
NOTES

INFORMAL BOARD MEETING

Date: 2:00pm-6:00pm, Monday 6 May 2019

Venue: Meeting Rooms, Shellharbour Cancer Care Centre

ITEM 1: WELCOME

Attendance of members

Professor Denis King OAM (Chair); Professor Kathy Eagar; Mr Paul Knight; Professor Gerard Sutton; Professor Rod McMahon; Dr William Pratt; Ms Eve Bosak; Mr John Stubbs; Mr Alan Hudson.

Others in Attendance

Ms Margot Mains, Chief Executive; Ms Angela Tugrul, Assistant Board Secretary.

Present for Agenda Item 2 were:

- Ms Margaret Martin, Executive Director Clinical Operations (by telephone)
- Mr Craig Hamer, General Manager Shoalhaven Hospital Group
- Dr Tony Fitzgerald, Chair Medical Staff Council Shoalhaven Hospital Group
- Dr Belinda Doherty, Director Medical Services Shoalhaven Hospital Group
- Mr Stuart Emslie, Operations Manager/Deputy Director of Nursing Milton Ulladulla Hospital
- Mr Stuart Davidson, Operations Manager Medical Care, Shoalhaven Hospital
- Mr Bradley Scotcher, Director of Nursing and Midwifery, Shoalhaven Hospital Group
- Ms Nina Kenny, Workforce Support Manager, Shoalhaven Hospital Group
- Ms Angela Jones, Maternity Service Lead, Shoalhaven Hospital Group
- Ms Lynn Hewitt: Acting Operations Manager/Director of Nursing David Berry Hospital
- Ms Karon Stalgis: Operations Manager Critical Care/ Deputy Director of Nursing Shoalhaven Hospital
- Ms Jayne Carr – Facility Support Manager Shoalhaven Hospital
- Ms Melissa Perrin, Acting Executive Assistant, Shoalhaven Hospital Group

Apologies

Ms Jill Boehm OAM; Mr Roger Downs; Professor Bill Lovegrove AO; Ms Marisa Mastroianni.

The agenda of the meeting commenced at 3.15pm following the Shoalhaven Hospital staff afternoon tea and arrival of the Chair.

ITEM 2: PRESENTATION FROM THE SHOALHAVEN HOSPITAL GROUP EXECUTIVE

The Board received the presentation on the Shoalhaven Hospital Group provided by Mr Craig Hamer, General Manager Shoalhaven Hospital Group.

The Board queried the cause of the increase in presentations to the Shoalhaven Cancer Care Centre (SCCC), to which the General Manager Shoalhaven Hospital Group advised some is attributed to local residents referred from the Illawarra Cancer Care Centre, while some is due to an increase in demand from the south and locally where patients might not have sought treatment previously. Mr Hamer also noted the on-site accommodation had also increased demand but is only at 50 per cent occupancy. The Director of Nursing and Midwifery Shoalhaven Hospital Group also noted the transfusion service is run at the SCCC, rather than within ambulatory care clinics as elsewhere in the District.

The Board noted the use of Coledale Hospital within the Northern Illawarra Hospital Group (NIHG) to transition patients to the slow stream model of care while awaiting residential aged care facility (RACF) placement, and queried the possibility of using David Berry Hospital similarly. The General Manager Shoalhaven Hospital Group noted the 17 beds in rehabilitation at David Berry Hospital have high occupancy while palliative care varies, so capacity may not

exist. The Board noted networks of sub-acute facilities lessen the pressure on acute services and that Milton Ulladulla Hospital operates to some extent in this way. The Operations Manager/Deputy Director of Nursing Milton Ulladulla Hospital advised of nine patients presently awaiting placement and at capacity, with a total of 25 acute and two palliative care beds. The Board observed that the graph in the presentation showed different efficiency around discharges at the smaller hospitals, who do not discharge as regularly, and that the same number of patients are being discharged into RACFs from the whole of NIHG as Shoalhaven Hospital.

The Board noted that 43 per cent of referred patients to the podiatry service were from the Aunty Jeans Program and queried whether the District follows up attendance, to which the General Manager Shoalhaven Hospital Group noted they are followed up and that one of the challenges had previously been no shows.

