

Minutes CCLHD Board Meeting

Tuesday, 29 April 2025

Time: 5:30pm to 8:00pm

Venue: Gosford Hospital, Conference Room, Conference 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.

2. Attendance

Board Members:

MacLELLAN, Professor Donald	Board Chair
CRENIGAN, Mr Philp	
EBBECK, Mr Timothy	
KING, Mr Robert	
KYD, Professor Jennelle	
MUNRO, Dr Bill	
SONTER, Mr Matthew	(via MS Teams)
WARD, Ms Elizabeth	
WINTER, Ms Sarah	

Ex Officio:

McLACHLAN, Scott	Chief Executive
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Invitees:

CONSTABLE, Jude	Executive Director Acute Care Services (via MS Teams)
CRUICKSHANK, Mr Adam	District Director Community Wellbeing & Allied Health
ROSS, Mr James	District Director Finance and Corporate Services
STANBROOK-MASON, Wendy	District Director Nursing & Midwifery
KNOX, Dr Matthew	Wyong Medical Staff Council Chair (via MS Teams)
WALTON, Dr Anne	Gosford Medical Staff Council Chair

In Attendance

BERRY, Ms Karen	Director Corporate Governance & Assurance
SMITH, Mr Charles	Manager Corporate Governance & Risk
PERSIANI, Ms Tracey	Board Secretariat (minutes)

3. Declaration Of Interest – Nil.

4. Presentations:

4.1 Strategic Risk Management Plan and Risk Appetite Statement

The Strategic Risk Management Plan and Risk Appetite Statement were distributed with the Board meeting papers. The Plan and Statement were **noted** and taken as read.

Ms K. Berry provided a presentation to the Board with the following key points discussed:

The objective of the plan is to develop a document that aligns with the District's Strategic Plan and work well with the multitude of Operational and Enabling Plans. The new approach moves away from a direct one-to-one link between objectives and risks, aiming instead for a more intuitive and common sense document.

The District has a good process with frontline staff reporting risks and having a strong "worm's eye view" of operations, but we need to strengthen our "bird's eye view" for better monitoring of major risks. This will be achieved with the introduction of additional risk categories, creating a telescoping hierarchy of risk with reporting directed to the correct delegation level and a risk governance matrix using Tickit capabilities. The risk register, along with other Tickit functions, will be developed as a proactive tool for the Board and Executive.

The strategic risk management approach will focus on protecting the enabling plans and ensuring the service wide plans deliver the outcomes aligned with the strategic priorities. Eight broad areas of strategic risks have been proposed as a starting point.

The next step is for the Board and Executive to identify up to ten risks they would like monitored. These risks will then be refined into risk language and managed through the normal processes of risk assessment, mitigation identification, evaluation of mitigations, and consideration of risk tolerance.

The Board support the new approach and discussed that monitoring should be focused on the five pillars of the strategic priorities outlined in the Strategic Plan and the risk around these, as they are critical to achieving the intended outcomes. It was noted that maintaining this strategic focus and approach can help transform risk into innovation and opportunity.

The intention of the risk appetite statement is to articulate our principles and values with a focus on process rather than outcomes. The key challenge identified is ensuring that these principles are made relevant, effectively embedded, and consistently applied. The Board expressed support for the content in the new approach of the risk appetite statement but consideration is required on how it will be used.

Out of session action: The Board will brainstorm to identify concerns associated with the successful implementation of the strategic plan. Board Chair to collate feedback and provide to the Chief Executive and Director Corporate Governance & Assurance.

4.2 45,000 Day Strategy Deep Dive

The 45,000 Days Strategy Deep Dive was distributed with the Board meeting papers. The Strategy was **noted** and taken as read.

The Chief Executive provided a six month progress update which is part of a three year journey in our commitment to create 45,000 days of care in the community to reduce the growing demand for an additional 20 beds each year.

In the journey to design strategies to address the commitment there were two component parts in the Strategic Plan, being the first two pillars, *'Enhance care in our community and clinics'* and *'Optimise care in our hospitals'* and is currently at an early implementation stage.

Key action areas under the *'Enhance care in our community and clinics'* pillar include establishing new models of care and clinical collaboration, defined in the District Clinical Services Plan and integrate community care options into a seamless patient journey.

Key action areas under the *'Optimise care in our hospitals'* pillar include establishing clinically led processes to identify and reduce procedures, diagnostics and therapies that have shown to offer limited or not benefit and maximise efficiency of acute service capacity.

Focus on urgent care alternatives, focused improvement in Hospital in the Home access and availability, expanded access to clinics for specific clinical conditions or specialties and increased ambulant ortho-trauma surgery have supported the work towards the 45,000 days strategy.

The strategy will be further strengthened through new models of specialist and multidisciplinary outpatient services, timely communication, strengthening community care, improving information systems and District engagement campaign.

5. Patient Story

The patient story was introduced by Ms W. Stanbrook-Mason and was delivered via voice recording. The story shared positive feedback provided by an adolescent's mother about her experience with her transgender child in the Emergency Department and subsequent admission to the Paediatric ward. Her mother was inspired to provide this positive feedback because it was in contrast to what her daughter had experienced on other occasions in our services and the mother co-wrote the patient story with our LGBTIQ+ Project Officer to ensure it accurately reflected their experience in the hope it would be used to support other patients and learning for our staff.

