

# MINUTES SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT BOARD MEETING

3 JULY 2013 16:00 - 19:00

### THE BOARDROOM SYDNEY HOSPITAL

STUNET HUSPITAL			
PART A.	MEETING OPENING		
)	Item 1	WELCOME	
	1.1	Apologies     Dr Ingrid Van Beek     Ms Kim Olesen – Director Nursing & Midwifery Services	
	1.2	Members:      Hon. Morris lemma     A/Prof Peter Gonski     Ms Patricia Azarias     Dr Harry Harinath     Mr Robert Boyd-Boland     Ms Deborah Cansdell     A/Prof Robert Farnsworth     Mrs Janet McDonald     Ms Kate Munnings     Ms Kristin Stubbins     A/Prof Peter Smerdely     Prof Jeanette Ward  In Attendance:     Mr Terry Clout – Chief Executive     Ms Karen Foldi – Director of Finance (present for items 1-8)     Dr Michael McGlynn – Executive Medical Director (present for items 1-8)     Prof James Colebatch – Chair Medical Staff Executive Council (present for items 1-8)	
		Secretariat:  • Ms Melissa Angelucci– Board Secretary	
	Item 2	DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST AND DIRECTOR RELATED TRANSACTIONS  There were no potential conflicts of interests declared at the meeting on 3 July 2013.	



	Item 3	CONFIRMATION OF MINUTES
	3.1	Minutes of the SESLHD Board meeting held 8 May 2013 The Board approved the minutes (excluding items 9-12) of the SESLHD Board meeting held 5 June 2013 as an accurate record of proceedings.
		Resolution 210 "That the Board approves the minutes (excluding items 9-12) of the SESLHD Board meeting held on 5 June 2013 as an accurate record of proceedings."
		Moved: K Stubbins Seconded: K Munnings Carried
	Item 4	ACTIONS ARISING
	4.1	Action Log The Board noted the action log (excluding items relating to 9-12), for information.
Part B	Item 5	PRESENTATION
	5.1	Aboriginal Health Presentation  Ms Gail Daylight, Manager, SESLHD Aboriginal Health Unit and Dr Greg Stewart, Director of Ambulatory and Primary Health Care attended the meeting to provide a presentation on Aboriginal Health.
		<ul> <li>Dr Greg Stewart presented on the following key points:</li> <li>The SESLHD Aboriginal population map and demographics</li> <li>NSW 2021: A plan to make NSW number one - Aboriginal Health Indicators</li> </ul>
		Ms Gail Daylight presented on the following key points:  Major SESLHD initiatives including Metropolitan Partnerships Respecting the difference NSW Aboriginal Health Plans 2013-2023 – local implementation The SESLHD Aboriginal workforce Notable achievements Future directions
		Action – Board Secretary to send the following items to the Board electronically: Research to Practice Briefing: Working with Older Aboriginal and Torres Strait Islander People, The Koori Growing Old Well Study: Investigating ageing and dementia in urban Aboriginal Australians Study and the First Draft of SESLHD Key Performance Indicators for the NSW Aboriginal health Plan 2013-2023 in consultation with Business Intelligence & Efficiency Unit
		It was <b>noted</b> that the Board should consider undertaking the online Respecting the Difference Course (Aboriginal cultural training). The Board <b>agreed</b> that it would be very worthwhile to have the whole Board complete the course.
		<u>Action</u> – Board Secretary to issue instructions to Board on how to undertake the Respecting the Difference Course (Aboriginal cultural training).



