
MINUTES

BOARD MEETING

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

Venue: Conference Rooms, District Executive



Health
Illawarra Shoalhaven
Local Health District

Agenda Items 5.2, 4.1 and 4.2 were presented at the start of the meeting, as noted on the agenda.

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

Ms Jill Boehm OAM (Acting Chair); 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.

Mr Hudson was present for Agenda Items 4.1, 4.2 and 5.2.

Others in Attendance

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

Also present were:

- For Agenda Items 3.5, 3.6: Mr Peter Shiells, Acting Chief Information Officer
- For Agenda Item 4.1: Clinical Professor Jan Potter and Professor Spiros Miyakis, Clinical Leads Fit For Frailty Project, and Ms Megan Foye and Ms Padmini Pai, Project Leads Fit for Frailty Project
- For Agenda Item 4.2:
 - Dr Mark Bassett, Executive Director Medical Services
 - Ms Vicki Biro, Manager Clinical Governance.

1.3 Apologies

Professor Denis King OAM (Chair); 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 February 2019

The Board approved the draft minutes of the meeting held 4 February 2019

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 37/18: Activity Based Funding

Item deferred to Finance and Workforce Performance Committee.

3.5 Action 3/19: My Health Record Privacy Concerns

The Chair welcomed Mr Peter Shiells, Acting Chief Information Officer, to the meeting for discussion on this item.

The Board received the information provided.

The Acting Chief Information Officer provided an overview of My Health Record and its interface with the District's electronic medical record and outlined the District's understanding of the record security and management of potential privacy breaches and noted that the full implications for the My Health Record legislation are yet to be fully understood and that further advice would be sought on the matter.

In response to a question on who had the expertise on My Health Record within NSW Health, the Chief Executive advised that this was eHealth NSW, and that the Primary Health Network also assisted through its role.

The Board sought further information on whether emergency department records are included in the My Health Record, and it was confirmed that appropriate records from emergency department presentations and diagnostics are included in a patient's My Health Record where approvals have been granted.

ACTION ITEM (06/19): Provide further information on My Health Record and privacy implications and accountabilities for the District.

3.6 eMR User Experience

The Board received the information provided.

The Acting Chief Information Officer advised that following concerns raised at the February 2019 Board meeting by Ms Maureen Lonergan, Co-Chair Northern Illawarra Medical Staff Council, about issues with eMR (electronic medical record system) that she had been contacted to clarify the concerns so that they would be investigated and the issues had been resolved.

The Acting Chief Information Officer left the meeting.

ITEM 4: STRATEGIC MATTERS

4.1 Safety and Quality Deep Dive

The Chair welcomed Dr Mark Bassett, Executive Director Medical Services and Clinical Governance and Ms Vicki Biro, Manager Clinical Governance, to the meeting.

The Executive Director Medical Services and Clinical Governance presented on the District's results and strategies within Safety and Quality and medical workforce. Key points noted were:

- Quality and safety performance reporting, in particular on Healthcare Acquired Complications (HACs) within the hospitals, noting that there was a time lag in reporting against such measures of a few months due processing of the data
- Learnings from incidents, complaints and coronial matters, including engagement with consumers or their families and carers as relevant, was usually through an investigation into the issue
- There was a clinical practice improvement project on writing of incident reports and ensuring that recommendations are relevant and implemented in a timely manner that make a difference to health outcomes
- Discharge summary improvement project, including discharge summaries from emergency department and inpatient wards, which included feedback from general practitioners (GPs) on the quality of discharge summaries; noted that it was a multipart project which aimed to improve quality of reporting and minimise the time to prepare discharge summaries and GP time to review discharge summaries
- Accreditation of the District's services was due in 2020 and was expected to include Short Notice Assessments

