

Minutes

SESLHD Board Meeting

Wednesday 27 September 2017

4.30pm – 7pm

Worrall Theatre, Level 1, Worrall Block, Sydney/Sydney Eye Hospital

Present and Apologies

Board Members:

- Mr Michael Still (Chair)
- Ms Patricia Azarias
- Mr Jonathan Doy
- A/Professor Robert Farnsworth
- A/Professor Peter Gonski
- Dr Debra Graves
- Mr Liam Harte
- Janet McDonald
- Ms Helene Orr
- Professor Allan Spigelman

In Attendance:

- Mr Gerry Marr – Chief Executive
- Ms Karen Foldi – Director of Finance
- Dr James Mackie – Medical Executive Director
- Mr Mark Shepherd – Director of Programs and Performance
- Ms Patricia Bradd – Director of Improvement and Innovation *(for items F1 and F2)*
- Ms Julie Dixon – Director of Planning, Population Health and Equity *(for items F1 and F2)*
- Mr Todd Davies – Chair of the Audit and Risk Committee *(via teleconference) (for items 3.1 and 3.2 only)*

Apologies:

- Mr Neville Mitchell – Board Member
- Dr Greg Kaufman – Chair of the Medical Staff Executive Council
- Ms Kim Olesen – Director of Nursing and Midwifery Services

Secretariat:

- Ms Nicole McGregor – Executive Officer to the Chief Executive and Board Secretary

Focus Areas

Focus 1: Presentation

SESLHD Quality Plan 2017-2020 and SESLHD Clinical Governance Framework

Invited guest: Patricia Bradd, Director of Improvement and Innovation

Ms Patricia Bradd, Director of Improvement and Innovation, attended the Board meeting to give a presentation on the SESLHD Quality Plan 2017-2020 and SESLHD Clinical Governance Framework, which have been recently developed.

The following key points were noted:

- The Quality Plan and the Clinical Governance Framework have been written as complementary documents, intended to be read together.
- The Quality Plan covers the areas of quality assurance, quality improvement and quality culture. The Clinical Governance Framework covers the clinical governance structures and processes within SESLHD.
- These two documents will benefit the facilities undergoing accreditation next year.
- Quality plan templates have been developed, to allow for hospitals and departments to develop their own local quality plan that align with the District's Quality Plan.

The Board discussed the way in which the Quality Plan will be implemented; each general manager or service director will be responsible for implementation of the plan at a local level.

The Board discussed the need for integration between incident reporting, and morbidity and mortality meetings.

The Board discussed cancer services and governance across the District.

The Board endorsed the SESLHD Quality Plan 2017-2020 and SESLHD Clinical Governance Framework, subject to a final review and to Board members' suggestions being addressed.

Focus 2: Presentation

SESLHD Strategy 2018-2021

The Chief Executive introduced the SESLHD Strategy 2018-2021 by showing a short summary video of the 'Ideas Exchange' community forum that was held to discuss the vision for SESLHD with a range of partner organisations and consumers.

The Chief Executive presented to the Board on the SESLHD strategy and the five strategic priority areas. Both national and international best-practice examples have been studied to inform the development of the strategy. Although the strategy itself will cover a four-year period, many of the outcomes in the document are long-term ambitions of the District.

Ms Julie Dixon, Director of Planning, Population Health and Equity, presented the Management and Planning System (MAPS) that will be used to collect and display strategies at all levels of the organisation, and allow progress to be tracked. The MAPS system has been developed with the support of St Vincent's Health Australia team from Melbourne, who established the program.

The Board discussed local initiatives currently underway, such as the geriatric flying squad.

The Board endorsed the draft SESLHD Strategy 2018-2021 for further consultation. The final version of the strategy will be presented to the Board at the November 2017 Board meeting for approval.

Administration

1.1. Present and Apologies

The Board noted those present and the apologies received.

1.2. Declaration of Interests

Nil declarations of interests made.

1.3. Minutes of the SESLHD Board meeting held Wednesday 30 August 2017

Resolution 319

The Board resolved to approve the minutes of the SESLHD Board meeting held on Wednesday 30 August 2017 as an accurate record of proceedings.

1.4. Minutes of the Finance and Performance Committee meeting held Monday 28 August 2017

The minutes of the meeting of the Finance and Performance Committee held on Monday 28 August 2017 were noted.

1.5. Minutes of the Healthcare Quality Committee meeting

Nil minutes to note this month. The next meeting is scheduled for Monday 9 October 2017.