#### Meeting held Wednesday 3 July 2013

Part B	CHAIR & CHIEF'S EXECUTIVE REPORTS			
	Item 5	CHAIRS REPORTS No discussion held		
	Item 7	CE's REPORT		
	7.1	Organisational KPI Report – April 2013 The Board noted the Organisational KPI Report for May 2013.  The Chair of the Finance and Performance (F&P) Committee reported the		
		<ul> <li>following points arising from the July F&amp;P meeting:         <ul> <li>The F&amp;P Committee spent considerable time discussing an alternative process for reporting KPIs to it's Committee and the Board</li> <li>The F&amp;P Committee propose that the KPI Summary Report continues to be used monthly. It should also include benchmarks to peer services/facilities.</li> <li>The F&amp;P Committee proposed that the monthly detailed</li> </ul> </li> </ul>		
		<ul> <li>The P&amp;P Committee proposed that the monthly detailed Organisational KPI Report which is regularly provided discontinues. It is proposed that any KPIs flagged as 'high risk' within the summary report, is accompanied by a detailed explanatory report (akin to what is already being provided in the detailed Organisational KPI report).</li> <li>The F&amp;P Committee is working towards including benchmarks to peer services/facilities in the monthly KPI reports.</li> <li>The management team will continue to use the detailed Organisational KPI report for its performance meetings.</li> <li>If the F&amp;P Committee, Board or Chief Executive considers that any of the KPIs which are marked as 'watch carefully' need to be elevated to the F&amp;P/Board in more detailed, this can be arranged.</li> </ul>		
		A working group from the F&P Committee has been formed to work on streamlining the presentation of financial information to the Board. Any Board members with ideas relating to this matter were asked to contact the Chair of the F&P Committee, the Chief Financial Officer or Ms Patricia Azarias.		
		Action - Any Board member with ideas relating streamlining the presentation of financial information to the Board to contact the Chair of the F&P Committee, the Chief Financial Officer or Ms Patricia Azarias.		
		The Board <b>agreed</b> with the revised process for reporting KPIs to the Board.		
		It was <b>noted</b> that NEST target figures vary throughout the month due to the timing of reporting on surgery. An issue was raised seeking to ensure consistency between results reported to the F&P Committee/Board and at an operational department level. The Chief Executive agreed to facilitate a discussion between the Northern Sector Director of Operations and the Northern Sector, Manager Performance Management and Information Unit and Prof Farnsworth.		
		Action – Chief Executive to facilitate a discussion between the Northern Sector Director of Operations and the Northern Sector, Manager Performance Management and Information Unit and Prof Farnsworth.		
	7.1.1	End of Year Review KPI Summary Report The Board noted the new summary report provided in the agenda pack. The		



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	purpose of which is to compare this years result with last years by service/facility.
7.2	2013/14 Service Agreement
1.2	
	This item has been marked as confidential
7.3	Financial Recovery Plan
7.3.1	Prince of Wales The Board noted the POWH Financial Recovery Plan progress update. A clear FTE decrease has occurred at the POWH over the past month and the rate of overspend has decreased. Despite this, a significant budget over run for the financial year ending 2013 is expected. The focus now is on how to best ensure the Board monitors progress going forward and that the approved Recovery Plans for 2013/14 progresses according to that plan's timelines.
7.3.2	Southern Sector The Board noted the Southern Sector Recovery Plan progress update. It was

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Program Management' (RPM) will be implemented. The Board **noted** that this is encouraging.

The F&P Committee has requested that a report be provided from management outlining the progress in achieving the Recovery Plan and any clinical risks of strategies within the recovery plans.

<u>Action</u> – Chief Executive to ensure that, at subsequent meetings, a report by the Chairs of the Clinical Councils be provided outlining the progress in achieving the Recovery Plan and clinical risks of strategies within Recovery Plans.

The Board **noted** the response letter from the Chief Executive to the Director General, dated 17/6/2013, regarding the escalation of SESLHD to performance level 3. It was **noted** that following this letter, several meetings have occurred and letters have been sent to the Chairs of the St George and Sutherland Clinical Councils advising them of their hospital's escalation to Performance Level 3 and the need for them to prepare and submit recovery plans for 2013/14. The Chief Executive advised that this correspondence would be circulated to Board members.

<u>Action</u> – Board Secretary to provide Board with letters sent to Chairs of the St George and Sutherland Clinical Councils.

It was **noted** that an independent group has been engaged by the Ministry of Health to work with SESLHD and to provide a report to the Ministry of Health as to the robustness and achievability of the SESLHD's Recovery Plan. The report prepared by the independent group will be provided to the Board.

#### 7.4 Peritonectomy Service Status Update

The Chair advised that the Cancer Institute has unofficially advised him of progress on its Peritonectomy study. The final report is expected within the next few months. A copy of this report will go to the Ministry of Health and the Chief Executive. The Chief Executive will provide the Report to the Board.

#### 7.5 Public Private Partnerships (PPPs)

The paper provided on PPPs was **noted**. The Chief Executive will prepare briefs to the Board on specific initiatives SESLHD is involved with.

## 7.6 Refurbishment of St George Hospital Hybrid Vascular Theatre It was noted that this item is for approval (inaccurately listed on agenda). The Board noted the matter relating to the Renal Satellite Dialysis Unit refurbishment and the St George Hospital (SGH) Hybrid Vascular Theatre.

