

MINUTES
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT
BOARD MEETING
6 MARCH 2013
16:00 – 18:00
BOARDROOM, LEVEL 4, JAMES LAWS HOUSE
DIRECTOR UNIT, LEVEL 3
PRINE OF WALES HOSPITAL

PART A.	MEETING OPENING	
	Item 1	<p>WELCOME</p> <p>1.1 Apologies</p> <ul style="list-style-type: none"> • The Hon. Morris Iemma (Chair) • Dr Harry Harinath • Dr Michael McGlynn – Executive Medical Director (present for items 1-8) <p>1.2 Members:</p> <ul style="list-style-type: none"> • A/Prof Peter Gonski (Deputy Chair) • Ms Patricia Azarias • Dr Ingrid van Beek • Mr Robert Boyd-Boland • Ms Deborah Cansdell • A/Prof Robert Farnsworth • Mrs Janet McDonald • Ms Kate Munnings • A/Prof Peter Smerdely • Ms Kristin Stubbins • Prof Jeanette Ward <p>In Attendance:</p> <ul style="list-style-type: none"> • Mr Terry Clout – Chief Executive • Ms Karen Foldi – Director of Finance (present for items 1-8) • Ms Kim Olesen – Director Nursing & Midwifery Services (present for items 1-8) • Prof James Colebatch – Chair Medical Staff Executive Council (present for items 1-8) <p>Secretariat:</p> <ul style="list-style-type: none"> • Ms Emily Janov – Board Secretary
	Item 2	<p>DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST AND DIRECTOR RELATED TRANSACTIONS</p> <p>There were no potential conflicts of interests declared at the meeting on 6 March 2013.</p>

	<p>Item 3</p> <p>3.1</p>	<p>CONFIRMATION OF MINUTES</p> <p>Minutes of the SESLHD Board meeting held 6 February 2013 The Board endorsed the minutes (excluding items 9-12) of the SESLHD Board meeting held 6 February 2013 as an accurate record of proceedings.</p> <p>Resolution 205 "That the Board approve the minutes (excluding items 9-12) of the SESLHD Board meeting held on 6 February 2013 as an accurate record of proceedings."</p> <p>Moved: J Ward Seconded: R Farnsworth Carried</p>
	<p>Item 4</p> <p>4.1</p> <p>4.2</p>	<p>ACTIONS ARISING</p> <p>Action Log The Board noted the action log (excluding items relating to 9-11), for information.</p> <p>Mental Health Community Accommodation Capacity The explanatory brief provided in response to the Board's request for information on the Mental Health community accommodation capacity (inpatient and community based) was noted. The Board agreed to seek that further developments of the Mental Health community accommodation be included in the Mental Health Clinical Services Plan, being developed in 2013.</p> <p>It was noted that the LHD was responsible for acute Mental Health episodes and rehabilitation and hospital avoidance strategies. Mental Health community housing and employment assistance was outside of the District's capacity and should be raised through the Mental Health Commission.</p> <p>Action: T Clout to request the Director of Mental Health ensure that the need for increased Mental Health community accommodation capacity be considered in the Mental Health Clinical Services Plan review process.</p>
	<p>Item 5</p> <p>5.1</p>	<p>PRESENTATION</p> <p>Accreditation Standards Prof George Rubin, Director of Clinical Governance, attended the SESLHD Board meeting to provide an overview of the National Safety and Quality Health Care Standards.</p> <p>The National Safety and Quality Health Care Standards were developed by the Australian Commission of Safety and Quality in Health Care after a review performed at the Minister's request. The purpose of the review, and the resulting Standards, is to align the current multiple quality and safety standards.</p> <p>The ten standards are:</p> <ol style="list-style-type: none"> 1. Governance for Safety and Quality in Health Service Organisations; 2. Partnering with Consumers; 3. Preventing and Controlling Healthcare Associated Infections;

