

Wednesday 29 April 2015 at 4:30 pm | Boardroom, St George Hospital

SESLHD Board Minutes

Board Members:

- A/Prof Peter Gonski (Acting Chair)
- Ms Deborah Cansdell
- Mr Jonathan Doy
- A/Prof Robert Farnsworth
- A/Prof Debra Graves
- Dr Harry Harinath
- Ms Kate Munnings
- Janet McDonald
- A/Prof Peter Smerdely
- Ms Kristin Stubbins
- Prof Jeanette Ward (via teleconference)

In Attendance:

- Mr Gerry Marr – Chief Executive
- Ms Karen Foldi – Director of Finance
- Mr Mark Shepherd – Director of Programs
- Dr James Mackie - Medical Executive Director
- Ms Kim Olesen – Director Nursing & Midwifery Services

Apology

- Mr Michael Still (Chair)
- Ms Patricia Azarias

Secretariat:

- Ms Melissa Angelucci

STANDING ITEMS

1.1. Patient story:

The Board noted the patient story of a woman who gave birth at the Royal Hospital for Women.

1.2. Minutes of Board meeting held 25 March 2015

The Board **approved** the Minutes of the SESLHD Board meeting held 25 March 2015 as an accurate record of proceedings.

Resolution 291

“That the Board approves the Minutes of the SESLHD Board meeting held on 25 March 2015 as an accurate record of proceedings.”

Moved: D Cansdell Seconded: D Graves

1.3. Minutes of Finance and Performance Committee meeting held 23 March 2015

The Board noted the Minutes of the Finance and Performance Committee meeting held 23 March 2015.

The Board noted that the Director of Capital Redesign will be attending the Finance and Performance Committee meeting quarterly to provide updates on the capital work occurring across the District. The Board noted that it must ensure a strong governance arrangement around this work.

Action - Director of Capital Redesign to attend the Board meeting annually to present on capital works progress.

1.4. Minutes of Clinical and Quality Council meeting held 11 March 2015

The Board noted the Minutes of the SESLHD Clinical and Quality Council meeting held 11 March 2015.

1.5. Actions

The Board noted the Action Log.

1.6. Correspondence Register

The Board noted the correspondence received since 20 April 2015.

1.7. Teaching and Research

The Chief Executive reported that he and the Chair met with the Vice Chancellor of the University of New South Wales who is reinvigorating the universities approach to research.

The St George and Sutherland Research Foundation is in the process of developing a rigorous action plan.

FOCUS

2.1. Integrated Care Strategy and Aged Care Plan

Mr Greg Stewart, Director of Primary and Integrated Care and Ms Linda Soars, Manager of Integrated Care, attended the meeting to provide an overview of SESLHD's new Integrated Care strategy. The following key points were noted;

- Integrated Care is the provision of seamless, effective and efficient care that responds to all of a person's health needs, across physical and mental health, in partnership with the individual, their carers and family. It means developing a system of care and support that is based around the needs of the individual, provides the right care in the right place at the right time, and makes sure dollars go to the most effective way of delivering healthcare for the people of NSW.
- Integrating Care is important because chronic conditions are expected to account for 80% of disease burden in Australia by 2020.
- The key strategies include;
 - Engage with people and communities through person centred planning and evaluation
 - Develop a health intelligence system

- Use innovative models to target areas of need
- Utilise central support structures to evaluate, transfer and spread successful models
- From here, SESLHD will build collaborative teams to test and improve healthcare and build practical improvement capability.
- The Chief Executive is working with Pricewaterhouse Coopers (PwC) to develop a business case for integration paper. This will demonstrate the economic value of this strategy and will be brought to a future Board meeting for information.
- SESLHD was recently successful in receiving funding for a model of care in wound care and treatment of skin cancer. This model of care links up dermatologists, surgeons, general practitioners, nursing staff etc. This model goes across the public and private system and demonstrates that models of linked up care are already in place and working well.
- Dr Gorur Harinath commended the population health focus of the strategy and noted that the shift away from acute care and towards primary and preventative care is very important.
- The Board noted that working with aged care facilities in this area is a significant opportunity. There is already very positive work happening in this space which needs to be expanded.
- The Board noted the Aged Care Plan provided in the papers to be outstanding. The plan is an example of one of the integrated approaches the District is taking.

The Secretary for Health thanked the Board for inviting her to attend the meeting and made the following points with respect to integrated care and other matters;

- The new state government sees the approach as central and supports the slogan 'right place, right time, right care'.
- The federal and state governments are particularly interested in how they can support and create mechanisms for linking aged care, acute hospital care, primary care, social care etc.
- In recent times, the federal government has become very interested in working with the states on the integrated care agenda.
- Various Local Health Districts are working innovatively in this space and the Ministry of Health will be looking to share the learnings from each District across the state.
- The Commonwealth has been in discussions with the states regarding a reduction in the amount of funding provided to the states. NSW is currently working to address the implications of this.
- The NSW Premier is chairing the Council of Australian Governments (COAG) this year.
- The Ministry of Health acknowledges that SESLHD has a plan to manage its financial deficit.
- SESLHD has an exciting opportunity to redesign its models of care as part of the new capital works happening at each of the major hospitals. The Ministry of Health will be keen to support SESLHD as it works through this.

Dr Foley assured the Board that the Ministry of Health is willing and prepared to support SESLHD on its strategy to recover its financial position and implement its integrated care agenda.

