
MINUTES

BOARD MEETING

Date: 2.00pm-6.00pm, Monday 4 February 2019

Venue: Conference Rooms, District Executive

Meeting commenced with an in-camera session from 2.00pm to 2.20pm.

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

The Chair welcomed Ms Eve Bosak and Mr Alan Hudson as new members of the Board.

Attendance of members

Professor Denis King OAM (Chair); Ms Jill Boehm OAM; Mr Roger Downs; Professor Kathy Eagar; Mr Paul Knight; Professor Bill Lovegrove AO; Ms Marisa Mastroianni; Dr Rod McMahon; Ms Eve Bosak; Mr Alan Hudson; Professor Gerard Sutton; Mr John Stubbs.

Others in Attendance

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

Also present were:

- For Agenda Items 1 to 11: Dr Sue Fitzpatrick, Executive Director Allied Health, who was participating in the Executive Leadership in Health Program and studying Ms Mains for the week
- For Agenda Item 3.4:
 - Ms Caroline Langston, Executive Director Integrated Care, Mental Health, Planning, Information and Performance
 - Ms Linda Livingstone, Director, Engagement and Coordination, COORDINARE
 - Mr Abhijeet Ghosh, Manager Population Health Information, COORDINARE
- For Agenda Item 4.1:
 - Ms Margaret Martin, Executive Director Clinical Operations
 - Ms Nicole Sheppard, General Manager Northern Illawarra Hospital Group
 - Ms Chris Lowry, General Manager Southern Illawarra Hospital Group
 - Mr Craig Harmer, General Manager Shoalhaven Hospital Group
 - Mr Alexander Smeaton, Director Clinical Strategy and Outcomes
- Ms Nadine de Villa-Le was present for Agenda Items 5.1 and 5.2.

1.3 Apologies

Dr William Pratt.

ITEM 2: DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST

There were no conflicts declared.

ITEM 3: BUSINESS FROM THE LAST MEETING

3.1 Confirmation of Minutes of meeting held 3 December 2018

The Board approved the draft minutes of the meeting held 3 December 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.

3.4 Action 36/18: Suicide Prevention Data

The Board received the information provided.

Ms Caroline Langston, Executive Director Integrated Care, Mental Health, Planning and Performance introduced Ms Director, Engagement and Coordination and Mr Abhijeet Ghosh, Manager Population Health Information, both from the South Eastern NSW Primary Health Network, COORDINARE. She advised that the action arose from the last Strategic Alliance Committee where Mr Ghosh presented findings on suicide data within the region.

Mr Ghosh provided an overview of suicide rates across the region, including a breakdown into particular locations and age groups outlining particular hot spots. The data included Emergency Department (ED) presentations that were suicide related, with key points outlined being that 30 per cent of suicide presentations were Aboriginal clients and almost 50 per cent were under 24 years old. Mr Ghosh noted that data showed that there were multiple presentations during the time period, whereby a cohort of unique individual patients made 'suicide related' presentations several times during that period, and understanding the data enabled the District and Primary Health Network to better target treatment and prevention within its available resources. Ms Livingstone noted that the Primary Health Network is trying to use the information as an evidence base to liaise with service providers, including government and non-government organisations.

The Board discussed whether older people may be misrepresented in the data as some overdoses may be recorded as medication errors.

In response to a question on whether the findings provide clear indications of areas that need to be addressed, such as within repeat ED attendees and what different interventions could be provided, the Executive Director Integrated Care, Mental Health, Planning and Performance advised that it was difficult to provide a definitive findings as each case has its own specific circumstances, however work was underway to address gaps, and noted the recent example where the District implemented 48-hour in person follow up that had resulted in reduced representations.

In response to a question from the Board, Ms Livingstone advised that there are no universal identifiers that would support screening tools to be universally adaptable and that the suicide working group established through the Strategic Alliance was looking at strategies to address vulnerable population groups, including age and diversity groups.

In response to a question on Culturally and Linguistically Diverse data, Mr Ghosh advised that the data available in the research did not indicate any specific trends and noted that the population size included in the research did not enable conclusive evidence.

The Chair thanked Mr Ghosh and Ms Livingstone for their presentation.

3.5 Action 38/18: Oral Health Data

The Board received the information provided.

3.6 Action 41/18: Funding of registrar positions

The Board received the information provided.

Dr Lonergan advised that she had raised the question so that the Board was aware that there are such positions within the District and the impact to operations where funding changes.

