



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

**Date: Monday 3 March 2014**

**4.00pm – 6.00pm**

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

**ITEM 1: Meeting Opening**

**1.1 Attendance of members**

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

**In Attendance**

Mrs Susan Browbank, Mr Henry Kornacki, Ms Sue Harris, Mrs Rosemary Croke (secretariat)

**1.2 Declaration of Pecuniary Interest, Conflict of Interest**

Nil; other than those already documented.

**1.3 Confirmation of Minutes of meeting held 3 February 2014**

The minutes were accepted as a true and correct record.

**1.4 Action List**

That members note the progress/completion of actions.

**1.4.1 Glossary of language**

Report received and recommendation noted by the Board.

The glossary has been drafted to ensure consistency, and understanding of the language used when referencing Board/committee actions items and recommendations.

Discussion ensued concerning the use of the words “endorse” and “resolve” when referring to an action required by the Board. Members agreed the word “resolve” indicates a formal decision has been made, and the word endorse denotes the Board agrees with the point of view or proposition put forward.

**ACTION ITEM:** The Action Required by the Board legend to include the terminology “resolve”.

The application of the words “endorse” and “approve” was raised and discussed. Members referenced the *Health Service Act 1997* specifically mentioned in Section 3 of the Corporate Governance & Accountability Compendium – Roles of Boards and Chief Executives as a standard for language accuracy. The word “approve” is used when the Board has delegated authority to approve particular issues. For example when approving plans, frameworks, service agreements, however the Board does not have delegated authority to approve financial statements.

**ACTION ITEM:** The word “noted” is to be removed from the glossary.

#### **1.4.2 Board committee membership for 2014**

Verbal report from the Chair received and recommendation noted by the Board.

The Chair supports the rotation of members through the various committees in order to maintain a skill base.

Committee and MDAAC nominations for the two year period commencing April 2014 are:

##### *Finance and Performance -*

Ms Sue Baker-Finch  
Mr Paul Knight  
Mr Geoff O’Donnell  
Dr William Pratt

##### *Health Care Quality –*

Ms Jill Boehm  
Dr William Pratt  
Clinical Professor Jan Potter

##### *Planning -*

Mr Roger Downs  
Ms Jill Boehm AOM  
Professor Kathy Eagar  
Ms Marisa Mastroianni

Mr Paul Knight

*Aboriginal Health –*

Mr Paul Knight  
Professor Gerard Sutton  
Clinical Professor Denis King OAM

*Audit and Risk Management –*

Ms Marisa Mastroianni  
Mr Roger Downs

*Board representative on MDAAC:*

Dr Rod McMahon  
Clinical Professor Denis King OAM

The Chair reserves the right to attend all committee meetings.

#### **1.4.3 Draft ISLHD Board Priorities**

Report received and recommendation noted by the Board.

Members were informed the draft ISLHD Board Priorities document is a summary of the consultation and documentation arising from the ILSHD Clinical Services planning process. The Planning Committee recommended the Board receive and note the document as opposed to endorsing same.

As the publication will have wide public distribution, the Board noted there is a need to ensure continuity of language across both documents.

Members discussed the need for the terminology to cascade from the source document, and requested the draft ISLHD Board Priorities publication be written in such a way that the language is reflective of that included in the District Health Care Services Plan.

**ACTION ITEM:** The Planning Team to examine the language used in the source document, distil the draft Board Priorities publication, and resubmit to the April meeting of the Board.

Members were informed the Board Priorities publication is supported by a detailed Appendices that describes the planning processes undertaken to achieve the required outcome, and also provides information that was considered

during the development of the document. This document will be made available to members via publication on the Board website.

## **ITEM 2: Reports**

### **2.1 Board Chair**

Verbal report received and noted by the Board.

For information related to a particular issue raised by the Chair and discussed by members, please refer to Confidential Item 9.

### **2.2 Chief Executive**

#### **2.1.1 Balanced Scorecard 2013-2014 – month and YTD January 2014**

Report received and recommendation noted by the Board.

Members sought information regarding the comment related to a decrease in patient fee revenue. A decline in revenue can be linked to the implementation of the Ministry's ED short stay admission and re-admission policies.

The Board was informed emergency short stay units have been opened at Wollongong Hospital, and Shellharbour Hospital to assist the District manage ED patients requiring extended admissions, and to improve performance regarding readmissions. The executive team will be visiting Shoalhaven District Memorial Hospital to examine the feasibility of establishing an emergency short stay unit at the facility.

