

Minutes for ISLHD Board Meeting

19/07/2021 | 02:00 PM - 05:00 PM - AEST

Microsoft Teams

Attendees (9)

Alan Hudson; William Lovegrove; Rod McMahon; John Stubbs; Josh Rijdsdijk; Richard Morris; Janine Cullen; David Campbell; Chris Bertinshaw

Agenda

ITEM 1: In Camera Discussion (Optional)

The Board held a brief in camera session.

ITEM 2: Q&A - Core Executive

The Q&A session commenced at 2.08pm following the release of presentations to the Board on each directorate and the redevelopments.

The Chief Executive (CE) introduced the core executive staff:

- Caroline Langston, Executive Director Mental Health, Planning Information and Performance (EDICMHPIP)
- Gerrard Golding, Executive Director Strategic Improvement Programs (EDSIP)
- Peter Jansen, Executive Director Medical Services and Clinical Governance (EDMSCG)
- Peter Shiells, Chief Information Officer (CIO)
- Margaret Martin, Executive Director Clinical Operations (EDCO)
- Bradley Scotcher, A/Executive Director Nursing, Midwifery and Clinical Governance (EDNMCG) (noting Deborah Cameron was on 6 weeks leave)
- Abbas Alibhai, Executive Director Finance (EDF)
- Suzanne Harris, Executive Director Infrastructure Development (EDID).

Regarding the presentation by Margaret Martin on the clinical operations directorate, the Board queried what provisions are in place short and long term to manage the capacity issues at Wollongong Hospital (WH), noting the Ministry and planning unit's advice that the facility is 36 beds short of what is required. The EDCO noted:

- the work being undertaken with private providers in short term to house patients waiting nursing home placements. Currently the District decants to sub-acute sites such as Bulli Hospital to make acute beds available, though the bed block remains.
- the processes being discussed with the residential aged care facilities (RACF) to expedite placements where possible
- the request to the Ministry to remodel the emergency departments (ED) in line with the performance escalation to level 2
- the classification of 'ED accessible beds' being a bed that could be utilised by ED rather than assignment particular specialty if required
- the T4 and 5 triage categories which are a lower acuity and could be managed by a general practitioner
- the need to focus on the services that manage and keeps patients healthy in the community.

Peter Shiells, Chief Information Officer, confirmed the collaboration with South Eastern Sydney Local Health District has been longstanding. The District is in the process of a digitisation process and the final stages of the Digital Health Strategy, which the CIO would ideally like to see come to fruition over the next five years. He advised the participation in the early stages of the redevelopment planning will put the District and new builds in a better position in the long term.

Abbas Alibhai, EDF highlighted the myriad of factors contributing to financial performance though advised in terms of the fundamentals such as variation to budget, the District had improved from last year. He noted a focus on information technology from a financial reporting and rostering perspective would be ideal.

Gerrard Golding, EDSIP advised the mental exhaustion of staff given the past 18 months is challenging for all and a focus for his directorate.

The CE introduced the medical staff council co-chair Dr Josh Rijdsdijk to the new Members advising Dr Rijdsdijk attends the general Board meeting.

The Board noted their appreciation for the presentations and particularly the recorded modality.

ITEM 3: Welcome

The meeting commenced at 2.51pm

3.1 Acknowledgement of Country

The Chair acknowledged the traditional owners of the land on which the Board was meeting and paid respects to Elders past, present and emerging. The concept of Dadirri was discussed,

where Aboriginal people practice deep listening, an almost spiritual skill, based on respect and how that related to the Board.

The Chair noted his enthusiasm to work together with the traditional owners of the land to achieve better outcomes for all.

3.2 Attendance

Members:

Chris Bertinshaw, Board Chair
David Campbell, Board Member
Janine Cullen, Board Member
Rod McMahon, Board Member
Richard Morris, Board Member
Bill Lovegrove, Board Member
John Stubbs, Board Member
Alan Hudson, Board Member
Josh Rijdsdijk, Chair Medical Staff Council

Others in Attendance:

Margot Mains, Chief Executive
Jessica De Angelis, Executive Officer
Angela Twist, Board Secretary

In attendance for item 2:

Caroline Langston, Executive Director Mental Health, Planning Information and Performance
Gerrard Golding, Executive Director Strategic Improvement Programs
Peter Jansen, Executive Director Medical Services and Clinical Governance
Peter Shiells, Chief Information Officer
Margaret Martin, Executive Director Clinical Operations
Bradley Scotcher, A/Executive Director Nursing, Midwifery and Clinical Governance
Abbas Alibhai, Executive Director Finance
Suzanne Harris, Executive Director Infrastructure Development

In attendance for item 7.1:

Caroline Langston, Executive Director Mental Health, Planning Information and Performance

3.3 Apologies

There were no apologies for this meeting.

