

MINUTES
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT
BOARD MEETING
9 OCTOBER 2013
16:30 – 19:30
BOARDROOM, LEVEL 1, ADMIN BLOCK
SYDNEY HOSPITAL

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| Part A. | MEETING OPENING |
| Item 1 | <p>Patient Story (new item) – Empathy YouTube Clip</p> <p>The Board watched the Empathy YouTube Clip and noted that it enabled the Board to better understand the core business of patient care.</p> |
| Item 2 | <p>WELCOME</p> <p>2.1 Apologies</p> <ul style="list-style-type: none"> • Ms Patricia Azarias • A/Prof Robert Farnsworth <p>2.2 Members:</p> <ul style="list-style-type: none"> • Mr Michael Still (Chair) • A/Prof Ingrid Van Beek • Ms Deborah Cansdell • Mr Robert Boyd-Boland • A/Prof Peter Gonski • Dr Harry Harinath • A/Prof Peter Smerdely • Mrs Janet McDonald • Ms Kate Munnings • Ms Kristin Stubbins • Prof Jeanette Ward <p>In Attendance:</p> <ul style="list-style-type: none"> • Mr Terry Clout – Chief Executive • Ms Kim Olesen – Director Nursing & Midwifery Services • Ms Karen Foldi – Director of Finance • Dr Michael McGlynn – Executive Medical Director • Prof James Colebatch – Chair Medical Staff Executive Council <p>Secretariat:</p> <ul style="list-style-type: none"> • Ms Melissa Angelucci– Board Secretary |
| Item 3 | <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 9 October 2013.</p> |


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| | <p>Item 4</p> <p>4.1</p> <p>4.2</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 4 September 2013 as an accurate record of proceedings.</p> <p>Resolution 213 "That the Board approves the minutes of the SESLHD Board meeting held on 4 September 2013 as an accurate record of proceedings."</p> <p>Moved: J McDonald Seconded: J Ward Carried</p> <p>Minutes of the SESLHD Board meeting held 28 August 2013 The Board approved the minutes of the SESLHD Board meeting held 28 August 2013 as an accurate record of proceedings, with the exception of some minor typographic corrections.</p> <p>Resolution 214 "That the Board approves the minutes of the SESLHD Board meeting held on 28 August 2013 as an accurate record of proceedings."</p> <p>Moved: J McDonald Seconded: J Ward Carried</p> <p>The Board agreed that the future process for recommending amendments to the minutes should be via email to the Board Secretary. . The Board Secretary agreed to send a revised version of the minutes to all Board members with all amendments accepted by the Board Chair.</p> |
| | <p>Item 4</p> <p>5.1</p> <p>5.1.1</p> <p>5.1.2</p> | <p>ACTIONS ARISING</p> <p>Action Log The Board noted the action log (excluding items relating to 10-14), for information.</p> <p>Proportion of Budget to be attributed to Non Government Organisations (NGOs) in 2013/14 The Board discussed whether it should be concerned with the performance and contracting of NGOs. It was noted that the Board has almost no discretion in relation to NGO grants as the process for allocation of NGO grants is held centrally at the Ministry of Health. SESLHD acts as a management agent for the distribution of grants, the documentation of contracts and the documentation of performance against contracts. At a state-wide level, the Ministry of Health has commenced a review of the NSW NGO program. The Board agreed that further discussion of this matter is therefore not a priority until the state-wide review outcomes are finalised.</p> <p>Letter to Mental Health Patient The Board noted the letter sent to the Mental Health patient who bravely told her story as a Mental Health patient at the Community Health Forum.</p> |
| <p>Part B</p> | <p>NEW BUSINESS</p> | |
| | <p>Item 6</p> | <p>CHAIR'S REPORTS</p> <p>Council of Chairs meeting – October 2013</p> |