- The second Safety and Quality Account was submitted in October 2018, with feedback due back to the District soon; the 2018-19 Account is due in the coming months
- The unit is responsible for the implementation of the replacement incident management system IMS+ once it is rolled out by the State
- Medical staff performance and impact on quality and safety, which is ultimately the responsibility of the Executive Director Medical Services and Clinical Governance, was a key for are in 2019:
 - Role of the Medical and Dental Appointments Advisory Committee (MDAAC) through medical appointments and credentialing to support strong clinical leadership and appointments that focus on quality and safety; the Chief Executive noted that Dr Roger Boyd, Director State Scope of Clinical Practice Unit, would be presenting with to the District's senior medical staff on credentialing later in the week
 - Importance of Mortality and Morbidity meetings in the District for leading discussions in clinical incidents and variation
 - Reviewing role of Heads of Departments and enabling doctors to manage their responsibilities
 - Continuing medical education and training, including ongoing training of international medical graduates
 - Management of misconduct and underperformance in line with policy
 - Addressing organisational efficiency, including workforce deficiencies, underfunding, culture and clinical performance, for example, the impact to emergency department performance arising from medical workforce issues.

In response to a question on HACs results, the Manager Clinical Governance advised that where the District performs outside of range in HACs that a case file review is undertaken to identify any themes of key issues that may be impacting on the results.

In response to a question from the Chair, the Dr Rijdsdijk advised that he was aware of some of the initiatives and programs outlined by the Executive Director Medical Services and Clinical Governance, through the Medical Staff Council and advice from his Head of Department.

In response to a question from the Board on overtime and risks to patient safety, the Executive Director Medical Services advised that there was a policy on safe working hours that the District adheres to and is generally compliance, however, there may be circumstances where there may be a doctor working longer hours under a voluntary basis. He advised that staff wellbeing is a priority within the District. He also noted that there are audits undertaken to ensure compliance with safe working hours policy.

The Board noted that the presentation was informative, and the activities outlined provided a level of assurance that the key risks are being addressed.

The Chair thanked the Executive Director Medical Services and Clinical Governance and the Manager Clinical Governance for their presentation and discussion.

Dr McMahon arrived at 3.03pm during discussion on this item.

4.2 Fit For Frailty Project

The Chair welcomed Clinical Professor Jan Potter and Professor Spiros Miyakis, Clinical Leads Fit For Frailty Project, and Ms Megan Foye and Ms Padmini Pai, Project Leads Fit for Frailty Project.

Key points advised by the Fit For Frailty team were:

- Overview of the frailty scale used within the District and development of the Clinical Frailty Pathway
- The need for patient/carer information on frailty and the development of an information booklet to engage with patients, as they and their families and carers have negative connotations of what frailty means compared to the clinical definition

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- Results of the #EndPJParalysis pilot and progress and momentum of further rollout of the program, including patient feedback, noting that it aimed to prevent deconditioning that may occur in hospitals
 - Noted that preliminary results are showing that there is a decrease in average length of stay based on an analysis of wards where the program was trialled against similar wards; other results indicated a decrease in pressure injuries and complaints
 - A key issue that had emerged was washing of day clothes for patients that did not have regular family or carer visits, and that the Project Team was exploring options for washing support
 - Overview of the frailty dashboard that was near completion, and that use of the clinical pathway was drive use of the dashboard and that the team was continuing to develop tools to support its implementation to ensure that it becomes a useable tool that leads to improved healthcare delivery and improved outcomes
 - The Red2Green Days project pilot commenced in Shellharbour, with the initial interest to understand where there are red days and what the delays in discharge are, with the project aim to reduce overall length of stay and to ensure that patients are closer discharge; noted that review and analysis of the red days was complex work and required time to review.

The Board discussed drivers of red days and whether any themes had been identified through the review, with the team advising that delays could occur due to a range of reasons, including waiting for placement, such as through Residential Aged Care, or waiting for complex diagnostics, or waiting for review of a diagnostics report. The Project team noted that identification of delays was important so that easy fixes could be addressed or strategies development to address complex reasons for systematic delays.

In response to a question on how comparison of red days on weekends to weekdays, the team advised that most red days occur on weekends, however, this was due to a variety of reasons, rather than approval to discharge. The Board discussed the District's discharge processes and whether medical or protocol or nurse led discharge was used and noted that it was specialty and ward dependent and often related to multiple factors, including an aversion by some clinicians to discharge which had been demonstrated in research previously identified by the team. The Board requested a copy of the research into red days and analysis of delays in discharge.

