



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

**Date: Monday 1 July 2013**

**4.00pm – 6.00pm**

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

**ITEM 1: Presentation:**

The District is in receipt of the 2013-2014 Service Agreement between the NSW Ministry of Health and the ISLHD. To inform the Board on how the organisation drops down the annual agreements to operational levels across the District, Ms Michelle Noort, Director Operations, Planning and Performance, and Mr Henry Kornacki, Director of Finance were invited to present the work undertaken to achieve this objective.

The Board was informed the District is working to make sure the service and performance obligations outlined in the agreements, are filtered and reflected in District plans. This work has been ongoing for two years and at this stage of the process the penetration throughout the District is at different levels.

SPARC, an electronic monitoring programme, assists managers across the organisation manage aspects of the service agreement's service and performance expectations. The web based programme provides access to live data related to, for example, key performance indicators, waiting list information, and length of stay.

Ms Noort's visual presentation focussed on a line of site across the organisation using her position as an example of cascading the service agreement throughout the organisation.

Mr Kornacki presented a verbal 2013-2014 final service agreement synopsis. The Board discussed at length the proposed increase in the revenue target. Mr Kornacki informed the Board 2013-2014 revenue target is a risk to the organisation as the District's ability to continue to make revenue gains is limited.

**ACTION ITEM:** The Board requested the Ministry of Health be informed of the risk to the organisation in achieving the proposed 2% increase in the revenue target.

The Board also discussed issues including transition grant, efficient pricing, labour cap, and the District's position in relation to receiving target growth financial support.

**ACTION ITEM:** The Board requested a risk assessment of the 2013-2014 Service Agreement be undertaken, and a report prepared and circulated to members by 15 July 2013.

The Service Agreement sign off process detailed in the third recommendation in the report to the Board titled ISLHD 2013-2014 Service Agreement Synopsis was queried by a Board member.

**ACTION ITEM:** The recommendation will be amended to reflect the required sign off of the Service Agreement process.

Ms Noort left the meeting.

## **ITEM 2: Attendance of members**

Clinical Professor Denis King, Ms Sue Baker-Finch, Ms Marisa Mastroianni (part), Dr William Pratt, Professor Kathy Eagar, Ms Jill Boehm, Assoc Professor Rod McMahon, Mr Roger Downs, Professor Gerard Sutton, Mr Geoff O'Donnell

### **Apologies**

Clinical Professor Jan Potter, Mr Paul Knight

### **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.

Over the coming months the Board will discuss issues that will require members to declare an interest. The declarations will be noted at that time.

## **ITEM 4: Confirmation of Minutes of meeting held 3 June 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 Extreme Risk Report – ability to manage significant capital outlay**

The Chair informed the Board the risk has been raised with Treasury. Treasury indicated the risk is under review and will provide the Chair with a response in due course.

## **5.2 SDMH Budget Recovery Strategy**

Report received and noted by the Board.

The Board sought assurance the forecasted savings are sustainable over time as most of the 2012-2013 budget deficit savings appear to be related to one off savings.

The Chief Executive provided the Board with examples of long term strategies currently being implemented at SDMH as part of the budget recovery strategy. These have been identified in the paper. These included the Clinical Pathways Project, the Unfunded Activity Project, the Emergency Department Management Project, and the Demand Management Project. Matching bed supply to demand is an ongoing project which has clearly yielded benefits this year.

**ACTION ITEM:** Future monthly progress reports to the Board to identify short and long term strategies, and detail anticipated financial return on each initiative. The report is also to include the hospital's labour cap contribution.

## **ITEM 6: Reports**

### **6.1 Chief Executive**

Report received and noted by the Board.

#### *Wollongong Hospital Neurosurgical SET position*

The Chief Executive advised the Board that changes to the College of Surgery's neurosurgical trainee programme has seen the loss of Wollongong Hospital as a recognised training site. The loss of this position has been compounded with the resignation of a neurosurgeon leaving only two senior medical staff to manage the department. An arrangement with Prince of Wales will be necessary in the short term. The District is attempting to recruit to the vacant neurosurgeon position.

