

Minutes for ISLHD Board Meeting

24/02/2025 | 02:00 PM - 05:00 PM - AEST

ISLHD Executive Office, Warrawong

Agenda

The Board Chair, Chris Bertinshaw opened the meeting at 2.00pm

ITEM 1: Chairs Consultation

The Chair welcomed new Board Member Dr Costa Boyages and the Board Members introduced themselves. He discussed the need for the Board to continue to focus on future planning and discussed the importance of the CORE values.

The Chair verified that the Members had no concerns to discuss pertaining to the agenda.

ITEM 2: Welcome

2.1 Acknowledgement of Country

Peter McDonald acknowledged that the Illawarra Shoalhaven Local Health District is committed to truth telling and healing with the First Nations Peoples for whom the lands on which we operate are their traditional lands. He acknowledged the innate ancestral connection to Country and pay our respects to Elders past, present and future. He expressed the Boards gratitude that they share these lands today, their sorrow for the costs of that sharing, and their hope and belief that they can move to a place of equity, justice and partnership together.

2.2 Attendance

Chris Bertinshaw, Board Chair

Marilyn Smith OAM, Deputy Chair

Richard Morris AM. BM., Board Member

Hon. David Campbell, Board Member

Jenny Collins, Board Member

Alan Hudson, Board Member

Suzi Clapham, Board Member

Nick Mitrevski, Board Member (via Microsoft Teams)

Peter McDonald, Board Member

Costa Boyages, Board Member
Jonathon Boswell, Board Member

In attendance:

Margot Mains, Chief Executive
Joshua Rijsdijk, Chair Medical Staff Council
Jessica De Angelis, Director Office of the Chief Executive
Angela Twist, Board Secretary and Executive Officer (minutes)

In attendance for Patient Story - Aunty Jeans – An Aboriginal Chronic Care program model:

Joanne Goulding, Executive Director Aboriginal Health and Workforce

In attendance for item 3:

Lou Fox, Acting Executive Director of Integrated Community Services and Mental Health

In attendance for item 5.1:

Mark Garrick, Executive Director Strategy, Risk, Planning and Performance
Sue Harris, Executive Director Infrastructure and Assets (via Microsoft Teams)

2.3 Apologies

There were no apologies for this meeting.

2.4 Declarations of Interests

The Chair invited members to raise any conflicts of interest arising from the agenda items. There were no declarations of conflicts of interest.

Patient Story - Aunty Jeans – An Aboriginal Chronic Care program model

The Board received the Aunty Jeans program patient story video, highlighting the benefits of bringing culturally safe practices to regional areas and Aboriginal Health within ED's, Maternity & Chronic Disease.

ITEM 3: Presentation - Aged Care Project Plan

The Board received a presentation on the Aged Care Project Plan from Lou Fox. The discussion covered key strategic considerations and funding opportunities.

Commonwealth and State Funding Strategy

- The Commonwealth is undertaking a broad review of transitional care under the NHRA.
- The Board discussed lobbying for funding from both the state and Commonwealth.

- Broad strategies were considered, including a site visit to an unused facility in Gerringong owned by Uniting Care. Financial responsibility for the Gerringong site remains uncertain, with hopes for Commonwealth support.
- Key focus areas include clinical decisions, patient flow, bed base, and patient navigation through the healthcare system.
- A project support brief has been submitted to the Ministry of Health.
- Further discussions to be held with the Commonwealth regarding access and priority access.
- Initial planning has commenced with the Primary Health Network (PHN) on a regional strategy.
- Strengthening Medicare funding, particularly for Aged Care Outreach Service (ACOS), was noted, along with the state's release of a new policy.
- The community Aged Care Assessment Team (ACAT) waiting period is currently 9–12 months, requiring further attention.

Aged Care Patient Flow & Ceiling of Care Discussions

- Analysis of patient movement from aged care into hospital and vice versa is ongoing.
- Consideration of expanding discussions on the ceiling of care within hospitals is ongoing including with the palliative care team.

Next Steps & Action Items

- Continue discussions with Commonwealth and State regarding funding and transitional care.
- Further engagement with PHN on regional aged care strategies.
- Explore feasibility and financial responsibility for the Gerringong site.
- Strengthen ceiling of care initiatives.
- Develop an advocacy plan in light of political changes.

Lou Fox left the meeting at 2.51pm.

ITEM 4: Business from the last meeting

4.1: Confirmation of Minutes - 4 November and 9 December 2024

The Chair invited comments or amendments to the draft minutes of the ISLHD Board meeting held on 4 November and 9 December 2024. The Board approved the Minutes.

4.2: Actions Arising

The Board noted the actions arising and closed items 285/24; 286/24; 287/24; 288/24; 289/24; 290/24.

ITEM 5: Strategic Matters

5.1: Major Capital Works and Planning Update

The Board noted the updates on the Major Capital Works and Planning projects and received further updates on the below items:

Milton Ulladulla Hospital (MUH)

On 3 February 2025 further engagement occurred with interested consumers, local GPs and ISLHD staff.

