

Wednesday 26 August 2015 at 4:30 pm | District Mental Health Office, St George Hospital

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
- Ms Kate Munnings
- Ms Kristin Stubbins

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

Nil

Secretariat:

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

STANDING ITEMS

1.1. Minutes of Board meeting held 29 July 2015

The Board approved the Minutes of the SESLHD Board meeting held Wednesday 29 July 2015 as an accurate record of proceedings.

Resolution 295

“That the Board approves the Minutes of the SESLHD Board meeting held on Wednesday 29 July 2015 as an accurate record of proceedings.”

Moved: R Farnsworth Seconded: J Doy Carried

1.2. Minutes of Finance and Performance Committee

Nil minutes to note as no meeting of the Finance and Performance Committee was held in July 2015.

1.3. Minutes of Health Care Quality Committee

The Board noted the Minutes of the Health Care Quality Committee meeting held Monday 10 August 2015.

The Board discussed hand hygiene and various protocols in place, including the ‘bare below the elbows’ rule, and how hand hygiene performance could be improved.

Action: Medical Executive Director to seek advice from the SESLHD Infection Control Committee on what evidence-based protocols are recommended, and provide information back to the Board.

1.4. Actions

The Board reviewed and updated the Action Log.

Accreditation

Regarding the action item on an update on accreditation, the Chief Executive advised that a report in response to the two areas raised during the Northern Services accreditation, policy, and medical staff credentialing, is due to be submitted next week.

Action: Update on the progress on the bullying investigation to be provided.

1.5. Correspondence Register

The Board noted the correspondence received to 20 August 2015.

1.6. Teaching and Research

Discussion held as per Item 5.2 below.

FOCUS

2.1. Presentation by NSW Ambulance

Two senior executives from NSW Ambulance, Allan Loudfoot, Executive Director Clinical Services and Julie Morgan, Executive Director Business Innovation and Planning, attended the first part of the meeting to present on some of the activities and programs being undertaken by NSW Ambulance.

The presentation incorporated SESLHD data to localise the information and assist the Board in seeing the performance in the District.

Key areas addressed in the presentation were:

- Aged health care, including activity within the Southcare Outreach Service (SOS)
- Palliative and end of life care, including NSW Ambulance authorised care plans
- Models of care and patient pathways

- Integrated care governance
- Frequent user management
- Mental Health referral pathways

The NSW Ambulance executives and the Board discussed the relationship between NSW Ambulance and SESLHD, and how the partnership can be strengthened.

The Board discussed the work being done by NSW Ambulance in end of life care and authorised care plans. The Board is interested in linking in with NSW Ambulance and making this area a priority, in order to improve palliative and advanced care planning across the District.

GENERAL BUSINESS

GOVERNANCE

3.1 Notification regarding Board Member K Stubbins

The Board noted the brief written by the Board Chair which stated that Ms K Stubbins will be stepping down from her role as a Board Member while PricewaterhouseCoopers continues to work with SESLHD

J Doy advised the Board that he is a non-continuing partner of PricewaterhouseCoopers, and thus has a financial interest as he receives an ongoing allowance. The Board noted this advice.

3.2. SESLHD Annual General Meeting Format

The SESLHD Executive is working to plan the Annual General Meeting for 2015 and is considering a number of format options. A proposal will be brought back to a future Board meeting.

PERFORMANCE

4.1 SESLHD Key Performance Indicators

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

The Board discussed a range of patient safety and clinical quality issues, including how clinical management incidents and ‘near misses’ are records in the incident management system, IIMS, and concerns around the reporting of healthcare-acquired infections.

These matters are to be taken up and discussed in further detail at the Health Care Quality Committee.

4.2 Finance and Performance Update

The Board noted the Finance and Performance Update. The July figures are in draft, as budgets have not yet been completely flowed. The results for July are as expected, and in line with the planned deficit position for 2015/16.

The financial statements for the 2014/15 financial year are complete, and the audit process is underway. The statements will be presented to the Audit and Risk Management

Committee for approval.

Value improvement plans (VIPs) are tracking well for the first month of this financial year, with \$1.5m of savings being seen.

4.3 Budget allocation and Service Level Agreement

The Director of Finance provided an overview of the budget in the Service Level Agreement (SLA). Key points regarding the budget that were highlighted include:

- There is no transition grant in the budget, with growth funded at the state price. The District's cost is below the state price.
- A process following agreed activity based funding (ABF) principles was used in the allocation of the budget. The major facilities have received between a 3-5% increase in budget, which is made up of a combination of escalation and growth.

The 2015/16 full year projection is a planned deficit position of \$9.6m unfavourable to budget.

Further discussion on the risks in the budget and SLA were discussed as per Item 4.5 below.