		<ol style="list-style-type: none"> 4. Medication Safety; 5. Patient Identification and Procedure Matching; 6. Clinical Handover; 7. Blood & Blood Products; 8. Preventing and Managing Pressure Injuries; 9. Recognising and Responding to Clinical Deterioration in Acute Health; and 10. Preventing Falls and Harm from Falls. <p>The Standards have actions to be completed. The actions are identified as either core (critical for safety and quality) or developmental (aspiration targets).</p> <p>The rating scale includes: not met, satisfactorily met, met with merit.</p> <p>EQulP accreditation will continue to be needed, as these standards cover clinical and governance/administrative standards. The National Safety and Quality Health Care Standards provide a framework for clinical accreditation only.</p> <p>SESLHD will be required to comply with all ten standards by 2014. The District Clinical Governance Unit, in consultation with the facilities/services, have developed a gap analysis between the District's current standings in relation to the Standard criteria. The Board agreed that progress reports in relation to the gap analysis should be provided to the Board on a six monthly basis.</p> <p>It was noted that SESLHD was progressing reasonably well in relation to meeting the clinical related standards. It was noted that Standard 2 (Community engagement) would require further work and this was being progressed through the Community Advisory Committee.</p> <p>Action: G Rubin to provide 6 monthly updates to the Board on progress against the National Standards gap analysis.</p>
Part B	CHAIR & CHIEF'S EXECUTIVE REPORTS	
	Item 6	<p>CHAIR'S REPORT There was no Chair's report due to the Chair's apology to the meeting.</p>
	<p>Item 7</p> <p>7.1</p>	<p>CE's REPORT</p> <p>Organisational KPI Report – January 2013 The January 2013 Organisational KPI report was noted for information. The newly formatted report was aligned with the KPIs listed in the District's Service Agreement with the Ministry of Health. The Chief Executive was also providing an overview of the District's ratings against each KPI as a summary sheet at the front of the report.</p> <p>It was noted that the District's ratings against the financial KPIs was rated 'at risk'. These were discussed in detail at the Finance & Performance meeting directly prior to the Board meeting. The Emergency Department triage and elective surgery KPIs were below benchmark, however all other activity performance was on target.</p>

	<p>7.1.1</p> <p>7.1.2</p> <p>7.2</p>	<p>The method of determining which KPIs were included in the LHD Service Agreement was discussed. It was noted that as the Service Agreement was similar between all LHDs, there was little room to negotiate the KPIs included. However, the District could negotiate the activity levels required to be performed on an annual basis. The Board sought the ABF activity target setting process to be reported at the next Board meeting.</p> <p>Action: T Clout to provide to the Board in April an overview of the proposed 2013/14 budget and activity level allocation methods and approval process.</p> <p>SESLHD Performance Status The Board noted the attached correspondence from the Performance Monitoring Division of the Ministry of Health which stated that the SESLHD financial performance would be monitored and if no improvement is shown by the 3rd quarter a discussion would take place regarding potential escalation from performance level 1 to level 2. This change in performance rating would mean monthly performance review meetings between the Ministry of Health and the LHD, rather than the current quarterly meetings.</p> <p>Northern Sector Clinical Council Service Level Agreement</p> <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p>This item has been marked as confidential</p> </div> <p>Peritoneotomy</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>This item has been marked as confidential</p> </div>
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		This item has been marked as confidential
	7.3	<p>Scoping Paper Cancer Services The Board noted and approved the review and approval process and proposed timeframe for the delivery of the Cancer Services Plan.</p> <p>Resolution 206 “That the SESLHD Board approve the process and scope of the South Eastern Sydney Local Health District Cancer Clinical Services Plan 2013-2018.”</p> <p>Moved: unanimous Carried</p>
	7.4	<p>Shared Framework for Primary Health Care The scoping paper for the SESLH Population Health Service Plan was noted. The plan included a Gantt chart indicating the review and consultation process for the Population Health Service Plan. The completed Plan is proposed to be brought back to the Board for approval in August 2013.</p> <p>Resolution 207 “That the SESLHD Board approve the recommended deliverable due dates and planning process for the development of the Directorate’s Population Health Plan 2013-2018 as presented in the Scoping Paper.”</p> <p>Moved: J Ward Seconded: P Smerdely Carried</p>
	7.5	<p>Ministry of Health Review of Enterprise Risk Management The Board noted for information the Ministry of Health’s decision to undertake a State wide review of the Enterprise-Wide Risk Management (ERM) system, including the current policy and framework.</p>
	7.6	<p>MOU with Norfolk Island Hospital Enterprise The Board noted for information the update provided regarding the Chief Executive’s visit to the Norfolk Island Hospital Enterprise, where the memorandum of understanding between the Sydney Children’s Hospitals Network, Norfolk Island Hospital Enterprise, and SESLHD was signed.</p>
Part C	SUBCOMMITTEE REPORTS/COMPLIANCE ISSUES/PAPERS FOR INFORMATION	
	Item 8	SESLHN COMMITTEE REPORTS
	8.1	Clinical & Quality Council