ACTION ITEM (07/19): Provide copy of research into red days and analysis of delays in discharge.

In response to a question on the Clinical Frailty Scale, the Project team advised that there was work underway to ensure consistent use of the same scale with key partners to assist with presentation and admission into hospitals and discharge, including Residential Aged Care Facilities, Ambulance NSW, GPs and the South Eastern NSW Primary Health Network COORDINARE.

In response to a question on what support was needed by the Board, the Project Team advised that there had been support from clinicians generally, however, key components of the project were about to commence, including establishment of champions across the District, which was expected to result in further awareness and improvement in patient outcomes.

The Chair thanked to Fit For Frailty team for their presentation.

Mr Hudson left the meeting during discussion on this item.

4.3 Strategic Directions – Quarterly Dashboard – Quarter 2, Year 2

The Board received the information provided.

ITEM 5: MATTERS FOR APPROVAL**5.1 Partnering with Consumers Framework**

The Board received the information provided.

The Chair noted that the draft framework had been reviewed by the Board Health Care Quality and Safety Committee and noted that feedback from consumers had been received and was addressed in the development of the framework. The Chair noted that Mr John Stubbs had reviewed the draft document, and the Board noted that he was supportive of the framework from his experience as a consumer representative.

In response to a question on the transparency of clinical incidents and open disclosure and engagement with families/carers and patients, the Chief Executive advised that the Ministry of Health was reviewing open disclosure policy to enable earlier disclosure, and that this included review of legal privilege and the Ministry's role in approving information. The Chief Executive advised that significant incidents are reported to the Ministry, including significant incidents that may have medico-legal implications and that the Ministry provides advice where required. The Chair advised that MDAAC had previously asked clinicians about open disclosure during interviews to ensure clinicians understood the importance of open disclosure.

In response to a question on partnerships, the Chief Executive advised that the District had partnerships at a variety of levels, for example at a consumer level through individual consumers and consumer-led community groups, such as the engagement of maternity services, and higher level non-government organisation partnering, such as through the Health Co-Design Council, that includes a number of community-based NGOs.

RESOLUTION (2019/06): The Board approved the ISLHD Partnering with Consumers Framework.

5.2 Board Management Software

The Board received the information provided.

The Chair welcomed Ms Joanne McMaster, Regional Sales Manager Diligent, to the meeting. Ms McMaster presented on the Diligent Board Management Software. The Board discussed:

- Feedback from other local health districts and noted that there are at least three other NSW organisations using the software for management of board and other meetings; the Board Secretary advised that there are other vendor products available and used by some NSW Health organisations, and that feedback from those using Diligent had been positive
- Discoverability of notes and retention of notes/annotations and that a policy would need to be developed for the Board
- Availability of executive assistance licencing for the software.

The Chair thanked Ms McMaster for the presentation.

Ms McMaster left the meeting.

The Board agreed in-principle to upgrade its Board portal system, pending identification of a funding source, and support from the Board Chair for the change.

ACTION ITEM (08/19): Seek feedback from the Board Chair on upgrade of the Board portal system.

RESOLUTION (2019/07): The Board agreed in-principle to upgrade its Board portal system, pending identification of a funding source, and support from the Board Chair for the change.

5.3 Bulli Urgent Primary Care Centre Role Delineation

The Board received the information provided.

The Board noted that the proposal had been reviewed and recommended by Planning and Innovation Committee.

The Board discussed whether consideration there had been consideration of future service demand at the Bulli Urgent Primary Care Centre to coincide with the new build of the Bulli Hospital Aged Care Centre of Excellence and whether there were any changes to the number of presentations forecast once the new facility opened; however, noted that presentations to the urgent care centre remained low and that community information on the new development clearly indicated that it would only include an Urgent Primary Care Centre.

The Board noted that the proposed change in Role Delineation from a Level 2 to a Level 1 emergency service would not result in any changes to the current model of care provided at the facility or the hours of care and that the service would continue to include resuscitation service.

The Board approved the administrative change of role delineation from Level 2 to Level 1 of the Bulli Urgent Primary Care Centre, which continues the level of care that was previously agreed by the Board.

