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# MINUTES

## BOARD MEETING

Date: 2.00pm-6.00pm, Monday 11 September 2017

Venue: Meeting Room, Shoalhaven Cancer Care Centre

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**ITEM 1: ACKNOWLEDGEMENT OF COUNTRY**

The Board Chair acknowledged the traditional owners of the land on which the Board met and paid respects to Elders past, present and future.

**ITEM 2: IN CAMERA SESSION**

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

**ITEM 3: PRESENTATIONS**

**3.1 Health Education and Training Institute structure and programs of work**

The Board Chair welcomed Adjunct Professor Annette Solman, Chief Executive, Health Education and Training Institute (HETI) to the meeting.

Key points from Professor Solman's presentation:

- HETI's vision for partnership with ISLHD includes: providing education and training to meet ISLHD needs, increased understanding of ISLHD needs by HETI, consistent cross-program dialogue with ISLHD, health system-wide training that is responsive, innovative and best practice
- HETI is moving to become an Registered Training Organisation provide certificated and diplomas so that the staff can transfer their skills in other sectors and not just within local health districts
- HETI has undergone a significant change process, including new talent to ensure HETI can become a high performing organisation
- ISLHD is highly engaged in HETI's work, for example, Between The Flags training, train the trainer training courses
- HETI establishing enhanced training programs on reconfiguring the capital footprint to match needs in financial management essentials, such as business case development, management and understanding; will partner with Chartered Practising Accountants (CPA) to configure appropriate training on financial skills
- Workforce development training: ISLHD focus on talent and management skills, executive development, and workplace culture training.

The Board discussed opportunities for HETI to be engaged in professional board and board member development and opportunities for Board members to be invited to attend forums with LHD staff where appropriate, noting that while the Ministry of Health undertakes Board member induction training, little else is offered to develop board capability and training.

In response to a question from the Board concerning feedback and evaluation of HETI courses, Ms Solman advised that HETI reviews its courses regularly and has restructured to include staff who specifically undertake deeper review of courses, including feedback and value of the courses offered.

In response to a question on violence prevention and management program training, Ms Solman advised that classroom training has been found to not be effective in this area and that HETI develops a 'train the trainer' program so that local staff are trained who assist in developing a safe culture to ensure risks can be managed. She advised that the program requires significant time and staff to train together in teams to ensure success of the training. The Chief Executive noted that there was significant debate on how the training should be rolled out and delivered within ISLHD as the training is resource intensive.

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The Board noted the target completion rate for some mandatory training, such as Respecting the Difference training, which includes a face-to-face component and the difficulty in achieving targets with staff turnover rates, trainer availability and that this presents an issue for accreditation requirements; it was agreed that this should be raised with the Commissioner for Quality and Safety in Healthcare.

**ITEM 4: WELCOME**

**Attendance of members**

Professor Denis King OAM (Chair), Ms Jill Boehm OAM, Associate Professor Stephen Andersen OAM, Mr Roger Downs, Mr Paul Knight, Professor Bill Lovegrove AO, Mr Geoff O'Donnell; Dr William Pratt, Ms Carrie Schulman, Mr John Stubbs; Professor Gerard Sutton.

**In Attendance**

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

**Apologies**

Professor Kathy Eagar, Ms Marisa Mastroianni.

**ITEM 5: DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST**

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

**ITEM 6: BUSINESS FROM THE LAST MEETING**

**6.1 Confirmation of Minutes of meeting held 7 August 2017**

The Board noted possible confusion with the use of 'measures of success' and agreed to change wording from 'measures of success', to 'what does success look like' for each strategic priority in the draft minutes. The amended minutes were accepted as a true and accurate record.

**6.2 List of Action Items**

The Board noted progress/completion of actions.

The Board noted that Action Item 51 has remained unresolved for a while and asked whether a response had been received from the Ministry of Health. The Chief Executive advised that the Ministry of Health has not responded and that when she raised with them she was informally advised that ISLHD is more progressed than other LHDs and that the District is encouraged to continue what it is doing. The Chief Executive advised that the Ministry of Health is developing a Board Capability Framework that may also address this matter.

In response to a question on the December 2017 timeframe for responding to Action Item 32/17, the Board noted that it relates to the current scheduling of Board business. The Board discussed the need to ensure better engagement with staff, such as walkarounds by Board members, and the need to be clear of the Board's expectations when engaging with staff. The Board also noted the need to include options for Board consumer engagement in any proposal being developed. The Board agreed to consider targeted questions out of session to assist in the development of a proposal to guide Board engagement with staff and consumers.

