

Wednesday 29 July 2015 at 4:30 pm | Aboriginal Medical Service, Redfern

SESLHD Board Minutes

Board Members:

- Mr Michael Still (Chair)
- Ms Patricia Azarias
- Ms Deborah Cansdell
- Mr Jonathan Doy
- A/Prof Robert Farnsworth
- A/Prof Peter Gonski
- Dr Harry Harinath
- Janet McDonald
- A/Prof Peter Smerdely
- Prof Jeanette Ward (*via teleconference*)
- Dr Debra Graves

In Attendance:

- Mr Gerry Marr – Chief Executive
- Ms Karen Foldi – Director of Finance
- Mr Mark Shepherd – Director of Programs and Performance
- Dr James Mackie - Medical Executive Director
- Ms Kim Olesen – Director Nursing and Midwifery Services
- Dr Theresa Jacques – Chair Medical Staff Executive Council

Apology

- Ms Kate Munnings
- Ms Kristin Stubbins

Secretariat:

- Ms Melissa Angelucci, Executive Officer to the Chief Executive
- Ms Nicole McGregor, A/Executive Officer to the Chief Executive

STANDING ITEMS

1.1. Minutes of Board meeting held 1 July 2015

The Board approved the Minutes of the SESLHD Board meeting held Wednesday 1 July 2015 as an accurate record of proceedings.

Resolution 293

“That the Board approves the Minutes of the SESLHD Board meeting held on Wednesday 1 July 2015 as an accurate record of proceedings.”

Moved: P Gonski Seconded: P Smerdely

1.2. Minutes of Finance and Performance Committee meeting held 29 June 2015

The Board noted the Minutes of the Finance and Performance Committee meeting held Monday 29 June 2015.

Discussion was held around establishing a Board protocol for deciding on naming rights for building, wards or other structures. The Chief Executive advised that SESLHD is seeking advice on this matter from The Alfred Hospital in Melbourne, which has a robust process in this area.

Action – Protocol for naming rights to be discussed at the September Board Meeting, following research by the Chief Executive into the protocol at The Alfred Hospital, Melbourne.

It was noted the Ms Kristin Stubbins, Board Member and Chair of the Finance and Performance Committee, as of the Board Meeting on 27 May 2015 has, once again, temporarily stepped down from her role on the Board and as Chair of the Finance and Performance Committee due to a possible perceived conflict of interest. This is because SESLHD is continuing its work with PricewaterhouseCoopers and Ms Stubbins is a senior partner of that firm.

Action – M Still to write a memo to the Board explaining the current status of K Stubbins as a Board Member.

1.3. Minutes of Health Care Quality Committee

The Board noted the Minutes of the Health Care Quality Committee meeting held Wednesday 6 July 2015.

The Chair of the Health Care Quality Committee provided a verbal update on the items addressed in the Health Care Quality Committee minutes, in particular the credentialing of medical staff and the link the performance appraisals.

Action – Update to be provided on the progress of addressing issues raised during June accreditation on credentialing and policies.

1.4. Actions

The Board noted the Action Log.

1.5. Correspondence Register

The Board noted the correspondence received since 24 July 2015.

1.6. Teaching and Research

The Chief Executive advised the Board that he and the Chair are in discussion with the new Vice Chancellor of the University of New South Wales (UNSW) regarding the redevelopment of the Randwick Hospitals campus. A group of interested parties will be brought together to discuss the future plans for a health and academic precinct.

The Medical Executive Director advised the Board that the SESLHD planning department is linking with the universities to create a strategic plan for research within SESLHD. There is a need to ensure research is across all disciplines, including medical, nursing and allied health.

FOCUS

2.1. Presentation by the Aboriginal Medical Service, Redfern

The July Board meeting was held at the Aboriginal Medical Service, Redfern (AMS Redfern).

Laverne Bellear, Acting Chief Executive, AMS Redfern and Joshua Roxburgh, Public Health Manager, AMS Redfern, Gail Daylight, Aboriginal Health Manager, SESLHD and Shannon Allwright, Aboriginal Employment Consultant, SESLHD attended the first part of the meeting to discuss the AMS Redfern and Aboriginal health and employment.

The following key points were noted:

- The AMS Redfern was established in 1971; the current facility was built in 2004 and is considered world-class and the most advanced AMS in the country
- The AMS Redfern has 4,500 active patients and around 80,000 events of care per year
- The AMS Redfern is governed by a Board made up of all Aboriginal Board Members which meets monthly
- The AMS Redfern offers a range of public health programs, including weight loss, healthy cooking, youth fitness and mothers and babies support groups

The Aboriginal Medical Service, Redfern acknowledged their appreciated of the support from SESLHD Aboriginal Health Unit and SESLHD Director of Operations, Primary and Integrated Care.

Action: Chair and Secretary to send Ms LaVerne Bellear a letter thanking her for hosting the Board meeting and for her presentation.

2.2 2014/15 Year End Position and 2015/16 Budget Update

The Director of Finance provided an update. The following key points were noted;

- The SESLHD end of year results for the 2014/15 financial year were aligned with the full year projection of \$19.9 million unfavourable to budget.
- Employee related expenses was \$3m unfavourable to budget; given the size of the budget this is considered a good result.
- Additional cash assistance was received in 2014/15; however this issue is being resolved and is not expected to be a recurrent issue.
- Increased revenue performance for 2014/15 was noted.
- District Finance are currently working on a detailed reconciliation of the budget.

The Board discussed SESLHD’s relationships with its partnering universities. In particular, building maintenance for shared spaces. The Board noted there is considerable opportunity to further develop relationships and agreements in this space.

