
MINUTES

BOARD MEETING

Date: 2.00pm-6.00pm, Monday 18 December 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 discussion; 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 Paul Knight, Professor Bill Lovegrove AO, Ms Marisa Mastroianni, Mr Geoff O'Donnell, 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.

Apologies

Nil.

ITEM 5: DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST

Mr Stubbs advised that he has been reappointed to the Medical Services Advisory Committee Evaluation Sub-committee (MSAC ESC).

Mr O'Donnell declared that he had previously worked with Mr Placek, General Healthy Cities Illawarra, and that Healthy Cities is a tenant in a building owned by Shin Investments.

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

ITEM 6: BUSINESS FROM THE LAST MEETING

6.1 Confirmation of Minutes of meeting held 2017

The Board received the draft minutes and agreed to amend them to remove the second and third points in Resolution 26/17. The Board approved the amended draft minutes of the meeting held 23 October 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. The Board noted that the resolution register would be amended in line with the changes to the minutes from the October 2017 meeting.

6.4 Action 21/17: ABF Portal analysis on ED costs

The Board received the information provided.

The Committee discussed the paper, noting that:

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- Clarification is needed in the paper to outline how the actions at each hospital will address the concerns raised by the analysis
 - An analysis of the Emergency Department (ED) costs over budget after the increased activity is included in the analysis
 - Analysis on whether funding allocations are correct needs to be undertaken and also whether coding is accurate
 - There is a need for a deep dive understanding of cost and activity and a more robust understanding of the quality or cost reporting, recognising that it is an inexact science; need to consider as we proceed into the financial year, what additional information does the board need on costs and where the problems are.

The Committee agreed to refer the matter to the Finance and Performance Committee for monitoring and to be satisfied that the costs are accurately assigned/reflected.

ACTION ITEM (50/17): Analysis on ED costings, activity, including coding accuracy, is referred to the Finance and Performance Committee.

ITEM 7: BOARD CHAIR REPORT

The Board received the information provided.

The Board Chair advised that both the September and December 2017 meetings of the Council of the Board Chairs meetings, which the ISLHD Board had rescheduled its meetings for were cancelled. He proposed that for 2018 the Board should maintain first Monday and if there are any meeting clashes, the Chair and Deputy Chair to determine appropriate attendance; the Board agreed with the proposal.

The Board Chair advised that he had received suggestions for Justin Placek, General Manager Health Cities Illawarra, to meet with the Board. The Chief Executive advised that she was meeting with Mr Placek and would advise the Board Chair if he should present to the District on population health matters.

Mr O'Donnell declared a possible conflict, as Mr Placek previously work for him and that Healthy Cities is a tenant in the building owned by Shin Investments.

ITEM 8: BOARD COMMITTEE REPORTS

8.1 Finance and Performance Committee

The Board received and noted the report and minutes from the October and November 2017 Finance and Performance Committee meetings.

The Committee Chair advised that of the following key points from the previous meetings:

- There were nil notifiable incidents over the month of October 2017
- More traditional causes of incidents, such as manual handling, aggression, are experiencing are trending favourably and generally declining as a result of continued focus
- Manager commitment to Staff Safety Observations could be improved with targets not being met
- The District's end of year financial forecast, excluding outcomes expected for efficiency programs, would result is considerably worse financial results; with the importance with achieving efficiency targets to remain a focus
- Sub-acute services appear to be high cost compared to acute service, or inefficient and require further analysis to determine the for higher costs of these facilities.

8.2 Health Care Quality Committee

The Board received and noted the report and minutes from the October and November 2017 Health Care Quality Committee meetings.

The Committee Chair advised that of the following key points from the previous meetings:

- Committee will continue to review falls as a concern
- The indicator for Aboriginal patients discharged against medical advice; continues to be monitored; however need to understand that low numbers can fluctuate results
- ED performance and Access and Flow remain a key focus, including consideration of possible options to improve performance, such as better utilising Shellharbour Hospital to improve patient transfers
- Mental Health Services accreditation completed with the Service achieving accreditation
- Ongoing monitoring of Maternity Services with difficulty recruiting co-directors
- The summer holiday impact to EDs in the Shoalhaven at Shoalhaven District Memorial and Milton Ulladulla Hospitals is expected, particularly resulting in low acuity ED presentations and increased wait times.

The Board discussed options to enhance ED service provision in the Shoalhaven over summer, including:

- Follow up on the commitment to provide afterhours clinics by the GP SuperClinic
- Additional staffing for the EDs
- Use of GP Liaison Officer to work with GPs to provide GP services out of hours and proactively promote them as an alternative to visiting the ED for low acuity care,
- Linking information systems of large GP clinics to refer presentations to ED to GP clinics where suitable.

The Chief Executive advised that a number of options have been considered and proposed, including those discussed; however, lasting outcomes have been difficult to achieve.

