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# MINUTES

## BOARD MEETING

Date: 1.30pm-4.30pm, Monday 3 June 2019

Venue: Conference Rooms, District Executive Office

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**Health**  
Illawarra Shoalhaven  
Local Health District

*The meeting commenced at 1.30pm.*

### **PRESENTATION: STRATEGIC SUSTAINABILITY PROGRAM**

Mr Gerrard Golding, Executive Director Strategic Improvement Programs provided an overview presentation on the Strategic Sustainability Program (SSP), previously the Financial Sustainability Program, having since adopted a broader approach. The program aims for \$20 million in improvements with a particular focus on procurement.

Mr Rupert Cole, Director Finance and Performance presented on nursing and surgical workforce efficiency, the increased scope of the SSP and how clinical inputs affect financial results, with effective clinical practice being efficient. He advised he had only been in health for 12 months, however the issues are consistent in all industries. Regarding the Nursing rostering efficiency project, the Director Finance and Performance advised that Directors of Nursing are ultimately responsible. He noted for the surgical rostering efficiency project that overtime is leading to significant clinical risk and that major drivers of overtime include ordering of supplies in late afternoons for the following day, ward rounds and writing of progress notes. He also noted that the electronic medical record system may slow down staff with inherent inefficiencies, and that overtime was very imbalanced in allocation.

Due to time limitations, the Financial Sustainability component of the presentation was postponed, and due to unplanned leave of the Manager Procurement Mr Craig Timms, the component of the presentation on procurement initiatives was also postponed.

The Board queried if the District would have been worse off without the SSP. The Executive Director Strategic Improvement Programs advised that the District would have been worse off considering the realised savings. The Chief Executive advised of a further \$4 million in funding from eHealth was forthcoming.

The Board noted that the District was performing well around blood products and whether the SSP be modelled similarly. The Director Finance and Performance advised that the SSP will consider restructuring and use of lean methodology, particularly around waste minimisation. He advised of the complexity and risk of change.

The Board noted the People Matter Employee Survey measure on perceptions of senior managers and queried the level of seniority intended in the measure. The Chief Executive noted this has been defined in 2019 for the first time to refer to the site manager or most immediate senior staff member.

The Board further queried what entities the District is benchmarking against and how the District performed, to which the Executive Director Strategic Improvement Programs advised it is against Local Health District peers. He also advised that clinical improvement is needed, on expenditure the District result was on average and revenue the District is the best in the state. The Board asked the Executive Directors whether the District should be benchmarked more broadly, such as other states, however the Executive Director Strategic Improvement Programs noted improvements are first required to aim for best in state.

Regarding the nursing rostering efficiency project, the Board queried whether the District is only reviewing staff numbers, and the need to consider other factors such as years of service and skill mix. The Director Finance and Performance advised that proper clinical outcomes and skill mix are important factors being reviewed, as some rosters were loaded with registered nurses with few assistants in nursing. He advised the Roster Perform tool within Healthroster will allow nurse managers to view skill mix.

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The Board queried whether the NSW Nurses and Midwives' Association had been consulted and were on board, to which the Director Finance and Performance advised their interests are aligned, such as publishing rosters in advance, which will improve under the project.

The Board noted the need for roster flexibility to cope with emergencies and put the District on the front foot. The Director Finance and Performance noted the District is being realistic and flexible in its approach, as it is not possible to remove all overtime and it may be preferable to agency staff, with stronger management of rosters expected.

The Board noted that nursing managers took responsibility for rosters over 20 years ago and queried if there is a culture problem. The Chief Executive advised that staff aim to perform well and use tools more effectively, with some areas with accountability issues. She also noted a lack of time for managers to think strategically and greater complexity than 20 years prior including nursing hours per patient day, skill mix and suboptimal use of systems. The Director Finance and Performance advised the District is monitoring improvement with transparent reporting and the frontline nursing staff involved.

The Board drew attention to the graphs of overtime in the presentation and queried if these were adjusted for seasonal variation. The Director Finance and Performance advised they are raw hours, however that there is seasonality in overtime. He also advised that peak times with surgery are early in the morning and at the end of the day aligned to ward rounds and preparation for the next day. In response to a query on whether the graphs being used District wide and around the state, the Director Finance and Performance advised while he cannot comment on NSW Health, he had discussed with the Deputy Secretary of the Ministry, and the Chief Executive advised that the District is the only LHD performing this analysis and she plans to present it at next Ministry Senior Executive Forum in June 2019.