ITEM 4: STRATEGIC MATTERS**4.1 Access and Flow, Emergency Treatment Performance and Transfer of Care**

The Chief Executive introduced Ms Margaret Martin, Executive Director Clinical Operations, Ms Nicole Sheppard, General Manager Northern Illawarra Hospital Group, Ms Chris Lowry, General Manager Southern Illawarra Hospital Group, Mr Craig Hamer, General Manager Shoalhaven Hospital Group, to provide a deep dive into Access and Flow and the issues faced by the District's major hospitals. The Chief Executive advised that, as noted in her report to the Board, that improving against key performance indicators to address Access and Flow issues is a priority for the District.

The Executive Director Clinical Operations presented on the District's results and strategies; key points noted were:

- An overview of key definitions for Access and Flow, including an overview of the ideal patient journey through an ED
- Overview of current performance for key performance indicators, including ED presentations, Patients Waiting Greater than 24 hours (Patients >24hrs), Emergency Treatment Performance (ETP) and Transfer of Care (TOC)
 - Noting that Wollongong Hospital had been so challenged to meet targets that its performance was contributing to the District's results
 - Mondays experienced the highest number of presentations, including ambulance presentations, and the District takes a few days to recover, which was seen through results in numbers of admissions, separations and beds
 - Triage 4 and Triage 5 presentations have increased significantly over the past 18 months
- The Clinical Operations Leadership Team had reviewed strategies where gains could be made with 17 strategies having been identified, including those that required executive intervention, and operational strategies that could be implemented at Nurse Unit Manager level
- Key strategies included:
 - Working with Residential Aged Care Facilities to address Triage 4 and Triage 5 presentations
 - Alternative options to ED presentation and considering changes to General Practitioners clinic hours, in particular over the Christmas holiday period
 - Improved coordination across acute and community, also a focus of the Fit For frailty program.

In response to questions from the Board, the Executive Director Clinical Operations advised:

- The data presented was between July 2017 and December 2018 to demonstrate growth and not intended to provide a comparison
- Comparisons of the District as a whole and its hospitals with other health services was available, for example through Health Round Table, and this information was reviewed regularly, such as by the Wollongong Hospital Whole of Health Team to identify any themes and seek advice from health services that are achieving targets
- Measures of success for the identified strategies continued to be determined and would be discussed with the General Managers who would be accountable for delivering on them, including reporting against results and improvement against targets.

The General Manager Northern Illawarra Hospital Group presented on key challenges facing Wollongong Hospital and proposed strategies, and noted:

- ETP and ED presentations have experienced steady increase over the past 18 months, which could be linked to the opening of the Illawarra Elective Surgical Services Centre in 2015

- The Centre included two additional wards to support demand modelled through to 2021, however, current performance results indicate that this demand is being realised
- The usual peak in demand from Winter has not relented as it has in other years, which resulted in over-census beds remaining open over the past 18 months
- Focus areas were to:
 - Reduce ED overcrowding, including partnering with the Primary Health Network and Health Direct Australia to promote alternatives to the presenting at Wollongong Hospital ED
 - Work with General Practice to promote alternative referral pathways to minimise unnecessary Triage 4 and Triage 5 presentations.

The Board discussed whether out of area presentations were an issue for the Hospital, and noted that that was a particular issue in the Shoalhaven but not at Wollongong Hospital. The Board noted that often Triage 4 and 5 presentations are referred to the ED by General Practitioners for a diagnostic workup, which could be more complex to provide outside of hospitals.

The General Manager Southern Illawarra Hospital Group presented on key challenges facing Shellharbour Hospital, and proposed strategies, and noted:

- Increase in presentations over the period and challenged to meet targets
- Strategies include:
 - Managing patient flow with Wollongong Hospital, with the aim of minimising transfers to Wollongong Hospital
 - Maximise use of operating theatres and minimising non-utilisation
 - Reducing Length of Stay, noting that the Fit For Frailty 'Red to Green Day' trial demonstrated that patients with a Length Of Stay of greater than five days often experienced more red or non-active care days, and that the clinical need for the additional nights would be queried.

The General Manager Shoalhaven Hospital Group presented on key challenges facing Shoalhaven District Memorial Hospital and proposed strategies, and noted:

- Presentations fluctuated over the period, however, overall resulted in an increase, with clear peaks during the Summer holiday period annually, which had also steadily increased
- Strategies include:
 - Reduce ED overcrowding by promoting alternative referral pathways for Triage 4 and Triage 5 patients, in particular weekends and holiday periods
 - Reduce ED presentations and admissions, and address Length Of Stay, noting that there was a correlation identified between reduced ED presentations at MUH following the opening of bulk billing General Practitioner clinic directly across the road from the Hospital
 - Alternative care pathways, including improved use of Ambulatory Care, Hospital In The Home and other community services
 - Looking at transition care options with Residential Aged Care Facilities.

In response to a question from the Board, the General Manager advised that work is underway to review timing of discharge planning and referral to appropriate clinical support earlier in the patient's journey.

