

## SESLHD Board Meeting – Minutes

T24/20352

Date:	Wednesday, 27 March 2024
Time:	4:00pm – 7:00pm
Location:	Mental Health Unit Conference Room, 11 South Street, Kogarah
Present:	Dr Deb Graves (Board Chair) Arthur Diakos Anna Guillan Elli Baker (via TEAMS) * Dr Gregory Levenston Dr Jan Dudley * Dr John Estell Helene Orr * Allan Spigelman * Jonathan Doy
Ex Officio Invitees:	Tobi Wilson, Chief Executive (CE) Kim Olesen, Executive Director Operations Ian Anderson, Director, Finance Dr Jo Karnaghan, Director, Clinical Governance and Medical Services Kate Hackett, Director, Nursing and Midwifery Services
Guests:	Sam Martin, A/General Manager, St George Hospital A/Prof Julia Maclean, Speech Pathologist Lisa Altman, Director, Strategy, Innovation and Improvement Sharon Carey, General Manager, Corporate Services Isabel Gordon, Management Trainee OCE (observer)
Apologies:	Liam Harte, Board Member
Secretariat:	Carrie Han, Executive Assistant to the CE / Board Secretary

### 1. Opening

#### 1.1 Acknowledgement of Country

An acknowledgement of country was shared.

#### 1.2 Present and Apologies

Apologies were noted by the Board. The chair declared that a quorum was present and the meeting opened at 4:45pm.

#### 1.3 Declaration of Interests

Conflict of Interest Declaration Register was tabled. No new conflicts of interests to declare or to be added/removed in the Register at this meeting.

#### 1.4 Minutes of Previous Meeting

The minutes of SESLHD Board meeting held on 28 February 2024 were tabled and reviewed by the Board.

*Resolution:* The Board resolved that the minutes of SESLHD Board meeting held on 28 February 2024 be signed as a true and correct record of the meeting.

#### 1.5 Actions from previous meeting

The action log was tabled in the papers and taken as read. CE provided verbal updates on progress against the action plan to implement the recommendations from POWH SMO Recruitment and Reappointment Process Review report.

---

*Resolution:* The Board notes the information provided.

## 2 Committees

### 2.1 Finance and Performance Committee

Minutes of the meeting held on 26 February 2024 were tabled in the papers and taken as read.

---

*Resolution:* The Board notes the information provided.

### 2.2 Quality and Safety Board Committee

It was noted there were no minutes for this month.

### 2.3 Audit and Risk Committee (ARC)

Draft minutes of the meeting held on 6 March 2024 were tabled in the papers and taken as read. It is noted that at the meeting, the Committee welcomed the newly appointed independent member, Christine Feldmanis and new Audit Office of NSW Representatives, Weini Liao and Kenneth Leung. The Committee also welcomed Ms Emma Spiers, who has recently commenced the SESLHD Risk Management Lead role as an observer for the meeting. Quarterly Risk Management Report and Security report were tabled and discussed.

CE advised the need to consider another potential independent member for ARC, noting discussions had with the ARC Chair and the process will include shortlisting a few candidates on the eligibility list for interviewing. Further updates will be provided to the Board.

---

*Resolution:* The Board notes the information provided.

### 2.4 Board Strategic Community Partnerships Committee (BSCPC)

It was noted there were no minutes for this month.

## 3 Matters for Noting

### 3.1 Correspondence Register

The correspondence register was tabled and noted.

---

*Resolution:* The Board notes the information provided.

## 4 Standing Items

### 4.1 Chief Executive Report

The Chief Executive's report was tabled and taken as read, including updates regarding:

- The Emergency Department Assessment Unit (EDAU) Prince of Wales Hospital Go Live, noting the intention to open EDAU on Monday, 8 April 2024.
- CE leave arrangements 28 March 2024 to 7 April 2024, noting Ms Kate Hackett will be the Acting CE SESLHD during the period.
- CE invited as the potential witness to Special Commission of Inquiry

- Recruitment to fill the General Manager, NSW Organ and Tissue Donation Service position is underway, noting Ms Danielle Fisher had commenced a two-year secondment to University of Sydney.

---

*Resolution:* The Board notes the information provided.

#### **4.2 Board Chair Report**

The Board Chair's report was tabled and taken as read, including attendance of the SESLHD Medical and Dental Appointments Advisory Committee meeting, Randwick Health and Innovation Precinct Council meeting and NSW Health Virtual Board Members' conference.

---

*Resolution:* The Board notes the Chair's report.

#### **4.3 Patient Story**

The Patient Story provided by the Sutherland Hospital was noted.

---

*Resolution:* The Board notes the information provided.

#### **4.4 Innovation Story**

The Board welcomed Ms Sam Martin, A/General Manager, St George Hospital (SGH) and A/Prof Julia Maclean, Speech Pathologist to join the meeting and present on the At-Risk Airway Alert (ARAA), which is a project in collaboration with eHealth NSW, the State Forms Committee and invited Airway Clinicians across NSW. The presentation provides background/case for change, innovation as the first customisable Airway flag in eMR with the aim to alert clinicians to the factors needed to manage patients with alterations to their airway anatomy and the benefits and outcomes delivered. It is noted that the program has been piloted at SGH and Sutherland Hospital with Statewide recommendation underway.

The Board enquired about information sharing with Paramedics. A/Prof Maclean advised current practice is providing patients with the printed forms when information sharing through eMR is not available, noting potential improvement opportunities with Single Digital Patient Record rollout.

---

*Resolution:* The Board notes the information provided.