#### **Resolution 211**

"That the Board **noted** and **approved** the recommendation of the Clinical and Quality Council"

Moved: J McDonald Seconded: J Ward Carried

#### 7.7 Service Agreement with Lord Howe Island

The Board **noted** that the process for review (on page 212 of the agenda pack) should indicate that the agreement can be terminated by either parties and both do not have to agree. The item was deferred to the August Board meeting.

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Meeting	liela we	dnesday 3 July 2013
	7.8	Service Agreement with Sydney Children's Hospital The Board noted that the agreement refers to personnel who no longer work at the Royal Hospital for Women. The Board approved the agreement on the premise that the personnel references be updated.  Resolution 212 "That the SESLHD Board approves the Service Agreement with Sydney Children's Hospital subject to the minor personnel changes"  Moved: J McDonald Seconded: P Azarias Carried
Part C	SUBCON	MITTEE REPORTS/COMPLIANCE ISSUES/PAPERS FOR
	INFORM	
	Item 8	SESLHD COMMITTEE REPORTS
	8.1	Clinical & Quality Council
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	8.1.1	Report to SESLHD Board The SESLHD Board noted the report from the Clinical and Quality Council.
		The oboth is board noted the report from the official and Quality Council.
	8.1.1.1	Recommended SESLHD 2013/14 activity distribution principles It was noted that the methodology for distribution of activity for the 2013/14 financial year has been worked through by the Budget/ABF Implementation Committee and then supported by the Budget/ABF Steering Committee, the District Executive Team, the Sector/Facility Clinical Councils and the District Clinical and Quality Council.
		The Board was provided with a hard copy of a revised budget activity table which demonstrated what increase in activity each facility will be receiving. This revised budget activity table is attached to these minutes for information.
		Resolution 213 "That the SESLHD Board approves the recommendation of the Clinical and Quality Council relating to the methodology for distribution of activity for the 2013/14 financial year"
		"That the SESLHD Board notes the resulting activity targets"
		Moved: K Stubbins Seconded: R Boyd-Boland Carried
	8.1.1.2	High Cost DRGs The allocation of the budget for 2013/14 will follow the principles as detailed in the document "Budget / ABF Principles, Methodology & Outcomes – 2013/14". The criteria and the model development have been completed and provides an assessment for high cost services co-payment. The detail is summarised in the paper within the agenda pack.
		The model has provided for two options to provide for supplement payments which are identified in the attached paper. The DET have endorsed option 2 as the approach to be used.
		Resolution 214 "That the SESLHD Board approves:
		The methodology for determination of supplementary payments



- That such payments would apply to acute spinal services at the Prince of Wales Hospital and peritonectomy services at St George hospital
  - 3. That the acute stroke services (the more complex B70, A level) be reviewed during the first three months of the financial year to determine the reasons contributing to the costs of that service and to ensure appropriate models of care are in place and consistent with best practice
  - 4. The results of the 3 above are to be considered and a decision made as to whether supplementary payments should also be made for these services in 2013/14 financial year. In the event that this decision was taken, funding to support such supplement payments for these services would come from the transitional grant for 2013/14".

Moved: P Smerdely Seconded: R Farnsworth Carried

It was **noted** that Epilepsy is not listed as a high cost service warranting supplementary payments.

#### 8.1.2 Clinical & Quality Council Minutes - ratified

The Board **noted** the ratified minutes of the Clinical & Quality Council meeting of May 2013

#### 8.1.3 Clinical & Quality Council Minutes - draft

The Board **noted** the draft minutes of the Clinical & Quality Council meeting held on June 2013. Two typographical errors were **noted**.

#### 8.2 Finance & Performance Committee

#### 8.2.1 Finance & Performance Committee Minutes

The May Finance & Performance Committee minutes were **noted** for information.

#### 8.2.2 SESLHD Financial Narrative

The SESLHD financial narrative for the period ending May 2013 was **noted** by the Board.

The Board discussed the achievability of the forecast, noting that the end of May result is \$27.9million unfavourable and the forecast for the end of the 2013 financial year was \$15million unfavourable. The risk of the end of year result being more significant than \$15million unfavourable was **noted**.

#### **Resolution 215**

"That the SESLHD Board **approves** the SESLHD financial narrative report for the period ending May 2013."

