



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

Date: Monday 8 April 2013

4.00pm – 6.00pm

**Venue: Meeting Rooms 1 and 2, Lower Ground Floor,
Shoalhaven District Memorial Hospital**

ITEM 1: Attendance of members

Ms Sue Baker-Finch, Ms Marisa Mastroianni, Dr William Pratt, Professor Kathy Eagar, Ms Jill Boehm, Assoc Professor Rod McMahon, Mr Roger Downs, Professor Gerard Sutton, Mr Paul Knight

Apology

Clinical Professor Denis King, Clinical Professor Jan Potter, Mr Geoff O'Donnell

In Attendance

Mrs Susan Browbank, Mr Henry Kornacki, Mrs Rosemary Croke (secretariat), Ms Kristen Davies, Management Trainee

ITEM 2: Declaration of Pecuniary Interest, Conflict of Interest

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

ITEM 3: Confirmation of Minutes of meeting held 4 March 2013

The minutes were accepted as a true and correct record.

ITEM 4: Action List

Action list received and noted by the Board.

4.1 SDMH Recovery Plan progress report

Report received and noted by the Board.

The Recovery Plan has been developed with the goal of putting the Shoalhaven District Memorial Hospital (SDMH) on a sustainable path to becoming efficient by 2014. The path provides two platforms; one developed to bring about organisational and cultural change, and the second to drive financial savings in order to achieve the deficit recovery target.

The Board noted the improvement to date is calculated to be \$0.47m, and with an adjustment for activity, the improvement in real terms is projected to be \$0.90m this financial year. The Board also noted, that after adjustments, the reform agenda deficit recovery target for 2012-13 is \$1.6m for the full year. The Finance and Performance Committee will be monitoring progress on the SDMH Budget Recovery Strategy with the next progress report to the committee scheduled to be tabled at the April 2013 meeting. This report will include a further three months data (March quarterly report). The next report to the Board will be prepared at the end of 2012-13 financial year.

The Board raised and discussed the fit of the strategies to the report recommendations detailed in the budget recovery plan. Discussion included a request to be provided with reported financial results against each strategy where possible.

ACTION ITEM: Progress reports to the Board to detail the alignment of financial results to each strategy where possible.

The Board sought information regarding the leadership and accountability for the plan, clinical preparedness and support of organisational and cultural change, and the financial implication of the cost weight of acute and ED activity at SDMH. The Board received and noted the information provided by the Chief Executive, Dr William Pratt and the Director of Finance.

4.2 Division Clinical Services Plans

The Deputy Chair informed members the draft plans before the Board had been tabled at the Board Planning Committee meeting held prior to this Board meeting. There will be a total of nine Division Clinical Service Plans developed to support the ISLHD Health Care Services Plan. The first three have been drafted, published on the Board website, and are now presented to the Board for noting and, if appropriate, endorsement by the Board. It is anticipated the remaining plans will be prepared over the coming months. The Board noted the plans have been prepared by the Clinical Divisions and outline the aspirations of individual Division Heads and their staff.

The Board also noted it is the intention of the Executive Team to review the nine draft plans at the same time to address issues regarding service integration, appropriateness of strategies and actions, and resourcing issues. The Board supports this methodology.

Following lengthy discussion, the Board upheld the motion not to endorse the plans at this stage in favour of deferment until the nine plans have been drafted and reviewed by the Executive Team.

RESOLUTION (2013/03): The Board resolved to endorse the Division Clinical Service Plans be presented to the Board when drafted and reviewed by the District Executive Team.

4.3 Mental Health Service External Review

The Board received and noted the report.

The Chief Executive informed the Board a consultant with a successful history of implementing changes processes has been approached to assist Mental Health Services in the implementation of the external review recommendations. The Chief Executive has discussed the services' organisational structure, and the issue of accountability across the structure with the consultant.

A meeting with the consultant and the Acting Director of Mental Health Services has been arranged for Friday 12 April 2013.

ITEM 5: Reports

5.1 Chief Executive

Report received and noted by the Board.

Hospital Assessment for Primary Angioplasty

The Chief Executive informed the Board two patients with suspected ST segment Elevation Myocardial Infarction (STEMI) have undergone the pre hospital assessment and early access to percutaneous coronary intervention at Wollongong Hospital with good outcomes.