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| 6.1 | There was no discussion held regarding the October Council of Chairs meeting |
| 6.2 | <p>Universities Australia Health Professionals Education Standing Group (HPESG) correspondence</p> <p>The Universities Australia Health Professionals Education Standing Group (HPESG) letter was discussed. The following points were noted:</p> <ul style="list-style-type: none">• Demand for student clinical placement days continues to grow and in some disciplines there is a significant mismatch between demand and supply.• The Board suggested that the correspondence failed to adequately recognise those staff in the LHDs who provide the teaching and the need to also address this deficit. |
| 6.3 | <p>Allied Health Workforce Models</p> <p>It was noted that this item has been listed on the agenda as it was raised at the recent NSW Ministers Advisory Council meeting. The Board noted the presentation on allied health workforce models.</p> |
| 6.4 | <p>Central Coast Community Health Review</p> <p>It was noted that this item has been listed on the agenda as it was raised at the recent NSW Ministers Advisory Council meeting. The Board discussed the value and productivity output of Medicare Locals. The following key points were noted:</p> <ul style="list-style-type: none">• The Board discussed Medicare Locals and their relationship with General Practitioners (GPs), there was a concern noted regarding the exclusion of GPs in this process.• A view was put that Medicare Locals can be viewed as disruptive and counterproductive to the relationship between the Local Health Districts and General Practitioners (GPs). Dr Harinath noted that GPs seem to be excluded from the Medicare Local model.• Board members with close ties to the two Medicare Locals within SESLHD's geographic boundaries noted that SESLHD is working very cooperatively with the Medicare Locals and the experience has been positive.• It was noted that the outcomes achieved in conjunction with SESLHD's Medicare Local partners had been minimal. It was stressed that the Medicare Locals are still young entities and are therefore, still in the development phase.• A view was expressed by Several Board members that the SESLHD has a very good model for relating to Medicare Locals with significant potential to further develop.• There is no standard Medicare Local model and it is at the discretion of local Medicare Locals. <p>The Board agreed that it needs to further consider how it will partner with Medicare Locals. It was noted that the first step will be to identify whether the Medicare Locals are achieving their objectives and whether these objectives are aligned with those of SESLHD. For example, the Board must consider whether Medicare Locals regard hospital avoidance as a primary strategy and if not, SESLHD must work to ensure that hospital avoidance is adequately addressed elsewhere.</p> |
| 6.5 | <p>The Information Management and Technology Plan</p> |

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| | | <p>It was noted that this item has been listed on the agenda because it was raised at the recent NSW Ministers Advisory Council meeting. The Board noted that the need to address information and communication technology is a high priority at a local and state level.</p> |
| | <p>Item 7</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p> <p>7.5</p> | <p>CE's REPORT</p> <p>Chief Executives Report The Board noted the written Chief Executive's Report. The Chief Executive provided a brief verbal summary of the report pointing particularly to the Executive Summary which outlined the latest information on SESLHD's performance in Patient Safety and Quality, Activity, Finance and Performance as well as the most recent contentious issues. The following key points were noted:</p> <ul style="list-style-type: none"> • ED attendances and admissions are above purchased levels. • The financial position is of concern, with SESLHD over budget against its targets. The Northern and Southern Sectors are currently working to develop further financial recovery strategies • The clinical engagement behind the Recovery Plans is positive and genuine • There is concern about revenue because there is a lack of history of revenue against the new billing rates • The readmission rate is high and the Clinical Governance Unit is working closely with the Clinical Excellence Commission to understand the reasons for this. • The Chief Executive provided an overview of the Peritonectomy situation at St George Hospital noting that the issue continues to receive media attention. The Chief Executive has kept the Board informed of peritonectomy developments and associated media attention as they have arisen. <p>The Board agreed that the 30 October 2013 meeting will be primarily devoted to discussions of the financial position and Recovery Plans.</p> <p>Capital planning process undertaken across NSW Health The Board noted the documentation provided regarding the Capital planning process undertaken across NSW Health</p> <p>Facebook The Board noted the documentation provided regarding Facebook</p> <p>Randwick Master Planning / light rail planning The Board noted the documentation provided regarding the Randwick Master Planning / light rail planning</p> <p>Headspace – Expression of Interest The Board questioned whether it was necessary for the Board to be required to approve the Headspace Expression of Interest. It was noted that the reason that the Board was required to approve this particular expression of interest as it is listed as a mandatory requirement within the Commonwealth application pro forma.</p> <p>The Board approved the Headspace expression of interest.</p> |

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| | <p>7.6 7.6.1 7.6.2 7.7</p> | <p>Recovery Plans</p> <p>Northern Sector Recovery Plan Progress The Board noted the documentation provided regarding the Northern Sector Recovery Plan. This item was discussed in greater detail in Items 7.1 and 8.2.3.</p> <p>Southern Sector Recovery Plan Progress This item was discussed in greater detail in Items 7.1 and 8.2.3.</p> <p>August KPI Report The Board noted the SESLHD KPI report for the month of August.</p> <p>It was noted that the Staphylococcus aureus bloodstream infections are marked as high risk within the August KPI report. The Board noted that this is of concern and requested a report regarding these infections and also the cleanliness and uniform policy for SESLHD.</p> <p>Action – The Chief Executive was asked to provide a brief report at a future meeting regarding the Staph Infections and the cleaning and uniform policies currently applied within SESLHD.</p> |
| <p>Part C SUBCOMMITTEE REPORTS/COMPLIANCE ISSUES/PAPERS FOR INFORMATION</p> | | |
| | <p>Item 8 8.1 8.1.1 8.1.1.2 8.1.2 8.1.3 8.2 8.2.1 8.2.2 8.2.3</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>Service Agreement update on the clinical and non-clinical priorities The Board noted the Service Agreement update on the clinical and non-clinical priorities</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 noted by the Board.</p> <p>Verbal report from October F&P Committee meeting The Chair of the Finance and Performance (F&P) Committee provided an overview of the recent Finance and Performance meeting. The following points were noted:</p> |

