



Health

Illawarra Shoalhaven
Local Health District

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

Date: Monday 3 September 2012

4.00pm – 6.00pm

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

ITEM 1: Presentation

The Chief Executive introduced Ms Nicole Sheppard, General Manager, Wollongong Hospital to the Board and provided members with background information regarding the current performance of the Wollongong Hospital.

Issues discussed included the unprecedented pressure placed on Wollongong Hospital over the past five months due to an increase in the number of presentations (front door and via ambulance), an increase in the number of admissions, and the acuity and age of the patients. The Emergency Department at Wollongong Hospital is currently experiencing up to 160 presentations per day with 30%-40% of same requiring admission.

The department has most best practice ED models of care in place, and is looking to establish a senior assessment and streaming process, and an early treatment zone where patients would present and be moved to a rapid treatment area for ongoing care, or transfer to a ward, as required.

The Executive Team is currently re-evaluating models of care, and working with the medical streams in an attempt to make improvements where possible to relieve the pressure on beds at Wollongong Hospital. The Chief Executive spoke of piloting a model of care that would involve a limited number of nursing homes being able to contact a Clinical Nurse Consultant in Aged Care by phone in order to determine whether a patient was suitable to be seen as an outpatient the following day. This would reduce the wait time of elderly patients with less acute problems in the Emergency Department. The pilot is in the process of being worked through, particularly aspects of P3 ambulance transfers to Bulli Hospital.

ACTION ITEM:

The Chief Executive to provide documentation regarding the pilot involving nursing home patients and P3 ambulances to the Chair within the next two weeks.

The Chair spoke of an initiative whereby a booth/pod for phone access and/or video access to an After Hours GP Helpline is installed in an Emergency Department. The service proposes patients presenting to an Emergency Department and with an appropriate condition/presentation and triaged as non-urgent (category 4 or 5) by the Emergency Department nurse, could be directed to a phone or video enabled booth and be connected to a *healthdirect* nurse for triage and where appropriate transferred to a General Practitioner.

The Board was informed the number of presentations that could be managed at Wollongong Hospital via this type of service would be 200 to 300 per annum. The Board was provided with Wollongong Hospital triage category 2010-2012 data. The data indicates triage categories 3 and 4 are the majority of presentations. The Board noted triage category 4 patients need to be treated in a hospital Emergency Department.

The Chief Executive referred to the northern Illawarra currently having nil excess capacity to be able to surge bed numbers if and when required. The number of patients waiting for nursing home placements is a contributing factor to the District's performance.

ITEM 2: Attendance of members

Clinical Professor Denis King, Ms Sue Baker-Finch, Ms Marisa Mastroianni, Dr William Pratt, Professor Kathy Eagar, Mr Paul Knight, Clinical Professor Jan Potter, Ms Jill Boehm (via teleconference), Professor Gerard Sutton, Mr Geoff O'Donnell, Mr Roger Downs

In Attendance

Mrs Susan Browbank, Mr Henry Kornacki, Ms Michelle Noort (part of the meeting), Mrs Rosemary Croke (secretariat)

ITEM 3: Declaration of Pecuniary Interest, Conflict of Interest

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

ITEM 4: Confirmation of Minutes of meeting held 6 August 2012

Resolution 2012/38 was discussed prior to the minutes accepted as a true and correct record.

ITEM 5: Action List

Action list received and noted by the Board.

5.1 District's OH&S annual premium

Director of Finance informed the Board the District's annual premium is \$7.4m. The premium for 2012-2013 was provided to the District at a meeting with the Ministry of Health's Chief Financial Officer on 30 August 2012.

The Board noted this levy as a major issue for the District and requested further information.

ACTION ITEM:

The Board be provided with information regarding the management of workers' compensation claims by way of a presentation to the Board by the District's insurer, Employee Mutual Ltd, and the Treasury Managed Fund.

5.2 Board and Illawarra Shoalhaven Medicare Local meeting

The Chair informed the Board the Illawarra Shoalhaven Medicare Local will be meeting informally with the Board on 8 October 2012 at 6.00pm in the foyer, Level 8, Block C, Wollongong Hospital.