GENERAL BUSINESS

GOVERNANCE

3.1 Revised Committee Structure

The Board approved the SESLHD Board Sub-Committee Structure.

Resolution 294

“That the Board approves the SESLHD Board Sub-Committee Structure as tabled on 29 July 2015.”

Moved: R Farnsworth Seconded: P Azarias

3.2. Change to Board Secretary

The Board noted the referral note regarding the change to the Board Secretary.

3.3 Corporate Governance Attestation

The Board approved the Corporate Governance Attestation.

Resolution 295

“That the Board approves the Corporate Governance Attestation as tabled on 29 July 2015.”

Moved: P Smerdely Seconded: D Graves

PERFORMANCE

4.1 SESLHD Key Performance Indicators

The Board noted the Key Performance Indicators (KPIs) report for June 2015.

The Board raised its concern with an increased number of falls and bed sores indicated within the report. The Chief Executive advised that there are a number of contributing factors leading to this trend, and the report does not adequately show the severity of the injury.

Action - Falls and pressure injuries to be investigated further and a report brought back for consideration at the August Board.

There is work in progress on data triangulation that will be useful in determining the relationship between a number of factors; for example, the relationships between staffing levels and activity on the number of falls.

Action – KPI report to identify which indicators are Tier 1 and Tier 2 indicators required by the Ministry of Health, and which are self-initiated.

Regarding the KPI for Prince of Wales Hospital on unplanned emergency department revisits, it was noted that the graphical representation of performance is not accurate; a clerical error in the categorising of planned presentations has skewed the results. This issue is being addressed and will be corrected in the next two months.

Action - The KPI graph for Prince of Wales Hospital on unplanned emergency department revisits will be corrected for the September Board Meeting.

4.2 Finance and Performance Update

The Board noted the Finance and Performance Update. Discussion was held as per Item 2.2 above.

The Board noted that it would be useful to see graphical representation of financial performance.

4.3 Update on 2015/16 Service Level Agreement

The Board discussed the 2015/15 Service Level Agreement and budget. The Board is interested in identifying what costs are outside of the operational control of the organisation; the Director of Finance is investigating these costs.

The Board noted that it would sign the Service Level Agreement for 2015/16 at its August 2015 meeting.

STRATEGY

5.1. Update – Program Management Office

The Board noted the PMO report provided in the meeting papers. Planning and implementation of value improvement strategies for the 2015/16 financial year are underway.

The Lightfoot project is underway, with St George Hospital the pilot site. The Lightfoot system will provide data on patient flow pathways, from the ambulance to the emergency department, through to discharge.

A report on the Lightfoot project will be provided to the Board once sufficient data and information is available.

5.2. Chief Executive Yearly Report to all staff

The Board noted the Chief Executive Yearly Report. This report has been circulated to all staff members that attended the Chief Executive's recent roadshows, and is also available to all staff on the intranet.

The Chief Executive Roadshows were noted as a worthwhile exercise, with approximately 10% of staff members attending at least one roadshow event. Opportunities for staff to provide feedback on the roadshows and the strategic direction have been invited through informal and formal portals.

The Board noted that the District Clinical Governance Unit, and the People and Culture department have been realigned under the Improvement and Innovation Hub. There is an opportunity to review the current human resources and personnel functions of the organisation.

5.3 Integrated Care Action Plan

The Board noted the summary paper on the Integrated Care Action Plan included in the meeting papers.

Three key areas to be addressed within the strategy are:

- Patient flow analytics
- Risk stratification of patients
- Care coordination

These areas relate to technology, but require people, processes and technology in place to be achieved.

5.4 Service Line Management Update

The Chief Executive advised that St George Hospital is the pilot site for service line management within SESLHD. The Board noted that this project will have substantial impacts by enabling pathways of information that have not occurred before.

5.5 Restructure St George Hospital Update

The Chief Executive advised that the consultation process for restructuring St George and Sutherland Hospitals is underway.

The Board noted that there has been some concern that the managerial restructure of St George and Sutherland Hospitals will affect clinical networks; however this is not the case, and reassurance will be provided to clinicians.

5.6 Annual Financial Statements

The Director of Finance advised the Board that the annual financial statements have been reviewed at both the Finance and Performance Committee and the Audit and Risk Management Committee. External auditors will commence in SESLHD next week.

CLOSE

Business without notice

Norfolk Island

The Chief Executive reported to the Board his recent visit to Norfolk Island. The decision has been made not to seek accreditation for the hospital on Norfolk Island, as it is not reasonably achievable for a hospital of its size and circumstance. SESLHD has offered to provide key performance indicator progress and analytical support to the hospital, and plans to send a small number of relevant SESLHD staff members to Norfolk Island on short visits in August and September 2015 to provide support and guidance for quality and safety.

Director of Internal Audit

It was noted that Kylie McRae, Director of Internal Audit, has tendered her resignation. The Chief Executive will meet with the members of the Audit and Risk Management Committee to discuss this position and department. The Board noted that NSW Treasury recommends having a Chief Risk Officer.

Risk reporting

The Chair advised the Board that the Ministry of Health will be sending SESLHD two letters on how risk reporting should be addressed. There have been inconsistencies in how different organisations across the state have been reporting risks. Further clarification is to come, and no action is required until the letters are received.

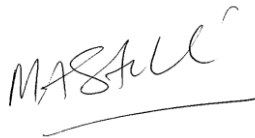
NOTING OF CONFIDENTIAL ITEMS

Nil.

Date of next meeting:

Wednesday 30 September 2015
4-7pm – District Mental Health, St George Hospital
Focus – Ambulance NSW

Meeting closed 7pm



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Signature

Michael Still, Chair
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Name

Wednesday 26 August 2015
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Date