6. Confirmation Of Minutes

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

7. Board Action Items

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

Action item 1: Foundation update – due September 2025.

8 STRATEGIC MATTERS

8.1 Acting Chair Report – April 2025

The Acting Chair report was distributed with the Board meeting papers. The report was **noted** and taken as read. The following key points were discussed:

- The official opening of the Wyong Safehaven provided a great opportunity to hear from our Aboriginal community. This is the only Safehaven in the state that is Aboriginal led and is quite incredible. The ingenuity on the way we do more with a little is amazing, initially only having funding for one Safehaven, which has stretched to afford two. There is a need to maintain the focus to enable expansion of the clinic for more than two days.

8.2 Chief Executive Report on Strategic Priorities

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

- Commonwealth funding of \$2.5M over four years has been received as part of the Strengthening Medicare initiatives targeting long stay older patients.
- Safety of nursing and allied staff working in the community following WorkSafe recommendations in the A.C.T and the concern for our staff in line with the recommendations.
- Multidisciplinary huddles improving quality of care – currently there is a very structured ward round, a new initiative and strategy introduced by Director Medical Services Gosford with the goal of having a doctor, nurse, allied health representation and senior executive member assigned to each round to review patients and priority actions needed to ensure safe care and transition, facilitate decision making and prioritisation early for the right clinical intervention and engagement.
- Longer term preventative strategies - a creation of a taskforce incorporating Public Health, Health Promotion and Prevention expertise has been established to review evidence and health needs to identify a future plan on the priorities. There is a range of initiatives and strategies to deliver to improve overall health in the community with targeted patient cohorts and detailed action plan to roll out over the next few years.
- Emerging risk with the electrical switchboard at Gosford Hospital requiring a significant upgrade which will require a 12 hour downtime for some parts of the hospital on Saturday 10 May 2025.

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:

- The Revenue strategy was presented at the monthly Finance and Performance meeting which looks at how we use data to drive revenue and opportunity.
- Financial accounts have been reviewed through the Audit and Risk committee and confirmed as clean and comprehensive with no issues which will now be progressed to the Audit Office of NSW.
- T. Ebbeck acknowledged the work of the Executive on the Finance and Performance reporting and meeting as a great progression in moving from reactive to proactive and now being able to focus on funding our strategy and initiatives.

8.4 CCLHD Performance Report

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

- Minimal changes in the last few months with pressure points still in surgery and hospital access.
- Workers Compensation purchasing adjustor penalty has reduced as a reflection of the improvement in this area.
- The Ministry of Health has completed the assessment of the Emergency Department performance with the report forthcoming focused on Triage 3 and how we use our electronic systems.

9. BOARD SUBCOMMITTEE REPORTS

9.1 Health Care Quality Committee Key Messages

The Health Care Quality Committee Key Messages from the meeting held on 14 April 2025 were distributed in the Board Papers. **Noted** by the Board.

9.2 People and Culture Committee Key Messages

The People and Culture Committee Key Messages from the meeting held on 15 April 2025 were distributed in the Board Papers. **Noted** by the Board.

9.3 Consumer Community Committee Key Messages

Nil meeting held

9.4 Board Research Committee Key Messages

Nil meeting held

10. OTHER REPORTS

Nil reports.

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 and Dr M. Knox, Wyong MSC Chair reported

- The recent industrial action which is a complex issue from an ethical perspective and delivery perspective. There were several hundred registered as part of the action which was managed well across ED with some services impacted. Senior ED leadership worked on the ground with Executive with overall safety preserved. There is a sense of frustration with communication, workforce engagement and concern regarding working conditions in comparison to other states. The Board Chair acknowledged clinicians and management of patients.
- There will be a joint MSC on 29 May 2025 which will be held off site and a social opportunity. The Board are invited to attend.

13. COMMITTEE MEETING MINUTES

13.1 Finance and Performance Committee Minutes

The Finance and Performance Committee minutes from the meeting held on 25 March 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 10 March 2025 were distributed in the Board Papers. **Noted** by the Board.

13.3 People and Culture Committee Minutes

The People and Culture Committee minutes from the meeting held on 10 December 2024 were distributed in the Board Papers. **Noted** by the Board.

13.4 Medical and Dental Appointment Advisory Committee Minutes

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

13.5 Board Research Committee Minutes

Nil meeting.

13.6 Consumer Community Committee Minutes

Nil meeting.

13.7 Audit and Risk Committee Minutes

The Audit and Risk Committee minutes from the meeting held on 13 March 2025 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

Nil meeting.

14. New Business

14.1 Executive and Board Leader Rounding

Dr Munro raised the feedback mechanism of the rounding sessions and the escalation pathway for the suggestions to be followed through and acted upon. In response, the Chief Executive explained the rounding session is documented including any feedback or suggestions. An Executive member is included in the circulation list of the session documentation. It was noted that there may be instances where the process does not perform as intended. The Board acknowledged that the rounding sessions are a great experience and very valuable.

Meeting Close / Next Meeting:

The Board meeting closed at 7:44 pm.

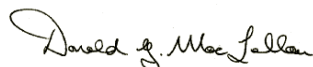
Next Meeting:

Tuesday, 27 May 2025 at 5.30pm
Wyong Hospital – Conference Centre

CERTIFIED AS A CORRECT RECORD

Prof. Donald G. MacLellan

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Name



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Signature

27 May 2025

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Date