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| | | <ul style="list-style-type: none"> • The Director of Operations, Director of Finance and Corporate Services and the Financial Accountant engaged to facilitate the recovery plan from the Northern Sector, attended the F&P meeting to discuss the Northern Financial Recovery Plan. The respective representatives from the Southern Sector are scheduled to attend the F&P meeting on 23 October for the same purpose. • Regarding the Northern Sector Recovery Plan, \$35 million in cost reductions need to take place. • There was a need to have further strategies developed to be actualised in the event that either: <ul style="list-style-type: none"> • i) Current strategies did not or were not able to be progressed • ii) Current strategies took longer to be achieved than is currently programmed • iii) Activity was not able to be managed within the purchased levels in the Service Agreement. • A major area of concern is employee related costs as the FTE savings identified in the Northern Plan do not seem to be flowing through into payroll dollars. • The F&P Committee urged the Northern Sector to be clear and further investigate what costs they can and can not control. <p>Audit & Risk Management Committee</p> <p>8.3 Audit & Risk Management Committee Minutes 8.3.1 The minutes were noted by the Board.</p> <p>Community Advisory Committee</p> <p>8.4 There had been no Community Advisory Council meeting since the last Board meeting</p> <p>8.5 Sydney Metropolitan Aboriginal Health Partnerships Agreement There had been no Sydney Metropolitan Aboriginal Health Partnerships Agreement meeting since the last Board meeting</p> <p>Medical Staff Executive Council</p> <p>8.6 Medical Staff Executive Council Minutes Final 8.6.1 The minutes were noted by the Board.</p> <p>8.6.2 Medical Staff Executive Council Minutes Final The minutes were noted by the Board.</p> <p>8.7 RHW Transitional Sub-Committee There had been no RHW Transitional Sub-Committee meeting since the last Board meeting</p> |
| Part D | BOARD AMINISTRATION MATTERS | |
| | Item 9 | BOARD ADMINISTRATIVE MATTERS |

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| | 9.1 | Actions Arising The action log (items 10-14) was noted by the Board |
| | Item 10 | CHAIRS REPORT No discussion held on this item |
| | Item 11 | FUTURE AGENDA ITEMS No discussion held on this item |
| | Item 12 | BOARD REVIEW No discussion held on this item |
| | Item 13 | FUTURE AGENDA ITEMS No discussion held on this item |
| | Item 14 | BOARD SUB-COMMITTEE |
| | 14.1 | Board Governance Committee No discussion held on this item |
| Part E | BUSINESS WITHOUT NOTICE It was noted that over the 2013 Christmas/New Year break, the Ministry of Health has ordered a break/shut down of five consecutive days. The Board noted that five consecutive days is too long in that it interferes with the ability of hospitals to properly operate and also risks patient safety. The Board agreed noted that the shut down period should be no longer than four days. The Board agreed that the Chief Executive, with the assistance of the Chairman and Jim Colebatch, should write to the Ministry of Health advising of SESLHD's position on the matter. Action – Chief Executive to work with Chairman and The Chair of the Medical Staff Executive Council to draft a letter to the Ministry of Health advising on SESLHD view about the appropriate length of the Christmas shut-down period. | |
| Part F | CORRESPONDANCE | |
| | Item 13 | CORRESPONDENCE RECEIVED The correspondence was noted |
| Part G | JOINT DISCUSSION BETWEEN SESLHD BOARD AND NORTHERN SECTOR CLINICAL AND QUALITY COUNCIL These minutes have not yet been confirmed by the Northern Sector Clinical Council. The full set of minutes from this joint meeting will be supplied out of session and at the 27 November 2013 Board meeting. | |
| Part H | MEETING CLOSE | |
| | Item 14 | NOTING OF CONFIDENTIAL ITEMS No items noted. |
| MEETING CLOSED at: 19:30 | | |
| <p>..... Michael Skill Name</p> <p>.....  Signature</p> <p>..... 30 October 13 Date</p> | | |