

MINUTES
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT
BOARD MEETING
30 OCTOBER 2013
16:30 – 20:30
BOARDROOM, LEVEL 1, ADMIN BLOCK
SYDNEY HOSPITAL

Part A.	MEETING OPENING	
	Item 1	WELCOME
	1.1	Apologies <ul style="list-style-type: none"> • Ms Patricia Azarias • Prof Jeanette Ward
	1.2	Members: <ul style="list-style-type: none"> • Mr Michael Still (Chair) • A/Prof Ingrid Van Beek • Ms Deborah Cansdell • Mr Robert Boyd-Boland • A/Prof Robert Farnsworth • A/Prof Peter Gonski • Dr Harry Harinath • A/Prof Peter Smerdely • Mrs Janet McDonald • Ms Kate Munnings • Ms Kristin Stubbins In Attendance: <ul style="list-style-type: none"> • Mr Terry Clout – Chief Executive • Ms Kim Olesen – Director Nursing & Midwifery Services (Items 1-10) • Ms Karen Foldi – Director of Finance (Items 1-10) • Dr Michael McGlynn – Executive Medical Director (Items 1-10) • Prof James Colebatch – Chair Medical Staff Executive Council (Items 1-10) Secretariat: <ul style="list-style-type: none"> • Ms Melissa Angelucci– Board Secretary
	Item 3	DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST AND DIRECTOR RELATED TRANSACTIONS There were no potential conflicts of interests declared at the meeting on 30 October 2013.

	<p>Item 4</p> <p>4.1</p>	<p>CONFIRMATION OF MINUTES</p> <p>Minutes of the SESLHD Board meeting held 4 September 2013 The Board approved the minutes of the SESLHD Board meeting held 9 October 2013 as an accurate record of proceedings.</p> <p>Resolution 214 “That the Board approves the minutes of the SESLHD Board meeting held on 9 October 2013 as an accurate record of proceedings.”</p> <p>Moved: J McDonald Seconded: Peter Smerdely Carried</p>
	<p>Item 4</p> <p>4.1</p>	<p>ACTIONS ARISING</p> <p>Action Log The Board noted the action log (excluding items relating to 11-14), for information.</p>
<p>Part B</p>	<p>PRESENTATIONS Mr John Fenely, Mental Health Commissioner, Dr Murray Wright, SESLHD Director of Mental Health and Mr David Pearce, SESLHD Director of Operations, Mental Health attended the meeting to engage in a discussion with the Board about Mental Health.</p>	
	<p>Item 5</p>	<p>INVITED GUEST MR. JOHN FENELY, MENTAL HEALTH COMMISSIONER Mr John Fenely, Mental Health Commissioner (the Commissioner) provided a presentation. The following key points were noted:</p> <ul style="list-style-type: none"> • The Mental Health Commission Act’s primary objectives are to monitor, review and improve the mental health system and the mental health and well-being of the people of NSW • The Presentation covered the Commission’s principles, functions and key considerations (see attached PowerPoint Presentation for details). • The Commission is focussed on the life journey of the patient • At least one Commissioner or Deputy Commissioner must be a person who has or has had experience of mental illness • The Commission is working hard to develop relationships with local communities in terms of capacity building <p>The group discussed the issues of mental health care being segmented from general health care. There must be a shift in the consideration of mental health towards it being a normal part of the general health, rather than separated.</p> <p>The Commissioner expects future relations between the Commission and SESLHD to be close, with the Commission acting as an informant to SESLHD regarding health reform in Mental Health Services.</p> <p>The group discussed reducing stigma and discrimination. Increasing Mental Health’s presence in emergency departments has improved relationships between the mental health workforce and the general health workforce. This has resulted in decreased stigma. In the acute hospital setting, stigma of mental health patients remains a problem</p> <p>Treating the physical health problems of mental health patients was discussed. In order to adequately address the physical health needs of mental health patients, a shared care model would be most effective.</p>

