

Minutes for ISLHD Board Planning Day

03/08/2020 | 02:00 PM - 05:00 PM - AEST

Skype for Business

Attendees (13)

Denis King; Jill Boehm; Eve Bosak; Roger Downs; Kathy Eagar; Alan Hudson; William Lovegrove; Rod McMahon; William Pratt; John Stubbs; Gerard Sutton; Marisa Mastroianni; Paul Knight

Agenda

ITEM 1: Welcome

The meeting commenced at 2.01pm

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

Ms Margot Mains, Chief Executive

Mr Abbas Alibhai, Executive Director Finance

Ms Caroline Langston, Executive Director Integrated Care, Mental Health, Planning, Information and Performance

Ms Amy Hains, Director Planning, Performance and Strategic Commissioning

Ms Angela Twist, Assistant Board Secretary

Ms Angela Tugrul, Assistant Board Secretary

1.3 Apologies

There were no apologies.

1.4 Declaration of interests

There were no conflicts of interest declared.

ITEM 2: Attestation Statements - for approval

2.1 ISLHD ACHS Attestation Statement

***RESOLUTION 2020/42:** The Board approved compliance with Actions 1.1 and 1.2 of the National Safety and Quality Health Care Standards (NSQHS) Second Edition and the Board Chair signed to confirm the approval.*

2.2 ISLHD Corporate Governance Attestation

***RESOLUTION 2020/41:** The Board approved the ISLHD Corporate Governance Attestation Statement for the year ended 30 June 2020 and the Chief Executive and ISLHD Board Chair signed to confirm the approval.*

ITEM 3: COVID-19 update

The Chief Executive updated the Board on the current status of the pandemic particularly relating to aged care facilities noting:

- those facilities previously unwilling to participate in the risk assessments were contacted personally by the CE and are now participating
- a clinical outreach team has been established
- an operational team of nine staff will commence facility visits today (3/08/2020) to assess individual situations. This has been very well received by the facilities
- a joint communications team and workforce plan has been established
- updates to staff will be provided three weekly.

ITEM 4: Risk Appetite

The Board received the risk presentation by Mr Paul Knight. Discussion points included;

- the difference between risk appetite and risk tolerance
- the nuances in assigning a tolerance rating for such broad risk categories
- the risk tolerance for a specific item in a category could be zero and another quite high. The Board used SP2 - Workforce / Leadership / WH&S as the example citing bullying is zero tolerance, however static shocks in WH&S could afford a higher tolerance
- the need to drill down to a more granular level in regards to the tolerance for residual risk
- whether the Board Committees would have a different tolerance for the risks in their portfolios
- the need for a more detailed, action oriented table showing the risk mitigation strategies.

The term 'acceptable' in the Board Appetite Vision table was deemed unsuitable given a high risk isn't viewed as acceptable. The more detailed approach in the Draft ISLHD Risk Appetite Statement was appreciated and commended.

The Executive Director Finance, Director Corporate Governance & Risk Management and Mr Paul Knight will review the risk appetite and statement in line with the discussion of the Board.

Paul Knight thanked and acknowledged the work of Beverly Robb.

ITEM 5: BREAK

The Board took a 10 minute recess.

ITEM 6: Planning

6.1 ISLHD Strategy Landscape

The Board Chair introduced the Planning component of the day advising the District needs to be looking at where it currently is, where it would like to get to (with or without the Shellharbour greenfields site) and the capital infrastructure required to be able to plan for the next 10-15 years. It is essential to be looking to population-based planning to shape the clinical services provided in the future.

The Board received the presentation by Ms Amy Hains, Director Planning, Information and Performance. The presentation outlined the District's strategies and plans and their proposed role in the strategy landscape.

Discussion points included:

- The level of oversight of the Strategic Directions required by the Board
- The most appropriate naming of each strategy or plan
- The measurement of each strategy or plan

The Board supported the name change of the *Health Care Services Plan* to the *Health Care Services Strategy*, which will be owned by the Board and will be at the apex of ISLHD's strategy. The Board supported the renaming of the *Strategic Directions* to the *Delivery Plan*, which will be owned by the Chief Executive, with sign-off by the Board and reporting to the Board. The Board supported the renaming of the *Operational Plan* to the *Annual Priorities*.

The Chief Executive will revise the current Strategic Directions to create the Delivery Plan for 2020-2023, and will bring back to the Board for review and sign-off at a future meeting. A program logic setting out the measurement of each level of strategy/plan will also be prepared for the Board's review.

ACTION 57/20: The Chief Executive will revise the current Strategic Directions to create the Delivery Plan for 2020-2023, and will bring back to the Board for review and sign-off at a future meeting.

(Assignee(s): Margot Mains)

6.2 District-wide network services plan — progress and next steps

The Board received the information provided.

The Board noted the impacts of financial access, general practitioner coverage and low bulk billing rates on emergency service planning.

The Board discussed regarding surgery service planning:

- Whether planning assumed a greenfield site for Shellharbour Hospital, which the Director Planning, Performance and Strategic Commissioning confirmed however that theatre numbers were the same if a greenfield or existing site
- Whether any emergency surgery would occur at Shellharbour Hospital, to which the Chief Executive advised it would be solely elective surgery for efficiency
- If projected population growth had been considered, to which the Director Planning, Performance and Strategic Commissioning noted the NSW Department of Planning data was used
- The need for communication strategies and change management
- The impact of the work outsourced to the private sector, which the Board noted was a short term strategy and would not be factored into the planning.

Regarding rehabilitation service planning, the Board discussed the growing population of older people who live alone and the impact on admissions and surgical planning, and that the use of technology had limitations with rehabilitation. The Board noted that Port Kembla Hospital had no rehabilitation listed, to which the Chief Executive confirmed the site would be decommissioned and services moved. She added the timeframe depended on the new Bulli Hospital decision.

On mental health service planning, the Board queried whether the Shoalhaven Hospital beds referred were separate to the existing bed base. The Executive Director Integrated Care, Mental Health, Planning, Information and Performance advised that 20 beds were planned that consumers from the Shoalhaven typically occupy at Shellharbour Hospital. She added a District redistribution was planned, including sub acute beds for Wollongong Hospital, and that Shellharbour Hospital would remain the highest acuity facility at level 5.

The Board noted ongoing issues within the medical imaging service. The Chief Executive noted a review underway would address immediate workforce and culture concerns while the service planning would set long term directions.

The Board observed that physical space for clinics remained an issue, particularly at Shoalhaven Hospital, impacting ambulatory care service planning. The Executive Director Integrated Care, Mental Health, Planning, Information and Performance noted the need for community health facilities in Warrawong, technology options and linking inpatient activity to outpatient access. The Chief Executive advised she would present on telehealth as circulated at the Senior Executive Forum at the next Board meeting.

ACTION 58/20: The Chief Executive to present to the Board on Telehealth opportunities (Assignee(s): Margot Mains; Due Date: 07/09/2020)

6.3 Role delineation

The Board received the information provided and noted Shoalhaven and Shellharbour Hospitals were well defined through existing planning processes.

The Board queried opportunities to enhance Wollongong Hospital, to which the Executive Director Integrated Care, Mental Health, Planning, Information and Performance noted that the car park can support a 10 storey building.

ITEM 7: Meeting close

The meeting closed at 5.05pm

7.1 Summary of key outcomes

7.2 Next steps and actions