Moved: K Munnings Seconded: J Ward Carried

#### 8.3 Audit & Risk Management Committee

#### 8.3.1 Audit & Risk Management Committee Report to Board

The Board **noted** the Audit & Risk Management Committee Report to Board

#### 8.3.2 Audit & Risk Management Committee Minutes

The Board **noted** the minutes of the Audit & Risk Management Committee meeting held in June 2013

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8.4	Community Advisory Committee It was noted that there had not been a meeting of the Community Advisory Committee since the last Board meeting.
8.5	Sydney Metropolitan Aboriginal Health Partnerships Agreement The Board noted the minutes of the Sydney Metropolitan Aboriginal Health Partnerships Agreement Committee meeting held in June 2013
8.6	Medical Staff Executive Council Minutes The Board noted the draft minutes of the Medical Staff Executive Council meeting held in June 2013
8.7	RHW Transitional Sub-Committee
8.7.1	RHW Transitional Sub-Committee Minutes - ratified The Board noted the ratified minutes of the RHW Transitional Sub-Committee meeting of May 2013
8.7.2	RHW Transitional Sub-Committee Minutes - draft The Board noted the draft minutes of the RHW Transitional Sub-Committee meeting held on June 2013.
	Meeting close – 1800 Confidential Items – 7.2



# MINUTES SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT BOARD MEETING 3 JULY 2013

1730**–** 18:30

## MULTI-PURPOSE FUNCTIONS ROOM LEVEL 4. THE SUTHERLAND HOSPITAL

	LEVEL 4, THE SUTHERLAND HOSPITAL		
PART		AMINISTRATION MATTERS	
D	_	MEMBERS AND CE ONLY)	
	Item 9	BOARD ADMINISTRATIVE MATTERS	
	9.1	Minutes of Board Meeting held 5 June 2013 (items 9-12) The Board endorsed the minutes (items 9-12) of the SESLHD Board meeting held 5 June 2013 as an accurate record of proceedings.	
		Resolution 216 "That the Board approves the minutes (items 9-12) of the SESLHD Board meeting held on 5 June 2013 as an accurate record of proceedings."	
		Moved: J Ward Seconded: R Boyd-Boland Carried	
	9.2	Minutes of joint meeting between SESLHD Board and the Chairs/Co-Chairs of the Clinical Councils and Clinical and Quality Council The Board noted the minutes of the joint meeting between the SESLHD Board and the Chairs/Co-Chairs of the Clinical Councils and Clinical and Quality Council held 5 June 2013. One typographical error was noted.	
	9.3	Actions Arising The Board noted the action log (relating to items 9-12) as at 5 June 2013, for information.	
	Item 10	Chair's Report	
		This item has been marked as confidential	



	This item has been marked as confidential
Item 11	Management of Contentious operational issues The Board agreed that this item should be held over to the Board Retreat, 17 August 2013
Item 12	Communication between Board members The Board agreed that this item should be held over to the Board Retreat, 17 August 2013
Item 13	Board Sub-Committees
13.1	Board Governance Committee
13.1.1	Minutes of Board Governance Committee meeting held June 2013 The Board noted the draft minutes of the Board Governance Committee meeting held June 2013
13.1.2	Board Retreat The Board noted the information provided regarding the proposed Board

#### SESLHD Board Minutes Meeting held Wednesday 3 July 2013



Meeting	neld We	dnesday 3 July 2013	
		Retreat scheduled for Saturday 17 August 2013.	
		The Board was asked to provide to the Board Secretary, any ideas for discussion points at the retreat.	
		discussion points at the retreat.	
		Action – Board Secretary to work with Chair of Board Governance Committee to arrange the agenda and logistics of Board Retreat	
	13.1.3	Communication between Board and Clinical Councils (Charter Review) The Board agreed that this item should be held over to the Board Retreat, 17 August 2013	
Part E	CORRES	PONDANCE	
	Item 13	CORRESPONDENCE RECEIVED  The Board noted for information the correspondence received register, as updated on 26 June 2013.	
Part F	MEETING CLOSE		
	Item 14	BUSINESS WITHOUT NOTICE	
	Item 14.1	Boards engagement with NGOs and volunteers organisations The Board agreed that it should invite affiliated NGOs and volunteer organisations for afternoon tea following the Board's quarterly hospital tours.	
		<u>Action</u> – Chief Executive and Board Secretary to arrange afternoon tea with the Board and affiliated NGOs and volunteer organisations	
	Item 15	NOTING OF CONFIDENTIAL ITEMS	
		All Items were marked as confidential	
Meeting	g closed a	t: 6:40pm	
Name			
Signatur	e		
Date			