The Board noted that clinical notes are being done retrospectively and that it can depend on the specialty, for example medicine document notes contemporaneously. The Board observed options for documenting notes more efficiently such as voice transcription, to which the Director Finance and Performance noted this is part of the recommendations. The Board queried whether the equipment to take notes is with medical officers on rounds, to which the Director Finance and Performance advised it is not, that intern mix and speed varies and that rounds typically visit one patient every five minutes.

The Board thanked the team for the informative presentation.

## **ITEM 1: WELCOME**

### **1.1 Acknowledgement of country**

The 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; Mr Paul Knight; Ms Eve Bosak; Mr Roger Downs; Professor Kathy Eagar; Mr Alan Hudson; Professor Bill Lovegrove AO; Ms Marisa Mastroianni; Dr Rod McMahon; Dr William Pratt; Professor Gerard Sutton; Mr John Stubbs.

#### Others in Attendance

Ms Margot Mains, Chief Executive; Dr Joshua Rijdsdijk, Co-Chair Northern Illawarra Medical Staff Council; Mr Andrew Hayne, Board Secretary; Ms Angela Tugrul, Assistant Board Secretary.

Also present were:

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- For Agenda Items 3.5: Mr Peter Shiells, Chief Information Officer
  - For Agenda Item 3.6: Dr Mark Bassett, Executive Director Medical Services and Clinical Governance
  - For Agenda Item 4.1: Mr Gerrard Golding, Executive Director Strategic Improvement Programs; Ms Nadine De Villa-le, Executive Director Finance; Mr Rupert Cole, Director Finance and Performance; Ms Jennifer Nagorcka, Project Manager Financial Improvements; Mr Steve Packer, Director Financial Operations; Mr Kevin Pallier, Director Financial Planning & Analysis.

### **1.3 Apologies**

Mr Paul Knight.

#### **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 4 March 2019**

The Board approved the draft minutes of the meeting held 4 March 2019.

##### **3.2 Notes of informal meeting held 6 May 2019**

The Board received the draft notes of the informal meeting held 6 May 2019.

##### **3.3 List of Action Items**

The Board noted progress/completion of actions.

##### **3.4 Register of Board Resolutions**

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

##### **3.5 Action 6/19: My Health Record and Privacy**

The Chair welcomed Mr Peter Shiells, Chief Information Officer, to the meeting for discussion on this item. The Board received the information provided.

The Board queried the assurance the District can provide and redress available for a patient who believes their record has been accessed or disclosed, such as discussed in the community or the emergency department without consent. The Chief Information Officer advised from a My Health Record (MHR) perspective, a user is notified if someone accesses their record, providing a mechanism to go request access information from the MHR organisation. He further advised that individuals are responsible for any breaches. The Board noted that the Ministry have picked up some responsibility, however the District needs to outline employee obligations.

The Board commented that they thought MHR access was at an organisational level rather than individual, however the Chief Information Officer noted that there is a process in place for the MHR organisation to request NSW Health provide exactly who accessed a record.

In response to whether the District will enact a disclaimer or reminder on computer screens about MHR obligations, the Chief Information officer advised that Ministry are focusing on the issue and the District expects information in the guidance being published. He added that eHealth are aiming to improve access processes, and that all staff when logging onto computers agree to the District's access policy. The Board further recommend a very clear additional warning to staff.

The Board raised their concern about high turnover sections of the workforce such as agency staff and the need to protect patients and ensure a culture of patient privacy and disclosure.

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The Chief Executive noted she outlined at every staff forum including disciplinary action, fines and imprisonment.

The Board observed that the patient consent form could incorporate MHR access.

*The Chief Information Officer left the meeting.*

### **3.6 Action 10/19: Furness Report Commendations**

The Chair welcomed Dr Mark Bassett, Executive Director Medical Services and Clinical Governance, to the meeting for discussion on this item. The Board received the information provided.