In response to a question on whether the District is looking at what it could learn from other health services, the General Manager Northern Illawarra Hospital Group advised that the Ministry of Health's Patient Flow Collaborative was intended to enable Local Health Districts to share what works in some hospitals to enable services to work together.

The Board discussed discharge planning and what could be done to improve the customer experience and minimise unnecessary Lengths of Stay and whether reluctance to discharge was specific to particular speciality; noted that some wards and specialties did discharge below average Length Of Stay performance, while there were others that could look at improving their processes. Dr Lonergan noted that some higher Lengths Of Stay were related to access to non-hospital services, such as home care.

The Chair thanked the Executive Director Clinical Operations and the General Managers for their presentation and discussion.

ITEM 5: MATTERS FOR APPROVAL

5.1 Enterprise Risk Profile

The Board received the information provided.

The Chair noted that feedback from the Board Self-Evaluation Survey identified that risk management remained an area that may need further information and training for Board Members.

The Chief Executive advised that the draft document had been considered by the Audit and Risk Committee in December 2018. The Chair of the Audit and Risk Committee advised that the Committee reviewed an earlier version with feedback incorporated into the final document.

In response to a question on reporting against the risk profile, the Chief Executive advised that reporting would be provided to the Board through the Audit and Risk Committee quarterly, with the reporting against the financial and clinical risks to be provided to the Finance and Workforce Performance Committee and Health Care Quality and Safety Committee respectively.

The Board approved the revised Enterprise Risk Profile.

RESOLUTION (2019/01): The Board approved the revised Enterprise Risk Profile.

5.2 Fraud and Corruption Control Framework

The Board received the information provided.

The Chair of the Audit and Risk Committee advised that the Framework was a new document within the District, and that the Committee had discussed the importance of the Framework to support the cultural change within the District. She noted that there would be a new level of attestation to support implementation and compliance with the framework. She advised that the District is asked to attest of the existence of the framework through the Corporate Governance Attestation Statement each year.

The Board discussed enforcement actions and what could be undertaken within the framework, noting that it plays a key role in stating the District's intolerance for fraud and unethical behaviour. The Board noted that oversight and enforcement of the District's Delegations of Authority framework needs to be considered.

RESOLUTION (2019/02): The Board approved the Fraud and Corruption Control Framework.

ITEM 6: BOARD CHAIR REPORT

The Board received the information provided.

The Chair congratulated Ms Eve Bosak and Mr Alan Hudson's appointments to the Board, and their appointment to the Finance and Workforce Performance Committee.

The Chair noted that in relation to the meeting with South Eastern Sydney Local Health District in December 2018, that a few years ago the Illawarra Shoalhaven Local Health District had been invited to participate in Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). The District had not pursued the opportunity as it required a financial investment and the District was in its infancy in establishing research culture. He noted that at the recent meeting with South Eastern Sydney, that SPHERE has been discussed, with South Eastern acknowledging the achievements of the Centre for Health Research Illawarra Shoalhaven Population (CHRISP) in its short time period.

The Chair advised that the next Council of Board Chairs meeting was scheduled for 25 February 2019 and that the Deputy Chair would attend as he would be on leave.

ITEM 7: CHIEF EXECUTIVE REPORT

The Board received the information provided.

The Chief Executive advised that Dr Henry Murray had been extended for another three months to provide leadership support with Obstetrics.

The Board discussed the Fit For Frailty program and findings from recent research presented at the Annual Public Meeting on the reluctance of staff to discharge patients and the impact that this may have on Length Of Stay and Access and Flow measures discussed during the earlier presentation from the Clinical Operations team. The Board noted that different specialities may tolerate different levels of risk, and that this would be considered through the work to reduce Length Of Stay as part of harm reduction strategies.

The Board noted the appointment of two District staff, Ms Toni Garretty and Mr Tim Heffernan, as Deputy Commissioners of the Mental Health Commission of NSW. The Board agreed to write to Ms Garretty and Mr Heffernan to congratulate them on their appointments.

ACTION ITEM (01/19): Send letters to T Garretty and T Heffernan congratulating them on their appointments to the Mental Health Commission of NSW.

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

The Board noted the report and minutes from the September and October 2018 Finance and Workforce Performance Committee meetings.

The Committee Chair advised on the key points from January 2019:

- Noted work health and safety performance is slipping, and that managers have been asked to report on reasons why and actions to address to their senior managers
- Received report on age of Personal Computer (PC) fleet of the District, noting that approximately 625 computers are over six years ago and running Windows 7, which would not be supported into the future by Microsoft and would create a security risk; however, the District was looking to seek support from eHealth to replace the PCs, which was in line with discussions from eHealth in prior years
- Received the results from the Junior Medical Officer (JMO) Wellbeing Survey and that Wollongong Hospital received an F rating on wellbeing, despite an overarching C rating for both groups of respondents in the District
- Established a review process on engagement of consultants.