The 24 hours in ED result for the month was noted and questioned. The Chief Executive provided a response to the question that included issues related to the ability of the service to undertake intra and inter hospital during the night.

Members noted the 24 hours in ED KPI measures patients who have been admitted to the ED and are receiving care while in the department, as opposed to delays in waiting to be seen.

Members commented that the meaning were informed the terminology applied to the "24 hours in ED" is not clear.

**ACTION ITEM:** The MoH be contacted requesting consideration be given to a change in the wording of the "24 hours in ED" KPI. Suggesting a change that would better reflect the actual status of the patient.

#### **2.1.2 Finance Report for period ending 31 January 2014**

Report received and recommendation noted by the Board.

### **2.1.3 Activity Report for period ending 31 December 2013**

Report received and recommendation noted by the Board.

## **ITEM 3: Business Arising:**

### **3.1 NSW Model By-Laws Review**

Report received and noted by the Board.

Members requested minor changes be made to the issues paper prior to sign off by the Chair, and submission to the Ministry of Health.

Members noted the Board's support of the recommendation the functions of Audit and Risk Management Committees (A&RM) be conducted in line with Treasury policy. The Internal Audit and Risk Management Policy for the NSW Public Sector, TPP09-05, stipulates A&RM must have at least three members and no more than five independent members, of whom a majority must be independent, and the Chief Executive attends meetings but not as a member. This arrangement would provide the ISLHD with scope to nominate two Board members to the committee thus strengthening linkage, and communication channels back to the Board.

**ACTION ITEM:** Changes to be made in line with member feedback.

Members agreed the current arrangement of the Chair attending meetings of the District Medical Staff Councils when invited, and in the company of the Chief Executive, is a satisfactory arrangement and supports continuation of same.

### **3.2 Centre of Excellence for Aged Care at Bulli Hospital**

Report received and recommendation noted by the Board.

Members were informed the Planning Committee at its meeting held earlier today requested the District draft a project agenda, and also develop an in principle list detailing potential opportunities for shared services between the ILSHD and Illawarra Retirement Trust.

### **3.3 Committee membership and tenure**

Report received and recommendations noted by the Board.

#### **RESOLUTION (2014/06):**

The Board resolved to approve the recommendations.

The Chair also supports the rotation of members through the role of Deputy Chair. Members were informed Ms Jill Boehm will undertake the role of Deputy Chair for the next two years.

**ITEM 4: New Business:**

Nil reports tabled.

**ITEM 5: Confidential Items:**

**5.1 Confidential Item One**

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

**5.2 Confidential Item Two**

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

**5.3 Confidential Item Three**

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

**5.4 Confidential Item Four**

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

**5.5 Confidential Item Five (late item)**

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

**5.6 Confidential Item Six (late item)**

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

**ITEM 6: Resolutions related to Item 7 recommendations.**

Members noted there were no recommendations related to Item 7 that required Board resolution.

**ITEM 7: Information**

**7.1 Risk Categories, Risk Profile and Top 20 current Extreme and High Risks/Opportunities report**

Report received and recommendation noted by the Board.

**7.2 ISLHD Disability Plan 2014-2017**

Report received and recommendation noted by the Board.

**7.3 Finance and Performance Committee – minutes of meeting held 28 January 2014**

Minutes received and recommendation noted by the Board.

**7.4 Planning Committee – draft minutes of meeting held 3 February 2014**

Draft minutes received and recommendation noted by the Board.

**7.5 Media and Community Engagement Activity – January 2014 and February 2014**

Report received and recommendation noted by the Board.

**ITEM 8: Notifications regarding Upcoming Events**

**8.1 ACHS Accreditation survey**

Notification received and recommendation noted by the Board.

**ITEM 9: Date and venue of next meeting**

Information received and noted by the Board.

**ITEM 10 Business Without Notice**

**10.1 Recruitment of HES Officers**

Board members are referred to the Confidential Minute 5.7 for further information related to this item.

**10.2 NSW Health Policy Directive PD2014\_001**

Board members are referred to the Confidential Minute 5.8 for further information related to this item.

**Meeting closed at 6.15pm.**

**Next meeting:** Monday 7 April 2014  
4.00pm – 6.00pm  
Meeting Rooms  
Lower Ground Level  
Shoalhaven District Memorial Hospital

**CERTIFIED A CORRECT RECORD**

Ms Jill Boehm OAM

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**Signature** 

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**Date** 7/4/14

TRIM Ref: DT14/13497