#### *Quality Award Forum*

Board member Jill Boehm attended the forum and informed the Board staff are to be congratulated on the standard of presentations and expressed pride in the work carried out by dedicated employees across the District.

- ACTION ITEMS:**
- i The Chief Executive to provide staff with the Board's sentiments.
  - ii Letters of congratulation to staff to be signed by the Chair.

The Board expressed a desire to always be informed of employee achievements in the workplace.

From 2014 the forum will be titled a quality and research forum to more accurately reflect the work undertaken and milestones achieved.

#### *Recruitment to Director Clinical Operation position*

The Chief Executive informed the Board the position has been advertised.

The Board was informed the District has engaged the services of a recruitment company to recruit to the two General Manager vacant positions; one at Shellharbour Hospital, the other at SDMH. The agency is also attempting to recruit to the Director of Clinical Services SDMH position.

## **6.2 Reports**

### **6.2.1 Finance and Activity Based funding Performance Report for May 2013**

Report received and noted by the Board.

The Director of Finance reported the net cost of service General Fund monthly result was \$.399m favourable. The year to date result is \$1.458m favourable. The results are in line with end of financial year projections.

The Chief Executive advised the District remains at Level 0 on the Performance Framework of the Ministry.

### **6.2.2 Health Care Quality – meeting held 24 April 2013**

Minutes received and noted by the Board.

The Board sought clarification on item 6.1 on page 66 of the business papers. The item refers to the transition of safety sharps across the District, and in particular at Wollongong Hospital. The Chief Executive informed the Board of the committee's instruction in relation to this issue.

**ACTION ITEM:** The Chief Executive to ensure the committee's instruction received compliance.

Lessons Learnt on page 65 of the business papers detail an incident related to the incorrect removal of a lesion. The circumstances surrounding this incident were raised and discussed by the Board.

**6.2.3 Planning Committee – meeting held 3 June 2013**

Minutes received and noted by the Board.

**6.2.4 Aboriginal Health – meeting held 17 June 2013**

Minutes received and noted by the Board.

**6.2.5 Audit and Risk Management Committee – meetings held 22 April 2013 and 3 June 2013**

Minutes received and noted by the Board.

The Board noted the Wollongong Hospital Emergency Department phase 2 Audit–Planned and Unplanned representations and readmissions audit report received a rating of 2 and is not listed as an emerging risk in the Extreme and High Risk Report to the Board dated 25 June 2013.

The Chief Executive informed the Board this audit had been undertaken by the previous internal audit team and several of the assumptions did not appear to be correct.

Given the financial risk associated with unplanned readmissions, significant energy has been expended in ensuring compliance to the patient classification system. A policy and supporting documentation has been developed and circulated to ensure counting practices are correct.

**ACTION ITEM:** The Chief Executive to provide the Audit and Risk Management Committee with a report detailing the actions taken by the District to improve this primary quality and safety indicator.

**6.2.6 Shoalhaven Clinical Council–meeting held 17 June 2013**

Report received and noted by the Board.

**6.2.7 Illawarra Clinical Council – meeting held 12 June 2013**

Report received and noted by the Board.

The Board queried the inclusion or discussion of clinical policies at Illawarra Clinical Council meetings as this was not reflected in the minutes.

**ACTION ITEM:** The Chief Executive will follow up on this matter and confirm all clinical policies are contained within the business papers for discussion and endorsement at future Council meetings.

#### **6.2.8 Medical and Dental Advisory Appointment Committee (MDAAC) – meeting held 27 May 2013**

Executive summary received and noted by the Board.

### **ITEM 7: Business Arising:**

#### **7.1 Obstetric and Gynaecology Service**

Report received and noted by the Board.

The Chief Executive informed the Board that significant resources have been invested in the service. Rostering issues have been addressed, there is a greater medical presence at hand over, and there is now daily on site presence for registrar support and supervision. The Board was informed the service remains a risk however the service improvement strategies implemented to date are assisting in mitigating that risk.

The Chief Executive also reported an issue that has arisen in gynaecology following the reporting of two incidents.

The Board recommended external consultants be engaged on each occasion the Chief Executive considers an incident requires review.

#### **7.2 Extreme Risk Report**

Report received and noted by the Board.

