

Wednesday 27 April 2016 at 4.30pm | Worrall Theatre, Sydney/Sydney Eye Hospital

## SESLHD Board Minutes

**Board Members:**

- A/Prof Peter Gonski (Chair)
- Ms Deborah Cansdell
- Mr Jonathan Doy
- A/Prof Robert Farnsworth
- Janet McDonald
- A/Prof Peter Smerdely
- Prof Jeanette Ward (*via teleconference*)

**In Attendance:**

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

**Apologies:**

- Mr Michael Still (Chair)
- Ms Patricia Azarias
- Dr Debra Graves
- Dr Harry Harinath
- Ms Kate Munnings
- Ms Kristin Stubbins (Advisor)
- Dr Theresa Jacques – Chair, Medical Staff Executive Council

**Secretariat:**

- Ms Nicole McGregor – A/Executive Officer to the Chief Executive

### STANDING ITEMS

**1.1. Minutes of the SESLHD Board meeting held Wednesday 30 March 2016**

The Board resolved to approve the minutes of the SESLHD Board meeting held Wednesday 30 March 2016 as an accurate record of proceedings.

*Resolution 302*

“That the Board resolves to approve the minutes of the SESLHD Board meeting held on Wednesday 30 March 2016 as an accurate record of proceedings.”

Moved: Janet McDonald      Seconded: Deborah Graves      Carried

**1.2. Minutes of Finance and Performance Committee meeting held Monday 21 March 2016**

The minutes of the meeting of the Finance and Performance Committee held on Monday 21 March 2016 were noted.

**1.3. Minutes of Health Care Quality Committee meeting**

Nil minutes to note this month.

**1.4. Minutes of the Community Partnerships Committee meeting**

Nil minutes to note this month.

**1.5. Actions**

The Board reviewed and updated the Action Log. It was resolved to remove action items 2, 5 and 8 as numbered in the Action Log as they have been addressed. The action items relating to visiting medical officer claims and peritonectomy surgical impact were addressed as agenda items at this meeting.

**1.6. Correspondence Register**

The Board noted the correspondence received to Wednesday 20 April 2016.

**1.7. Teaching and Research**

The Board was advised that an experienced consultant has been engaged to develop a research strategy for SESLHD; this work has commenced in the past month.

**FOCUS**

**2.1. Presentation: Clinical Ethics**

**Invited guests:** Dr Greg Stewart, Director of Primary and Integrated Health, SESLHD

Dr Linda Sheahan, Clinical Ethics Consultant, SESLHD

Dr Greg Stewart and Dr Linda Sheahan attended the start of the Board meeting to present on the topic of clinical ethics, and in particular the work being done in the area of clinical ethics in SESLHD.

The following key points were noted:

- Clinical ethics is a theory based discipline, which applies a structured approach to assist health professionals in identifying and resolving ethical issues that arise in the health care setting.
- A Clinical Ethics Strategic Plan 2016-2019 has been developed, with four strategic priorities
  - o Ethics capacity building and education
  - o Clinical case consultation
  - o Organisational ethics
  - o Research and evaluation

The Board discussed the proposed case consultation model for clinical ethics, which has been identified as a future aim for SESLHD. This model would potentially involve a 'flying

squad' of clinicians with ethics expertise providing a structured review of cases as required. A solid, resourced case consultation model would take around 12-18 months to implement fully.

The Board acknowledged its appreciation for the work being done by Dr Sheahan, and for the improved understanding of clinical ethics that the Board now has following this presentation.

**2.2. Presentation: SESLHD Patient Safety Program**

**Invited guest:** Ms Maria Jessing, Clinical Improvement Manager, SESLHD

Ms Maria Jessing attended part of the Board meeting to present on SESLHD Patient Safety Program.

The following key points were noted:

- The aim of the Patient Safety Program is to reduce the level of harm and improve healthcare safety and quality measures for all patients in SESLHD by 30%.
- Nine points of care will be the focus of the program, with the initial stage to begin with three points of care, being: ventilator-associated pneumonia, catheter-associated urinary tract infections and deteriorating patients.
- Willing wards across the District have been chosen to pilot the program, and learning sets will be set up with multidisciplinary team members.
- Expert faculty groups for each point of care have been established to oversee the process, and will ensure 'balancing measures' are in place to prevent inadvertently causing harm in other areas outside of the main focus.

The Board discussed how the Patient Safety Program aligns with similar initiatives that are in place. The Patient Safety Program is expected to fit in with such programs as 'productive wards'.

**2.3 Presentation: Randwick Redevelopment**

**Invited guests:** Ms Julie Dixon, Director of Planning, Population Health and Equity, SESLHD

Ms Cath Whitehurst, Director of Capital Redesign, SESLHD

Ms Julie Dixon and Ms Cath Whitehurst attended part of the Board meeting to provide an update on the Randwick Redevelopment.

The following key points were noted:

- The vision for the Randwick campus is to create a world-class health, research and teaching campus for the future.
- A Clinical Service Planning Steering Committee has been established, and is the key governance committee in terms of the planning element.
- Health Infrastructure (HI) assist in driving the infrastructure part of the redevelopment forward. A project director and manager from HI have been appointed, and the team is working towards developing key documentation, including an infrastructure master plan.

The Board discussed wider issues in relation to redevelopment around the Randwick Campus, including the light rail transport progress, and housing redevelopments in the streets surrounding the campus. It was noted that the University of New South Wales is involved in collaboration on the Randwick Campus redevelopment.