It was agreed:

- The historical birthing suites at Milton Ulladulla Hospital (MUH) will not be used to return birthing.
- The birthing model for MUH will progress to a home birthing Midwifery Group Practice (MGP) model in the first instance. This will occur once a risk assessment is complete, and workforce is established.
- Illawarra Shoalhaven Local Health District (ISLHD) will be investigating the role of On-Call General Practice (GP) Visiting Medical Officers (VMOs) in the MGP model.
- The revised maternity model, with the potential option of including GP VMOs, will be reflected in the MUH Health Services Plan (HSP) and submitted through the ISLHD Board and to the Ministry of Health (MoH)
 - ISLHD Core Executive Meeting - 11 March
 - ISLHD Strategic Executive Meeting - 2 April
 - ISLHD Board Meeting - 28 April
- HSP will be submitted to MoH as part of a detailed Capital Investment Proposal for MUH.

The Board will consider planning being included as an item of the Research, Data and Environmental Sustainability Committee for the remainder of the year, given it is on the off month of the Board Meeting.

Integrated Services Project

In order to get a full understanding of the options and the implications across all services, we are undertaking a bed base review across the Illawarra Hospital Group that will involve a survey to all key stakeholders followed by workshops. We will be also reviewing demand data, bed capacity and utilisation and demand modelling. The aim of the review is to understand what the bed base requirements are across IHG. The report will provide options and

recommendations for consideration before making a final decision on the key moves and realignments to best meet service demands.

The bed base review will formally commence Monday, 24 Feb with the survey going out and is expected to be complete by early May or earlier if that is possible. A paper presenting the outcome of that review has been planned for the April Board Meeting.

Process of Selling 5 Islands Road and Progress update - 33 Five Islands Road - Port Kembla – Subdivision

The process for selling 5 Islands Road has been ongoing for two years, with a halt in government action when the decision was made to restrict the sale of property deemed excess to need. In response, the District submitted a proposal highlighting that the property was unsuitable for key worker accommodation. Approval for this submission was received in late 2024. Due to limited internal resources, the District engaged with Public Works for further assistance. The subdivision process is expected to conclude in March 2025 which will enable multiple other steps to progress towards preparation for sale. While efforts are underway to accelerate the process, there is significant complexity and bureaucracy involved.

Port Kembla Hospital (PKH)

The Board queried whether it is possible to gain an understanding of the town planning process to be followed, and who will be responsible for managing it. It was suggested that the disposal of the Bulli property could serve as a case study for reference in this context. The Board agreed that further clarification on the process should be sought.

A meeting has taken place with the MoH Asset Team regarding the management of both PKH and Shellharbour Hospital. Block B and C currently house staff and clinics, with Block F now likely to house staff as well. Additional meetings are to be scheduled to map out responsibilities and required actions, ensuring that roles are clear, and actions are taken promptly. The preparation for the eventual handover of land, which will facilitate the sale of the property, is underway. The goal is for the process to proceed immediately once the land is available. Block F will serve as an interim solution while a broader review is conducted. The Board emphasised the need to explore the most efficient use of the land and to maximise the value that can be derived from it.

It was noted that the Ministry of Health (MoH) acknowledged that they will ultimately fund the project, however it was to be reflected in the bottom line and the District is now required to make significant savings.

Safe Assessment Unit, Shellharbour Hospital

- The capital component of \$2,576,650 was initially received in FY24 and carried forward into FY25 was funded from capital funding received as a result of the ICE Inquiry
- The operating costs component is funded via additional budget supplementation and was initially received in FY24 for \$5,160,372 and has been annualised out to FY26.

ACTION 293/25: The Board to hold a virtual meeting to discuss the draft Milton Ulladulla Health Services Plan, with a paper provided by 14 March. (Assignee(s): EDSRPP; Due Date: 28/04/2025)

ACTION 294/25: The Board to consider planning being included in the RDESC for the remainder of the year, given it is on the off month of the Board Meeting. (Assignee(s): Board Secretary; Due Date: 28/04/2025)

ACTION 295/25: The Board to receive a report on the current status of Port Kembla Hospital, and steps remaining that are required to have the property ready for sale. (Assignee(s): EDIA; Due Date: 28/04/2025)

5.2: Ministry of Health Quarterly Board Report - July to September 2024

The Board noted the information provided on the Ministry of Health Quarterly Board Report - July to September 2024

ITEM 6: Board Chair Report

The Board noted the information provided by the Board Chair regarding reappointments and extended congratulations to those who have been reappointed. The Board also welcomed Costa Boyages to the team.

In relation to the Quarterly Performance Meeting (QPM), the Board noted that there was no difference in reporting to the Board. It was highlighted that the Ministry of Health maintains a strong interest in performance outcomes.

