

# MINUTES ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT BOARD MEETING

Date: Monday 4 March 2013 4.00pm - 6.00pm

Venue: Conference Rooms 1 and 2, Level 8, Block C,

**Wollongong Hospital** 

### ITEM 1: Presentations

The scheduled presentations were not formally held however the Board was provided with written information that detailed development and rollout of the District telehealth projects; namely Connecting Care through the Kiama National Broadband, Aged Care Services, and Renal Medicine.

The Board discussed the need to ensure ehealth projects offer models of care that are helpful to patients, and that assure patients are receiving the health care they require. For this to occur, projects are required to affirm clear goals, define proposed benefits, and make available an evaluation tool for measuring outcomes.

The Board is cognisant there needs to be collaboration with Medicare Locals, General Practitioners, and families for initiatives to succeed.

**ACTION ITEM:** 

The Board is to be provided with a report in December 2013 detailing the changes in practice, and practical outcomes for each of the ehealth projects undertaken to date.

### ITEM 2: Attendance of members

Clinical Professor Denis King, Ms Sue Baker-Finch, Ms Marisa Mastroianni, Dr William Pratt, Professor Kathy Eagar, Ms Jill Boehm, Assoc Professor Rod McMahon, Clinical Professor Jan Potter, Mr Roger Downs, Mr Geoff O'Donnell, Mr Paul Knight

# **Apology**

**Professor Gerard Sutton** 

#### In Attendance

Mrs Susan Browbank, Mr Henry Kornacki, Mrs Rosemary Croke (secretariat)

# ITEM 3: Declaration of Pecuniary Interest, Conflict of Interest

There were no other conflicts of interest, gifts, or benefits declared.

# ITEM 4: Confirmation of Minutes of meeting held 4 February 2013

The minutes were accepted as a true and correct record.

### ITEM 5: Action List

Action list received and noted by the Board.

# 5.1 Progress on the signing off of the Health Precinct on SDMH site lease between ISLHD and Illawarra Shoalhaven Medicare Local (ISML) to be ascertained

The Board noted the pending execution of the "Agreement to Lease" by 4 March 2013.

The Board was informed when the ISML is unable to provide after hours care, the ISLHD has offered to assist the Medicare Local staff the service. The costs incurred will be met by the ISML.

# 5.2 Implementation of the external Mental Health Review recommendations

The Board acknowledged the work of the Chief Executive in taking the Mental Health Review to this point. An enormous amount of progress has been achieved however the amount of effort that will be required to bring about change cannot be under estimated. The District is aware of the opportunity the review recommendations presents to develop the Mental Health Service, and also the employee's desire and eagerness for change, in particular cultural change.

The three working parties established to implement the review recommendations were led by appointed facilitators with extensive management experience, and were not employees of the Mental Health Service. The Board noted the integral role the project manager played in the review process, and the District's desire to recruit/second to this position.

The final outcomes of the review have been published on a network share point with staff encouraged to make comment. Comments will be accepted up to and including Friday 8 March 2013. The Chief Executive then intends to meet with Mental Health Service staff and provide feedback.

The Board was informed of the difficulty in recruiting to the position of Director of Mental Health Services ISLHD. The position has been advertised three times with nil applications received. There is a national shortage of skilled personnel able to take on such a role.

The Board noted complexities of the service including the current financial position, the present management structure, the need, and the expectation that change will occur.

ACTION ITEM: The Chief Executive to provide the Board with a

direction paper at the next Board meeting to be held

8 April 2013.

# ITEM 6: Reports

### 6.1 Chief Executive

Report received and noted by the Board

# Clinical Excellence Commission – Quality Systems Assessment Site Verification Visit

Ms Jill Boehm attended the Quality Systems Assessment debrief held on Wednesday 27 February 2013.

In the subject areas reviewed, the assessors noted the District as maintaining best practice quality and safety systems. The Clinical Excellence Commission will provide the District with a formal survey report in the coming weeks. Following receipt of the report, the District will issue a media release informing the community of the expected positive results.