## STANDING ITEMS

### 3.1 Board Chair Report

The Board noted the verbal update provided by the Deputy Board Chair.

### 3.2 Chief Executive Report

The Chief Executive provided a verbal update to the Board, focusing on the transition of Norfolk Island under the governance of the Australian Government. The following key points were noted:

- SESLHD will support the health services on Norfolk Island, which are centred on the hospital, with limited mental health or population health services.
- The formal transition date is 1 July 2016, with a significant amount of work to be done by the Commonwealth Government, Ministry of Health and SESLHD on this matter. The Chief Executive will be devoting a significant amount of time to this matter over the coming months.
- A range of issues are to be addressed, including hospital infrastructure and employment conditions.
- A budget for the provision of health services on Norfolk Island has been provided.

The Board was also advised that Ms Nicole McGregor has been permanently appointed to the position of Executive Officer to the Chief Executive and Board Secretary.

### 3.3 Finance and Performance Update

The Director of Finance provided an update on the District's financial position year-to-date and results for March, as detailed in the Director of Finance Report provided. The full-year financial position remains unchanged.

The Board was advised that auditors from the NSW Audit Office are currently in place in SESLHD conducting the financial audit; no significant concerns have been raised thus far.

#### Revenue

Revenue remains the largest challenge. In particular, patient fees is expected to be \$14 million unfavourable to budget by the end of the financial year.

Francis Group International (FGI) is nearing completion of its mid-implementation review of the revenue improvement program. The final report, which will include feedback on achievements as well as new recommendations, will be provided to the Finance and Performance Board Subcommittee.

The Finance and Performance Board Subcommittee discussed revenue at length at its April meeting, including a discussion on how to generate innovative revenue strategies. Retail strategies are currently being evaluated for all major hospital sites across the District.

The Board discussed challenges regarding the use of private health insurance, and associated revenue targets.

### 3.4 Key Performance Indicators (KPIs)

The Board noted the report provided in the meeting papers. An overview of KPI performance was provided.

#### Elective surgery access performance

Elective surgery access performance (ESAP) remains a challenge, and the issue has been

compounded by increased emergency department presentations across all facilities. However, a plan is in place to reduce the number of overdue elective surgery cases to less than 10 by the end of the financial year.

Activity

Key challenges for activity in the current financial year have been acute inpatient activity in relation to NWAU conversion from prior activity, and temporary closure of a significant portion of neonatal intensive care unit (NICU) beds due to an infection outbreak.

Peritonectomy

The Board discussed issues related to the peritonectomy service. Arrangements to establish a second site at private hospital in Sydney have not progressed. It is believed that interest may be sought from other public hospitals.

**3.5 Program Management Office (PMO) Report**

The Board noted the PMO Report provided in the meeting papers. Year-to-date, actual savings of \$15.4 million have been achieved, against a target of \$16.7 million. Planning work has commenced for 2016/17 cost savings and revenue improvement strategies.

The Board heard that significant work has been done on medication management. All expenditure, particularly high cost medication, is being reviewed, and information has been provided to the Clinical Streams for their discussion on how resources can be better used. This work is being supported by the Medical Executive Directorate and the District Lead Pharmacist.

**NEW ITEMS**

**4.1 Emergency Treatment Performance Analysis**

The Director of Programs and Performance gave an overview of the report provided on emergency treatment performance (ETP). The report demonstrates improving ETP performance at all sites, despite an increasing number of presentations at all emergency departments across the District.

The report shows that across SESLHD, 70.5% of patients are discharged within four hours, and 80% within five hours. It was noted that the ETP targets were devised with the knowledge that it is not clinically appropriate for all patients to be transferred out of the emergency department within four hours.

The Board discussed whether information is available on how staffing levels impact on ETP performance. It was noted that emergency departments move their resources based on peak periods during the day.

The Board also discussed the model for consultant review at triage in emergency departments. It is believed it is currently being trialled at Westmead Hospital, but none of the emergency departments across SESLHD currently have this model in place. However, this model was previously established at Sutherland Hospital with positive results.

**4.2 Visiting Medical Officer Expense Report**

The Board reviewed and discussed the information provided. As noted in the report, approximately 80% of claims for payment from visiting medical officers (VMOs) are received within three months of service, which is a positive result.

**4.3 Peritonectomy Surgical Impact**

The Board discussed the brief provided on the impact of peritonectomy services on surgical capacity at St George Hospital, which has a relatively small number of theatres for the size of the hospital. The increased number of peritonectomy surgeries required by the service

agreement with the Ministry of Health has impacted on both theatre capacity and intensive care unit (ICU) capacity.

However, it was noted that the impact of the peritonectomy service has improved since the case review committee was put in place.

**CLOSE**

**5. Business without notice**

Nil items raised.

**6. Noting of Confidential Items**

Nil confidential items.

**7. Date of next meeting:**

Wednesday 25 May 2016

4pm – 7pm

Worrall Theatre, Level 1, Worrall Block

Sydney/Sydney Eye Hospital

**Presentation:** Chris Puplick, Chair, Justice Health and Forensic Mental Health Network Board

**Presentation:** Kim Olesen, Nursing and Midwifery Services update

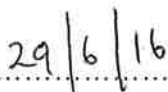
Meeting closed at 6.29pm.



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**Signature**

Peter Gonski

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**Name**



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**Date**