4.4 2015/16 Plan

The Board noted the 2015/16 Plan provided. The Board acknowledged the significant work put into preparing this plan and ensuring rigour.

The Director of Programs and Performance provided an overview of the plan. The plan outlines the \$22m of cost reduction strategies that are in development. The cost savings from these strategies are phased according to when the strategy is implemented. Achievement of these savings is required to meet the planned deficit position of \$9.6m unfavourable to budget.

Included in the cost reduction strategies are a number of District-wide workstreams in areas such as fleet management and medication management, which draw on staff from across the District to work together on strategies.

4.5 Risk assessment for 2015/16 – financial and non-financial KPIs

The Director of Finance and Director of Programs and Performance tabled a risk assessment for 2015/16 and provided an overview. The risk assessment includes both financial and non-financial risks as related to the SLA.

The risk attached will be attached to the SLA when it is signed and submitted. This risk assessment will be looked at in future at the Audit and Risk Management Committee.

Key risks highlighted include:

- Annual leave liability; budget has not been received for the award increase impact on annual leave balances. Work is being done to improve annual leave balances; strategies are in place.
- Goods and services; there are risks in particular areas, but also significant opportunity in other areas, such as procurement.
- Visiting Medical Officers (VMOs); there have been budget adjustments in this area, but a planned deficit of \$2.6m is projected.
- Revenue; high performance in conversion of private patients will need to be

- maintained
- Surgery; risks around potential changes to paediatric surgery and peritonectomy services

The Board discussed the risks around the proposed state-wide interventional neuroradiology (INR) contract. There is potential for this contract, if signed, to have significant financial and service impacts.

It was noted that the Finance and Performance Board Subcommittee is satisfied with the SLA; however the Board wishes for the INR matter to be further addressed before the SLA is signed.

Action: INR matter to be investigated further and an update to be provided to the Board in advance of the SLA being signed.

STRATEGY

5.1. Update – Program Management Office

The Board noted the PMO report provided in the meeting papers. Discussion was held as per Item 4.4 above.

5.2. Academic Health Science Partnership

The Board noted the brief and paper provided on establishing an academic health science partnership. The proposed partnership will look to enhance the District’s research capacity and collaboration with UNSW, as well as other universities, Local Health Districts and medical research institutes.

The Board expressed strong support to move forward with this proposal. However, the schedule of fees will need to be negotiated, as a \$1m contribution has not been factored into this year’s budget.

There are still a number of details to be arranged, including the governance, the corporate structure and leadership of the proposed entity.

The Board will be kept informed of developments in this area.

Resolution 296

“That the Board approves the proposal put forward on the academic health science partnership.”

Moved: P Azarias Seconded: J McDonald Carried

5.3 Public Holidays 2015 – Update

The Board noted the update on Public Holidays provided. The Board is satisfied by the decision made by the Ministry of Health and HealthShare on the public holiday sequence for the Christmas and New Year holiday period for 2015/16.

5.4 Smoke-Free Health Care Program - Update

The Board noted the update on the Smoke-Free Health Care Program, submitted by the Director of Planning, Population Health and Equity.

5.5 Model Health Organisation Self-Appraisal

The Secretariat is to circulate the Model Health Organisation Self-Appraisal survey to Board

Members.
CLOSE
<p>Business without notice</p> <p><u>Information technology</u></p> <p>The SESLHD Chief Information Officer, André Snoxall presented at a Risk Workshop and gave an informative presentation. The Board agreed that A Snoxall should be scheduled to present at a future Board Meeting.</p> <p>Action: Chief Information Officer to be scheduled to present at a future Board Meeting.</p> <p><u>Audit and Risk Management Committee</u></p> <p>P Azarias will provide an update to the Board after each meeting of the Audit and Risk Management Committee.</p> <p><u>General practitioners (GPs) and emergency department demand</u></p> <p>The Board discussed how GP practices could be utilised to relieve pressure on emergency departments. There has been evidence of success in GP partnership models in rural areas.</p> <p>Such models are being discussed at part of the District’s integrated care strategy.</p>
<p>NOTING OF CONFIDENTIAL ITEMS</p> <p>Nil.</p>
<p>Date of next meeting:</p> <p>Wednesday 30 September 2015</p> <p>3pm – 4pm – Afternoon tea with POWH/SSEH staff members</p> <p>4-7pm – Board Meeting</p> <p>Prince of Wales Hospital, Randwick</p> <p><u>Focus</u> – Capital redevelopment</p> <p><u>Focus</u> – Mental Health physical health</p> <p>Meeting closed 7.20pm.</p>  <p>.....</p> <p>Signature</p> <p>Michael Still</p>

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Name

30 September 2015

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Date