The Executive Director Medical Services and Clinical Governance outlined that medical officers moving around is often a indicator of performance issues, and that both Directors of Medical Services and Patient Safety Managers would be aware of systemic surgical incidents. He noted while access exists to surgical notes in public hospitals, records of private preadmission and post-operative clinic notes for staff specialists seeing private patients are not accessible, and that the District has only a degree of oversight of smaller specialties and sites, which can be reviewed by incident reports and morbidity and mortality meetings. He noted that the District would pick up issues over time for short term employees, however it may not be immediate, and it can be difficult to detect serious performance issues, which is a work in progress for the Clinical Governance Council.

The Board queried how patient complaints are linked to performance, with complainants in the Gayed case having felt dismissed. The Executive Director Medical Services and Clinical Governance advised that the complaints officers work alongside patient safety managers and will identify when complaints link to incidents of clinical significance, as well as Health Care Complaints Commission complaints where a formal response is required.

In response to a query on how the District and NSW Health identify performance issues that had arisen elsewhere, the Executive Director Medical Services and Clinical Governance advised the service check register, with local health districts obligated to make a record which is accessible state wide. He also noted that Medical Board amalgamation across Australia had improved notifications.

The Board observed the District's weakness appeared to be around locums and queried how the District checks their performance. The Executive Director Medical Services and Clinical Governance noted the scrutiny of references and work of the Medical and Dental Appointment Advisory Committee (MDAAC), however the high reliance on locums, particularly junior locums, is especially risky and can be mitigated partly through diligence and engagement of previous locums only. The Board noted that the District can ask for more than minimum number of references and should not proceed if there is any doubt.

*The Executive Director Medical Services and Clinical Governance left the meeting.*

## **ITEM 4: STRATEGIC MATTERS**

### **4.1 Financial Sustainability Program**

*Minutes from this agenda item are noted under Presentations above.*

*Professor McMahon arrived at 1.38pm during discussion on this item.*

## **ITEM 5: MATTERS FOR APPROVAL**

### **5.1 Asset Strategic Plan**

The Board noted the plan to receive the Asset Strategic Plan by flying minute and the minor amendments requested during the Planning and Innovation Committee meeting earlier in the day.

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**RESOLUTION (2019/10):** The Board agreed to receive the Asset Strategic Plan out of session for approval and provision to the Ministry.

**5.2 Sale of Plunkett St Nowra Property**

The Board approved the sale of the Plunkett St property.

**RESOLUTION (2019/11):** The Board approved the sale of the Plunkett St property.

**ITEM 6: BOARD CHAIR REPORT**

The Board received the information provided.

The Board queried when the next version of the strategic directions review will occur, to which the Chief Executive advised discussions will commence to prepare for the next version.

The Board Chair noted the Sydney Local Health District Doctor Wellness program, having held discussions with the Director of the program who offered to meet with relevant District staff. The Chair noted the program has 10 full-time equivalent medical officers who work solely as relief staff, and that Sydney Local Health District's hospitals are all within a small radius so they can shift staff between each site easily. The program Director noted limited interest from visiting medical officers and surgeons.

**ITEM 7: CHIEF EXECUTIVE REPORT**

The Board received the information provided.

The Board queried regarding access and flow how facilitated admissions are defined. The Chief Executive noted that facilitated admission are not the same as direct admissions and that senior oversight of the patient remains in place.

The Board noted the achievements of Kate Curtis, which are an important part of the change in culture to become a research-focused District, and agreed to write to her and congratulate her on her achievements.

**ACTION ITEM (14/19):** Write to Kate Curtis to congratulate her on her recent HESTA award and contributions to the District.

**ITEM 8: BOARD COMMITTEE REPORTS**

**8.1 Finance and Workforce Performance Committee**

The Board noted the report and minutes from the recent Finance and Workforce Performance Committee meetings. On behalf of the Committee, Professor King advised on the key points from April 2019:

- Pathology costs, with virtually no movement in pricing in years and the plan to discuss with the Ministry, to which the Chief Executive noted she will raise the pathology matter in the confidential report.
- Personal Effectiveness Development plans (PED) and low completion rates.
- The staff safety observation of gas tanks at Milton Ulladulla Hospital which lacked space, to which the Health Care Quality and Safety Committee noted it can add that to the upcoming site tour.
- Challenges in activity based costing with budgeting on an ABF basis but funded differently and the inability to reconcile, which will be discussed with the Ministry Chief Financial Officer.
- Work health and safety issues following a recent asbestos incident and methods of contractor induction and awareness.

