
MINUTES

BOARD MEETING

Date: 2.00pm-6.00pm, Monday 9 April 2018

Venue: Large Meeting Room,
Shoalhaven Cancer Care Centre

PRESENTATION: SHOALHAVEN HOSPITAL GROUP

Present to provide presentation on Shoalhaven Hospital Group were:

- Mr Ian Power, General Manager, Shoalhaven Hospital Group
- Dr Chun Yee Tan, Director Medical Services, Shoalhaven
- Bradley Scotcher, Acting Director of Nursing and Midwifery, Shoalhaven
- Stuart Emslie, Acting Operations Manager - Critical Care / Deputy Director of Nursing
- Stuart Davidson, Operations Manager - Medical Care.

Key points outlined by the Shoalhaven Hospital executive team were:

- Highlights over 2017-18 included:
 - Implementation of Leadership and Governance structure and accountability framework (90-Day plans and Monthly Accountability Meetings) at executive-level, and now looking to cascade further to ward-level
 - Reduction of Emergency Department (ED) medical roster vacancies and improvement in surgical performance following steriliser issues and replacement
 - Implementation of recommendations from the Shoalhaven paediatrics review
 - In response to a question from the Board on evaluation of recommendations implementation, the this remains under ongoing review, and the Chief Executive noted that it is difficult to ascertain direct impact of a single recommendation and work continues to build as other review findings, such as recommendations from Root Cause Analysis reviews, build on and evolve recommendations
 - Improved relationship and communication with Justice Health and Department of Corrections with the new feedback mechanisms; linked to new correctional facility in the Shoalhaven
 - In response to a question, noted that presentations from Corrections are unfunded, as there is no compensation through Medicare for these presentations
- Priorities for 2017-18 have included:
 - Rollout of the Leading Better Value Care programs within the Hospital
 - Review of model of care and Acute Geriatric Unit in response to ageing population; noted concerns with cost of patient care due to increasing use of companions, particularly to provide care for patients with dementia and delirium, which has also led to high level of stress for staff
 - Whole of Hospital performance to improve performance against key indicators
 - Developing research opportunities; enhancing access to research opportunities and working with Research Central to improve research capability and capacity
 - Working compassionate care strategies, including opportunities to leverage off work that has started at Wollongong Hospital
 - Enhance of surgical services, including Ear Nose and Throat (ENT), Ophthalmology and Orthopaedics
 - Budget performance and efficiency strategies for the Hospital
 - In response a question on the budget position and high NWAU cost against state price, the Shoalhaven Executive advised that ED locum use has led to the high cost and structure of the Intensive Care Unit (ICU) which is not funded as an ICU in the Shoalhaven
 - Implementation actions to address findings of the 2017 People Matters Employ Survey (PMES), while noting that the 2018 survey is about to commence

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- Stabilising ED medical workforce, including at Milton Ulladulla Hospital, including predicting future vacancies through natural attrition/retirement and establish proactive recruitment activity mitigate long-term vacancies and locum reliance
 - Enhancing leadership capacity and clinical leadership through the clinical division structure
 - In response to a question on how well the District-wide clinical divisions have worked for the Shoalhaven, it was noted that it is part of the District-wide strategic leadership framework
 - ED presentations for the summer period within the Shoalhaven were at an unprecedented high level and impacting ED performance against key targets.

The Board noted that the afternoon tea with Shoalhaven staff was a successful event. It was noted that a number of staff mentioned concerns with the increased risk from management of patients with dementia/delirium issues and the increasing urgency of this matter. The Shoalhaven Executive noted that overall the number of presentations and admissions of dementia patients had increased and remained stable.

The Board sought further information on companions supporting dementia/delirium patients and the budget impact of providing this service.

ACTION ITEM (7/18): Provide further information on dementia companions and cost impact to budget of providing this service.

The Chair thanked the Shoalhaven Executive team for attending the meeting and their presentation.

The Director Medical Services, Acting Director of Nursing and Midwifery, and Acting Operations Managers left the meeting.

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, Professor Kathy Eagar; Mr Paul Knight, Ms Marisa Mastroianni, Dr William Pratt, Ms Carrie Schulman, Mr John Stubbs.

Others In Attendance

Ms Margot Mains, Chief Executive; Dr Tony Fitzpatrick, Chair Shoalhaven Hospital Medical Staff Council; Ms Jasmina Jonceski, Board Secretary.

