
MINUTES

BOARD MEETING

Date: 2.00pm-6.00pm, Monday 23 October 2017

Venue: Conference Rooms, Wollongong Hospital

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

There were no matters under this item.

ITEM 4: WELCOME

Attendance of members

Professor Denis King OAM (Chair), Ms Jill Boehm OAM, Associate Professor Stephen Andersen OAM, Mr Roger Downs, Professor Kathy Eagar, Mr Geoff O'Donnell (via teleconference), Dr William Pratt, Ms Carrie Schulman, Mr John Stubbs; Professor Gerard Sutton.

In Attendance

Ms Margot Mains, Chief Executive; Dr Maureen Lonergan, Co-Chair Northern Illawarra Medical Staff Council; Ms Jasmina Jonceski, Board Secretary.

The Board Chair welcomed Dr Lonergan, on behalf of the Northern Illawarra Medical Staff Council, to the meeting.

Apologies

Mr Paul Knight, Professor Bill Lovegrove AO, Ms Marisa Mastroianni.

ITEM 5: DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST

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

Professor Eagar declared a perceived conflict of interest for Agenda Item 12.4 related to her role as a Director of the Australian Health Services Research Institute, University of Wollongong, which competes for grant funding from the National Health and Medical Research Council (NHMRC). The Board considered the perceived conflict and agreed that no action needed to be taken as her role on the Board would not have direct oversight of any grants applications through the partnership and noting that the University of Wollongong has also been invited to participate.

ITEM 6: BUSINESS FROM THE LAST MEETING

6.1 Confirmation of Minutes of meeting held 11 September 2017

The Board approved the draft minutes of the meeting held 11 September 2017.

6.2 List of Action Items

The Board noted progress/completion of actions.

6.3 Register of Board Resolutions

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

6.4 Action 40/17: Board member 'independence test'

The Board received the information provided.

The Board noted that the application of the 'independence' criteria relates to Audit and Risk Management Committee membership.

ITEM 7: BOARD CHAIR REPORT

The Board received the information provided.

Ms Boehm, Deputy Chair, attended the Council of Board Chairs meeting on 3 October 2017 on behalf of the Board Chair and provided a verbal update to the Board.

The Board Chair noted that the NSW Medical Staff Executive Council presentation that included information on Local Health District boards' engagement with local Medical Staff Councils and that their information was incorrect and appeared to be based on a review of board meeting minutes on website and did not accurately reflect the status of engagement with boards. He advised that advice was provided the NSW Medical Staff Executive Council co-chairs as noted in the Board papers.

ITEM 8: BOARD COMMITTEE REPORTS

8.1 Finance and Performance Committee

The Board received and noted the report and minutes from the September 2017 Finance and Performance Committee and received the Committee's 2016-17 Annual Report to the Board.

The Board noted the high activity levels over budget; the Chief Executive advised that work is ongoing to develop a case to the Ministry of Health Chief Financial Officer to ensure that ISLHD concerning the variance and impact to budget.

8.2 Health Care Quality Committee

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

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

- The Committee visited Shoalhaven Hospital Emergency Department and would be evaluating the purpose of the site visits, which were intended to ask specific questions
- There was a joint workshop between the Health Care Quality Committee and the Clinical Governance Council facilitated by the Clinical Excellence Commission (CEC), attended by Ms Boehm and Ms Schulman, to review clinical and quality and safety committees. The outcome proposed not to join the committees as previously proposed worthwhile exercise; will not join the committees; however, option to have regular joint meetings may continue to be explored.

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 at its meeting earlier in the day, the Committee:

- Received a presentation from David Currow, NSW Chief Cancer Officer, on community palliative care
- Was joined, via teleconference, by Ms Tish Bruce, Executive Director, Health and Social Policy Branch, Ministry of Health, concerning the statewide review of community services

-
- Received an update on the District’s business case framework and templates
 - Discussed the second drafts of the clinical services plans for mental health services and surgery
 - Considered a scoping paper on the digital health plan in development
 - Discussed Shoalhaven Hospital car park.

In relation to the Shoalhaven District Memorial Hospital car park development, the Committee recommended recommendations for consideration by the Board:

- Agree that the car park include the helipad
- Consider funding recurrent costs for the carpark through parking fees
- Seek to acquire part of Nowra Park required as identified in the Shoalhaven District Memorial Hospital master plan.

The Board discussed the car park proposal and agreed to the recommendations put forward by the Committee.

