
MINUTES

BOARD MEETING

Date: 2.00pm-6.00pm, Monday 5 March 2018

Venue: Conference Rooms, District Executive Office

ITEM 1: WELCOME

1.1 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.

1.2 Attendance

Attendance of members

Professor Denis King OAM (Chair), Ms Jill Boehm OAM, Dr Stephen Andersen OAM, Mr Roger Downs, Mr Paul Knight, Professor Bill Lovegrove AO, Ms Marisa Mastroianni, Dr William Pratt, Ms Carrie Schulman, Mr John Stubbs.

Others In Attendance

Ms Caroline Langston, Acting Chief Executive and Executive Director Integrated Care, Mental Health, Planning, Information and Performance; Ms Margaret Martin, Executive Director Clinical Operations; Mr Brent Wiseman, Executive Director Finance and Corporate Services; Mr Gerrard Golding, Executive Director Strategic Improvement Programs; Dr Mark Bassett, Acting Executive Director Medical Services and Clinical Governance; Ms Deborah Cameron, Acting Executive Director Nursing and Midwifery; Ms Jasmina Jonceski, Board Secretary.

1.3 Apologies

Professor Kathy Eagar; Professor Gerard Sutton; Ms Margot Mains, Chief Executive.

ITEM 2: DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST

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

ITEM 3: BUSINESS FROM THE LAST MEETING

3.1 Confirmation of Minutes of meeting held 5 February 2018

The minutes were amended to include the correct date for the next meeting.

The Board approved the amended draft minutes of the meeting held 5 February 2018.

The Board discussed the discussion on the ISLHD Research and Innovation Strategy and noted that the key performance indicators to measure progress against the strategy continue to be developed, with key measures also included in the Strategic Directions plan measures as appropriate.

3.2 List of Action Items

The Board noted progress/completion of actions.

3.3 Register of Board Resolutions

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

ITEM 4: STRATEGIC MATTERS

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

ITEM 5: MATTERS FOR APPROVAL

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

ITEM 6: BOARD CHAIR REPORT

The Board received the information provided.

ITEM 7: CHIEF EXECUTIVE REPORT

The Board received the information provided.

The Board noted the work health and safety performance has achieved significant results with positive progress against key work health and safety indicators.

In response to a question on elective surgery performance, the Executive Director Clinical Operations advised that urologists have not agreed to pick up additional sessions, and despite there being no significant increase in waitlist, the inability to meet wait lists has been impacted by the change to Fee for Service contracts. She noted:

- Other specialties have been more cooperative and addressed the matter
- The District is reviewing wording in Visiting Medical Officer contracts, and that urologist contracts have set number of hours in their contracts rather than throughput
- There has been some increase in acuity, with less complex cases cancelled to accommodate complex cases, and as a result Category B and C cases are now breaching targets.

The Board noted management's attempts to address this matter and the unideal outcome to contract the private sector to deliver urology cases to meet targets and that this creates an unavoidable conflict of interest for the urologists to deliver the contracted services privately.

In response to a question on the *Health Services Act 1997* amendments as they relate to Root Cause Analysis (RCA) initial clinical risk assessments; the Board noted that the amendments are intended to extend qualified privilege for to clinicians and this would aid with RCA reviews.

The Board sought clarification that the changes to the *Health Services Act 1997* would be incorporated into the Delegations Manual where necessary.

ACTION ITEM (01/18): Amend Delegations Manual in line with the amendments to the *Health Services Act 1997*.

ITEM 8: BOARD COMMITTEE REPORTS**8.1 Finance and Workforce Performance Committee**

The Board received and noted the report and minutes from the December 2017 Finance and Performance Committee meeting.

The Dr Stephen Andersen, acting Committee Chair for the February 2018 meeting, advised that of the following key points from the meeting:

- Staff Safety Observation through First Step program; offer of a ride along at night service extended to all Board members
 - Board members interested in attending were Dr Andersen, Roger Downs, Professor King, Professor Lovegrove, Ms Mastroianni, Mr Stubbs.
- The meeting also had Afternoon Tea with the District People Safety Culture team to recognise their outstanding work
- While general work health and safety is performing well overall, performance against Lost Time Injury Frequency Rate remains a concern and is being monitored by the Committee
- Bullying and harassment claims remain high
 - The Board discussed linkages to bullying and harassment claims with performance management; legislative requirements for what constitutes bullying and harassment in the workplace

