

**MINUTES**  
**SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT**  
**BOARD MEETING**  
**26 FEBRUARY 2014**  
**16:00-19:00**  
**BOARDROOM, LEVEL 1, ADMIN BLOCK**  
**SYDNEY HOSPITAL**

<b>Part A.</b>	<b>MEETING OPENING</b>	
	<b>Item 1</b>	<p><b>PATIENT STORY</b>          The SESLHD Board <b>noted</b> the patient story provided in the Board papers. The Board would like to see future stories that promote discussion and reflect both positive and negative patient experiences.</p> <p><b>Action</b> – Board Secretary to ensure that a variety of patient stories are provided in future Board papers.</p>
	<p><b>Item 2</b></p> <p><b>2.1</b></p> <p><b>2.2</b></p>	<p><b>WELCOME</b></p> <p><b>Apologies</b></p> <ul style="list-style-type: none"> <li>• Ms Deborah Cansdell</li> </ul> <p><b>Members:</b></p> <ul style="list-style-type: none"> <li>• Mr Michael Still (Chair)</li> <li>• Ms Patricia Azarias</li> <li>• Mr Robert Boyd-Boland</li> <li>• A/Prof Robert Farnsworth</li> <li>• A/Prof Peter Gonski</li> <li>• Dr Harry Harinath</li> <li>• Mrs Janet McDonald</li> <li>• Ms Kate Munnings</li> <li>• A/Prof Peter Smerdely</li> <li>• Ms Kristin Stubbins</li> <li>• A/Prof Ingrid Van Beek</li> <li>• Prof Jeanette Ward</li> </ul> <p><b>In Attendance:</b></p> <ul style="list-style-type: none"> <li>• Mr Gerry Marr – Chief Executive</li> <li>• Ms Kim Olesen – Director Nursing &amp; Midwifery Services</li> <li>• Ms Karen Foldi – Director of Finance</li> <li>• Prof James Colebatch – Chair Medical Staff Executive Council</li> </ul> <p><b>Secretariat:</b></p> <ul style="list-style-type: none"> <li>• Ms Melissa Angelucci– Board Secretary</li> </ul>
	<b>Item 3</b>	<p><b>DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST AND DIRECTOR RELATED TRANSACTIONS</b>          There were no potential conflicts of interests declared at the meeting on 26 February 2014.</p>

	<p>Item 4</p> <p>4.1</p>	<p><b>CONFIRMATION OF MINUTES</b></p> <p><b>Minutes of the SESLHD Board meeting held 18 December 2013</b> The Board <b>approved</b> the minutes of the SESLHD Board meeting held 18 December 2013 as an accurate record of proceedings.</p> <p><b>Resolution 274</b> “That the Board <b>approves</b> the minutes of the SESLHD Board meeting held on 18 December 2013 as an accurate record of proceedings.”</p> <p><b>Moved:</b> J McDonald <b>Seconded:</b> B Farnsworth <b>Carried</b></p> <p><b>Minutes of the SESLHD Board meeting held 23 January 2014</b> The Board <b>approved</b> the minutes of the SESLHD Board meeting held 22 January 2014 as an accurate record of proceedings.</p> <p><b>Resolution 275</b> “That the Board <b>approves</b> the minutes of the SESLHD Board meeting held on 22 January 2014 as an accurate record of proceedings.”</p> <p><b>Moved:</b> J McDonald <b>Seconded:</b> B Farnsworth <b>Carried</b></p> <p><b>Minutes of the SESLHD AGM held 18 December 2014</b> The Board <b>noted</b> the minutes of the SESLHD AGM held 18 December 2014. A number of recommended amendments were suggested.</p> <p><b>Action</b> - SESLHD Board Secretary and Chairman to consider recommended amendments.</p>
	<p>Item 5</p> <p>5.1</p>	<p><b>ACTIONS ARISING</b></p> <p><b>Action Log</b> The Board <b>noted</b> the action log for information.</p> <p>Coding was discussed. It was noted that the Board does not have oversight over SESLHD’s coding competency. It was suggested that SESLHD does measure it’s compliance to coding targets but does not measure coding quality. An independent audit of coding records would provide insight into quality. .</p> <p><b>Action</b> – Chief Executive to follow up on coding performance</p>
<p>Part C</p>		<p><b>GENERAL BUSINESS</b></p> <p>Item 6</p> <p><b>CHAIR’S REPORTS</b> The Chair acknowledged Mr Terry Clout’s retirement from the role as Chief Executive and welcomed Mr Gerry Marr, interim Chief Executive.</p> <p>Item 7</p> <p>7.1</p> <p><b>CE’s REPORT</b></p> <p><b>Chief Executive’s Written Report</b> The Board <b>noted</b> the written Chief Executive’s Report. Patient Safety and Quality was discussed, the following points were noted;</p> <ul style="list-style-type: none"> <li>• The number of SAC1 incidences in December was normal and not above average.</li> </ul>