8.3 Planning Committee

The Board received the minutes from the October 2017 Planning Committee meeting. The Committee Chair advised that of the following key points from the meeting earlier in the day:

- Presentation on the map of all the Plans within the District and how they align and relate to the Strategic Plan; discussion clarified focus on strategic plan and its intent; discussion on linkages was helpful; proposed a 'mid-point' review of Health Care Services Plan, however, post-Shellharbour Hospital announcement, it has become clear that there is a need for a fuller review of Health Care Services Plan
- The committee proposed that a workshop be held in January 2018 to consider services planning for Shellharbour now that a decision has been made on the procurement and funding model for the Hospital redevelopment project and that the Board Chair write to Health Infrastructure to advise that the service statement for Shellharbour is unlikely to be submitted for February in line with the project plan
- There is a potential Aboriginal land claim on Nowra Park that needs to be resolved; discussed in the Board papers
- Discussed a paper on Mental Health Community Residential options for consideration, with the Committee proposing that the resident relocation be referred to the Board and the options that deal with the proposed options for the land and facility be further proposed and considered once the residents are transferred

The Board agreed that the letter would be sent and refer to the workshop in January when possible timeframes would be better known.

RESOLUTION (2017/32): The Board agreed to write to Health Infrastructure to advise that the timeframe for the service statement for Shellharbour would be unlikely to be completed in February 2018.

8.4 Aboriginal Health Committee

The Board received and noted the report and minutes from the November 2017 Aboriginal Health Committee meeting.

8.5 Audit and Risk Management Committee

The Board received the draft minutes from the last meeting.

Mr Stubbs advised the Board that the NSW Auditor's Office Management Letter was a positive result and raised the option of the Audit and Risk Management Committee Chair presenting to the Board at least once a year. The Board noted that this was also proposed in the proposed Board Calendar for 2018 and the Board agreed to invite Mr Todd Davies to present to the Board in early 2018.

ACTION ITEM (51/17): Invite Mr Davies to present to the Board in early 2018 at a mutually convenient time.

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.

9.3 Notifiable Incident Monthly Update

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 Plan Measures – Reporting Prototype

The Board received the information provided.

The Board indicated its general support for the proposed reporting prototype and proposed an additional column or row be included for each outcome to provide an explanation for the score, that is, why it was recorded as green/amber/red.

ACTION ITEM (52/17): Include additional section for each outcome that provides an explanation for the score received.

ITEM 12: MATTERS FOR APPROVAL

12.1 Committee Terms of Reference

The Board received the information provided.

RESOLUTION (2017/33): The Board approved the new terms of reference for the:

- Board Finance and Workforce Performance Committee
- Board Health Care Quality and Safety Committee.

12.2 Board and Committee Meeting Dates

The Board approved the 2018 Board and Committee meeting dates as per the proposed 2018 meeting schedules.

RESOLUTION (2017/34): The Board approved the 2018 Board and Committee meeting dates as per the proposed 2018 meeting schedules.

The Board noted that there was a technical error with some meeting appointments sent prematurely in error.

The Board discussed frequency of meetings and whether there is an option to have fewer Board and/or committee meetings, and whether there is any opportunity to amend the Board meeting date to another Monday in the month to take into account timeliness of information to the Board. The Board sought options to be developed for consideration.

ACTION ITEM (53/17): Develop proposal for Board and committee meeting frequency, with intent to improve timeliness of information to the Board and focus on strategy.

12.3 Board Evaluation

The Board approved the 2018 Board Evaluation Survey proposal.

RESOLUTION (2017/35): The Board approved the 2018 Board Evaluation Survey proposal.

12.4 Shoalhaven Hospital Car Park Business Case

The Board received the information provided in the briefing paper and noted the advice concerning the Aboriginal land claim.

The Board approved the Shoalhaven District Memorial Hospital Car Park Project Business Case, with caveat that Aboriginal land claim matter is to be resolved.

RESOLUTION (2017/36): The Board approved the Shoalhaven District Memorial Hospital Car Park Project Business Case, with caveat that Aboriginal land claim matter is to be resolved.

12.5 Safety and Quality Account

The Board approved the 2016-17 Safety and Quality Account.

RESOLUTION (2017/37): The Board approved approved the 2016-17 Safety and Quality Account.

ITEM 13: CHIEF EXECUTIVE REPORT

The Board received the information provided.

The Chief Executive advised:

- A candidate for Maternity Services medical co-director has been identified, however, he has sought to also have clinical leadership network with the Royal Women's Hospital in Sydney; negotiations are continuing with the candidate and Chief Executive South Eastern Sydney LHD to determine the viability of this option
 - In response to a query from the Board on whether a network with Royal Women's Hospital, which the District is currently aligned with, was the preferred option going forward and whether there are other quaternary hospitals to consider networking with, the Chief Executive advised that if the

current options are unsuccessful options for other networks may be considered.

