to start each Board meeting with the acknowledgement, and that each Committee would consider its inclusion.

**RESOLUTION (2017/13):** The Board agreed to include an Acknowledgement of Country to the start of each Board meeting.

#### **7.5 Audit and Risk Management Committee**

The Board received the draft minutes from the last Audit and Risk Management Committee meeting. Mr Knight advised that the Board that the key purpose of the special meeting was to consider the unaudited annual financial statements, which were approved by the Committee.

Ms Mastroianni advised that in addition to the Audit and Risk Management Committee's referral of the Internal Audit Report on Infection Control, the Committee also requested that the Internal Audit Report on Medical Records be referred to the Health Care Quality Committee.

**ACTION ITEM (36/17):** Internal Audit Report on Medical Records be referred to the Health Care Quality Committee.

The Board discussed the number of management-agreed actions current for implementation across the District that Internal Audit, and discussed the management review process when recommendations arise and whether management is discerning of the requirement to meet agreed actions and whether they consider dissenting to recommendation.

### **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.

The Executive Director Strategy Improvement Programs provided an overview of the key points from the report: District's improvement in workers compensation claims was the best in the state and noted that while ISLHD comes from a low base, it is a significant improvement; ISLHD's return to work results for the District were also the best in the Southern NSW Health portfolio.

The Board noted that there had been an improvement in work health and safety results which was a positive outcome and suggested encouraging competitive behaviour between business areas, such as the Hubs and Services to motivate further improvements.

### **ITEM 9: QUALITY AND SAFETY**

#### **9.1 Patient Safety, Quality and Risk Report**

The Board received the information provided.

### **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 discussed Agenda Items 6, 11.1 and 11.2 together. The minutes for the discussion are included here.*

The Board received the information provided. Key points discussed at the meeting included:

*Strategic Plan*

- Confirmed the role of the Board to agree the outcomes in the strategic plan and that management sets the initiatives to be undertaken to achieve the outcomes
- The initiatives outlined in the draft Strategic Directions document are not exhaustive and only examples of the actions that management will undertake to achieve the outcomes
- There may be instances where the Board needs to agree to an initiative due to resource requirements and or Board-leadership of the initiative
- The Board needs to be confident that the Chief Executive and executive team can deliver the outcomes
- Need to understand how the strategic plan priorities and outcomes will cascade into the organisation, from the Board to Executive, senior managers, front line, down to individual staff, to influence change; that is, how do staff understand the new strategic plan and what it means for them and what are the influence factors
  - An article to be circulated on 'influence factors'
  - Board to receive presentation on how the plan will be cascaded throughout the organisation
- Need for clarity on the Board's governance role to oversee implementation of the plan, including culture change to achieve the plan
- The Board agreed in-principle to the outcomes included in the paper, pending final review by the Board Chair to minimise duplication where necessary
- The Board agreed to remove the narrative descriptor for each priority in the strategic plan document and replace it with a 'what does success look like statement'
  - Board agreed that Ms Mastroianni would develop the 'what does success look like' for each priority for approval at the September 2017 Board meeting.

**ACTION ITEM (37/17):** Presentation on how the organisation will cascade the strategic plan throughout the organisation, taking into account change management/culture and how the work of Studer Group fits.

**ACTION ITEM (38/17):** Develop 'what does success look like' statements for each priority for approval at the September 2017 Board meeting.

*Strategy mapping to committees*

- Agreed that the committees should have oversight of outcomes and not initiatives, and the column in the proposed should be removed
- Noted the Audit and Risk Management Committee was not included in the proposed alignment and discussed what role it should have in overseeing delivery of the strategic plan
- The Board did not approve the proposed alignment of the strategic plan to Board committees.

*Chief Executive Performance Review*

- Agreed that the Chief Executive's performance agreement would be based on the District's operational plan which would be constituted through the Strategic Plan and annual service agreement deliverables
- The Chief Executive's Performance review would be undertaken through the establishment of a Chief Executive Performance Review Committee, chaired by the Board Chair with membership consisting of the Committee Chairs (excluding Audit and

---

Risk Management Committee) to review the Chief Executive's performance against the Ministry of Health template, and the Committee to make a recommendation for consideration by the Board.

- In 2017, Committee will be established in September and recommendation to the Board in October
- Future years, Committee established for review in August, recommendation to Board in September
- The Board discussed use of 360-reviews as part of the Chief Executive's performance review, however, it was agreed not to proceed with this at this time

**ACTION ITEM (39/17):** Establish the Chief Executive Performance Review Committee to meet in September 2017.

### **11.2 Proposed Board Committee Alignment to the Strategic Plan**

The Board received the information provided.

*The Board discussed agenda items 6, 11.1 and 11.2 together. Refer to section 11.1 in the minutes.*

### **11.3 Board Committee Membership**

The Board received the information provided.

The Board approved the appointment of Board Members to committees, with one amendment due to an error in the paper; Mr Knight would not be continuing on the Planning Committee.

**RESOLUTION (2017/14):** The Board approved the appointment to the Finance and Performance Committee:

- Geoff O'Donnell as Committee Chair, continues to 31 December 2017
- Stephen Andersen as Committee Member, continues to 31 December 2018
- Paul Knight as Committee Member, continues to 31 December 2018
- Denis King as Committee Member, from 1 August 2017 to 31 December 2018.

**RESOLUTION (2017/15):** The Board approved the appointment to the Health Care Quality Committee:

- Jill Boehm as Committee Chair, continues to 30 June 2019
- Bill Pratt as Committee Member, continues to 30 June 2019
- Carrie Schulman as Committee Member, continues to 31 December 2018
- John Stubbs as Committee Member, continues to 30 June 2019.

