

## Minutes CCLHD Board Meeting

Tuesday, 25 March 2025

**Time:** 5:30pm to 8:00pm

**Venue:** Wyong Hospital, Conference Room, Education Centre

**VISION:** **Trusted care. Better health for everyone.**

We are unwavering in providing our community with care they trust and that matters most to them, and where all people can enjoy fulfilling lives.

**VALUES:** Collaboration, Openness, Respect, Empowerment.

**STRATEGIC PRIORITIES 2024/25:**

➤ <i>Enhance care in our community and clinics</i>	➤ <i>Build trust and improve care with Aboriginal patients</i>
➤ <i>Optimise care in our hospitals</i>	➤ <i>Our people feel valued, trusted and inspired to deliver their best</i>
➤ <i>Enable people to live healthy and fulfilling lives</i>	➤ <i>Financial sustainability</i>

1. **Acknowledgement to Country** - Mr Matthew Sonter provided the Acknowledgement to Country. The Board Chair also acknowledged the recent Closing the Gap Day and Harmony Day recognising these important days for our District.

2. **Attendance**

**Board Members:**

MacLELLAN, Prof Donald  
CRENIGAN, Mr Philp  
EBBECK, Mr Timothy  
KING, Mr Robert  
KYD, Prof Jennelle  
MUNRO, Dr Bill  
SONTER, Mr Matthew  
WINTER, Ms Sarah

Board Chair

**Ex Officio:**

McLACHLAN, Mr Scott

Chief Executive

**Invitees:**

CONSTABLE, Ms Jude  
CRUICKSHANK, Mr Adam  
ROSS, Mr James  
KNOX, Dr Matthew  
WALTON, Dr Anne

Executive Director Acute Care Services  
District Director Community Wellbeing & Allied Health  
District Director Finance and Corporate Services  
Wyong Medical Staff Council Chair (*via MS Teams*)  
Gosford Medical Staff Council Chair

**Apologies**

WARD, Ms Elizabeth  
STANBROOK-MASON, Ms Wendy

Board Member  
District Director Nursing & Midwifery

**In Attendance**

PERSIANI, Ms Tracey

Board Secretariat (*minutes*)

3. **Declaration Of Interest** – Nil.

## 4. Presentation

### 4.1 Finance Deep Dive

Mr James Ross, District Director Finance and Corporate Services presented the Finance Deep Dive focusing on the performance outcomes for the 2025 financial year, strategic elements and direction heading into the 2026 financial year, delivering financial sustainability and enabling the 45,000 days objective. Key areas discussed included:

#### FY25 Strategy Reflection and Performance Outcomes

- Improved financial and performance insights through data, dashboards and literacy.
- Embed good governance and controls to manage expenses, while laying the foundation to solve financial challenges.
- Enhancement investments having a key focus on 'buying' strategy progression to deliver on the 45,000 days objective.

#### Major Achievements

- FTE Management and Governance project resulting in FY25 FTE returned to affordable levels with strong end to end governance that hasn't compromised recruitment timeframes.
- NWAU project
- Development of RMR fund to support upgrades and major equipment.
- Capital fund creation to support funding equipment items over the next 10 years.
- Pursuit of commercially sound opportunities that deliver value.

#### FY26 Statewide Fiscal Outlook

- NSW Treasury and Commonwealth Government are the District's main sources of funding and understanding their financial environment provides crucial context to inform the District's medium to long term planning.
- Significant funding increases is not expected as state and federal governments work to prioritise the stabilisation or reducing of debt to keeping spending in check.
- New funding will be limited requiring discipline on strategic prioritisation and fiscal responsibility.

#### FY26 Service Agreement Changes and New Directions

- Service agreement changes will be gradual with NSW Health's approach to improve long-term population health outcomes, integrate prevention and population health activities and focus on a four-year horizon to achieve improvement in the proposed outcomes.
- Investment in medium/long term measures that aim to decrease the burden of disease in the community.
- A focus shift from purchasing activity to funding outcomes and move towards a funding model based on population need rather than size. Outcome based funding focuses on improving patient outcomes and experiences rather than just the volume of services provided, aiming for sustainable improvements in healthcare delivery.