RESOLUTION (2019/08): The Board approved the administrative change of role delineation from Level 2 to Level 1 of the Bulli Urgent Primary Care Centre, which continues the level of care that was previously agreed by the Board.

5.4 Board Committee appointments

The Board received the information provided.

The Board Secretary advised that the appointments were being formalised following recent Board renewal changes. The Board noted that Mr John Stubbs was a member of the Board Health Care Quality and Safety Committee, as it was not included in the paper.

The Board noted that a review of Committee appointments would be undertaken for appointments expiring in 2019.

The Board approved the Board committee appointments:

- Ms Eve Bosak – Member Finance and Workforce Performance Committee from 28 January 2019 to 31 December 2019
- Mr Roger Downs – Chair Planning and Innovation Committee continuing to 31 December 2019
- Professor Kathy Eagar – Member Planning and Innovation Committee continuing to 31 December 2019
- Mr Alan Hudson – Member Finance and Workforce Performance Committee continuing to 31 December 2019
- Professor Denis King – Chair Aboriginal Health Committee and member Finance and Workforce Performance Committee continuing to 31 December 2019
- Mr Paul Knight – Chair Finance and Workforce Performance Committee and member of Aboriginal Health Committee and Board member of Audit and Risk Committee continuing to 31 December 2019
- Professor Bill Lovegrove – Member Health Care Quality and Safety Committee from 23 January 2019 to 31 December 2019.

RESOLUTION (2019/09): The Board approved the Board committee appointments:

- Ms Eve Bosak – Member Finance and Workforce Performance Committee from 28 January 2019 to 31 December 2019
- Mr Roger Downs – Chair Planning and Innovation Committee continuing to 31 December 2019
- Professor Kathy Eagar – Member Planning and Innovation Committee continuing to 31 December 2019
- Mr Alan Hudson – Member Finance and Workforce Performance Committee continuing to 31 December 2019
- Professor Denis King – Chair Aboriginal Health Committee and member Finance and Workforce Performance Committee continuing to 31 December 2019
- Mr Paul Knight – Chair Finance and Workforce Performance Committee and member of Aboriginal Health Committee and Board member of Audit and Risk Committee continuing to 31 December 2019
- Professor Bill Lovegrove – Member Health Care Quality and Safety Committee from 23 January 2019 to 31 December 2019.

ITEM 6: BOARD CHAIR REPORT

The Board received the information provided.

The Acting Chair advised that the Council of Board Chairs meeting was held on 25 February 2019, and that formal minutes would be reinstated from that meeting as had been prepared in previous years, however they had not been provided at that point in time. She advised that key points from the meeting were:

- Commencement of caretaker period from 1 March 2019
- Provision of Leading Better Value Care; and asked the Chief Executive to provide a presentation on the implementation of Leading Better Value Care implementation in the District to a future Board meeting
- Board's role in making sure that doctors are being heard
- Wellbeing of junior doctors and safe working hours; the Board requested a regular report on safe working hours for doctors
- Options to enhance emergency department performance.

ACTION ITEM (09/19): Provide presentation on Leading Better Value Care implementation.

In response to a question on the Secretary's letter on the Furness report, the Chief Executive advised that the District had been asked to confirm to the Ministry that the recommendations were being addressed. The Chief Executive advised a working group had been established to review its processes to confirm compliance and that this would be reviewed by the Clinical Governance Council. The Board requested further information on the District's response to the recommendations in the Furness report.

ACTION ITEM (10/19): Provide advice on how the District is responding to the Furness report recommendation.

ITEM 7: CHIEF EXECUTIVE REPORT

The Board received the information provided.

The Chief Executive advised that had been a busy month with lots of reporting related to the pre-election period.

She noted the meeting with Better Births Illawarra concerning Wollongong Hospital Maternity Services, that Better Births invited local media to attend the meeting unknown to

the District. The meeting discussed outcomes of Midwifery Group Practice and proposed upgrades to the Birthing Unit noting that it had been costed at \$2.3 million.