	<p>Item 6</p>	<p>SESLHD MENTAL HEALTH SERVICES PLAN – PRESENTED BY DR MURRAY WRIGHT, SESLHD DIRECTOR OF MENTAL HEALTH Dr Murray Wright, SESLHD Director of Mental Health provided a presentation outlining the process for developing and the key highlights/priorities of the Mental Health Services Plan 2013-2018. The key highlights of the plan were noted as:</p> <ul style="list-style-type: none"> • Workforce development/retention • Adaptation/redesign of service structures and priorities to accommodate evolving models (e.g. Youth Mental Health, headspace) • Capital development opportunities (Psychiatric Emergency Care Centre at St George Hospital, Mental Health Precinct Prince of Wales Hospital) • Address stigma through advocacy and education • Enhance services (quality, safety, efficiency) with use of new technologies (e.g. Community Health Outpatient Care / Electronic Medical Record) • Incorporate Activity Based Funding methodologies in service planning and evaluation <p>The Mental Health Services Plan 2013-2018 is the result of extensive consultation and has been endorsed by the SESLHD Clinical and Quality Council.</p> <p>Resolution 215 “That the Board endorses the Mental Health Services Plan 2013-2018.”</p> <p>Moved: Unanimous Carried</p>
<p>Part C</p>	<p>GENERAL BUSINESS</p>	<p>Item 7 CHAIR’S REPORTS No discussion held</p> <hr/> <p>Item 8 CE’s REPORT</p> <p>8.1 Chief Executives Report The Board noted the written Chief Executive’s Report. It was agreed that the format of this report provided better detail.</p> <p>8.2 Update on Peritonectomy The Chief Executive provided an update on Peritonectomy Surgery; the following key points were noted:</p> <ul style="list-style-type: none"> • Following a meeting between management and the Co-Chairs of the Northern and St George Hospital Clinical Councils, the Minister for Health announced that six additional peritonectomy surgeries would be performed at the Prince of Wales Hospital. • It was noted by one Board member that this announcement was made before the Northern Sector Clinical Council had completed its consideration of the matter and that the Council had patient safety about the arrangement. • The Chief Executive reported that the Co-Chairs of the Northern Sector Clinical Council had agreed to the arrangements pending

logistics being discussed with their Council.

- The Co-Chairs were aware that the Chief Executive was obliged to inform the Director General and the Minister of the decision and in doing so, was clear to also communicate that the decision should not be announced until the Co-Chairs had an opportunity to finalise the arrangement with their Clinical Council. The Minister, however, determined when to release the information.
- Following further planning discussions between Clinical Councils as well as clinician managers at St George and Prince of Wales Hospitals, it was recommended to the Chief Executive and accepted by him that for operational and patient safety purposes, that the additional six peritonectomies will occur at St George Hospital with arrangements being made with the St George Private Hospital to undertake additional surgery in non peritonectomy surgical areas.
- This meant that the Intensive Care Unit (ICU) work load would be able to be managed without an increased ICU workload.
- The arrangement had been agreed to by the Ministry of Health on the basis that the Ministry of Health would fund the additional cases and the additional costs incurred at the private hospital.
- The Board **noted** the significant cooperation and efforts undertaken by the St George and Northern Sector Clinical Councils and District Management in negotiating the outcome of this issue so that all parties could be satisfied.

Action – SESLHD Board Chairman to write to the Co-Chairs of the Northern Sector and St George Clinical Councils to acknowledge the effort and cooperation employed to resolve the Peritonectomy issue.

- A report is being prepared by the Cancer Institute for the Director General regarding peritonectomy services at St George Hospital. This report is expected to be provided to the Chief Executive and Board Chair within the next two weeks. The recommendations within this report will determine the future direction of peritonectomy services within SESLHD and the governance arrangement for that service.
- The Cancer Institute Report, the Background Report from Cancer Institute and the patients' selection process will be publicly available.
- The Southern Sector Director of Operations has been appointed as the Acting Chair of the Peritonectomy Clinical Review Committee (replacement of the Director of Clinical Services). The Board was concerned that it may be a risk for the Director of Operations to hold this position as conflicts of interest may arise. The Chief Executive **noted** he does not consider this to be a significant risk and that this is a temporary appointment, pending the receipt of the Cancer Institute report.
- The Ministry of Health is funding the additional six Peritonectomy Surgeries as spot purchases.
- Patients being cared for by the St George Private Hospital under the new arrangement will at no stage, be out of pocket as St George Hospital will cover the costs.
- Patients who are considered inoperable will be referred back to their referring practitioner or offered further support.