The Board acknowledged that the District continues to perform its core business effectively. Despite external challenges, including industrial action and aged care complexities, these issues are being actively managed, with operations realigned, as

necessary. Overall, the Board recognised that the District is performing exceptionally well in the face of these ongoing challenges.

ACTION 296/25: The Board to receive a one-page summary of the District's performance status to be provided out of session. (Assignee(s): Board Secretary; Due Date: 28/04/2025)

ITEM 7: Chief Executive Report

The Board received the Chief Executive's report, with the following updates noted:

ISLHD Annual Plan Revision

- ISLHD's 2024/25 Annual Plan initially included 70 Actions and 103 Measures of Success.
- To refine the plan and strengthen our focus on meeting Key Performance Indicators, the Core Executive and I conducted a workshop to streamline the scope, reducing the number of Actions from 70 to 31, aligned within five key priority areas.
- The 39 actions removed from the plan will still be delivered under the devolved governance of the accountable Tier 2.
- The five key priorities for the remainder of the financial year are:
 - Access – Emergency pathways
 - Access – Elective surgery pathways
 - Finances and financial controls
 - Quality and safety
 - Redevelopments.

ISLHD Finance Forum

- Clinician input was highlighted as a key component of discussions.
- A number of clinicians attended the forum and provided valuable insights.

Hospital Acquired Complications (HACs)

- The penalty has been in place for 5-6 years; however, the recent doubling of the National Weighted Activity Unit (NWAU) is a significant change.
- Discussions were held on the realism of the target and its incorporation into the Service Agreement (SA).
- Delirium as a hospital-acquired condition remains challenging to assess. Proper assessment and documentation are crucial.
- Potential integration of AI work into HAC assessments was discussed, with plans to implement this within the next three months.

Workforce, Work Health & Safety Report – November and December 2024

- A tile fall incident at Wollongong Hospital (WH) was reported, occurring while a patient was seated on the toilet.
- A commissioned review of all tiles at WH was undertaken following the incident.
- A subsequent incident highlighted issues beyond the tiles, with concerns raised regarding refurbishment quality and certification processes.

Special Commission of Inquiry (SCOI) into Healthcare Funding

- The District had the opportunity to review the final transcripts to ensure representations were correct. This included an advance look at the draft recommendations which are still being clarified and are the focus of additional hearings on 26 and 28 February 2025 with a final report to be shared in April 2025. The District's themes were adequately reflected across performance, planning, finance, procurement and aged care considerations.

Illawarra Women's Health Centre – Advocacy for Birthing Suites

- The Board considered the potential policy implications of advocacy efforts.
- The initiative appears to be gaining momentum, with ongoing support for ISLHD's current position.
- Staffing two birthing units remains a challenge, and population projections do not indicate a significant increase in demand.
- Discussion included whether the community could develop a more home-like birthing model, supporting home birth options.
- Shoalhaven Hospital will undergo some work related to the new build, which may impact birthing suite services.

7.1: Elective Surgery Brief Overview

The Board received the report on Elective Surgery, noting key updates. A total of \$12.9M in funding was allocated to support surgery and activity, with a focus on reducing overdue. CE worked closely with the Deputy Secretary System Performance and Finance to ensure the money was directed towards surgery.

A presentation highlighting the increased presentations to the Emergency Department was well received by the Ministry. There were discussions around how to manage the increased activity within the budget, with consideration given to areas that may need to be cut.

The Board queried the current usage level of the operating theatres at Wollongong Hospital, which are anecdotally operating at around 80% capacity, varying day to

day. The proposal to increase surgical beds by 52 but add only one additional theatre prompted further questioning, particularly in relation to the Wollongong master planning. It was decided that the master planning report would be revised to better align the increase in surgical beds with the limited theatre capacity.

ACTION 297/25: EDSRPP to include information into the Wollongong master planning report regarding the revision of the surgical beds vs theatre increase. (Assignee(s): EDSRPP; Due Date: 28/04/2025)

ITEM 8: Committee Reports

The Board noted the minutes from the Board Committees and discussed the EDWARD data profile, as raised by the Research, Data and Environmental Sustainability Committee.

It was acknowledged that the EDWARD data warehouse is managed and monitored by the Ministry of Health (MoH), with limited ability to add local KPIs. Concerns were raised regarding the lack of a formal service agreement between MoH and the districts, meaning districts have little control over the data provided and must work with what is made available. The Board expressed frustration that some key data needed for decision-making is not provided in a timely manner. Of the 70 KPIs outlined in the service agreement, EDWARD cannot currently provide data for 37 of them. To address these issues, the team will prepare an analysis of EDWARD's limitations for the Board's consideration.

ACTION 298/25: Digital Health Team to put together an analysis of what the EDWARD issues are for the board to consider. (Assignee(s): BSEO; Due Date: 28/04/2025)

ITEM 9: For Information

9.1: Board Calendar and Leave

The Board noted the 2025 Board calendar and leave planner including updates.

ITEM 10: Closure of General Meeting

There being no further business, the Board Chair closed the meeting at 4.00pm.