#### FY26 Focus to Support the Strategic Plan

- Optimise the Service Agreement funding to deliver both Ministry of Health outcomes and internal strategic priorities.
- Recycle asset base to better align with the strategic plan.
- Streamline 'big data' into insights, improved performance and financial returns supporting strategic delivery.

Board discussion on the deep dive focused on the data improvements undertaken to obtain roster and Stafflink system information to align to the District budget; risk approach with the transition from an activity to outcome funding model; balance of funding allocations to local health districts; maintaining the District's ownership and focus on financial decision making and future direction; environmental initiatives and efficiencies, financial sustainability and efficiencies; industrial matters and leave practice; employee resources to hold specialist skill sets and system portfolios looking at data systems.

## 5. Patient Story

The patient story was introduced by Mr A. Cruickshank and was delivered via voice recording by the Senior Physiotherapist working within the Long Jetty Urgent Care Service. The patient story presented highlighted the successful primary contact Physiotherapy model of care that has been implemented within the Urgent Care Service, in particular the streamlined patient journey and community focused care model that is provided. The patient, a 21yo male attended the Long Jetty Urgent Care Service for a fractured right hand. The patient's initial assessment and management involved multidisciplinary care from the GP, Urgent Care Service Physiotherapist and Orthopaedics. The patient journey was efficient, timely and avoided unnecessary hospital-based care. The primary contact Physiotherapy model of care improves patient wait times and length of stay. Without Urgent Care Physiotherapy this patient would have been referred to the Emergency Department, increasing Emergency Department patient volume and providing a slower patient experience with longer time to access care.

## 6. Confirmation Of Minutes

The minutes of the meeting held on the 25 February 2025 were confirmed as a true and accurate record of the meeting.

## 7. Board Action Items

The Board Chair noted the following actions for submission to future meetings:

**Action item 1: Central Coast Research Update.** Closed. (refer agenda item 10.1)

Foundation progress update added to the action sheet to be presented to the Board in June 2025.

## 8 STRATEGIC MATTERS

### 8.1 Chairmans Report – March 2025

The Board Chairman's report was distributed with the Board meeting papers. The report was **noted** and taken as read.

### 8.2 Chief Executive Report on Strategic Priorities – March 2025

The Chief Executive Report was distributed in the Board meeting papers. The report was **noted** and taken as read. The Chief Executive discussed:

- The District remains at performance level 1.
- Our hospitals and emergency departments are experiencing challenging and complex demands, will beds across the District beds full, impacting patient flow.
- Surgery solution with private hospital provider to assist with the recovery of the surgery waitlist.
- A range of industrial matters and award negotiations are ongoing.

Board discussion points included the new discharge patient flow concierge positions to support timely discharge and create capacity; the new after hours district patient flow role to support managing flow, ambulance offload pressures and escalations with the MoH, remove pressure from the after hours nurse manager and executive on call; the new GP Practice within the Nunyara Aboriginal Health Service and current general GP service environment for the Aboriginal community; the new Kids Head to Health Hub multidisciplinary model and whole of family approach for 0-12yo; the format of the report is a way for the Board to understand the strategic critical projects, new models of care, pilots, innovations and associated risks.

### 8.3 CCLHD Finance Report

The CCLHD Financial Performance Report was distributed with the Board meeting papers. The report was **noted** and taken as read. Mr J. Ross discussed:

- A new provider has been appointed as the NSW Health workers compensation service provider. Transition dates are being finalised.

### 8.4 CCLHD Performance Report

The CCLHD Performance Report was distributed in the Board meeting papers. The report was **noted** and taken as read.

## 9. BOARD SUBCOMMITTEE REPORTS

### 9.1 Health Care Quality Committee Key Messages

The Health Care Quality Committee Key Messages from the meeting held on 10 March 2025 were distributed in the Board Papers. **Noted** by the Board.

## 9.2 People and Culture Committee Key Messages

Nil meeting held.

## 9.3 Consumer and Community Committee Key Messages

Nil meeting held.

## 9.4 Medical & Dental Appointments Advisory Committee Key Messages

The Medical and Dental Appointment Advisory Committee Key Messages (refer agenda item 13.4).

## 9.5 Board Research Committee Key Messages

Nil meeting held.

