



Health

Illawarra Shoalhaven
Local Health District

**MINUTES
ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT
BOARD MEETING**

Date: Monday 7 May 2012

4.00pm – 6.00pm

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

ITEM 1: Attendance of members

Ms Sue Baker-Finch, Mr Roger Downs, Mr Paul Knight, Mr Geoff O'Donnell, Professor Jan Potter, Dr William Pratt, Ms Marisa Mastroianni, Professor Gerard Sutton, Ms Jill Boehm

In Attendance

Mrs Susan Browbank, Mr Barry Mitrevski, Mrs Rosemary Croke (secretariat)

Apologies

Clinical Professor Denis King, Professor Kathy Eagar

ITEM 2: Declaration of Pecuniary Interest, Conflict of Interest

Ms Baker-Finch declared an interest in agenda item 7.2. It is to be noted the Chief Executive holds a position on the Board of IMHRI.

ITEM 3: Confirmation of Minutes of meeting held 2 April 2012

Minutes accepted as a true and correct record.

ITEM 4: Reports

4.1 Chief Executive

Report received and noted by the Board.

Expressions of interest in the position of District Executive Clinical Director were called recently with a reasonable field of applications received. Mrs Browbank announced to the Board the appointment of Dr Barry Elison to the position. Dr Elison is experienced in working with senior clinicians, and has held executive positions including the Chair of the Illawarra Medical Staff Council and Co-Chair of the Illawarra Clinical Council.

Ms Nicole Sheppard has been appointed as the General Manager, Wollongong Hospital. This appointment has created a vacant Director of Nursing position that may prove difficult to recruit into.

The Chief Executive informed the Board work towards the introduction of Activity Based Funding (ABF) in July 2012 continues. The District has two teams working on different aspects of ABF accountability. One team is working on the strategies developed to improve the quality of documentation and coding. The other team is focusing on education and training for clinical staff. At some stage the two teams will merge to form a single entity. The Chief Executive is satisfied with the progress of the District to the ABF model.

The Director General of Health, Dr Mary Foley is intending to visit the District on 30 May 2012.

The Executive Clinical Director and General Manager, Wollongong Hospital are reviewing the membership of the Illawarra Clinical Council with a view to expanding membership to include surgeons. The Council has failed to meet on the last two occasions due to the lack of a quorum.

The Chief Executive informed the Board work has commenced on the new 25 bed Sub Acute Cardiac/Respiratory Ward on Level 6, Wollongong Hospital. The work is expected to be completed by August 2012. It is anticipated this ward will provide a link between hospital and patient care provided in the community/self care in the home. The Chief Executive provided the Board with details of proposed strategies to manage the ward beds, including patients readmitted within a three month period to the ward will be admitted under the same medical officer to ensure continuity of care.

The Board requested Chief Executive Reports include a sub heading "Strategy" where comment against progress on issues would be provided.

ACTION ITEM:

Chief Executive Reports to include a sub heading "Strategy".

The Board queried the lag in mental health data provided in the Health Services Performance Report-March 2012-Executive Summary.

ACTION ITEM:

Ms Jill Boehm to follow this up.

4.2 ISLHD Board Executive Summaries

4.2.1 Finance and Performance Committee – Overview Report for the period ending 31 March 2012

Report received and noted by the Board.

The Board was informed the District's year to date result stands at \$373k favourable. The full year forecast for the District is \$952k favourable. This relates specifically to special project funding in Mental Health and Drug and Alcohol and cannot be used for any other purpose. The District will roll over the funds into 2012-13.

In relation to activity performance, the District is below target in acute services based on last year results. The decrease in ICU activity and the increase in HDU admissions may be somewhat attributed to the PACE (Patient with Acute Condition for Escalation) criteria. Measuring the number of patients that have PACE intervention that would have previously warranted an ICU admission that are now admitted to the HDU has commenced. SNAP is on target.

The Board noted that under the ABF model, funding for ICU will be imbedded in DRG (Diagnostic Related Group) funding. ICU funding and activity will not be reported separately. This may change under the 2012-13 ABF guidelines and pricing.

The Chief Executive spoke of the District 2012-13 budget work up that will commence shortly. Draft budget details will be released by the Ministry of Health in late June and the District will be requested to provide feedback within two or three weeks. The budget will then be allocated in July. The Chief Executive is not anticipating major changes to existing funding, or provision of new funding.

The Chief Executive informed the Board of the \$6M deficit at SDMH. There are areas of the deficit that can be explained however there is approximately \$2M in discretionary spending and inefficiencies that require comprehensive analysis. This work will be undertaken by two external reviewers who will develop a plan of action between now and 1 July 2012.

The Director of Finance informed the Board the backlog in the processing of ISLHD invoices by Health Support Services currently amounts to approximately \$500k. The District is managing the backlog via accruals.

ACTION ITEM:

The Director Finance to provide the Board with a report detailing the current status of invoice processing by Health Support Services.

4.2.2 Health Care Quality Committee – meeting held 18 April 2012

Minutes received and noted by the Board.