	<p>8.1.1</p> <p>8.2</p> <p>8.2.1</p> <p>8.2.2</p> <p>8.2.3</p> <p>8.3</p> <p>8.3.1</p> <p>8.4</p> <p>8.4.1</p>	<p>Clinical & Quality Council Minutes The minutes of the Clinical & Quality Council meeting held on 27 February 2013 were not available for distribution. It was noted the minutes of the February Clinical & Quality Council meeting would be included in the April Board agenda.</p> <p>Finance & Performance Committee</p> <p>Finance & Performance Committee Minutes</p> <div data-bbox="470 542 1498 929" style="border: 1px solid black; padding: 20px; text-align: center;"> <p>This item has been marked as confidential</p> </div> <p>SESLHD Financial Narrative</p> <div data-bbox="470 1008 1498 1326" style="border: 1px solid black; padding: 20px; text-align: center;"> <p>This item has been marked as confidential</p> </div> <p>SESLHD Finance & Performance Committee Charter</p> <div data-bbox="470 1382 1498 1686" style="border: 1px solid black; padding: 20px; text-align: center;"> <p>This item has been marked as confidential</p> </div> <p>Audit & Risk Management Committee</p> <p>Audit & Risk Management Committee Minutes There had not been an Audit & Risk Management Committee meeting since the last Board meeting.</p> <p>Community Advisory Committee</p> <p>Community Advisory Committee Update</p>
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		<p>The Board noted for information the draft minutes of the Community Advisory Committee meeting held on 13 February 2013.</p>
	8.5	<p>Sydney Metropolitan Aboriginal Health Partnerships Agreement There had not been a meeting of the Sydney Metropolitan Aboriginal Health Partnerships Agreement meeting since the last Board meeting.</p>
	8.6	<p>Medical Staff Executive Council Minutes There had not been a meeting of the Medical Staff Executive Council since the last Board meeting.</p>

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PART D	BOARD AMINISTRATION MATTERS (BOARD MEMBERS AND CE ONLY)	
	Item 9	BOARD ADMINISTRATIVE MATTERS
	9.1	<p>Minute of Board Meeting held 6 February 2013 (items 9-12) The Board endorsed the minutes (items 9-12) of the SESLHD Board meeting held 6 February 2013 as an accurate record of proceedings.</p> <p>Resolution 209 "That the Board approve the minutes (items 9-12) of the SESLHD Board meeting held on 6 February 2013 as an accurate record of proceedings."</p> <p>Moved: J Ward Seconded: J McDonald Carried</p>
	9.2	<p>Actions Arising The Board noted the action log (relating to items 9-12) as at 28 February 2013, for information.</p>
	9.3	<p>Register of Potential Conflicts of Interest The SESLHD Board register of ongoing potential conflicts of interest was included in the Board agenda papers. The Board noted that a number of updates were required.</p> <p>Action: E Janov to circulate the Board members their current declaration forms, seeking any amendments. And update report to be resubmitted to the Board at a later date.</p>
	Item 10	<p>Chair's Report Nil report.</p>
Item 11	<p>Chief Executive's Report Nil report.</p>	
Item 12	<p>Board Sub-Committees</p>	
12.1	<p>Board Governance Committee</p>	
12.1.1	<p>Board Governance Update The Board Governance Committee had not commenced its meetings for</p>	

		2013.
	12.1.2	<p>Revised Board Governance Charter The Board Governance Committee charter had been amended to include an additional Board member on its membership list, as per the action requested at the February Board meeting.</p> <p>Resolution 210 "That the Board approve the revised charter for the Board Governance Committee."</p> <p>Moved: J Ward Seconded: J McDonald Carried</p>
	12.2	Board RHW Transitional Sub-Committee
	12.2.1	<p>Update of the RHW Transitional Sub-Committee It was noted that the inaugural RHW Transitional Sub-Committee meeting would be held the following day on 7 March 2013. Future meeting minutes will be included in the Board agenda papers for information.</p>
	12.2.2.	<p>Revised RHW Transitional Sub-Committee Charter The RHW Transitional Sub-Committee charter had been amended to include an additional Board member on its membership list, as per the action requested at the February Board meeting.</p> <p>Resolution 211 "That the Board approve the revised charter for the RHW Transitional Sub-Committee."</p> <p>Moved: J McDonald Seconded: J Ward Carried</p>
Part E	CORRESPONDANCE	
	Item 13	<p>CORRESPONDENCE RECEIVED The Board noted for information the correspondence received register, as updated on 28 February 2013.</p>
Part F	MEETING CLOSE	
	Item 14	BUSINESS WITHOUT NOTICE
	Item 14.1	<p>Extraordinary Board Meeting It was agreed by the Board that once the detail report was received by the Chief Executive from the Northern Sector Clinical Council (as discussed in item 7.1.2) that an extraordinary meeting of the Board would be called to review the report, current and end of year financial position, am review the associated risks.</p> <p>Action: E Janov to facilitate an extraordinary Board meeting on receipt of the detailed report from the Northern Sector Clinical Council.</p>