## 10. OTHER REPORTS

### 10.1 Central Coast Research Update

The Central Coast Research update was distributed in the Board Papers. **Noted** by the Board.

Key discussion included:

- The proposal for a revised model has been formed from an independent review that looked at institutes across the country. Institute branding requires a range of governance requirements and organisational structures to meet funding requirements.
- The refocus will see the move from an institute to innovation centre to fit the Central Coast needs, with a new approach and strategy, resourcing and development of a unit to support the innovation centre connected with all of our innovation, improvement and redesign teams.

### 10.2 Organisational Risk Report

The Organisational Risk Report was distributed in the Board Papers. **Noted** by the Board.

Key discussion included:

- The Director Corporate Governance & Assurance is undertaking work to ensure the Corporate Governance and Assurance portfolio meets the District's needs. As part of the first phase of this work the Manager Corporate Governance & Risk has refined the format of risk reporting focusing on the information that Board needs to see from a governance viewpoint. The report is also presented at an Executive level with key areas reviewed for decision by the Executive.
- The second phase will align with the deep dive progress into the 45,000 days strategy to be presented at the April Board meeting along with the strategic risk appetite statement and how it will support the strategy. These two components align and is an opportune time to review together and measure against the strategy.

### 10.3 Board Research Committee Terms of Reference

The Board Research Committee Terms of Reference was distributed in the Board Papers. **Endorsed** by the Board.

## 11. COMPLIANCE MONITORING

### 11.1 Policy Directives (with specific Board responsibility) – Nil

## 12. CLINICIAN ENGAGEMENT

### 12.1 Medical Staff Council (MSC) Reports

Dr A. Walton, Gosford MSC Chair reported on the following (reiterated by Dr M. Knox, Wyong MSC Chair):

- Allied Salaried Medical Officers Foundation (ASMOF) industrial matter discussions with senior and junior medical officers engaged.
- Obstetrician and Gynaecology service meeting with external review team to be held Friday 28 March 2025 to address the concerns raised at the extraordinary meeting.
- A combined MSC meeting and social event has been organised for 29 May 2025.

## 13. COMMITTEE MEETING MINUTES

### 13.1 Finance & Performance Committee Minutes

The Finance and Performance Committee minutes from the meeting held on 24 February 2025 were distributed with the Board meeting papers. **Noted** by the Board.

**13.2 Health Care Quality Committee – Minutes**

The Health Care Quality Committee minutes from the meeting held on 9 December 2024 were distributed in the Board Papers. **Noted** by the Board.

**13.3 People and Culture Committee – Minutes**

Nil meeting held.

**13.4 Medical and Dental Appointment Advisory Committee - Minutes**

The Medical and Dental Appointment Advisory Committee minutes from the meeting held on 3 February 2025 were distributed in the Board meeting papers. **Noted** by the Board.

The Board Chair noted the retirement of Dr Parkin following 25 years of service. A letter of appreciation to be arranged for Dr Parkin. **Out of session action.**

**13.5 Board Research Committee – Minutes**

Nil meeting held.

**13.6 Consumer and Community Committee – Minutes**

Nil meeting held.

**13.7 Audit and Risk Committee – Minutes**

The Audit and Risk Committee minutes from the meeting held on 19 December 2024 were distributed in the Board Papers. **Noted** by the Board.

**13.8 Clinical Council – Minutes**

Nil meeting.

**13.9 Aboriginal Health Partnership Advisory Council – Minutes**

The Aboriginal Health Partnership Advisory Council minutes from the meeting held on 19 December 2024 were distributed in the Board meeting papers. **Noted** by the Board.

**14. New Business**

**14.1 Chair Leave**

The Board Chair will be on leave for the period 29 March to 14 April 2025 with Ms S. Winter, Deputy Chair attending to any Chair duties during this period.

**Meeting Close / Next Meeting:**

The Board meeting closed at 7:48pm.

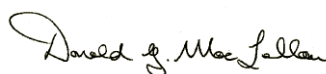
**Next Meeting:**

Tuesday, 29 April 2025 at 5.30pm  
Gosford Hospital – Conference Centre

**CERTIFIED AS A CORRECT RECORD**

**Professor Donald G. MacLellan**

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**Name**



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**Signature**

**29 April 2025**

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**Date**