Ms Boehm reported the external assessors praised the staff employed across the District.

The assessors recorded the District as not having an End of Life policy in place. The Chief Executive informed the Board the Ministry of Health has issued end of life care and management guidelines and it is these guidelines the District endorses for the management of end of life care.

# **Nursing and Midwifery**

A question from the floor requested information on staff ratios. The Chief Executive stated staffing ratios are expressed as the maximum number of patients who can be safely be cared for by one nurse.

# **Transition to Practice Nurses**

The Chief Executive informed the Board the District has made a conscious effort to increase the number of newly graduated nurses employed in recent years as part of a secession plan for an ageing workforce.

## 6.2 ISLHD Board Executive Summaries

# 6.2.1 Finance and Performance Committee - Overview Report for period ending 31 January 2013

Report received and noted by the Board.

# 6.2.2 Planning Committee – meeting held 4 February 2013

Minutes received and noted by the Board.

Verbal report on meeting held prior to the Board meeting was provided by the Chair.

The Chair informed the Board the Clinical Division Plans, and the Asset Strategic Plan will be tabled at the July Board meeting for endorsement.

# 6.2.3 Aboriginal Health – meeting held 11 February 2013

Report received and noted by the Board.

# 6.2.4 Audit and Risk Management Committee – meeting held 4 March 2013

Ms Marisa Mastroianni provided the Board with a verbal report on the meeting held earlier in the day.

The committee approved the Internal Audit Plan - 2013-2015.

An Audit Universe was tabled at the meeting. This particular universe has been mapped against assurance activity undertaken in a range of clinical settings across the District. Ms Mastroianni suggested the Internal Audit Manager present the District's Audit Universe to the Board.

The Board raised and discussed at length the possible exposure of the District's long term strategic planning to risk, and the controls required for the Board to make sure identified risks to the organisation's plans are proactively managed. To this end, Board members discussed options that included, but not limited to, informing the Board with the potential range of risk auditable entities on a regular basis, and the provision of a concise abridged summary of the extreme risks reported to NSW Health every three months.

**RESOLUTION (2013/01):** 

The Board resolved to endorse review of the District's risk management strategies every three months.

The Board noted the Internet Audit report highlighted nil findings and there are currently no new incidents under investigation.

The Meal Entertainment July to October 2012 review report was tabled at the meeting and highlighted the concerted effort of the Revenue Steering Committee to manage and monitor this initiative.

The Auditor General's Report to Parliament-Health Overview details a number of recommendations for LHDs to implement. The Audit and Risk Management Committee will be monitoring the recommendations of this report on a regular basis.

The Auditor General's Report to Parliament–2012 fraud survey was tabled at the meeting. The establishment of a Fraud Committee was raised and discussed at the meeting.

ACTION ITEM: The Auditor General Reports-Health Overview and 2012 fraud survey to be made available to the Board.

The Board was informed the Internal Audit Department Charter does not recognise that investigations are undertaken by the department, and on occasions, by external agencies.

# 6.2.5 Shoalhaven Clinical Council—meeting held 21 January 2013

Report received and noted by the Board.

# 6.2.6 Illawarra Clinical Council – meeting held 13 February 2013

Report received and noted by the Board.

# 6.2.8 Medical and Dental Advisory Appointment Committee (MDAAC) – meeting held 21 January 2013

Executive summary received and noted by the Board.

# ITEM 7: Business Arising:

# 7.1 Implementation of Kalparrin Unit, Mental Health recommendations progress report

Report received and noted by the Board.

# ITEM 8: New Business:

# 8.1 Review of NSW Aeromedical Retrieval Services, NSW Ministry of Health

Before the Board is the Final Report for the Review of Aeromedical Rotary Wing Retrieval Services in NSW and supporting documentation.

The Chief Executive was asked to comment on this report and provided the Board with discussion entry points commencing with the criticality of a ground retrieval service as opposed to the time taken for an aeromedical retrieval service to arrive on the scene. The Board was informed inter hospital aerial transfers are, on most occasions, arranged ahead of schedule and therefore the issue of time does not need to be factored into the transfer.