5.3 Ongoing development of the ISLHD performance reporting function

The Chief Executive spoke on this topic. SPaRC is a locally developed web based reporting repository that is available to all staff via the ISLHD intranet and is based on a hierarchy of delegations. It was in this environment the data for the Wollongong Hospital Performance 2012 presentation was produced.

The Board was referred to the August meeting of the Board Finance and Performance Committee at which the Director of Finance made reference to the District currently reviewing reporting format options for presentation to the Board and Board committees. It is anticipated the options will be refined and distributed for comment within the week. The Chair referenced the fact that the District should only be collecting useful data.

The Board's attention was drawn to the appointment of Mr Ken Whelan, as the Deputy Director-General, System Purchasing and Performance Division, Ministry of Health and his receptiveness to the collection of meaningful data.

The Chief Executive spoke of the District's intention to transition current shared services into separate District services, including the current sharing of Information Technology Services with SESLHD. The District is negotiating with SESLHD, Health Support Services, and Sydney Children's Hospital in order to return systems and reporting functions to ISLHD. The Chief Executive believes this strategy will enhance the District's ability to manage the affairs of the organisation, including risk and resource issues, by establishing local teams capable of developing District specific systems, processes and competencies.

The Board questioned the number of information systems available to the District. There is a plethora of information available however some of the systems are inept. This is exemplified by the internal control weaknesses in KRONOS.

ACTION ITEMS:

- *The District to define the performance reporting functions required in order for the Chair to table same at a forum he will be attending in November 2012.*
- *Members to consider the offer of the Performance Team to present SPaRC to the Board.*

The Board noted nil activity and HIE data was provided by the Ministry of Health for the month of July.

ITEM 6: Reports

6.1 Chief Executive

Report received and noted by the Board.

6.2 ISLHD Board Executive Summaries

6.2.1 Finance and Performance Committee – Overview Report as at 31 July 2012

Report received and noted by the Board.

The General Fund result for July 2012 was \$385k unfavourable. The result is mainly due to sick leave, and above establishment staff in the Emergency Departments at the three major District hospitals. Maintenance for the month was \$272k unfavourable. There was also a Pathology NSW over charge for July related to the June 2012 catch up of \$589k. Food and ISD charges for the month were higher than anticipated and will be followed up. At this stage the labour cap savings strategies have shown no real impact.

6.2.2 Health Care Quality Committee – meeting held 22 August 2012

Draft minutes received and noted by the Board.

6.2.3 Audit and Risk Management Committee – meeting held 3 September 2012

Verbal report provided by Ms Marisa Mastroianni.

A draft 2012-2013 District Audit Plan has been prepared however the plan requires further work, exemplified by the lack of a link between the District's risk issues and the Plan. Members and attendees noted the reporting formats do not

adequately meet the needs of the committee. These are issues that will be addressed by the newly appointed District Director Internal Audit following the separation of a shared Internal Audit arrangement with SESLHD. The successful applicant will commence duty on 2 October 2012.

The Corporate Governance Attestation Statement for the Illawarra Shoalhaven Local health District 2011-2012 requires sign off by the Board Chair and the Chief Executive and was to be submitted to the Ministry of Health by 31 August 2012. The Board noted a concern with particular wording detailed in the standard template. There is the opportunity to lodge a qualifying letter expressing issues of concern with the Statement however there is no opportunity to publish the qualifying letter when the Statement is published on a public website.

RESOLVED (2012/44): The Board resolved to endorse the Corporate Governance Attestation Statement at the October 2012 Board meeting prior to submission to the Ministry of Health.

6.2.4 Planning Committee – meeting held 3 September 2012

Verbal report provided by Clinical Professor Denis King.

6.2.4.1 Health Care Services Plan update

The Board was informed the District is finalising the Health Care Services Plan and will be tabled at the October 2012 Board meeting for endorsement. The Plan will be provided to Board members well in advance of the October meeting date to allow sufficient reading time. Ms Noort will be in attendance at the Board meeting while the matter is under discussion. The Planning Committee thanked Ms Noort and her team for their work on this complex project.