**ACTION ITEM (44/17):** Circulate questions to assist in the development of a proposal for Board staff and consumer engagement to be out of session.

**6.3 Register of Board Resolutions**

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

**ITEM 7: BOARD CHAIR REPORT**

The Board received the information provided.

The Board discussed the proposed dashboard from the Bureau of Health Information (BHI) and that it has also been referred to the Health Care Quality Committee for consideration where it

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would be discussed in further detail at its September meeting, with feedback to assist the Deputy Board Chair who would be representing the Board at the next meeting of the Council of Board Chairs on 3 October 2017. Board Members were asked to provide any feedback they had to the Board Secretary; and that the Health Care Quality Committee's feedback would be circulated to the full Board.

**ACTION ITEM (45/17):** Circulate Health Care Quality Committee feedback on the draft BHI dashboard to the Board.

**ITEM 8: BOARD COMMITTEE REPORTS**

**8.1 Finance and Performance Committee**

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

- Visited Milton Ulladulla Hospital and conducted Staff Safety Observations at the site
- Work health and safety reporting concerns on delays noted for completion and closing of safety incidents
- High activity and negative variance to budget, unfavourable staff leave are primarily linked to influenza activity spike
- Excessive Annual Leave continues at a similar level monthly with limited improvement which is of concern
- Non-clinical staff injuries remains significantly higher proportional to other staff groups.

The Committee Chair advised that he and the Director of Finance and Corporate Services attended the Directors of Finance Forum on 7 September 2017; new session included a meeting with Committee Chairs and the Ministry of Health Director of Finance where he advised Board should focus on expenses budgets rather than on the Net Cost of Services. Ministry needs assurance that cost is in line with national reporting.

**8.2 Health Care Quality Committee**

The Board received the report from the August 2017 meeting and draft minutes from July meeting of the Health Care Quality Committee meeting.

The Committee Chair advised the Board of the highlights from the last meeting:

- Committee received an update on the accreditation surveys underway, with the ISLHD Hospitals survey commencing on 11 September
- Noted that the Mental Health Services is showing improved performance against key indicators, which appears to be a sign of new leadership and new focus and attitude
- Access and Flow and impact on Emergency Departments and impact of the influenza season, which is also impacting on elective surgery with non-urgent surgery postponed
- Received an update on complaint handling processes and performance
- Committee agreed to commence site visits, with the first scheduled at Shoalhaven Hospital.

The Board noted anecdotal feedback from staff during personal visits to Wollongong Hospital Emergency Department staff are generally positive and note the relative improvement in culture over the past two years.

**8.3 Planning Committee**

The Board received the draft minutes from the last meeting and the verbal report from the Committee Chair, who advised that there is no further general information to that provided at the last meeting. He did, however, advise that the Committee needs to ensure necessary time to develop appropriate clinical services plans.

The Board discussed the Paxon Group financial modelling tool that was discussed at the August 2017 Planning Committee meeting and whether it would be available for management to use

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for financial modelling within the District, including ensuring staff are appropriately trained to understand the assumptions and parameters of the tool so that it can continue to be used for future planning processes. The Board requested an update be provided to the next Planning Committee on the usability of the Paxon financial modelling tool, and where the internal capability for the tool would be within the District.

**ACTION ITEM (46/17):** Update to be provided at the next Planning Committee meeting on the Paxon financial modelling tool.

#### **8.4 Aboriginal Health Committee**

*There was no meeting since the last Board meeting; no updates to report.*

#### **8.5 Audit and Risk Management Committee**

*There were no members of the Committee present to provide an update.*

### **ITEM 9: WORK HEALTH AND SAFETY**

#### **9.1 Safety Share**

The Board received the information provided.

#### **9.2 Work Health and Safety Report**

The Board received the information provided.

### **ITEM 10: QUALITY AND SAFETY**

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

The Board received the information provided.

### **ITEM 11: STRATEGIC MATTERS**

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

The Board received the information provided, including a presentation from the Chief Executive.

The Chief Executive's presentation focus on:

- Evolution of the strategic plan, from the Statement of Strategic Intent to the new Strategic Directions Plan
- Development cycle of the strategic plan:
  - Establishment of key measures and indicators, including three-year and one-year measures
  - Monitoring of implementation through dashboard reporting against measures and presentations/deep dives into strategic priorities and independent verification of initiatives being undertaken to achieve priorities
  - Annual review of the plan priorities and measures each year
- Embedding culture to support the plan:
  - Storytelling and ambassadors
  - Need to recognise District's change management maturity
  - Training needs for managers, including leadership development and resilience
- Implementation of the plan through:
  - Annual operational plan or business plan
  - Individual performance plans (PEDs)
  - Chief Executive accountability to the Board through the Chief Executive's performance agreement
  - Individual 90-day plans and monthly accountability meetings, currently supported by Studer Group for Hubs and Mental Health
- Investment needed to deliver the plan in reporting capability and accountability
- Dependencies for success of the plan include: health care services plan, quality and safety, community engagement and partnership development.