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**ACTION ITEM (14/19):** Add the gas tank storage area to the upcoming Milton Ulladulla Hospital tour of the Health Care Quality and Safety Committee.

## **8.2 Health Care Quality and Safety Committee**

The Board noted the report and minutes from the recent Health Care Quality and Safety Committee meetings.

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

- PED completion rates.
- Theft of valuables in hospitals.
- Emergency Treatment Performance (ETP) and access and flow challenges, being the lowest state performer with major capacity issues at all sites. It was noted that Wollongong Hospital is 149 beds short and that Nowra Private Hospital is also full.
- Mental Health performance improvements including follow up post-admission.
- Nursing hours per patient day under and over provisions.
- The Falls working group and companioning and specialling, which may not work as expected, as well as the Milton Ulladulla Hospital volunteer program.

The Committee Chair raised the possibility of holding the July 2019 meeting at Wollongong Hospital instead of the District Executive Office and incorporating a presentation from the nuclear physics medical imaging team on linear accelerator radiation dosimetry.

The Board asked the Chief Executive whether the setting of clinical performance targets is discussed at Senior Executive Forums including the understanding of the impacts on parameters, having noted more nuanced measures are needed. The Chief Executive advised the Ministry is no longer targeting waiting lists numbers, which may pose a risk to the District. She also advised that ETP was discussed, with triage 1, 2 and 3 the most important and that triage categories 4 and 5 should be quick as possible, effectively treating the least acute first. The Board noted that other jurisdictions and internationally health services are moving away from ETP with more focus on active treatment time, with the initial reason for ETP having been overcrowding and boarding leading to poor outcomes. The Board also considered whether some patients are safer to remain in ED due to their condition and staffing, and that the focus needs to be on treating the patient and not the measure.

The Board queried whether weekend discharges are still a challenge and if any progress had been made, given it was a known problem. The Chief Executive advised of some improvements, particularly where staff are alert mid-week and prepare preliminary work before discharge, but if building up by Friday the weekend will be challenging. Staffing to match demand on weekends being considered, including weekend rounds.

## **8.3 Audit and Risk Committee**

The Board noted the report and minutes from the March and April 2019 Audit and Risk Committee meetings. The Committee Chair advised on the key points from March and April 2019:

- Asset revaluation error identified in the prior year financial statements totalling \$73 million, with a chronology given. The Committee is considering how to avoid recurrence and querying of auditors, as the error occurred due to audit error and new format from the Ministry of Health in asset revaluation.
- Internal Audit of Junior Medical Officer (JMO) management and wellbeing, including timesheets and volume of overtime, which was also deferred to the Finance and Workforce Performance Committee. The Chief Executive noted the Ministry have expanded overtime to include four categories for paid recognised overtime and the need to manage rostering to reduce unrostered overtime. The Committee Chair

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noted both clinical risk and wellbeing and health issues. The Board also noted that the electronic medical record consumes considerable time and the possibility of voice recognition and scribes, which the Ministry have recognised. The Board also advised that general practitioners want less information than is being provided in discharge summaries, but JMOs have advised they prepare the summaries for Hospitals and fellow JMOs in case patients re-present.

- Cybersecurity risks, with a presentation from Peter Shiells on District and NSW health activity around avoidance of data theft. The biggest risk is inadvertent access, with the need to invest in training.

**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 meetings of the Board are:**

Board Meeting

2.00pm-6.00pm, Monday 1 July 2019

District Executive Office, Warrawong

Board Meeting

2.00pm-6.00pm, Monday 2 September 2019

Conference Rooms, Block C Level 8,

Wollongong Hospital

Board Meeting

2.00pm-6.00pm, Monday 5 August 2019

District Executive Office, Warrawong

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

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**MEETING CLOSED AT 4.23PM**

**CERTIFIED A CORRECT RECORD**

**Professor Denis King OAM**

  
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**Signature**

  
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**Date**