The Board queried number of Aboriginal staff across the Shoalhaven Hospital Group, to which the General Manager Shoalhaven Hospital Group advised approximately 2 per cent of the workforce have identified as Aboriginal. He noted an administration trainee position which has been successful, the plan to pursue similar roles and the need for more Aboriginal staff in the emergency department, where long waits can be traumatic for Aboriginal people.

The Chief Executive noted regarding the pilot program with RACFs the challenge in keeping RACF patients moving and losing momentum during the trial. In response to a Board query about how effective the program has been and whether any measures were developed, the General Manager Shoalhaven Hospital Group advised the question will be taken on notice.

ACTION ITEM (12/19): Update the Board on the Residential Aged Care Facility pilot program including effectiveness of the program and measures of success.

In response to a Board query, the General Manager Shoalhaven Hospital Group advised there is one Aboriginal member within the Consumer Advisory Group.

The General Manager Shoalhaven Hospital Group noted the positive impact of medical rostering a month in advance and outlined the focus on compassionate care. The Board were pleased to note this and observed the difficulties in the approach and support measures for staff required. The General Manager Shoalhaven Hospital Group noted the Employee Assistance Program can provide support, that staff should support each other and that communication techniques can be improved. He also noted that education programs, via both formal and local delivery options, are important to support the knowledge base, especially for new graduates.

The Operations Manager/Deputy Director of Nursing Milton Ulladulla Hospital advised that Milton Ulladulla Hospital is piloting the Imagine Program focused on staff wellness and mindfulness. The General Manager Shoalhaven Hospital Group advised that Shoalhaven Hospital has commenced the Program at a manager level to develop empathetic leadership styles, however that attendance has been a challenge and it had not been as successful as expected. In response to a Board query about whether the Imagine Program extends into the community health centres, the local team took the question on notice.

ACTION ITEM (13/19): Update the Board on the Imagine Program and whether it is undertaken in community health centres in addition to Hospitals.

The Chair of the Medical Staff Council Shoalhaven Hospital Group raised the changes to the orthopaedics service at Shoalhaven Hospital, having noted additional services with little notice and increase in trauma cases are putting pressure on whole hospital including surgical

ward, after-hours services and elective waiting lists. The General Manager Shoalhaven Hospital Group advised of additional provisions to meet the workload and acknowledged the challenge, however that it was a platform for moving into future with two new surgeons about to commence and the redevelopment. The Board acknowledged the issues and noted the ongoing recruitment challenges in both orthopaedics and ear nose and throat (ENT), and the Chief Executive noted the theatre and bed capacity limitations to be solved.

The Chair of the Medical Staff Council Shoalhaven Hospital Group noted the need for ENT services at Shoalhaven Hospital, to which the Chief Executive advised that discussions would be held following adverse outcomes and the failure to attract an ENT surgeon to the Hospital.

The Operations Manager/Deputy Director of Nursing Milton Ulladulla Hospital raised the need for a District-wide surgical strategic plan, which could include Milton Ulladulla Hospital, to which the Chief Executive noted work is underway including workload and future direction. The Board noted the need for it to incorporate more than surgery and acknowledged the recent funding outcomes due to the Chief Executive's and Board Chair's work. Issues around Ministry's lack of a capital investment strategy and lack of recurrent funding were noted and that the District must determine service provision and capital planning.

The Chief Executive noted that surgery and the intensive care unit will be high priority in the business case for the redevelopment of Shoalhaven Hospital. The Board noted the networking of services across the District will be important, with many services site focused currently, but that they work functionally better when networked and that Shoalhaven-based services will need to work closely with the Illawarra-based services.

In response to a Board query on whether the Mental Health funding of \$35 million was for a specific purpose, the General Manager Shoalhaven Hospital Group advised that it included an ambulatory care component and a capital component.

The Board advised they were impressed by the presentation, the networking opportunity and the staff morale demonstrated. The Chair thanked the Shoalhaven Hospital Group Executive team for their presentation.

Mr Hudson left at 4.42pm following Agenda Item 2.

ITEM 3: CHIEF EXECUTIVE'S REPORT

ITEM 4: MEETING FINALISATION

Details for the next formal meeting of the Board are:

Monday 3 June 2019

2.00pm-6.00pm

Conference Rooms, District Executive Office

The meeting closed at 5.33pm.