

Board Development Plan: Proposed KPIs (October 2021)

1.2 OPERATIONAL (see previous paper)

November 2021

- Each new Board member to be assigned a mentor by the Board Chair, selected on the basis of suitability. Mentor to work with new Board member for approximately three months (*BOARD CHAIR*).

January 2022

- The Board or the LHD to join a relevant international healthcare organisation as an institutional member to enable access to networking and benchmarking opportunities, historical and current healthcare quality, safety and management resources and CPD opportunities in a global context. Likely cost up to \$3000 pa depending on the organisation. (CE PC).
- Tailored training be designed for Board members based on one-on-one interviews between Board members and CE or appropriate Exec officer (January). (CE EXEC officer/Board members). Training commences March 2022.
- Regular Strategy/Strategic Plan discussions based on measurement of performance against goals. 30 minutes sessions. **Commencing January 2022** also March May July September.
- Each ELT member to present to the Board annually followed by workshop/discussion. **Commencing January 2022**. (ELT)
- Board member CVs/Bios to be circulated to Board members, ELT and Communications Office. (Jenny/Kate). Board member skill/experience /interests matrix to be drawn up and circulated. (Ged). Each Board member to present annually to the Board on background, current projects, plans and aspirations both in healthcare and otherwise. (Board members Jenny and Kate). **Commencing January 2022**.
- Chair to encourage input from more reserved Board members. (Chair)

February 2022

- Publicise the role of the Board and its activities and individual Board member profiles amongst staff and in the community. **Commencing February** and repeated mid year (Ged Fiona)
- *“Respecting the Difference”* one hour presentation. (Barry Boland, or similar, Katharine, (CE)
- Hospital roundings and meetings with hospital staff. **Commencing February** and repeated a minimum of three times annually.

- Board member resources manual of links to be prepared for Board members including, *inter alia*:
Health Services Act
Strategic Plan
Services agreement
NSW Health Corporate Governance and Accountability Compendium (seven standards)
Board roles other than those outlined in the Health Services Agreement
How are Board members appointed
How is the Board Chair appointed
Succession planning
Code of Conduct (including conflicts of interest, confidentiality, Duties and CORE and what it means)
Outline of finance and risk operations
What is Q and S in healthcare
Community participation
Patient/person centered care
Clinician engagement
 (Jenny Kate)

- Revision and implementation of the Stakeholder Engagement Plan. **Commencing February** (Ged).
- Understand and review communication structure, systems and informal patterns with Ministry. **Commencing February** (to June)

March

- Board team building workshops/dinners. **Commencing March** (also June and September) (CE)
- Patient Story. **Commencing March** (also May and August)
- Develop a plan to enable greater exposure of the Board and individual Board members to staff; especially to healthcare professionals and to facilities. Plan to roll out over the year. (CE, Jenny, Kate)
- Board agenda review. (Chair, Dep Chair, CE, Jenny and Kate)
- Annual Board calendar of strategic activities. (Jenny and Kate)

April

- Benchmarking with a range of organisations (depending on the subject matter) including broad benchmarking against another/other LHDs.
- Invite outside speakers to speak on and/or commission exploratory studies into a range of relevant contemporary issues. **Commencing April**, also July and October.

June

- Board Workshop to review performance against “Key Messages” from ACSQHC Workshop, May 2020 (Elizabeth Proust) (attached). (Also November and twice annually thereafter).