	<p><b>7.2</b></p>	<ul style="list-style-type: none"> <li>• The Board should receive trend/outcome data rather than individual incidences.</li> <li>• In future the Board would like to see trended incident data that is benchmarked to peer hospitals, the purpose of which will be to assure the Board that SESLHD has robust incident management processes.</li> </ul> <p>It was noted that the tobacco control initiative is underway. One member noted that some hospitals have problems with cigarette butts on the outskirts of the hospital grounds. It was noted that this issue may be rectified once the designated smoking areas are operating.</p> <p>The Royal Hospital for Women revenue strategy identified within the report is specific to obstetrics and cannot be applied elsewhere in the District.</p> <p>The Retrospective Audit of Peritonectomy Procedures (RAPP) Committee has not yet held its first meeting. The recruitment of a Chairperson is currently being finalised. The Enhanced Multidisciplinary Team for Peritonectomy Procedures committee is operating very well.</p> <p>The Board requested further information on the acute post discharge process of Mental Health patients.</p> <p><b>Action</b> – Chief Executive to provide further information on the acute post discharge process of Mental Health patients</p> <p>It was noted that the Chief Executive Report is not well aligned with the Board's deliverables, the Board asked the Chief Executive to address this.</p> <p><b>Action</b> – Chief Executive to look at the format and appropriateness of the Chief Executive's Report</p> <p><b>Welcome to interim Chief Executive</b></p> <p>The Chief Executive gave the following reflections of his first few days in the role;</p> <ul style="list-style-type: none"> <li>• Over the past six months, dialogue with the District Executive Team (DET) has been heavily focussed towards finance and activity and this has limited the development of a District narrative on strategic intent and community engagement.</li> <li>• The DET is accepting to the new leadership and keen to move forward</li> <li>• The previous period of transition has left many staff and senior managers feeling anxious.</li> <li>• The new Chief Executive had made it clear in his communications that he is primarily interested in a coalition of efforts to move the District forward to its next phase of development.</li> <li>• There appears to be some cultural issues particularly around team building and engagement with clinical staff. This matter will be addressed as a matter of urgency</li> </ul>
	<p><b>Item 8</b></p> <p><b>8.1</b></p>	<p><b>Recap on Strategy – report and actions from off-site event</b> No discussion held</p> <p><b>Role and behaviours of Board members</b> No discussion held</p>

Item 9	<p><b>Board sub-committee membership</b>          No discussion held</p>
Item 10	<p><b>Look and feel of Board meetings</b></p> <p><b>10.1 Attendees at Board meetings</b>          At the Board off-site event it was agreed that the five Clinical Council Chairs should be invited to attend Board meetings as attendees. This arrangement would be temporary, pending a review of the Board's clinical engagement.</p> <p>The Board discussed whether the co-chairs of the Clinical Councils (Directors of Operation) should also be invited. It was agreed that the non-clinical co-chairs would not be invited because the objective is clinical engagement and there are other mechanisms for the Board to engage with the Directors of Operation e.g. at the Finance and Performance Meeting.</p> <p>The conditions under which attendees would be invited to Board meetings was discussed and the Board agreed that it should further develop the concept before taking any action.</p> <p><b>Action</b> – Board to further consider the concept of inviting clinical attendees to Board meetings.</p> <p><b>10.2 Board agenda and Board monthly focus</b>          At the Board off-site event it was agreed that an Agenda Committee should be established to look to streamlining Board meetings. Work has been done to develop a '12 month focus calendar' for Board meetings. The '12 month focus calendar' is designed to ensure the Board addresses real issues and discharges its duties. The 12 focus points were developed based on the Corporate Governance Attestation and other strategic themes which were raised at the Board Off-site event.</p> <p>Afternoon teas have been scheduled to occur before Board meeting throughout the year at each facility. The afternoon teas will give the Board an opportunity to mix with staff members and can also be used as a reward/recognition system for high performing or up-and-coming staff.</p> <p>The Board noted it is happy with the Board annual calendar and asked the Chief Executive to review the calendar and make further suggestions.</p> <p><b>Action</b> – Board members to forward the Board Secretary any further suggestions for Board focuses.</p> <p><b>10.3 Diligent Board books or similar application</b>          Diligent Boardbooks is an electronic Board portal that looks and works similar to a book but is accessed on a mobile device. Advantages of the application are increased security of Board information, decreased administrative resources, elimination of paper and timely delivery of Board papers. The annual cost of the application would be approximately \$15,000.</p> <p>Some Board members noted their support for the application, having used it for other Boards. Other Board members noted that they do not like using mobile devices and prefer paper.</p> <p>It was agreed that the current system for compiling and distributing Board</p>