- Mandatory training performance continues to perform above state average, the District's annual cycle of Personal Effectiveness and Development (PED) plans are in development; and there are 31 managers in the effective leadership program
- The District's financial result for the year is forecast at \$9.1 million deficit; when compared as a percentage of total budget this is 1 per cent of total expenditure, and is largely made up of unfunded activity above the District's activity target
- Capital works and ICT projects reporting indicates that projects are on track
- Risk update indicated that the review of framework has commenced and it was noted that risk management is not well understood across the District
- Financial improvement initiatives update
- The Committee received the Shoalhaven Hospital's budget strategy update, which provided interesting insights and a snapshot on the Hospital's performance with approximately \$3.3 million in additional activity through the Hospital
 - The Committee sought further review on areas where there may be efficiency gains, such as understanding medicine, ophthalmology, and why these services are more expensive to provide in the Shoalhaven; and the review opportunities to reduce delays, for example, the exponential increase in patients waiting for discharge to aged care facility which are taking up beds and cost for the District.
- The Committee asked for similar analysis to be undertaken on other sites not meeting budget, particularly Port Kembla and Wollongong Hospital.

ACTION ITEM (2/18): Arrange tour with First Step program for interested Board members.

The Board discussed the high activity levels above target, and noted that analysis indicates that cost per NWAU is higher within Emergency Departments (EDs) and queries whether ED inefficiency is driving costs. It was noted linkages of ED to other services, such as medicine, which is performing favourably and below state price per NWAU, need to be considered.

In response to a query from the Board on what information is provided to the Ministry of Health on the District's forecast budget position, the Chair advised that performance meetings and regular performance letters to the Ministry provide a direct line of communication on these matters and that the Ministry. The Chair advised that he also regularly meets with the Secretary, as does the Chief Executive and Executive team on the District's performance.

8.2 Health Care Quality Committee

The Board received and noted the report and minutes from the January 2018 Health Care Quality and Safety Committee meeting, and the verbal report from the Committee Chair on the February 2018 meeting:

- The meeting commenced with a site tour through Ulladulla Community Health Centre in preparedness for accreditation of Integrated Community Services
- Key indicators continue to be monitored by the Committee
- Update on coronial matters was noted
- Staff professional practice matters referred to Australian Health Practitioner Regulation Agency (AHPRA)
- Quarterly report on complaints management was received, and it was noted thematic analysis is difficult using the current Incident Information Management System (IIMS) system
 - The Board discussed the rollout of ims+ and its status with the Ministry of Health
- Noted Reporting Better Cancer Outcomes Report received by the District; outlined that the District's cancer services tends to have favourable outcomes comparatively;

the report noted areas of concern raised previously, such as mastectomy rates, which are being addressed; and the report also noted that the District's smoking rates declined considerably this year, with some concern raised by the Committee on the accuracy of this information.

8.3 Planning Committee

The Committee Chair noted that there were no minutes as the Committee did not meet in February 2018; however, the Committee met earlier in the day, with key points discussed:

- The Bulli Hospital project is progressing well; contingency funding will support horizontal future proofing;
- Shoalhaven Hospital Car Park will progress with temporary parking arrangements being determined prior to engagement with staff on the construction of the new car park; Health Infrastructure confirmed that there is no funding for the helipad, however, the structure will be futureproofed with elevator access to the building
- The Health Care Services Plan Scoping paper was discussed by the Committee; with feedback provided from the Committee on the draft Scoping paper
- An update on Shellharbour Hospital redevelopment was discussed
- Shellharbour – updates to the plan outlined;

The Board noted the draft Health Care Services Plan Scoping Paper and queried what community based care model of care means, and how this is delivered within the District and what it means for keeping people healthy and out of hospitals. The Board asked for a presentation to be provided on what this means.

ACTION ITEM (3/18): Provide what is integrated care in relation to community-based care and acute care.

ITEM 9: FOR INFORMATION

9.1 Board Calendar

The Board received the information provided.

ITEM 10: BUSINESS WITHOUT NOTICE

There was no business without notice.

ITEM 11: MEETING FINALISATION

Meeting evaluation

The Board discussed the following points:

- Having the Executive team present was valuable, and there was general support for management to attend future board meetings
 - It was seen that this enables executive to understand that board's perspective and provides greater visiting to members of the Executive team
 - It also devolves accountability and also enables the executive to talk to their own papers
- General agreement that more matters are being considered by committees
- Discussed development of a rolling program where individual Board members provide their own evaluation of the Board meeting.

ACTION ITEM (4/18): Develop program and guiding board evaluation questions for future meeting evaluations.

Details for the next meeting of the Board are:

Monday 9 April 2018

2.00pm-6.00pm

Shoalhaven Hospital

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

MEETING CLOSED AT 4.34PM.

CERTIFIED A CORRECT RECORD

Professor Denis King OAM

9 April 2018