	Item 9	<p>DISCUSSION OF FINANCIALS</p> <p>Dot point four should read that SESLHD is \$7.7 million dollars unfavourable to budget, rather than \$6.7million.</p> <p>All future Chief Financial Officer Reports which are included in the Finance and Performance (F&P) agenda papers, will also be included in the Board papers on a monthly basis.</p> <p>Action – Board Secretary to ensure that Chief Financial Officer Report be included in the Board papers on a monthly basis.</p> <p>The Chair of the Finance and Performance Committee reported the following key points:</p> <ul style="list-style-type: none">• The role of the Board and F&P Committee is one of governance, not management.• The Chair of the F&P Committee reported that she recently undertook a high level review of the Southern Sector Recovery Plan. She used these results to provide a risk rating on the likelihood of achieving the strategies designed to achieve savings over \$500,000. This information was provided to all members in a two page summary, attached to these minutes. The same review of the Northern Sector Recovery Plan is scheduled.• SESLHD will not be capable of achieving its budget this year. At this stage it is estimated that both the Northern and Southern Sectors end of financial year results will be approximately \$10 million deficit each, this is after the initial allocation of the transitional grants.• The Chief Executive is holding \$13 million of the remaining transitional grant, which will offset the deficits motioned above.• There is a good level of engagement in the Recovery Plan processes by the Clinical Councils and senior clinicians. The Board noted that it needs to ensure the Clinical Councils are fully supported. For example, that they have the project management tools/support staff they require. <p>It was noted that reducing FTE's is only a proportion of the total strategy; revenue is of the greatest concern. The actual year-to-date revenue is significantly less than the budgeted revenue year-to-date and less than actual revenue for the same period last year. There is currently a lack of understanding around the reasons for these reduced revenue rates. It was noted that conversion rates of privately insured patients are the same and the revenue shortfall is common across the state. The Board questioned whether activities of private health insurance companies could be impacting.</p> <p>The Board noted that Emergency Department attendance rates are high, particularly at St George and Sutherland. The Board noted that Peter Smerdely has been commissioned to work with the Primary and Ambulatory Care Directorate to look at hospital avoidance strategies on behalf of the Board.</p> <p>It was suggested that while hospital avoidance is an important issue, there are also many other factors which the Board has greater control over and if executed well, these factors will produce savings and efficiencies. It was suggested that the Board focus on the factors that are within its control.</p> <p>The Chair of the F&P Committee sought permission from the SESLHD Board</p>
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Part C	SUBCOMMITTEE REPORTS/COMPLIANCE ISSUES/PAPERS FOR INFORMATION	
	<p>Item 10</p> <p>10.1</p> <p>10.1.1</p> <p>10.1.2</p> <p>10.1.3</p> <p>10.2</p> <p>10.2.1</p> <p>10.2.2</p> <p>10.2.3</p> <p>10.3</p> <p>10.4</p> <p>10.5</p>	<p>SESLHD COMMITTEE REPORTS</p> <p>Clinical & Quality Council</p> <p>Report to SESLHD Board The report was noted by the Board.</p> <p>Clinical & Quality Council Minutes - ratified The minutes were noted by the Board.</p> <p>Clinical & Quality Council Minutes - draft The minutes were noted by the Board.</p> <p>Finance & Performance Committee</p> <p>Finance & Performance Committee Minutes The minutes were noted by the Board.</p> <p>SESLHD Financial Narrative The narrative was approved by the Board.</p> <p>Verbal report from October F&P Committee meeting As discussed in Item 9.</p> <p>Audit & Risk Management Committee No meeting held.</p> <p>Community Advisory Committee No meeting held.</p> <p>Sydney Metropolitan Aboriginal Health Partnerships Agreement No meeting held.</p>

**SESLHD Board
Minutes
Meeting held Wednesday 30 October 2013**



	10.6	Medical Staff Executive Council No meeting held.
	10.7	RHW Transitional Sub-Committee The RHW Transitional Sub-Committee meeting was held on 21 October 2013. The draft minutes of this meeting will be in the November Board papers.
Part D	BOARD AMINISTRATION MATTERS	
	Item 11	BOARD ADMINISTRATIVE MATTERS
	11.1	Actions Arising The action log was noted by the Board
	Item 12	HEALTH PARTNERS REPORT – <i>marked as confidential</i>
Part F	CORRESPONDANCE	
	Item 13	CORRESPONDENCE RECEIVED The correspondence was noted
Part E	BUSINESS WITHOUT NOTICE No discussion held	
Part H	MEETING CLOSE	
	Item 14	NOTING OF CONFIDENTIAL ITEMS Item 12 was marked as confidential.
MEETING CLOSED at: 20.15		
<p><i>Michael Still</i> Name</p> <p><i>M Still</i> Signature</p> <p><i>27 November 2013</i> Date</p>		