ITEM 4: Declaration of interests

There were no conflicts of interest declared.

ITEM 5: Business from the last meeting

5.1 Minutes from the meeting on 7 June 2021

The Board approved the draft minutes of the meeting held 7 June 2021.

5.2 Actions Items Arising

The Board noted progress and completion of actions.

5.3 Resolutions Register

Members received the Board resolutions of the previous 12 months and the progress to date.

ITEM 6: Strategic Matters

ITEM 7: For Approval / Endorsement

7.1 Service Agreement 2021/22

The Board received the report provided and noted that originally the Service agreement contained a 1.5 per cent wage increase with the balance coming in as a budget supplementation. The Ministry of Health since decided to incorporate the full 2.5 per cent (note this includes super increase of 0.5 per cent) in the service agreement and will issue a revised agreement.

The Board queried the concept of block funding noting the report provided stated there was a portion of block funding, though also that it is being removed. The EDICMHPIP advised block funding is being phased out and converted to activity based funding. Previously, smaller hospitals such as Bulli District Hospital were block funded though a portion will now be based on activity and to a national weighted average unit (NWAU). Block funding also incorporates services that do not attract activity such as the interpreter service and health promotions that do not included one on one clinician engagement.

The Board confirmed the service agreement process is generally a negotiation though this year was not due to a variety of circumstances, including COVID-19.

RESOLUTION 2021/54: The Board endorsed the 2021/22 Service Agreement between the Secretary NSW Health and Illawarra Shoalhaven Local Health District.

Caroline Langston left the meeting at 3.08pm

ITEM 8: Committee Reports (including Annual Reports)

8.1 Finance and Workforce Performance Committee

The Board received the minutes from the Finance and Workforce Performance Committee meetings held 26 April 2021 and noted the cancellation of the meeting 28 June 2021 due to a lack of quorum.

8.2 Health Care Quality Committee

The Board received the minutes of the Committee meeting on 26 May 2021 and noted the meeting on 23 June was cancelled due to a lack of quorum.

8.3 Planning and Innovation Committee

The Board received the minutes from the meeting held 7 June 2021.

ITEM 9: For Information

9.1 2021 Board Schedule

The Board received the information provided.

ITEM 10: Chief Executive Report

The Board received the report provided by the Chief Executive (CE) and verbal updates noting stretch targets have been set by the District for some KPIs set by the Ministry that are currently unachievable. The Board queried the disconnect between the performance level escalation and the feedback from the performance review meeting with the Ministry. The CE advised a number of local health districts received the letter and ISLHD has been proactive in the response. A meeting will be requested with the Secretary for Health who has noted the faith in the District under the Chief Executive's leadership. In the meantime, the Ministry will work closely with the District which is welcomed.

The District's participation in the short notice accreditation assessment process (SNAAP) which will occur every 12 months, rather than the previous 3 year assessment. The Chief Executive advised this was a conscious decision, of which the District is the first in the state to move to, to ensure quality and safety is always being demonstrated, not just at the designated accreditation time. 48 hours' notice will be provided to the District prior to the SNAAP. The Board will be involved in this assessment.

The CE provided the Board with an update of the current state Covid situation noting:

- the crisis cabinet meetings occurring daily
- the concern regarding the number of cases in the community not reducing

- the positive sewerage results at Port Kembla and Wollongong
- staff are becoming fatigued given they have managed bushfires, floods, droughts, Covid and now a second wave of Covid
- the increasing number of cases in young people who are becoming very unwell
- the 408 testing clinics throughout the state including the 24 ISLHD establish at peak
- surveillance testing for workers leaving Fairfield who must be tested every 3 days
- the approval to continue with the build of the mass vaccination clinic in Wollongong. The team must comply with the strict safety plans and the clinic manager must be tested every day before they go home. The clinic is currently planned to open 9 August 2021. 300 staff are being recruited to work in the clinic, positions funded by the Ministry of Health.
- the approval to continue the build of the storage facility at Wollongong Hospital to house ventilators that require climate control and to be bio medically tested prior to use
- Health Infrastructure are closing all Government projects unless they are Covid related.

ITEM 11: Closure of General Agenda

The general meeting closed at 3.47pm

ITEM 12: BREAK

The Board took a short recess.