Health Education Centre

The Centre provides the District with an invaluable teaching and training asset. It was the foresight of the Director of Finance and Deputy Director of Nursing at Wollongong Hospital in making application and receiving funding to build this centre of excellence.

Air Conditioning at Shoalhaven District Memorial Hospital

A complete review of the system report has been received detailing three stages of work required to resolve the problem. The first stage of the work, at a cost of \$65k, will commence this week. The District will be required to design and construct tender documents for stages two and three of the work due to the costs involved.

The Chief Executive informed the Board investigation of the notification of the air conditioning to the media has taken place and resolution reached.

Name change for Bulli primary health facility

The name change was incited as staff at Bulli Hospital reported incidents where members of the public had been verbally abusive and behaved in a threatening manner regarding the name of the centre and the level of service provided. The District was forced to act to minimise the risk to staff.

The Board commended the succinct information provided in the flyer handed to each patient presenting to the centre. The Board was informed the flyer will also be mailed to all northern Illawarra general practitioners shortly.

5.2 ISLHD Board Executive Summaries

5.2.1 Finance and Performance Committee – Overview Report for period ending 28 February 2013

Report received and noted by the Board.

The Director of Finance referred members to page 62 of the business papers. The Board Finance and Performance Committee requested information be provided to the committee that would snapshot the District's ABF performance hence the development of the ABF Performance Report. It was recommended by the committee at the March 2013 meeting, that the report be included in the Finance and Performance Committee-Overview Reports to the Board as it provides various data related to the District's ABF performance.

The ABF Performance Report 2012-13 (Year to Date December 2012) report highlights continual improvement, in particular the District's estimated cost per activity compared to the initial price. The Director of Finance informed the Board the District's demonstrated improvement has been acknowledged by the Ministry of Health.

ACTION ITEM: The Board requested the ABF Performance Report detail subset data for Wollongong Hospital, Shellharbour Hospital, and Shoalhaven District Memorial Hospital.

The Chief Executive reported a consultant has been commissioned to examine revenue opportunities in the lead up to July 2014 when the state will be paid on an ABF basis. The consultant's brief is to examine inpatient revenue opportunities.

In relation to the Workers' Compensation and Injury Management 28 February 2013 report, the Board queried the definition of "serious injury" in the context of this report. The Board was informed a serious injury is defined as an injury or illness that requires immediate treatment as an inpatient in hospital.

5.2.2 Health Care Quality – meeting held 27 March 2013

Minutes received and noted by the Board.

5.2.3 Planning Committee – meeting held 4 March 2013

Minutes received and noted by the Board.

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

The Board was alerted to a media release to be issued on 9 April 2013 informing the community of the commencement of phase one of the master planning process for Shellharbour Hospital.

The Board was informed the District has been notified that "in principal" agreement to the acquisition of Crown land for the expansion of SDMH has now been given by Crown Lands. The "in principal" agreement allows for a more formal community consultation in the rezoning process and is subject to a number of issues.

5.2.4 Audit and Risk Management Committee – meeting held March 2013

Minutes received and noted by the Board.

5.2.5 Shoalhaven Clinical Council–meeting held 18 February 2013

Report received and noted by the Board.

5.2.6 Illawarra Clinical Council – meeting held 13 March 2013

Report received and noted by the Board.

5.2.7 Medical and Dental Advisory Appointment Committee (MDAAC) – meeting held 25 February 2013

Executive summary received and noted by the Board.

ITEM 6: Business Arising:

6.1 ISLHD Extreme Risk Issues

Report received and noted by the Board.

The Board was informed clinical and corporate risks are registered in the Enterprise Risk Management system.

The Deputy Chair informed the Board a teleconference with Mr Stephen James, NSW Internal Audit Bureau had taken place. The Deputy Chair and Marisa Mastroianni discussed enterprise wide strategic risk management from the Board's perspective with Mr James.

The Board noted current reporting of extreme risks to the Ministry of Health occurs on a quarterly basis however the Board requires notification of potential extreme risks as they emerge. The Board also requires information to be able to track existing extreme and high risks on a regular basis. The Chief Executive informed the Board this information will be provided to ensure the Board is regularly addressing relevant risk issues.