4.2.3 Audit and Risk Management Committee

Ms Marisa Mastroianni reported a special meeting of the Audit and Risk Management Committee was called and held on Monday 30 April 2012.

RESOLVED (2012/22): The Board resolved to endorse all Audit and Risk Management Committee meeting minutes be provided to the Board.

4.2.4 Planning Committee – meeting held 2 April 2012

Minutes received and noted by the Board.

The Planning Committee noted Grand Pacific Medicare Local (GPML) has indicated they may require 2,000 square metres of land to construct a GP Super Clinic on the SDMH site. This request changes the scope of the initial proposal of a 750 square metre footprint. The committee recommended that no deviation from the original submission be made, and this position be submitted to the Board for consideration.

The Chief Executive indicated she had discussed the available land with the Chair of the Medicare Local who indicated they had still to obtain consultancy advice and architectural drawings etc.

The Board discussed the impact the allocation of 2,000 square metres will have on the current available land on the SDMH site.

RESOLVED (2012/23): The Board resolved to endorse there be no deviation in the scope of the original GPML submission requesting 750 square metres of land on the SDMH site.

4.3 Executive Management Committee Executive Summaries

4.3.1 Shoalhaven Clinical Council–meeting held 16 April 2012

Draft minutes received and noted by the Board.

ITEM 5: Action List

5.1 District draft By-Laws

The Board noted the proposed amendments submitted by Board members.

RESOLVED (2012/24): The Board endorsed the District draft By-Laws subject to minor changes.

The District draft By-Laws will now be submitted to the Ministry of Health for approval. The Ministry of Health submits the draft document to the Medical Staff Executive Council for approval.

The Board acknowledged the work of the working party established to finalise the proposed amendments to the draft By-Laws.

ITEM 6: Confidential Items

6.1 Confidential Minute One

Item received and noted by the Board.

6.2 Confidential Minute Two

Report received and noted by the Board.

6.3 Confidential Minute Three

Item received and noted by the Board

ITEM 7: Business Arising

7.1 GP Super Clinic in Nowra

The Board received and noted the report.

For further information in relation to this issue please refer to dot point 4.2.4. This matter was discussed at length at this point of the meeting.

7.2 Verbal progress report on discussions between the Chief Executive and Vice Chancellor, OUW regarding the Memorandum of Understanding (MOU) between UOW and the District

The Chief Executive will be meeting with the Vice Chancellor, UOW on Friday 11 May 2012.

ITEM 8: New Business

8.1 Delegations Manual

The Board received and noted the report.

The recommended changes have been made to reflect current staffing and day to day processes.

8.2 Aboriginal Health Committee Charter

The Aboriginal Health Committee is the fifth subcommittee of the Board to be established. The main drivers for this committee will be the National Closing the Gap policy, and the Ministry of Health's

proposed Aboriginal Health Plan. It was noted the Board supports subcommittees that provide leadership and governance on behalf of the Board.

Discussion took place on the establishment of a management committee that will operate as a working group of this subcommittee.

RESOLVED (2012/25): The Board resolved that the Charter should be redrafted and tabled at the July Board meeting.

8.3 NSW Interdisciplinary Clinical Training Network

The Board received and noted the report.

ITEM 9: District Policies for Board Endorsement/Noting

9.1 Antimicrobial Stewardship policy

The Board received and noted the policy.

The Board was informed this policy has been fairly well received by clinicians however there may be some resistance as the policy introduces significant changes in clinical work practices. The Board was also informed this policy has the potential to bring about annual savings of approximately \$350k.

A working party was established to develop this policy and their commitment to same is evidenced in the detail of the work provided.

RESOLVED (2012/26): The Board resolved to endorse the policy and to formally acknowledge the commitment of the working party in the development of the policy.

ITEM 10: Information

10.1 Towards an Aboriginal Health Plan for NSW

Information received and noted by the Board.

The Chief Executive and Board member Paul Knight recently attended a Lead the Change: An Executive Challenge Planning Workshop on Wednesday 2 May 2012. The Chief Executive reported the District will make enquiries with the workshop convenors about organising a similar workshop in the Illawarra for senior staff, clinicians and Board members.

10.2 District response to MoH ABF Emergency and Inpatient estimated 2012/13 activity

Report received and noted by the Board.

10.3 Information Communications and Technology (ICT) Services update for April 2012

Report received and noted by the Board.

ITEM 11: Business Without Notice

11.1 Health Care Services Plan 2012-2022

The Chief Executive provided a progress report on the development of the District's Health Care Services Plan. Capital Insight has been engaged to develop the Plan. A meeting with the company has been held and the Executive is currently negotiating the terms of the contract.

Meeting closed at: 6.12pm

Next meeting: Monday 4 June 2012
4.00pm – 6.00pm
Conference Rooms 1 & 2,
Lower Ground Level
Shoalhaven District Memorial Hospital

CERTIFIED A CORRECT RECORD

Professor Kathy Eagar


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Signature

4/6/12
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Date