- NSW now has the best Emergency Treatment Performance (ETP) of any state/territory in Australia, as some other states have started to decline
- Frail elderly remains a high priority in the District aimed at reducing the high length of stay for elder patients
 - In response to a query from the Board, the Chief Executive advised that Dr Ian Sturgess' work provides an assessment of current performance across hospitals as it relates to access and flow, and he will continue to return every few months, while Ken Whelan's engagement has been specifically on frail elderly and expediting the current work underway in the District to deliver lasting outcomes
- Discussions with the Ministry of Health on the next year's service agreement have commenced, with LHD asked to provide their top five priorities by 22 December 2017
 - In response to a query from the Board, the Chief Executive advised that there has been a short turn around time from the Ministry of Health on this, and she asked the Strategic Executive to identify their key priorities, with the key matters identified relating to Leading Better Value Care, integrated care, endoscopy, plastics, bariatric surgery, bone marrow transplants, and that the Executive would review the list based on criteria to finalise the list
 - The Board sought that the priorities be discussed at the Board workshop in January 2018.

ACTION ITEM (54/17): Discuss top priorities for the Service Agreement in the service planning workshop to be held in January 2018.

The Board discussed the strategic plan priorities and outcome of the Strategic Capability Development proposal, with the following key points noted:

- Implementation of the strategic plan priorities was to be through the Strategic Capability Development project as outlined in the discussion paper presented to the Board in October 2017 with a caveat that it had not been discussed by the Executive team to determine implementation
- The Chief Executive advised that following discussion with the Core Executive, it was agreed to align the six key elements to the seven priority focus areas, where the six elements of the change management program will be applied; this was the result of:
 - Staff reported a high number of priorities driving the organisation, which is due to a number of processes that have occurred simultaneously, such as the Strategic Plan development launched in November, annual operational plan *Healthier Together* and 90-day plans implementation
 - While the processes are linked, for the current financial year they have not fully aligned due to their respective timeframes and in response to the concerns raised by staff about the number of priorities, the Core Executive identified key priorities to enable them to focus on achieving transformational change across the organisation
- Concerns that the Strategic Capability Development Program, aimed at enhancing organisational capability and strategic readiness to deliver the strategic priorities could be misplaced by focusing on operational priorities and business as usual priorities that are included in the seven key priorities
- Proposed using one of the seven priority areas, such as frail elderly, as a pilot project to be enhanced through the Strategic Capability change management program
- Concerns that focusing on projects that are business as usual, such as frail elderly, which is a clinical redesign measure aimed at enhancing Access and Flow, may be shifting the focus to operational priorities and diluting the focus on strategy; however, noted that a pilot would be a sensible approach

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- For the Board to support the focus on the seven priorities, further clarification on how the seven priorities meet the requirements of the strategic plan is needed, including clarification to provide assurance that the focus is not only on resolving operational issues but implementing and operationalising the strategic plan.

ITEM 14: GENERAL BUSINESS

14.1 Board Governance Proposal

The Board received the Board Governance proposal and noted the information and recommendations proposed in the paper.

The Board discussed:

- Roles of the Board to be clarified to include the relationships between the Board Chair and Chief Executive and that the Board's role includes setting strategy and managing risk
- The role of the committees and whether a particular committee should have oversight of strategic planning processes; however, it was agreed that this is the role of the whole Board
- The proposed alignment of strategic plan outcomes to be monitored by the Board committees
 - Strategic Priority 2, Outcome 3 of "Build a performance driven organisation supported by role clarity, accountability, and authority at its core along with strongly aligned recognition" to be referred to the Finance and Performance Committee
 - Noted proposed alignment of Research and Innovation to the Planning Committee
- Noted the Key Document Pathway remains in draft, pending consultation and discussion with the Executive team and a draft would be provided; and that the Safety and Quality Account needs to be included to the list.

14.2 CHRISP Update

The Board received the information provided.

Professor Eagar provided an update on CHRISP activities, and in response to a question from the Board, it was noted that staff are starting to engage with CHRISP through the various events and forums being held.

14.3 Board Calendar

The Board received the information provided.

ITEM 15: BUSINESS WITHOUT NOTICE

15.1 Report from the Medical Staff Council

The Chair invited Ms Lonergan to provide any information or feedback from the Medical Staff Council.

Ms Lonergan thanked the Board for the Senior Doctors evening on 13 December 2017, which was an enjoyable evening and the event was well received by those who attended.

15.2 Acknowledgement of Geoff O'Donnell

The Board Chair acknowledged the significant contributions to the Board of Geoff O'Donnell over the past seven years, particularly his role as Chair of the Finance and Performance Committee over the past three years and noted the change journey of the Board over this time and Geoff's role and influence during his time on the Board.

15.3 End of Year Acknowledgement

The Board Chair thanked all Board Members for their efforts and contributions to enhance the work of the District over the past year, and thanked the Ms Mains and Ms Jonceski for their work over the past twelve months.

The Board thanks the Professor King for his significant contribution as Chair and stewardship over the past year.

The Chair wish all a safe and merry Christmas holiday period.

ITEM 16: NEXT MEETING

Details for the next meeting of the Board are:

Monday 5 February 2018

2.00pm-6.00pm

District Executive Office

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

5 February 2018