Dr Foley agreed to stay for the Heart of Caring Presentation which was held following this item.

The Acting Chair thanked Dr Foley for visiting St George Hospital and attending the first half of the Board meeting.

GENERAL BUSINESS

GOVERNANCE

3.1. Service Level Agreement

SESLHD has now had its second round of negotiations with the Ministry of Health in respect of the 2015/16 Service Level Agreement. The activity profile for 15/16 has been agreed to by both parties.

Two major risks have been identified including the value of the transition grant and the achievability of the revenue target for next year.

SESLHD received a disproportionate revenue target increase for 2014/15. A separate meeting is to be scheduled to discuss the 15/16 revenue target.

The Board noted that it will not sign up to a Service Agreement which includes targets that are not within SESLHD's control to achieve. A body of work should be undertaken to determine what the Board can and cannot be held accountable for in the Service Level Agreement.

Action – Chair of Finance and Performance Committee to meet with Director of Finance to determine what the Board can and cannot be held accountable for in the Service Level Agreement.

Non-admitted patients are being funded based on historical data. It was noted that this funding is inadequate at the Prince of Wales Hospital.

3.2. Peritonectomy Audit Results

The Board noted the independent retrospective audit of peritonectomy procedures and letter from the audit committee as provided in the meeting papers. The main findings were related to the unavailability of patient data and the inappropriateness of consent sought before procedures. SESLHD has accepted all recommendations made by the audit committee and is moving to implementation.

3.3. Internal Audit Plan

The SESLHD Board approved the internal audit plan.

FINANCE AND PERFORMANCE

4.1. SESLHD Key Performance Indicators

The SESLHD Board noted the Key Performance Indicators.

It was noted that SESLHD is under target in activity in some facilities for the month of March.

4.2. Finance and Performance Update

The Director of Finance provided an overview of the March Finance and Performance Meeting. The following key points were noted;

- SESLHD's full year projection has deteriorated to \$22.7 million unfavourable to budget. This is due to the impact of the \$3.8 million annual leave adjustment which has now

been brought into account. The Ministry of Health has advised that SESLHD will not be given budget for the additional cost. The Chair of the Finance and Performance Committee noted that she does not support the accrual of this additional charge as it is not within the District's control.

- Salary and wages at the hospital facilities were noted as concerning and do not collate with FTE numbers. Impacts may have included having three pay periods during March, having 116 additional graduate nurses commence employment and a Junior Medical Officer rotation during the month.

The Director of Finance reported that significant work has been undertaken to develop tools and techniques for improving the accuracy of the financial projections. The Board noted it will draft a letter to the Ministry of Health, outlining any budget adjustments from throughout the year that have not been within SELHD's control.

Action – Letter to be drafted to the Ministry of Health, outlining any budget adjustments from throughout the year that have not been within SELHD's control.

The Ministry of Health has agreed to provide some additional funding to reflect the increased emergency department activity at St George Hospital. The Ministry of Health has also agreed to fund the additional peritonectomy procedures performed at the St George Hospital during this financial year. This funding is valued at approximately \$3.4 million.

If SESLHD is provided with the additional peritonectomy funding and is reimbursed for the annual leave adjustment, the full year projection will be \$18 million unfavourable to budget.

4.3. CEO's Paper – Safely Reducing Costs – Phase 2

The Board noted the Safely Reducing Costs paper as written by the Chief Executive. The paper outlined the plan to develop a Productivity and Improvement Board within SESLHD to monitor and drive financial performance over 2015/16 and 2016/17. The Board noted that the target is to achieve a breakeven position by June 2017. This is a reduction of \$25-28 million over two years.

STRATEGY

5.1. Update – Program Management Office

The Board noted the PMO report provided in the agenda pack.

5.2. SESLHD Change Program Update

SESLHD Board noted the Change Program update.

5.3. Community Partnerships Charter

The Board approved the Community Partnerships Charter.

5.4. Heart of Caring Publication

This item was held following the integrated care presentation.

Ms Karen Tuqiri, Development of Practice & Work Force, SESLHD Nursing and Midwifery and Ms Suzanne Murray, Nurse Educator attended the Board meeting to present on the Heart of

Caring publication. Then Heart of Caring Publication is a collection of quotes and excerpts from fifty SESLHD nurses and midwives who have shared their stories of compassion. These stories were then transcribed and themed and reflective resources were developed for staff.

SESLHD nurses and midwives described patient centred compassionate care to be about 'making a difference to the care experience', is supported by 'teamwork', with 'self-care and wellbeing' essential to enable its sustainability. The work has led to the development of a framework that is centred around four themes; connecting human to human; engaging as a team; promoting self-care and well-being; and creating positive workplace cultures.

The Board commended the Nursing division for its excellent work on this project. The Board questioned whether this work could be rolled out to other professions. The Director of Nursing reported that SESLHD is looking to roll the project out interprofessionally.

This work is being shared at a state-wide nurse's forum.

Dr Foley thanked the Board for this presentation.

CLOSE

Business without notice

No discussion held.

NOTING OF CONFIDENTIAL ITEMS

Nil discussion

Date of next meeting:

27 May 2015

4-7pm – Seminar Rooms, Royal Hospital for Women

Focus – Chairs of Clinical Councils invited to first hour of meeting

Meeting closed 6:40pm.

MAShLL

Signature

Michael Still

Name

19 May 15

Date