Dr Lonergan asked that the Chief Executive was to seek advice from eHealth, whether the speed on eMR (electronic medical record system) could be raised, as at times it has taken 30 minutes to request a result in the system.

8.2 Health Care Quality and Safety Committee

The Committee Chair provided a verbal update of key points from the January 2019 meeting of the Health Care Quality and Safety Committee:

- Professor Bill Lovegrove had joined the Committee
- Received an update on patient feedback; including themes of engagement, focus on the Compassionate Care program, which the Committee would continue to monitor regularly
- Received an update on key Public Health matters following the presentation received at the informal Board meeting in November 2018
- Received a thematic analysis of falls in the District
- Coroner's finding on the death of Master Troy Almond, who was a staff members' son; key findings related to implementation of Between the Flags program and noted that there were concerns of the District's ongoing use of the program.

Dr Lonergan advised that in relation to Between the Flags and PACE (Patients with Acute Care for Escalation), that Medicine registrars' time is being stretched thin to respond to these calls as other specialists often rely on the Medicine registrar, rather than responding directly; there was concern that other specialists may become de-skilled if they do not respond to such reviews. The Chief Executive advised that the programs are being reviewed within the District to ensure that they are being used when needed.

8.3 Board Planning and Innovation Committee

The Board received the minutes from the December 2018 Board Planning and Innovation Committee meeting. The Chair provided a verbal update on the February 2019 meeting that concluded 10 minutes before the Board meeting commenced; key matters considered by the Committee were:

- Review of the draft Health Care Services Plan, which included a greater focus on community care over hospital-based services and that the Committee proposed that the plan be finalised for consideration by the Board, with the Board Planning Day to focus on implementation of the Health Care Services Plan and prioritisation, investment and disinvestment to support implementation of the Health Care Services Plan
- Provided feedback on the draft sub-acute services plan, and agreed that the future priority needs to focus on Port Kembla Hospital and its linkages and to Shellharbour Hospital and outcomes for quality, efficient health care services
- Received an update on the draft proposal for the clinical trials unit and governance of research following outcomes of the research review.

8.4 Audit and Risk Committee

The Board received and noted the minutes from the December 2018 Audit and Risk Committee meeting. The Committee Chair advised the following key points from the meeting:

- There was a fire drill undertaken during the Committee meeting
- Commended the Chief Executive and her team on the quality of work considered by the Committee, including the draft Fraud and Corruption Framework and Enterprise Risk Profile, and noted that further work was being undertaken on the Risk Appetite Statement that would be submitted for consideration at the Board Planning Day in 1 April 2019
- The Committee received a presentation on privacy from Ms Deborah Cameron, Executive Director Nursing and Midwifery, and noted that high profile patients tend to result in a higher number of privacy breaches, and that the Committee had sought

further information on actions that could be considered breaches and noted that inclusion that the Board has zero appetite for such breaches in the Risk Appetite Statement would make it clear that there is zero tolerance within the District

- Received the External Audit Management Letter from June 2018
- Annual engagement letter from the Audit Office of NSW was presented, with the Committee querying the level of materiality for errors in the accounts and was advised that the Audit Office did not disclose its materiality thresholds
 - The Committee would seek further clarification on the District's materiality thresholds.

The Board sought clarification on thresholds for materiality and was supportive of the Committee Chair seeking formal clarification from the Audit Office of NSW if the matter was not resolved at the next meeting.

ACTION ITEM (02/19): Provide clarification on materiality thresholds.

The Board discussed privacy requirements and noted advice from the Chief Executive that she was considering writing to all staff individually to remind them of their obligations in relation to patient record management and privacy. The Committee Chair noted that the Audit and Risk Committee was seeking advice to confirm the NSW Health Policy alignment with the Commonwealth Privacy Principles and management and reporting of breaches. The Board discussed whether there would be additional obligations with the commencement of My Health Record and its access and privacy requirements. The Board sought clarification on accountability and implications of any My Health Record privacy breaches and whether the individual user and/or the District would be held to account.

ACTION ITEM (03/19): Clarify District and individual user obligations for any privacy breaches when using My Health Record.

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

Details for the next meeting of the Board are:

Board Meeting

2.00pm-6.00pm, Monday 4 March 2019

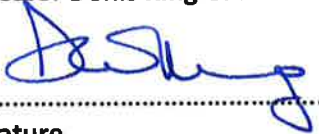
District Executive Office, Warrawong

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

MEETING CLOSED AT 5.10PM

CERTIFIED A CORRECT RECORD

Professor Denis King OAM


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Signature

1.7.19
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Date