## **5 New Business**

### **5.1 Paper – SESLHD Strategy Planning Day 2024 Summary Report**

A paper providing a report of SESLHD Strategy Planning Day held on 8 February 2024 was tabled. The report provides an outline of the day and highlights key outcomes from the table discussions. CE advised that the SESLHD Strategy planning day focussed on identifying the strategic priorities for SESLHD. The 2024-25 Business Plan will be developed with reference to the priority actions identified in this forum, with 2-3 priority actions under each strategic pillar in the Exceptional Care, Healthier Lives Strategy 2022-2025 identified for inclusion in the Plan. Business planning by sites /services/ streams/ directorates will follow, with each to add 1-2 local initiatives under these priorities. This process is supported by the Strategy, Innovation and Improvement (SII) Directorate. CE advised the efficiency initiatives discussed at the forum are streamlined to a list, which will be included in the presentation at agenda 5.3.

---

*Resolution:* The Board notes the information provided.

## 5.2 Paper – St George Hospital Radiology training accreditation update (**Confidential**)

---

*Resolution:* The Board notes the information provided.

## 5.3 Paper – SESLHD Efficiency Strategy FY2024-25 (**Confidential**)

---

*Resolution:* The Board notes the information provided, including the proposed FY2024-25 efficiency opportunities.

## 5.4 Paper – People and Culture KPI reporting and consideration of establishment of Board sub-committee

A paper regarding People and Culture KPI reporting and consideration of establishment of Board sub-committee is tabled.

CE advised the responsibilities for oversight of people and culture matrix, outside of work, health and safety, are not within the scope of any of the existing SESLHD committees.

Following consultation with the other LHDs, options for the establishment of a People and Culture Board sub-committee were provided with the recommendation that the Board extend the scope of SESLHD Quality and Safety Board Sub-Committee (QSBC) to include People and Culture Governance.

The Board supports the recommendation, noting that the revised Terms of Reference (TOR) to reflect the change will be provided to the Board, following the review and endorsement by QSBC.

---

**Resolution:** The Board endorse the Quality and Safety Committee being extended to include People and Culture Governance.

**ACTION:** The revised TOR of SESLHD QSBC to be provided to the Board, following the endorsement by QSBC.

## 6 Regular Reporting

### 6.1 Finance Report

The Finance report was tabled and taken as read.

DoF advised the expenditure for SESLHD is \$6.4 million favourable to budget for the month of February 2024 and \$38.8 million unfavourable to budget YTD. Total own source revenue YTD was \$17.9m unfavourable due to lower than budgeted activity. As at February 2024, Full year expense forecast for SESLHD is \$35 million above budget. Full year own source revenue is expected to be \$29m below budget, noting a request for revisiting revenue budget for SESLHD and ongoing adjustment had been sent to CFO NSW Health for consideration.

SESLHD flagged with MoH after Feb 2024 about the potential adjustment of SESLHD Expenditure Forecast and Revenue Forecast. Additional budget was provided by MoH in March 2024 to reflect one-off costs incurred throughout this financial year, following which the expenditure forecast for SESLHD remained unchanged. There were discussions around methodology with budget allocation and management for current financial year.

CE advised a meeting with the Board Chair and the Chair of Finance and Performance Committee will be scheduled to discuss the budget forecast submission for SESLHD.

---

**Resolution:** The Board notes the Finance Report.

### 6.2 Operations Report

The Operations report was tabled and taken as read.

Executive Director Operations advised that as of end February 2024, SESLHD had zero overdue elective CAT 1 on surgical case list and 382 overdue elective CAT 2 and CAT 3. This falls 100 cases below the forecast total for February 2024.

In February 2024, there were 20 000 ED presentations which is an increase of 5.2% compared to February 2023 with an additional 988 patients seen.

Update on NSW Telestroke Services was included, noting similar model to be considered to improve ED performance.

---

**Resolution:** The Board notes the Operations Report.

### 6.3 Performance Report

Integrated Performance Report for February 2024 and MoH League Table for January 2024 were tabled and noted by the Board.

---

**Resolution:** The Board notes the information provided.

### 6.4 Clinical Governance Report

The Clinical Governance report was tabled and taken as read. DCG&MS advised the District has commenced 12-month reporting for Hospital Acquired Complications (HAC) performance, which will provide good indication of the trend. Discharge Against Medical Advice (DAMA) rate for indigenous patients is included in the report.

Strategic review of risk management reporting is underway, in consultation with the General Managers of the sites/services.

---

*Resolution:* The Board notes the information provided.

### **6.5 Capital Works Report**

The Capital Works report was tabled and taken as read. General Manager, Corporate Services (GMCS) provided a summary of redevelopments across SESLHD, noting the capital projects are on track with no significant risks identified.

---

*Resolution:* The Board notes the Capital Works Report.

### **6.6 Security report**

The Security report was tabled and taken as read. GMCS provided a summary of the ARC Security report, code black 2023 responses, reporting against Anderson report and 2024 Security Improvement Audit Tool audit.

---

*Resolution:* The Board notes the Security Report.

## **7 Meeting Finalisation**

### **7.1 Business Without Notice**

Nil

### **7.2 Noting of Confidential Items**

There were no confidential items raised.

### **7.3 Next Meeting**

It is noted that next SESLHD Board meeting is scheduled on Wednesday, 24 April 2024, which will be held virtually.

### **7.4 Close**

The meeting closed at 6:45pm.

---

I certify that the foregoing is a true and correct copy of the minutes approved by Members of the Board.



**Board Chair  
Dr Debra Graves**