RESOLUTION (2017/24): The Board approved planning for the Shoalhaven Hospital multistorey car park proceed:

1. Inclusive of the helipad on the roof of the car park
2. Recurrent costs for the car park be funded through parking fees
3. Acquisition of part of Nowra Park as identified in the Shoalhaven District Memorial Hospital master plan.

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

The Board received the draft minutes from the last meeting and the annual report.

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.

The Board discussed:

- Work health and safety training to be undertaken by staff, against a large number of priorities, including implementation of strategic plan
- Lost Time Injuries declined this month, however continued to perform well following significant positive results
- District’s focus remains on rollout of the Safety Transformation Program and managers taking ownership of safety
- There has been an increase in psychological injury claims that need to be monitored closely.

9.3 Notifiable Incident Monthly Update

The Board received the information provided.

The Board noted and discussed the Notifiable Incident in the report and noted that:

-
- The Finance and Performance Committee has queried actions to mitigate similar events in future
 - The incident is being managed through the Clinical Operations portfolio
 - Staff support had been provided through EAP.

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 Plan Measures

The Board received the information provided.

The Board noted that some of the measures will be developed throughout the 2017-18 year, which is Year 1 of the three-year plan, as the plan to achieve an outcome is developed, and that these are noted in the document.

The Board:

- Agreed a note that the definition of ‘access’ to be included as part of the Level 1 measures “Measures for improved access for patients with ambulatory sensitive conditions to be developed” to be determined in Year 1.
- Discussed the research measures and that it currently includes suggested examples of possible research measures and discussed generally accepted measures; it was noted that the draft research strategy, expected for the December 2017 Board meeting would include appropriate measures.

The Board approved the amended Level 1 and Level 2 Strategic Plan measures for implementation; noting that:

1. Level 1 measures are for review annually
2. A reporting tool is being developed to support reporting against the measures.

RESOLUTION (2017/25): The Board approved the amended Level 1 and Level 2 Strategic Plan measures for implementation; noting that:

1. Level 1 measures are for review annually
2. A reporting tool is being developed to support reporting against the measures.

11.2 Strategic Plan – Implementation

The Board received the information provided.

The Chief Executive advised that the Strategic Capability Development program is designed as an investment to increase the speed of culture change to enhance leadership development, cultural development across the organisation. She advised that the paper has not been discussed with Core Executive or Strategic Executive to date and a fully developed proposal would be developed for Board consideration in February 2017.

The Executive Director Strategic Improvement Programs provided a presentation on the intended process that includes:

- Leadership from a taskforce, which owns the programs and drives planning, change management, governance and reporting changes across the organisations

-
- A gap analysis and change map will be developed to guide this work; which will include strategic alignment, leadership development and a focus on performance and behaviours.

The Board discussed the proposal, noting:

- Importance of a gap analysis to understand current strategic capability and identify gaps to ensure needs are targeted for development
- The Chief Executive has appropriate financial delegation to approve the proposal, but it requires Board-level support for top-down implementation to management who would drive implementation of the strategic plan
- The Strategic Capability Development program would be led by the Executive Director Strategic Improvement Programs for project management to ensure it is delivered in line with budget and milestones, with support from the Core Executive team who will have oversight and be charged with delivering respective components of the plan with their teams
- Importance of staff engagement and consultation to ensure that staff are on board with the program and that the program is appropriately cascaded across all appropriate levels of the organisation and the intent of the program is not diluted
- Need for clarity when engaging with staff why we need consultants to assist with this work and that the overall outcome is enhanced provision of services.

In response to a question from Ms Lonergan on the work that Studer Group is undertaking, the Chief Executive advised that Studer Group has been engaged to work with the Executive team and General Managers on the initial operationalise and cascade of the strategic plan priorities into operational plans and that the work is in its early stages.

The Board:

1. Endorsed the discussion paper on the Strategic Capability Development program aimed to establish a culture of high performance and approved the plan
2. Endorsed the engagement of appropriate external partners who have the ability to assist ISLHD to implement the long-term change program
3. Agreed that staff engagement on the need for the Strategic Capability Development Program as a District priority, including the need to use external partners with appropriate expertise to deliver the program.

The Board acknowledged the work of the Executive Director Strategic Improvement Programs in developing the proposal.

RESOLUTION (2017/26): The Board endorsed the discussion paper regarding strategic capability development to establish a culture of high performance.

11.3 ISLHD/COORDINARE Integrated Care Strategy – Update

The Board receive the Illawarra Shoalhaven Integrated Care Strategy Action Plan Progress Report, October 2017.