1.6. Minutes of the Community Partnerships Committee

Nil minutes to note this month. The next meeting is scheduled for Monday 11 September 2017.

1.7. Minutes of the Audit and Risk Management Committee meeting held Tuesday 5 September 2017

The minutes of the meeting of the Audit and Risk Management Committee held on Tuesday 5 September 2017 were noted.

It was noted that Debra Graves, Board Member and Chair of the Healthcare Quality Committee, has been invited to attend the December 2017 meeting of the Audit and Risk Committee.

1.8. Actions

The Board reviewed the Action Log.

1.9. Correspondence Register

The Board noted the correspondence received to Wednesday 20 September 2017.

Standing Items

2.1 Board Chair Report

The Board noted the verbal update from the Board Chair. The following key points were highlighted:

- The Minister for Health will be attending the Conference of Board Chairs meeting in October 2017 and will be discussing the role of Boards.
- Progress continues on the Randwick Campus Redevelopment. Productive discussions have been held with Health Infrastructure and campus partners including the University of New South Wales on furthering the vision for the precinct. A presentation on the Randwick Redevelopment will be held at the November 2017 Board meeting.
- The Board Chair recently had the opportunity to tour the new buildings at St George Hospital and was very impressed with the redevelopment, which is due to open in October 2017.

2.2 Chief Executive Report

The Board noted the verbal update from the Chief Executive. A presentation on the National Disability Insurance Scheme (NDIS) is being scheduled for early 2018.

The Chief Executive tabled a brief on the demand and access challenges over the winter period, which has been a challenging time for hospitals across metropolitan Sydney. There has been a significant increase in emergency department presentations and in respiratory illness presentations across SESLHD facilities.

2.3 Finance Report

The Director of Finance provided an update on the District's financial results for August 2017, as detailed in the Director of Finance's Report. It was noted that high activity over the winter period has impacted expenditure for the past two months.

The Board discussed the District's cash requirements.

2.4 Key Performance Indicator (KPI) Report

The Board noted the Integrated Performance Report provided in the meeting papers. It was noted that the report now includes local initiatives as well as the Service Agreement KPIs.

The Director of Programs and Performance provided an overview of performance for the month of August 2017. Emergency treatment performance and transfer of care have been challenged by the difficult winter period, however work is underway to bring performance back to the target level.

The Director of Programs and Performance highlighted the significant increase in the proportion of hepatitis C patients that have sought hepatitis C treatment across the District; this is a positive result related to changes to treatment and access to treatment.

The Board acknowledged the improvements made to the integrated performance report.

2.5 Program Management Office (PMO) Report

The Program Management Office (PMO) Report was noted. The Board was advised that the Chief Executive held a workshop with the executive team and their finance managers this week to brainstorm additional expense reduction and revenue generation strategies in order to meet the targets that have been set. Another workshop will be held in October 2017.

2.6 Teaching and Research

The Board noted this item.

New Items

3.1 Audit and Risk Committee Annual Report to the SESLHD Board

The Board noted the Audit and Risk Committee Annual Report to the SESLHD Board. The Board noted the internal audits completed in the last quarter.

Mr Todd Davies, Chair of the SESLHD Audit and Risk Committee, joined the Board meeting via teleconference to discuss items 1.7, 3.1 and 3.2.

The Board was advised the audit of the District's financial statements was completed in a very efficient and timely manner. Acknowledgement was given to the Director of Finance and her team for their work on the statements.

The Board discussed the appropriate mechanisms for oversight of staff safety and security. Mr Davies agreed to work on a report on the options with the Director of Internal Audit and Chair of the Healthcare Quality Committee. The Board resolved to discuss this matter at the November 2017 Board meeting.

3.2 Strategic Internal Audit Plan 2017-2020 and Annual Internal Audit Plan 2017-2018

The Board noted the Strategic Internal Audit Plan 2017-2020 and Annual Internal Audit Plan 2017-2018.

Mr Davies welcomed feedback from the Board on how the Audit and Risk Committee can best engage with the Board. The Board resolved for the Chair of the Audit and Risk Committee to be invited to present to the Board annually.

The Board acknowledged the work of Mr Davies as Chair of the Audit and Risk Committee.

Meeting Close

5.1 Business without notice

Nil items raised.

5.2 Noting of Confidential Items

Nil items noted.

5.3 Date of next meeting:

Wednesday 25 October 2017

4pm – 7pm Board Meeting

Prince of Wales Hospital, Randwick

Meeting closed at 6.43pm.

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Signature

Michael Still

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Name

25 October 2017

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Date