
INFORMATION NOTES

INFORMAL BOARD MEETING

Date: 2:00pm-6:00pm, Monday 2 September 2019

Venue: Conference Rooms, Wollongong Hospital

ITEM 1: WELCOME

Attendance of members

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

Others in Attendance

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

Present for Agenda Item 2 were:

- Dr Zoran Bolevich, Chief Executive eHealth
- Mr Peter Shiells, Chief Information Officer.

Present for Agenda Item 3 were:

- Ms Margaret Martin, Executive Director Clinical Operations
- Mr David Jeffrey, Acting General Manager Northern Illawarra Hospital Group
- Ms Orinda Jones, Director of Nursing/Operations Manager Bulli Hospital
- Ms Melissa Rees, Director of Nursing/Operations Manager Coledale Hospital
- Ms Kristen Ireland, Finance Business Manager Northern Illawarra Hospital Group
- Nicol Sali, Workforce Support Manager Northern Illawarra Hospital Group
- Kylie Harper, Facility Services Manager Northern Illawarra Hospital Group
- Dr Jamal Ghannem, Director of Medical Services Northern Illawarra Hospital Group
- Ms Kelly Watson, Operations Manager for Emergency and Emergency Medicine
- Ms Kathleen Thorpe, Director of Nursing and Midwifery
- Ms Jo Browne, Acting Operations Manager for Surgery and Cancer Services
- Ms Barb Crawford, Acting Deputy Director of Nursing and Midwifery.

Apologies

Nil.

The agenda of the meeting commenced at 2.04pm.

ITEM 2: PRESENTATION FROM THE CHIEF EXECUTIVE OF EHEALTH DR ZORAN BOLEVICH

The Board received the presentation on eHealth provided by Dr Zoran Bolevich, Chief Executive eHealth.

The Board discussed a range of issues with Mr Bolevich, including those described below.

1. In the context of a very comprehensive list of work areas for eHealth NSW, the importance of approaching the work program as a change management exercise. It was agreed that effective change management is an important part of IT transformation, and that it is best done when led locally rather than by central bodies like eHealth NSW: "local works better".
2. There have there been relatively few — and no insurmountable — differences in behaviours across LHDs in response to transformation efforts, though the response was different in some clinical groups between rural and metropolitan clinicians.

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3. The adequacy of governance arrangements for IT transformation, including to ensure a disciplined approach to achieving interoperability between systems, even where vendors may have traditionally worked against it. It was noted that there have been substantial changes in acceptance of industry standards and the willingness of vendors to support interoperability.
 4. The market power eHealthNSW has helped drive vendor willingness to support interoperability, though legacy issues remain — many current contracts are longstanding and predate conscious efforts to promote interoperability.
 5. A multidisciplinary approach to IT transformation has proven to be the most effective — most just clinicians and administrators, but legal, policy and (importantly) data people.
 6. The importance of strong audit trails, combined with effective training and clear (and revised) policies to protecting patient privacy, particularly in a context where privacy legislation in NSW is relatively clear.
 7. The increasing importance that is placed on cybersecurity, including through LHD efforts to implement NSW Health cybersecurity policy and the role played by the Health Security Operations Centre of NSW Health.
 8. The role of private sector interaction with e-hr systems, particular in clinical areas like radiology and pathology, including the role by play the Commonwealth Government’s Australian Digital Health Agency.
 9. The challenges of change management among an ageing and established workforce, particularly in nursing, with some overview being provided of initiatives being driven by the private sector, universities and HETI.
 10. Further on training, there was discussion about how to ensure people are getting trained in new systems, so that systems aren’t just available, but not being used. It was discussed that eHealthNSW is not doing everything itself and other bodies — HETI, universities and private sector play important roles — and that the Ministry of Health is developing a workforce plan with a “digital overlay”.
 11. There is a need for better cross-border flows of information — while Australia doesn’t have “hard borders”, there is room for improvement — Queanbeyan Hospital still has to print paper records for patients transferred to Canberra.
 12. It was discussed whether there may be value in inviting Chief Clinical Information Officer Dr Mark Simpson to address a future Board meeting.

Board Member Marisa Mastroianni arrived at 3.02pm following this item.

ITEM 3: PRESENTATION FROM THE NORTHERN ILLAWARRA HOSPITAL GROUP EXECUTIVE

The Board received the presentation on the Northern Illawarra Hospital Group (NIHG) provided by Mr David Jeffrey, Acting General Manager NIHG.

Criteria-led discharge was discussed with the Board having queried if criteria-led discharge is within other disciplines apart from surgery. The Acting General Manager advised that several disciplines including gastroenterology, cardiac services were taking it up and that Liverpool Hospital was consulted in developing criteria.

During discussions with the Workforce Support Manager, the Board asked who developed the Welltember concept and what kind of activities it entails, as they felt it to be very positive. The Workforce Support Manager advised she and her job-share colleague had developed the program in 2018 including small achievable tasks and acts of selfcare such as aromatherapy, mindfulness practice, quit smoking challenges, financial wellbeing discussions and social work assistance, with staff very engaged.