		papers is adequate and given the cost of Diligent Board books, the Board will revisit the concept at a future date.
	<b>Item 11</b>	<p><b>By-law review</b> The Ministry of Health is seeking SESLHD to conduct a review of the content, scope, coverage and utility of the Model By-laws and their place within the broader governance structure. Peter Gonski has been working to coordinate a response from the Chairs of the Clinical Councils.</p> <p>The Board agreed it would like to see the draft response at its March meeting.</p> <p><b>Action</b> – Chief Executive to review the by-laws in light of his insight into the Scottish system.</p>
<b>Part C</b>	<b>SUBCOMMITTEE REPORTS/COMPLIANCE ISSUES/PAPERS FOR INFORMATION</b>	
	<b>Item 12</b>	<b>SESLHD COMMITTEE REPORTS</b>
	<b>12.1</b>	<b>Finance &amp; Performance Committee</b>
	<b>12.1.1</b>	<p><b>Finance &amp; Performance Committee Minutes – December 2013</b> The minutes were noted by the Board.</p>
	<b>12.1.2</b>	<p><b>Finance &amp; Performance Committee Minutes – February 2013</b> The minutes were not supplied, due to the tight timeframe between the F&amp;P and Board meeting. The minutes will be provided at the March Board meeting.</p>
	<b>12.1.3</b>	<p><b>Verbal Report from February meeting</b> The Chair of the F&amp;P meeting provided a written summary of the financial position, titled 'Review of Financial Results and Status of Recover Plans at 31 January 2014' (attached for information) and made the following points verbally;</p> <ul style="list-style-type: none"> <li>• The year to date (YTD) budget overrun at District level is \$15.4 million. The full year projection is \$22 million.</li> <li>• The District has requested cash assistance to the value of \$25 million. The District does not expect to require any further cash assistance this financial year.</li> <li>• The variance between costs and budget is significant and fundamental change will be necessary to rectify the deficit.</li> <li>• There is a need for the District to understand its true costs and which costs are controllable. This will enable the District to identify whether its level funding is appropriate.</li> <li>• Board is to work to ensure correct finding is applied to SESLHD's major teaching hospitals in the next budget round.</li> <li>• In terms of the recovery plans, the overall position should be clearly stated within the plan. Currently there is a lack of transparency as some strategies are making savings while others have not been successful. Furthermore, the two sectors should share successful strategies.</li> </ul> <p>Cross charges between the Prince of Wales Hospital and the Sydney Children's Hospital were discussed. It was noted that there are a number of regular recoveries from the Sydney Children's Hospital in place and this</p>

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		<p>charging occurs on a monthly basis. There is a review of all services currently taking place which will identify any additional recoveries.</p> <p><b>12.1.4 SESLHD Recovery Plan - Held over from Feb F&amp;P</b> The SESLHD Recovery Plan was <b>noted</b> by the Board</p> <p><b>12.1.5 SESLHD KPI Report - Held over from Feb F&amp;P</b> The SESLHD KPI Report was <b>noted</b> by the Board</p> <p><b>12.2 Clinical &amp; Quality Council</b></p> <p><b>12.2.1 Clinical &amp; Quality Council Minutes – December 2013 - ratified</b> The minutes were <b>noted</b> by the Board.</p> <p><b>12.3 Audit &amp; Risk Management Committee</b> No meeting held.</p> <p><b>12.4 Community Advisory Committee</b> No meeting held.</p> <p><b>12.5 Sydney Metropolitan Aboriginal Health Partnerships Agreement</b> No meeting held.</p> <p><b>12.6 Medical Staff Executive Council</b></p> <p><b>12.3.1 Medical Staff Executive Council Minutes – December 2013 - ratified</b> The minutes were <b>noted</b> by the Board. The Chair of the Medical Staff Executive Council noted that the main issue out of the December meeting was a discussion about the approval of the amended by-laws.</p> <p>It was noted that the Chair of the Medical Staff Executive Council is due to change. The March 2014 Board meeting will be Dr Jim Colebatch's last meeting.</p>
<b>Part E</b>	<b>BUSINESS WITHOUT NOTICE</b> No discussion held	
<b>Part F</b>	<b>CORRESPONDANCE</b>	
	<b>Item 14</b>	<p><b>CORRESPONDENCE RECEIVED</b> The correspondence was <b>noted</b>.</p> <p>It was <b>noted</b> that a letter received from Ms Karen Crawshaw, Deputy Director General responding to SESLHD's letter regarding the Christmas close-down period, was not included in the register. This is to be discussed at the next meeting.</p>
<b>Part H</b>	<b>MEETING CLOSE</b>	
	<b>Item 15</b>	<b>NOTING OF CONFIDENTIAL ITEMS</b>
<b>MEETING CLOSED at: 18.50</b>		
<p><i>Michael Still</i>..... Name</p>		



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**Health**  
South Eastern Sydney  
Local Health District

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**Signature**

*26 March 14*

**Date**