**RESOLUTION (2017/16):** The Board approved the appointment to the Planning Committee:

- Roger Downs as Committee Chair, continues to 31 December 2018
- Kathy Eagar as Committee Member, continues to 31 December 2018
- Paul Knight as Committee Member, continues to 31 December 2018
- Bill Pratt as Committee Member, from 1 August 2017 to 30 June 2019

- 
- Carrie Schulman as Committee Member, continues to 31 December 2018.

**RESOLUTION (2017/17):** The Board approved the appointment to the Aboriginal Health Committee:

- Denis King as Committee Chair, continues to 31 December 2018
- Paul Knight as Committee Member, continues to 31 December 2018
- Gerard Sutton as Committee Member, continues to 30 June 2019.

**RESOLUTION (2017/18):** The Board approved the appointment to the Audit and Risk Management Committee:

- Marisa Mastroianni as Committee Member, continues to 21 November 2019
- Paul Knight as Committee Member, continues to 31 December 2018
- John Stubbs as Independent Committee Member, commencing 1 October 2017 to 30 September 2021.

**RESOLUTION (2017/19):** The Board approved the continued appointment of Jill Boehm as Co-Chair to the Medical and Dental Appointments Advisory Committee as to 30 June 2019.

**RESOLUTION (2017/20):** The Board approved the establishment of a CE Performance Review Committee consisting of the following members:

- Board Chair (Committee Chair)
- Chair Finance and Performance committee
- Chair Health Care Quality Committee
- Chair Planning Committee.

#### **11.4 2016/17 Corporate Governance Attestation Statement**

The Board received the information provided and approved the draft Corporate Governance Attestation Statement for the year ended 30 June 2017 for signing by the Chief Executive and the Chair of the Board.

**RESOLUTION (2017/21):** The Board approved the 2016/17 Corporate Governance Attestation Statement for signing by the Chief Executive and the Chair of the Board.

#### **11.5 Proposed Changes to Model By-Laws**

The Board received the information provided.

The Board noted the new Model By-Laws proposed by the Ministry of Health and discussed:

- The new independence requirement for Audit and Risk Committees, noting that further clarity is needed on the independence test as outlined in the Treasury Policy particularly to determine whether Board members who are university employees are independent; agreed to seek advice from the Ministry of Health's Legal Branch
- Agreed that as many Board members who can should seek to become pre-qualified under the *Prequalification Scheme: Audit and Risk Committee Independent Chairs and Members*



- 
- Noted the new requirement for executive membership on each Board committee; the Board did not support this as it is inconsistent with best practice
  - Noted the new requirement for the Board to appoint the chair of the District clinical council, and that the Board is looking to amalgamate the Board Health Care Quality Committee with the Clinical Governance Council, which is the clinical council equivalent.

**ACTION ITEM (40/17):** Seek Advice on from MoH Legal Branch on the independence test for ARMC membership.

**ACTION ITEM (41/17):** All Board members eligible to become prequalified for ARMC.

**RESOLUTION (2017/22):** The Board endorsed the proposed response to the Ministry of Health on the draft new Model By-Laws.

**ITEM 12: CHIEF EXECUTIVE REPORT**

The Board received the information provided.

**ITEM 13: GENERAL BUSINESS**

**13.1 2016 People Matter Employee Survey**

The Board received the information provided.

The Executive Director Strategic Improvement Programs provided an overview of the key findings from the 2016 People Matter Employee Survey results, noting the District scored 58% for Engagement Index.

The Board discussed the result and the need for better additional information to the Board, including comparative results of ISLHD against other LHDs and the NSW Health average.

The Board noted that the 2017 survey has been completed and the results are due in the coming months and requested that the information provided to the Board include trend performance against the 2016 results and comparisons against NSW Health and other LHDs. The Executive Director Strategic Improvement Programs advised that this information is expected to be available for the December Board meeting. The Board noted that general experience is that providing results of such surveys to staff as soon as they are received shows greater ability to influence change and responsiveness.

The Board noted that the People Matter Survey is conducted by the NSW Public Service Commission and advised management to provide feedback on the useability of the tool and information coming from the survey to improve culture within the District.

**ACTION ITEM (42/17):** Provide 2017 PMES results to Board once received from the PSC, including trend against 2016 results and comparative performance to other LHDs and NSW Health.

**13.2 Board Calendar**

The Board received the information provided.

**ITEM 14: BUSINESS WITHOUT NOTICE**

**14.1 Accreditation Survey – Mental Health Services**

The Acting Chief Executive provided an update on the Australian Council on Healthcare Services accreditation survey of Mental Health Services against the 10 National Safety and Quality Health Service Standards that took place from 1-4 August 2017. The Board noted:

- The District and Mental Health Services have undertaken significant work in preparation
- The outcome has generally been positive and a general view that the District has sound processes and systems in place; key concerns raised by the surveyors about four out of



---

date policies, fire and safety face-to-face training, Personal Effectiveness and Development Plans (PEDs) completion access to medicine

- Regular theme arising from the surveys was that staff attitudes have changed and improved over the past two years and resulted in improved consumer experience and engagement.

The Board noted and discussed that while accreditation looks at the underlying systems and processes within an organisation, it is not an indicator of sound management as it cannot measure overarching leadership and management within the organisation as recent examples in health services have demonstrated across the country.

**ITEM 15: NEXT MEETING**

**Details for the next meeting of the Board are:**

Monday 11 September 2017

2.00pm-6.00pm

Shoalhaven Cancer Care Centre

---

***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**

**11 September 2017**