The Board sought confirmation the Business Continuity Strategy and Plan had been received from Health Share by 30 June 2013.

**ACTION ITEM:** This matter will be followed up by the Chief Executive.

The Board queried the exclusion of the obstetric issue at SDMH and MUH from the Extreme and High Risk Report.

**ACTION ITEM:** This matter will be followed up by the Director of Finance.

## **ITEM 8: New Business:**

### **8.1 Bulli Hospital Kiosk**

Report received and noted by the Board.

The proposed closure of the Bulli Hospital kiosk as a result of the report received from Health Share was discussed at length by the Board. The discussion concluded with the Board's preferred option being for the service to be continued but be managed by an external provider. The Board favoured an expression of interest via tender be the preferred option for managing the service.

#### **RESOLUTION (2013/08):**

The Board resolved to endorse the necessary consultation with Health Share be undertaken and an expression of interest for tendering of the Bulli Hospital kiosk be developed.

### **8.2 Basic Physicians Trainees - Recruitment**

Report received and noted by the Board.

The report is provided to alert the Board to the difficulties the District will experience in the provision of clinical services if there is a reduction in basic physician trainees.

The Board noted the inclusion of this issue on the Risk Register.

### **8.3 By-Laws Regulating or Prohibiting Smoking on Health Grounds**

Report received and noted by the Board.

The Chief Executive is seeking Board endorsement of the proposal to introduce a By-Law prohibiting smoking on health grounds.

The Chief Executive informed the Board it is proposed to certify one specified area in each hospital as an exclusion from the smoke-free area. There will be consultation with each hospital and health site prior to the designating of the smoke-free exclusion areas.

#### **RESOLUTION (2013/09):**

The Board resolved to endorse the By-Laws for the District as proposed by the Ministry of Health.

### **8.4 Media and Community Engagement Activities – May 2013 and June 2013**

Report received and noted by the Board.

**ACTION ITEM:** The Board requested to receive both media releases and media reports containing the same level of information as provided.

**8.5 Complaint and Patient Safety Report**

Report received and noted by the Board.

**8.6 Annual Board Assessment**

The Chair will provide a report on this item at the next meeting.

**ITEM 9: Confidential Items:**

**9.1 Confidential Item One**

Report received and noted by the Board.

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

**9.2 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.

**9.3 Confidential Item Three**

Report received and noted by the Board.

**9.4 Confidential Item Four**

Report received and noted by the Board.

**9.5 Confidential Item Five**

Report received and noted by the Board.

**9.6 Confidential Item Six**

Verbal report received and noted by the Board.

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

**ITEM 10: Information:**

**10.1 Clinical Service Plan – Division of Medicine**



Report received and noted by the Board.

## **10.2 Board Statutory Governed Training**

Delivery Type 4 is the Board's preferred option. This delivery type allows the modules of training to be adapted for the Board context, and delivered on site at a time convenient to the Board.

**ACTION ITEM:** The Board Secretariat to make the necessary arrangements.

## **ITEM 11: Late Business**

### **11.1 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.

## **ITEM 12: BUSINESS WITHOUT NOTICE**

### **12.1 Workforce Services position**

The Chief Executive informed the Board of the options available to the District in relation to appointing to the position of Director of Workforce Strategy and Development. The Board supported the Chief Executive in her approach.

#### **RESOLUTION (2013/14):**

The Board resolved to endorse the Chief Executive commence recruitment to the position.

The position will be advertised at a HSM 5 level as the Chief Executive does not hold delegation to appoint a HES or HSM 6. The Chair indicated a willingness to undertake discussion with the Ministry.

### **12.2 Palliative Care Models of Care**

The Board queried the awarding of a State wide contract by the Ministry of Health to provide community based palliative care services. This announcement followed a Ministry of Health call for submissions to support palliative care. The Chief Executive informed the Board the District had submitted a funding application. She had subsequently been informed the company Silver Chain was awarded the contract.

The Board discussed at length the above described process.

**ACTION ITEM:** The Chair will follow this matter up with the Ministry of Health.

**Meeting closed at:** 7.25pm

**Next meeting:** Monday 5 August 2013  
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**

5. 8. 13

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**Date**

TRIM Ref: DT13/36931