Ms Schulman, who is the Board representative on the quarterly meetings between the District and COORDINARE noted that it is a good model to have a board member part of the meetings and that Year 1 progress against the strategy was positive and the good relationship needed to be kept up.

11.4 People Matter Employee Survey Results

The Board received the information provided.

The Executive Director Strategic Improvement Programs provided a presentation on the PMES results for 2017. Key points discussed by the Board were:

- While the completion rate appeared low, the District performed comparatively well compared to others
- The definition of 'senior manager' in questions related to senior managers was at the interpretation of the person surveyed and there is little clarity provided by the Public Service Commission
- Manager communication relates to manage responsiveness and communication
- Need for communication to staff about the results from the People Matter Employee Survey
- Particular areas of the organisation that resulted in lower scores would be targeted for improvement initiatives.

ITEM 12: MATTERS FOR APPROVAL

12.1 Strategic Plan Launch / Annual Public Meeting

The Board received the information provided.

The Board approved the launch of *Strategic Directions for Illawarra Shoalhaven Local Health District: 2017-2020* as a key focus of the 2016-17 Annual Public Meeting to be held on 13 November 2017 at the Shellharbour Club.

RESOLUTION (2017/27): The Board approved the launch of *Strategic Directions for Illawarra Shoalhaven Local Health District: 2017-2020* as a key focus of the 2016-17 Annual Public Meeting to be held on 13 November 2017 at the Shellharbour Club.

12.2 2016-17 Annual Financial Statements

The Board approved the ISLHD Annual Consolidated and Special Purpose Entity Financial Statements for the year ended 30 June 2017.

RESOLUTION (2017/28): The Board approved the ISLHD Annual Consolidated and Special Purpose Entity Financial Statements for the year ended 30 June 2017.

12.3 ISLHD Delegations Manual – Version 7.3.1

The Board approved the updates to the Delegations Manual, version 7.3.1.

RESOLUTION (2017/29): The Board approved the updates to the Delegations Manual, version 7.3.1.

12.4 NSW Regional Health Partners

The Board received the information provided.

The Board Chair provided an overview of the feedback received on the two out-of-session papers provided on the NSW Regional Health Partners proposal and noted that in effect the matter was operational, within the Board's strategy, and within the Chief Executive's delegation and should not have been presented to the Board as a matter for approval.

The Board discussed:

-
- Need for clarity on existing research arrangements and partnerships for the District
 - How the District came to be invited and the opportunity it presents for research within the District and what the role of the Illawarra Health and Medical Research Institute (IHMRI) would be and the need to bring the District, IHMRI and the University of Wollongong together on for the invitation; noting that these relationships continued to be developed
 - Opportunity to learn from the Hunter region and their learnings for how they do research.

The Board approved the proposal.

RESOLUTION (2017/30): The Board approved the Illawarra Shoalhaven Local Health District accepting the invitation to join the National Health & Medical Research Council recognised Centre for Innovation in Regional Health, NSW Regional Health Partners, as a full partner.

12.5 Terms of Reference – CE Performance Review Committee

The Board received the information provided.

The Board amended the Terms of Reference to include reference that the Committee is to recommend to the Board an appropriate mechanism for the Board to review the Chief Executive performance. The Board approved the amended Terms of Reference.

RESOLUTION (2017/31): The Board approved the Terms of Reference for the Chief Executive (CE) Performance Review Committee.

ITEM 13: CHIEF EXECUTIVE REPORT

The Board received the information provided.

The Chief Executive advised:

- Surveyors to review completion of the AC90 recommendations for Mental Health Services to achieve accreditation against the National Quality and Safety in Healthcare Standards would be returning to the District on 25 October
- Advice has been received that the Commonwealth review *into Public consultation on funding for private patients in public hospitals paper* is not expected to be made public, with interested parties encouraged to read a Grattan Institute paper
- A second draft copy of the review of corporate governance report has been received and will be reviewed with the final report expected to be received shortly thereafter
- Need to ensure the Bulli Aged Care Centre of Excellence is futureproofed

ITEM 14: GENERAL BUSINESS

14.1 New Model By Laws

The Board received the information concerning the new Model By-Laws, which commenced on 1 October 2017.

14.2 Internal Audit Report: Review of Delegations Manual – Part 1

The Board received the Internal Audit report– Delegations Manual Part 1.

14.3 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 18 December 2017

2.00pm-6.00pm

Wollongong Hospital

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

MEETING CLOSED AT 6.05PM.

CERTIFIED A CORRECT RECORD

Professor Denis King OAM

18 December 2017