The Shoalhaven South Coast region would be serviced by a retrieval team based in Canberra.

The Board noted the report recommendations appear to be a genuine attempt to consult, to standardise the fleet, and streamline training and protocols. However, the current service meets the goals of the District in a safe and reliable manner and therefore puts forward a strong case for the retention of the service in the Illawarra.

The Board commented on the possible opportunity for the Illawarra to be the location of the "Southern Super Region" for the Aeromedical (Rotary Wing) Retrieval Services in NSW.

# 8.2 Impact of the withdrawal of Council of Australian Government (COAG) funding

Report received and noted by the Board.

The Director of Finance informed the Board the National Partnership Agreement (NPA) on Hospital and Health Workforce Reform (HHWR) is due to cease on 30 June 2013. Under the current agreement the District is provided with funding in four components, one of which is the enhancement of subacute services. The aim of the agreement is to reform and improve the volume and quality of subacute services. During the past four years the District has received funding detailing terms and conditions related to the type of service to be provided, and the time frame over which the service will be delivered.

In preparing for the expiration of the agreement, the District has completed and provided to the Ministry a MoH template detailing the subacute programmes the District implemented under the NPA. At the same time the MoH was informed of the District's concern over the ongoing funding of the programmes under activity based funding.

The District will be conducting an evaluation of the relevant subacute programme outcomes funded by the subacute component of the NPA

in terms of both financial efficiency and patient outcomes. The evaluation is necessary as continuation of NPAs is unclear and uncertain.

## ITEM 9: Confidential Items:

# 9.1 Confidential Item One

Report received and noted by the Board.

### 9.2 Confidential Item Two

Report received and noted by the Board.

### 9.3 Confidential Item Three

Board members are referred to the Confidential Minute for further information related to this item.

### 9.4 Confidential Item Four

Board members are referred to the Confidential Minute for further information related to this item.

### 9.5 Confidential Item Five

Board members are referred to the Confidential Minute for further information related to this item.

# 9.6 Confidential Item Six

Board members are referred to the Confidential Minute for further information related to this item.

# 9.7 Confidential Item Seven

Board members are referred to the Confidential Minute for further information related to this item.

# ITEM 10: Information:

# 10.1 Enterprise-Wide Risk Management

Report received and noted by the Board.

The Board was informed of the Ministry of Health's (MoH) decision to undertake a state wide review of Enterprise-Wide Risk Management. The Ministry has engaged the NSW Internal Audit Bureau (IAB) to undertake an assessment of the status of implementation of the enterprise risk management frameworks across NSW Health organisations. The Director of Finance and the Manager Enterprise Risk Management have been nominated as the District representatives

for the MoH Enterprise Risk Management Steering Committee and Working Group.

The IAB consulted with the Board Chair earlier today and with the Chairperson of the Audit and Risk Management Committee on 25 February 2013. In light of the discussion that ensued at Item 6.2.6, and Board governance of the District's strategic pillars, it was endorsed the Audit and Risk Management Committee representatives meet with the IAB.

**RESOLUTION (2013/03):** The Board resolved members Sue Baker-

Finch and Marisa Mastroianni meet with the

IAB.

# **ITEM 11: Business Without Notice**

### 11.1 SDMH media issue

The Board referred to recent media interest in the failure of an air conditioning unit in the theatre suite at Shoalhaven District Memorial Hospital. The unit has a history of unreliability, and unfortunately there is no local external engineering expert able to repair the system. A Sydney company has been approached and will review and report on the unit.

**ACTION ITEM:** The Chief Executive to investigate the notification of

this breakdown to the media.

Meeting closed at: 7.10pm

Next meeting:

Monday 8 April 2013

4.00pm - 6.00pm

**Lower Ground Meeting Rooms** 

Shoalhaven District Memorial Hospital

CERTIFIED A CORRECT RECORD

Ms Sue Baker-Finch

Signature

8.4.2013

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**Date** 

TRIM Ref: DT13/12958