6.2.4.2 Clinical Services Plan

The next item on the Planning Committee agenda is the Clinical Services Plan. It is anticipated the first draft of the Plan will be published in November 2012.

6.2.4.3 Asset Strategic Plan

The Clinical Services Plan will be closely followed by the Asset Strategic Plan that will be worked up and submitted to the Ministry of Health during the first quarter of 2013. At the same time it will also be circularised to local politicians and interested groups

in the Illawarra and Shoalhaven. The Chair spoke of the role Health Infrastructure will play in the development of the Plan.

6.2.4.4 Health Precinct on the SDMH site

The District continues to hold discussions with the Illawarra Shoalhaven Medicare Local (ISML). Central to the current discussions are the issues of after hour coverage to be provided by the GP Super Clinic, and the involvement of the District in any sub leasing arrangements the ISML may be contemplating.

6.2.4.5 Bulli Hospital Future Developments

The District has extended two offers to the Bulli Hospital ED Action Group to participate in the shaping the future of the hospital. The most current offer was made on 23 August 2012 inviting the Group to submit their position in writing directly to the Board by mid September 2012. The Group's position paper will be tabled at the October 2012 Board meeting with the Health Care Services Plan.

The Board discussed the replacement of the Emergency sign at the entrance to Bulli Hospital with signage that clearly describes the services available at the hospital. The promotion of services provided by the Wollongong Radio Doctor Service was also raised and discussed.

6.2.4.3 Wollongong Hospital Car Park

The District continues to hold discussions with Health Infrastructure. The next meeting is scheduled to be held on Monday 22 October 2012.

6.2.5 Medical and Dental Advisory Appointment Committee (MDAAC) – meetings held 25 June and 23 July 2012

Executive summaries received and noted by the Board.

6.3 Executive Management Committee Executive Summaries

6.3.1 Illawarra Clinical Council–meeting held 8 August 2012

Draft minutes received and noted by the Board.

ITEM 7: Business Arising:

7.1 SDMH Recovery Plan

Report received and noted by the Board.

The Chief Executive provided the Board with a progress report on the SDMH Recovery Plan. The District took delivery of the Plan on 10 August 2012. The District requested Francis Group Consultants Ltd to provide the District with work plans for each of the three components (demand, capacity and capability), and sought confirmation from the Executive Lead and senior managers that the proposed savings will be realised. The Director Operations, Planning and Performance has been identified as Executive Lead for the projects and the overall Plan and each project will have a local accountable lead.

ACTION ITEM:

The SDMH Recovery Plan and Performance Initiatives report to be published on the Board's website.

The Plan recommendation that an Executive Management Team model be implemented at SDMH will be actioned by the District.

RESOLVED (2012/45): The Board resolved to endorse a progress report related to the implementation of a SDMH Executive Management Team be tabled at the December 2012 Board meeting.

RESOLVED (2012/46): The Board resolved to endorse a SDMH Recovery Plan progress report be provided to the Board in April 2013.

7.2 Community Engagement update

Report received and noted by the Board.

The Chief Executive informed the Board the District currently does not have a comprehensive community relations/engagement framework in place in order to develop and implement effective communication and community engagement strategies. As the District has a responsibility to develop strategies to effectively communicate with and engage patients, consumers, communities, and internal and external consumers, the District will be integrating Community Relations within the Corporate Communications Unit. The Chief Executive stated this type of structure will align this LHD with other LHDs in the organisational roll out of community engagement.

It is anticipated the strategy will be in place by January 2014.

ITEM 8: Confidential Items:

8.1 Confidential Item One

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

8.2 Confidential Item Two

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

Meeting closed at: 6.35pm

Next meeting: Monday 8 October 2012
4.00pm – 6.00pm
Conference Rooms 1 & 2,
Level 8, Block C
Wollongong Hospital

CERTIFIED A CORRECT RECORD

Clinical Professor Denis King



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Signature

8.10.12

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Date

TRIM Ref: D12/55343
New TRIM ref: DT12/81