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The Board noted the development of the measures for the plan will be development by the Chief Executive, in consultation the Core and Strategic Executive, and discussed with the Finance and Performance and Health Care Quality Committees before presentation to the Board for approval.

The Board noted the terminology for the measures as Tier 1 and Tier 2 measures and requested that they be changed to Level 1 and Level 2.

The Board discussed the inclusion of the strategic plan measures, and proposed use of the Ministry of Health template and whether the District could use its own template for a greater focus on the strategic plan. The Board agreed the Chief Executive Performance Review Committee, previously agreed to be established, would consider which template to use and requested relevant templates be provided to the Committee.

**ACTION ITEM (47/17):** Circulate MoH Policy on Executive Performance Management, and relevant templates, and copy of ISLHD PED template.

The Board noted the importance of good reporting capability with the District to support the implementation of the plan; noted the example of the ABF Portal that has good capability but does not support good clinician interface and discourages use by clinicians.

The Board discussed the possible need to review of the District's Health Care Services Plan and that any review of the District's Health Care Services Plan would need to commence after a decision on the delivery model for Shellharbour Hospital Redevelopment is decided by the Government. The Board noted any review would need to consider District-wide services planning, greater emphasis on community care than the focus on hospitals, and community input into the review.

The Board noted the final version of the *Strategic Directions for Illawarra Shoalhaven Local Health District - 2017 – 2020* and requested that the language used be refocused to be on serving our communities and engaging with consumers; once amended the Strategic Plan was approved by the Board.

The Board requested advice on how the Board should launch the Strategic plan.

**ACTION ITEM (48/17):** Provide proposal for the launch of the Strategic Plan and the Board's involvement.

**RESOLUTION (2017/23):** The Board approved the draft document *Strategic Directions for Illawarra Shoalhaven Local Health District - 2017 – 2020*, pending amendment to the forewords as outlined in the minutes of the meeting.

**ITEM 12: MATTERS FOR APPROVAL**

*There were no matters for consideration under this standing agenda item.*

**ITEM 13: CHIEF EXECUTIVE REPORT**

The Board received the information provided.

The Chief Executive advised:

- Significant concerns with level of activity levels though influenza and other factors, and subsequent pressure such as intensity of patients and complexity and accreditation survey timing adding to pressure
- Efficiency and productivity plans; meeting with General Managers with respective second tier manager to provide assurance on three priorities; include intervention meetings on Emergency Treatment Performance, elective surgery and financials

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- Staff feedback on mental health is that bullying is declining
  - Work health and safety notifiable incident at Nowra Dental Clinic with air conditioner falling out of the ceiling; appropriate reporting engaged; reviewing building works
  - Accreditation survey for ISLHD Hospitals commenced 11 September 2017, surveyors advised District should be prepared for some AC90 recommendations due to strict criteria
  - People Matter Employee Survey (PMES) results show positive improvement for ISLHD; further analysis to be provided for October 2017 Board meeting
  - Launch of new REACH materials and Kyran Day memorial at Shoalhaven was a positive step forward for the family
  - Research strategy expected in October 2017 with further work being undertaken
  - Proposal on invitation to join NSW Regional Health Partners to be provided to Board out of session
  - Successful Illawarra Convoy launch, including support the redevelopment of the Wollongong Hospital Children's Ward launch
  - Fireproof cladding used in ISLHD facilities reviewed following Ministry of Health request; corrective works to be undertaken where required
  - Chief Executive has been invited to attend an international trip by the University of Wollongong; will be declined

The Board noted the significant improvement in PMES results and congratulated the Chief Executive on the progress made.

**ITEM 14: GENERAL BUSINESS**

**14.1 CHRISP and IHIP Update**

The Board received the information provided.

**14.2 Board Calendar**

The Board received the information provided.

**ITEM 15: BUSINESS WITHOUT NOTICE**

*There was no business without notice.*

**ITEM 16: NEXT MEETING**

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

Monday 23 October 2017

2.00pm-6.00pm

Wollongong Hospital

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

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**MEETING CLOSED AT 6.05PM.**

**CERTIFIED A CORRECT RECORD**

**Professor Denis King OAM**

**23 October 2017**