6.2 Memorandum of Understanding between ISLHD and UoW

Report received and noted by the Board.

The Board noted further modifications to the draft Memorandum of Understanding will be required prior to ratification.

6.3 Partnering with Consumers

Report received and noted by the Board.

6.4 Wollongong Voluntary Sobering Up Centre

Report received and noted by the Board.

The Board noted correspondence attached to this report is to be treated as Cabinet-in-confidence.

The Board raised and discussed the roles of health agencies and NGOs in the establishment and running of the voluntary centres, including the one planned for the Wollongong area.

ITEM 7: New Business:

7.1 Coronial matters involving the District

Report received and noted by the Board.

The Board noted coronial matters are brought to the attention of the Health Care Quality Committee.

The Board was informed implementation of coronial inquest recommendations is the responsibility of the Chief Executive.

7.2 Expression of Interest – Workforce Culture Consultant

Report received and noted by the Board.

The Chief Executive is seeking advice and input from the Board in drafting the brief that will accompany the Expression of Interest for this initial 12 month consultancy contract.

The Board noted the need for the successful individual or company to have a proven record in culture change in a health environment. The successful consultancy will require diagnostic skills, must be able to demonstrate practical experience, and be able to build and retain capacity in the workforce. The Board commented that work around cultural change can be segmented and managed in stages.

- ACTION ITEMS:**
- i Board members to be provided with draft documentation prepared in relation to this initiative.
 - ii Board members to provide the Chief Executive with feedback and/or comment on same.

The Board sanctions the Chief Executive's initiative to embed cultural change in management systems and processes to ensure the sustainability and longevity of such a project.

RESOLUTION (2013/04): The Board resolved to endorse an Expression of Interest be submitted to the Ministry of Health seeking the services of a culture change consultancy.

The Chief Executive informed the Board the District is currently participating in NSW Health's second state-wide employee survey.

The *YourSay* workplace culture survey provides employees an opportunity to have a say about their workplace.

7.3 Leave of Absence

Member Jill Boehm sought leave of absence from her Board role and responsibilities for the month of May 2013. Member Roger Downs sought leave of absence from his Board role and responsibilities for the months of May and June.

RESOLUTION (2013/05): The Board resolved to grant Mrs Boehm leave of absence from her Board role and responsibilities for the month of May 2013.

RESOLUTION (2013/06): The Board resolved to grant Mr Downs leave of absence from his Board role and responsibilities for the months of May 2013 and June 2013.

ITEM 8: Confidential Items:

8.1 Confidential Item One

Report received and noted by the Board.

8.2 Confidential Item Two

Report received and noted by the Board.

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

8.3 Confidential Item Three

Report received and noted by the Board.

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

8.4 Confidential Item Four

Report received and noted by the Board.

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

ITEM 9: Information:

9.1 Annual NSW Health Symposium 10 May 2013

Correspondence received and noted by the Board.

The Board requested four places to attend the symposium be reserved for members. An email will be sent to members seeking their interest in attending.

ITEM 10: Late Business

10.1 Confidential late business paper

Report received and noted by the Board.

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

10.2 Motion of condolence – Dr John Hogg

The Board noted with sadness the passing of Dr John Hogg.

RESOLUTION (2013/07): The Board resolved to endorse a letter celebrating the life of Dr Hogg be sent to his family on behalf of the Board.

ITEM 11: Business Without Notice

11.1 Board Planning Committee meeting schedule

The timing of the Planning Committee meetings was raised and discussed. The meetings are held prior to the Board meetings with no time for preparation of briefs and reports to the Board regarding planning issues.

ACTION ITEM: Board members to provide feedback on a schedule that would accommodate the committee membership's commitments and also satisfy the Board's desire to receive information from the committee in a timely manner.

Meeting closed at: 6.50pm

Next meeting: Monday 6 May 2013
4.00pm – 6.00pm
Conference Rooms 1 & 2
Level 8, Block C
Wollongong Hospital

CERTIFIED A CORRECT RECORD

Ms Sue Baker-Finch

S. Baker-Finch
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Signature

6.5.13
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Date

TRIM Ref: DT13/19506