Following discussions around the People Matters Employee Survey (PMES), the Board queried how extensive the PMES is. The Workforce Support Manager advised it is over 40 questions in length and the Chief Executive noted the difficulties in having the staff safety survey having run concurrently, but identified the excellent performance of the NIHG sites.

The Workforce Support Manager advised around difficulties in recruiting recruitment specialists with a plan underway to develop internal resources and succession plan, which allows other workforce support staff to work within recruitment to develop skills. She added this is possible because of their larger team.

The Board queried the reason for the reduction of Lost Time Injury Frequency Rate by 18 per cent, to which the Workforce Support Manager advised was due to a combination of factors rather than one specific initiative. She noted that manager coaching, early notification of and response to incidents and earlier staff support had helped.

The Acting General Manager outlined the census tool, which the Board queried if it had reduced all use of paper. The Acting General Manager advised it had removed all paper and sits within EMR, resulting in less concerns around confidentiality and lost information, and a more collaborative approach between nurses and medical officers resulting in less paging. In response to a query on whether it is a District-based system, the Acting General Manager advised other Districts are using the tool, which was only implemented for junior medical officers in last 12 months at ISLHD.

The Chief executive drew attention to the challenges of comparing sites financial results due to different care types, structures and models of care. The Board queried whether the Commonwealth would be reimbursing for some episodes of care such as rehabilitation, however the Chief Executive and Board commented it would be unlikely. The Chief Executive acknowledged the NIHG Finance team and recognised their efforts, with NIHG a key leader in financial improvement.

The Acting General Manager advised that Wollongong Hospital was at 'step black' with all beds occupied which was not uncommon for the Hospital. He noted the work with the Ministry on the Hospital's bed base, which the Chief Executive was much needed and would be finalised later in the week.

The Board sought confirmation that there were no Lost Time Injuries for all of NIHG as reported for July 2019, which the Workforce Support Manager confirmed. The Board highly commended this achievement.

The Board asked if any cohorts had been observed to grow in presentations. The Acting General Manager advised they had but he did not have details at hand and that increased acuity had been observed. He added on the challenge in bed numbers but that the ambulatory clinics on site performed well.

The Board observed the picture of NIHG performance painted and queried what the largest challenge was. The Acting General Manager advised it is too complex to pick one only area due to interconnectivity however the issues could be grouped, for example Access and Flow and bed numbers. The Board felt the emergency department (ED) provides an excellent service but that long waits have an impact, and queried what proportion of admissions were through the ED. The Acting General Manager and Chief Executive advised that 40 per cent of admissions are via the ED which is a measure of pressure with peer hospitals in the 20s. The Board observed that Sydney has more tertiary referral hospitals and therefore ambulance choice based on acuity and patient numbers. The Northern Illawarra Medical Staff Council representative added a perceived lack of outpatient clinics has an impact, to which the Chief Executive noted from a recent Senior Executive Forum that NSW provides most outpatient clinics of any state with 24 million visits per year and that she had requested detail of the District's clinics to confirm the perceptions.

The Board advised they were impressed by the presentation, the networking opportunity and the staff morale demonstrated. The Chair thanked the Northern Illawarra Hospital Group Executive team for their presentation.

ITEM 4: CHIEF EXECUTIVE'S REPORT

The Board received the information provided. The matter of the CT scanner at Milton Ulladulla Hospital was raised by the Chief Executive, including the responses to date and that the figures provided by the District were not used. The Board queried if there is a benchmark patient volume to justify investment and who was initiating the campaign. The Chief Executive confirmed there is a benchmark and that she was unsure who had initiated the matter.

The Board discussed the patient in the local newspaper with stroke and malnutrition, with the Chief Executive having noted that assistance was provided by dietetic teams and meals were returned uneaten, and that the District tried to meet with family to resolve the matter however there was no response. She added that where patient meals are returned, the staff who collect them are expected to record what was eaten.

The Chief Executive noted the co-commissioning with Primary Health Network with a partnership review underway which will include co-commissioning around coordinated care suicide reduction and the First 1000 Days. The Board noted issues with the Service Agreement, with the District responsible for budget but that co-commissioning is expected and the cost of these arrangements and issues of interoperability of ICT.

The Board observed the notifiable incident, where a staff member 'sustained a shock' but it was concluded that it was static shock after testing. The Board queried whether an item may malfunction intermittently and raised concerns around faulty equipment. The Chair of the Finance and Workforce Performance Committee advised it was discussed at the last meeting and that the shock couldn't be replicated and that 'sustained' might be the wrong terminology. The Board noted their concern that a faulty bed may remain in service.

ITEM 5: CHIEF EXECUTIVE'S REPORT

Refer to the Confidential Information Notes of the meeting.

ITEM 6: MEETING FINALISATION

Details for the next formal meeting of the Board are:

Monday 21 October 2019

2.00pm-6.00pm

The Pavilion Conference Centre, 2 Bong Bong St, Kiama

The meeting closed at 5.12pm.