Mr Gerrard Golding, Executive Director Strategic Improvement Programs, was present for Agenda Item 4.1.

Mr Todd Davies, Chair ISLHD Audit and Risk Management Committee, and Ms Gordana Trajcevski, Director Internal Audit, were present for Agenda Item 8.3.

1.3 Apologies

Professor Bill Lovegrove AO, Professor Gerard Sutton.

The Chair welcomed Dr Rod McMahon back to the Board.

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 March 2018

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

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

4.1 Strategic Directions – Measures Update

The Board received the information provided.

The Board discussed:

- Whether there are too many indicators; particularly if noting that a number require manual collection of the measures and that collection of data may detract from the improvement initiatives and achievement of the strategies.
- There was a need to understand what measures are new and require new collection methods and which measures are based on existing and currently captured performance measures
- Need for Board Committees to review the measures that they have previously been assigned to monitor and that a final set of measures be submitted to the Board in June 2018 for consideration; noting that Finance and Workforce Performance and Aboriginal Health Committees have reviewed their respective measures.

ACTION ITEM (8/18): Draft measures to be reviewed by respective committees and final draft measures submitted to Board for review in June 2018.

The Board noted that the presentation by the Shoalhaven Hospital Group Executive would have been good to be aligned to the strategic plan priorities; the General Manager advised that the presentation was originally prepared that way and could be provided. The Board asked that future presenters be asked to provide their reports in line with the Strategic Plan priorities.

ACTION ITEM (9/18): Provide copy of SHG presentation in line with Strategic Plan priorities and advise presenters to report against Strategic Plan priorities in future.

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.

The Chair provided an update on the Council of Board Chairs meeting on 19 March 2018:

- The legislative changes indicate that the Boards cannot direct Local Health Districts (LHDs) to act contrary to direction from the Secretary, and noted that this is unlikely to have significant impact on how Boards currently operate
- Mental health patients and seclusion recommendations
- Transition and funding for the National Disability Insurance Scheme: Ministry advised that LHDs are able to become providers, which is a turnaround from their previous advice; and that the District would need to provide further analysis and understand whether this was a good position for ISLHD to take

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- Sentinel event penalties commence from 1 July 2018 and that the Council noted that sentinel events are not good for service providers
 - An update on ims+ was received by the Council, with the key information included in the Chief Executive's report
 - Opportunities continue to be considered at a state level to support clinician engagement
 - Workforce management has been amended across the Ministry of Health, with new approach supporting ISLHD's approach of having the director of workforce as part of the District's executive team
 - Noted presentation from Chief Executive eHealth NSW and the issues with the eRIC system and statewide rollout.

ITEM 7: CHIEF EXECUTIVE REPORT

The Board received the information provided.

The Chief Executive noted that the elective surgery issues, particularly in orthopaedics and urology were discussed during the Shoalhaven presentation, and that she had planned to provide a presentation on the Fit For Frailty program, however, this was deferred to a later meeting due to time restraints.

In response to questions from the Board, the Chief Executive advised that:

- In relation to commissioning with COORDINARE, that the work involves consideration of the spectrum of commissioning and that there may be a financial benefit as COORDINARE has resourcing available to undertake this work
- In relation to the quality of financial reporting, that there continues to be a focus on reactive reporting and that the need to provide focus on retrospective results but also work on strategy to address financial performance and that the Executive Director Strategic Improvement Programs will work on this through the Financial Sustainability Program.

The Chief Executive advised that Brent Wiseman, Executive Director Finance and Corporate Services, has returned to work from bereavement leave.

ITEM 8: BOARD COMMITTEE REPORTS

8.1 Planning Committee

The Committee Chair advised that there were no minutes available as the Committee had not met since the last Board meeting, however, the Committee met earlier in the day, with key points discussed:

- The Health Care Services Plan and lessons from the review previously undertaken on Community Health Services
- Asset strategic plan priorities were determined following discussion and proposed to be:
 - Priority 1 Shoalhaven District Memorial Hospital redevelopment
 - Priority 2: Community health infrastructure including redefining into Community-hubs, such as Nowra. Warrawong/Warilla and Northern Illawarra
 - Priority 3: Illawarra Hospitals Strategy, including Port Kembla, as a joint submission
- It's functions as proposed by the Board Secretary in December 2017; strong support for continuation of the Committee, including key oversight of the Health Care Services Plan; the Committee Chair advised that in the longer term that the Board may wish to consider whether the Board has the right committees and whether the membership of the committees is appropriate.