The Board discussed the notifiable incident relating to an electric shock incident, and sought further information on: Whether safe operating procedure was followed; The delay in reporting the incident and whether the manager knew and failed to report. The chief Executive advised that she had indicated to the Executive team her expectation of prompt reporting where incidents, in particular serious incidents occur, and that this needs to be relayed to all staff. The Board also discussed the needle stick incident referred to in the report and how it could occur and noted that while some syringes have built in safety mechanisms, these can be disengaged by the user, however, it was not clear if this occurred from the information in the report.

The Board discussed reporting of notifiable and significant incidents, and requested that further information be provided in future, including: how the incident occurred, whether standard work procedures were followed and if not, why not, and what corrective measures where needed to resolve the matter and mitigate similar incidents in future.

ACTION ITEM (11/19): Review incident reporting to the Board to include: how the incident occurred, whether standard work procedures were followed and if not, why not, and what corrective measures were needed to resolve the matter and mitigate similar incidents in future.

The Chief Executive also advised that the Senior Executive Forum was on 1 March 2019, with key matters discussed:

- The Furness report recommendations implementation and noted that class action is being pursued; Incident Management System (IMS) complaints and Morbidity and Mortality meetings and need to ensure that staff are appropriately reporting incidents through the IMS system; and that the Ministry would establish a working group to address the second recommendation
- The Bureau of Health Information was releasing its Health Care Quarterly report during the week, which shows the emergency department challenges experienced by a number of hospitals across NSW, and noted that as it is Caretaker period, Chief Executives had been asked to respond to any media enquiries
- NSW Health had submitted a statewide submission into the Royal Commission into Aged Care Quality and Safety, however, some local health districts may be asked to provide further information individually
- Some concerns were raised about the quality of subjective information submitted into local health district maintenance systems, with some districts to be asked to review and train staff
- The NSW Audit Office circulated its draft report on local health district governance to the Ministry of Health, with feedback generally positive
- There would be legislative changes shortly related to incident management
- The Ministry of Health Chief Finance Officer advised of state budget pressures.

In response to a question from the Board, the Chief Executive advised that public patients treated in private hospital should not have any out of pocket expenses.

ITEM 8: BOARD COMMITTEE REPORTS

8.1 Finance and Workforce Performance Committee

The Board noted the report and minutes from the January 2019 Finance and Workforce Performance Committee meeting.

On behalf of the Committee, Ms Bosak advised on the key points from February 2019:

- Discussed Junior Medical Officer wellbeing survey and noted that relationships between senior and junior doctors is being discussed with the aim of improving culture and ways of working

- Discussed consultant reporting and noted that evaluation processes would be built into new procurement processes
- Discussed the District's key initiatives programs, and noted that medical staff engagement had been challenging, however, advice was received that there were no expected ongoing impacts to program delivery as a result.

8.2 Health Care Quality and Safety Committee

The Board noted the report and minutes from the January 2019 Health Care Quality and Safety Committee meeting.

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

- Received presentation on secure messaging, which had been tabled for the information of the Board
- Received an update on HACs, in particular the increase in falls and noted that this continued to be reviewed; HAC related to 3rd and 4th degree peritoneal tears were also being reviewed by the District, with the outcome of the review to be provided to the Committee once completed
- Received an update on professional practice matters, including issues relating to bullying and harassment, which the Committee requested should continue to be reported to the Committee as any trends may give an indication of an underlying issue within the District
- The Committee toured the Wollongong Hospital emergency department and maternity service and noted that the upgrade of the birthing suite was due.

8.3 Board Planning and Innovation Committee

The Board noted the report and minutes from the February 2019 Planning and Innovation Committee meeting. Noted, verbal update was provided at the last meeting.

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 Planning Day

2.00pm-6.00pm, Monday 1 April 2019
Pacific Room, Novotel Northbeach

Board Informal Meeting

2.00pm-6.00pm, Monday 6 May 2019
Shoalhaven District Memorial Hospital

Board Meeting

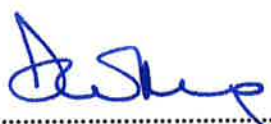
2.00pm-6.00pm, Monday 3 June 2019
District Executive Office, Warrawong

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

MEETING CLOSED AT 5.15PM

CERTIFIED A CORRECT RECORD

Professor Denis King OAM



Signature

1.7.19

Date