In response to a question on community health services review; the Board noted that a review facilities was needed, including consideration of consolidation of services to align with community needs.

8.2 Aboriginal Health Committee

The Committee Chair advised that key matters discussed at the last meeting focused on Aboriginal health indicators and the proposed dashboard.

8.3 Audit and Risk Management Committee

Mr Todd Davies, Chair ISLHD Audit and Risk Management Committee, and Ms Gordana Trajcevski, Director Internal Audit, were present for discussion on this item.

Key points provided by Mr Davies included:

- The role of the Audit and Risk Management Committee and how it supports the Board
- The makeup and membership of the Committee
- The Committee's role in relation to audit assurance and management; noting that the Committee tends to monitor gaps and ensure that there is a consistent approach in how matters are discussed and resolved across the District
- Role includes getting comfort on management of risk, including controlled risk and emerging risks that are outside of tolerance; while noting that ISLHD does not have a formal risk appetite, that where issues arise large and emerging risks are brought to the attention of the Board
- Internal audit planning and cycle; ISLHD has a very good internal audit process and cycle comparative to others he has seen
 - The Board noted high risk incidents, such as needle stick injuries, addressed through application of the Ministry of Health policies for management of needles, and the Committee's ensure that there is a mechanism to mitigate the risk in place
 - In response to a question on aligning risk management with the Board's strategy and how reporting and the Board committees align to oversee the implementation of the Strategic Directions plan, it was noted that it is the Board's role to monitor that the organisation is meeting the strategic outcomes and to follow up where outcomes are not being met, however, the role of the Audit and Risk Committee needs to be considered including whether it has a role in monitoring strategy
 - Noted an option may be to have a risk assessment on the strategic plan and have a risk approach for each strategic indicator, while another option would be to have failure to executive strategic plan as one of the top enterprise risks
 - In response to a question from the Board on compliance reviews that result in recommendations and how implementation of recommendations is subsequently evaluated, that there may be an opportunity for Internal Audit to review and provide options
- There is a strong commitment from management demonstrated at Committee meetings, and the Committee is able to have strong and candid conversations, with management always able and willing to provide required information
- Strong internal audit team within the District; continue to push boundaries that are measured and appropriate for the service; the Board noted that the District has a high-performing Internal Audit team, which produces significant output for its size
- The Committee Chair sought feedback on how the Audit and Risk Management Committee communicates with the Board and whether more information is required; Board noted that twice a year meeting/presentation would be adequate, and that the Committee has detailed minutes that provide good summary of key points

ACTION ITEM (10/18): ARMC to provide options on evaluation of implementation of review recommendations.

In response to a question from the Board on the development of a risk appetite for the Board; two options were proposed: have management prepare one for Board consideration or to have a facilitated discussion to develop a risk appetite statement. It was noted that both would need to take a risk management approach and articulate risks and linkages to the strategic plan, infrastructure and services planning, and be clear on parameters for risk. The Committee Chair agreed that the Audit and Risk Committee would provide a recommended approach for the development of a risk appetite statement.

ACTION ITEM (11/18): Provide recommended approach for the development of a risk appetite statement.

ITEM 9: FOR INFORMATION

9.1 Board Calendar

The Board received the information provided.

The Board Chair proposed that the Board have six meetings annually, with alternative months to be maintained as an informal meeting for a targeted discussion, presentations or other matters, and asked that the Board Secretary develop a proposed schedule for consideration.

ACTION ITEM (12/18): Provide Board schedule to support six meetings per year.

ITEM 10: BUSINESS WITHOUT NOTICE

There was no business without notice.

ITEM 11: MEETING FINALISATION

Meeting evaluation

Ms Boehm and Ms Mastroianni provided an evaluation of the meeting: key point included:

- Agenda worked well; suggested additional time for the afternoon tea with staff
- Enjoyed interactions with the Shoalhaven Hub Executive team; noting that future presenters be asked to provide precise information and not generalisations and link their presentation under the priorities of the Strategic Directions plan
- Board members reminded to focus on relevant points during discussion and direct their questions through the Chair
- Presentation from the Audit and Risk Management Chair was useful and should occur more regularly.

Details for the next meeting of the Board are:

Monday 7 May 2018

2.00pm-6.00pm


District Executive Office, Warrawong

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

MEETING CLOSED AT 6.45PM.

CERTIFIED A CORRECT RECORD

Professor Denis King OAM


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Signature

4/6/18
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Date