

SESLHD Board Meeting – Minutes

T24/66091

Date:	Wednesday, 25 September 2024
Time:	4:00pm – 7:00pm
Location:	Boardroom, Level 4, James Laws House, St George Hospital (STG)
Present:	Dr Debra Graves (Board Chair) Arthur Diakos Anna Guillan Dr Gregory Levenston Dr John Estell Elli Baker (via TEAMS*) Helene Orr Liam Harte, Board Member* Allan Spigelman, Board Member* Grant Eruini-Bennett, Chair, Medical Staff Executive Council*
Ex Officio	Tobi Wilson, Chief Executive (CE)
Invitees:	Kim Olesen, Executive Director Operations (EDO) Ian Anderson, Director of Finance (DoF) Kate Hackett, Director, Nursing and Midwifery Services Dr Jo Karnaghan, Director, Clinical Governance & Medical Services (DCG&MS) *
Guests:	Amy Murray, A/Manager Clinical Operations Priorities* Sharon Carey, General Manager Corporate Services* Cassandra Manning, Management Trainee OCE (observer)
Apologies:	Jonathan Doy, Board Member Dr Jan Dudley, Board Member
Secretariat:	Alison Moore, A/Executive Assistant to the CE / Board Secretary

1. Opening

1.1 Acknowledgement of Country

An acknowledgement of country was shared.

1.2 Present and Apologies

Apologies were noted by the Board. The chair declared that a quorum was present, and the meeting opened at 5.48pm.

1.3 Declaration of Interests

Conflict of Interest Declaration Register was tabled and noted.

1.4 Minutes of Previous Meeting

The minutes of SESLHD Board meeting held on 28 August 2024 were tabled and reviewed by the Board.

Resolution: The Board resolved that the minutes of SESLHD Board meeting held on 28 August 2024 be signed as a true and correct record of the meeting.

1.5 Actions from previous meetings

The action log was tabled in the papers and taken as read.

Resolution: The Board notes the information provided.

2 Committees

2.1 Finance and Performance Committee (F&P)

Minutes of the meeting held on 26 August 2024 were tabled in the papers and taken as read. The Board notes that financial results for August 2024 and key drivers were discussed at F&P meeting held on Monday, 23 September 2024.

Resolution: The Board notes the information provided.

2.2 Quality, Safety and Culture Board Committee (QS&C)

It is noted that there are no minutes for this month. These will be tabled at the next Board meeting.

2.3 Audit and Risk Committee (ARC)

It is noted that there are no minutes for this month. These will be tabled at the next Board meeting. SESLHD ARC Annual Report was circulated with the meeting pack.

2.4 Board Strategic Community Partnerships Committee (BSCPC)

It is noted that there are no minutes for this month.

3 Matters for Noting

3.1 Correspondence Register

The correspondence register was tabled, including the correspondence regarding Critical Infrastructure Risk Management Program (CIRMP).

Resolution: The Board notes the information provided.

4 Standing Items

4.1 Chief Executive Report

The Chief Executive's Report was tabled and taken as read. CE highlighted:

- Commencement of SESLHD Management Reduction Strategy Phase 2, with consultation underway.
- People Matter Employee Survey response rate for 2024 was 41.25% for SESLHD. Reporting will become available in October 2024 and to be provided to the Board.
- The Healthy Ageing Program, operated by Prince of Wales Hospital, will cease in its current form, and be replaced with the Bridge to Community Exercise Program from October 2024. A private provider will take on the program, consistent with AIM/WAVES from November 2024.
- Nurses strike action held on 24 September 2024. The Board acknowledged our nurses and their hard work.
- Ministry of Health (MoH) Whole of State approach to patient billing.
- Improvement of Transfer of Care performance in August and September 2024

Resolution: The Board notes the information provided.

4.2 Board Chair Report

The Board Chair's report was tabled and taken as read. The Board notes update on the Single Patient Digital Record project, The Sutherland Hospital Gala being a success and Elizabeth Koff being appointed as Independent Chair of Randwick Health Innovation Precinct.

Resolution: The Board notes the Chair's report.

4.3 Patient Story

The Patient Story provided by the Sutherland Hospital was noted.

Resolution: The Board notes the information provided.

4.4 Innovation Story - Operations

The Board welcomed Amy Murray, A/Manager Clinical Operations Priorities to join the meeting and deliver a presentation on Medication Management Team. The presentation provided the background/ case for change around patient safety, supporting clinicians and accreditation risk. Also noted was the innovation, outcomes and the next steps, including dashboard for reporting and monitoring, risk of medication-related error score and partnered pharmacist medication charting.

Resolution: The Board notes the information provided.

5 New Business

5.1 Paper – Management Reduction Strategy

A paper regarding the Management Reduction Strategy is provided, detailing the key issues of Phase 1 and 2. The Board was supportive of the process, noting the outcome of Phase 2 consultation will be provided to the Board.

Resolution: The Board notes the information provided.

5.2 Paper – Critical Infrastructure Risk Management Program (CIRMP) Annual Report

The CIRMP was submitted to the Board in April 2024. The Board determined that advice to be sought from MoH prior to endorsement of the SESLHD CIRMP. The Secretary, NSW Health responded noting a mandatory update report is to be submitted by 28 September. The SESLHD Responsible Entity Risk Management Program Annual Report CIRMP was endorsed by the SESLHD Executive Meeting and submitted for the Board's approval. The Board thanked Ms Emma Spiers, Risk Management Lead and Dr Jo Karnaghan for leading and driving the positive result.

Resolution: The Board resolved to endorse the SESLHD CIRMP Annual Report.

5.3 Paper – Review of SESLHD Audit and Risk Committee Charter

A paper describing the SESLHD Audit and Risk Committee Charter is provided, noting the Charter is reviewed annually and no changes recommended as part of this review.

Resolution: The Board notes the information provided and resolved to endorse the SESLHD Audit and Risk Committee Charter.

5.4 Paper – SESLHD Safety and Quality Account 2023/24 Report, 2024/25 Future Priorities

The annual Safety and Quality Account demonstrates SESLHD's commitment to safety and quality for patients, families, staff, and the community. The account notes how SESLHD meets Standard 1 Clinical Governance and Standard 2 Partnering with Consumers of the National Safety and Quality Health Service Standards. The account highlights the key priorities and is due for submission to MoH by the end of November.

Resolution: The Board notes the information provided and resolved to endorse the SESLHD Safety and Quality Account.

6 Regular Reporting

6.1 Finance Report

The Finance report was tabled and taken as read. The financial results for the month of August 2024 and YTD were discussed. Correspondence from the Secretary, NSW Health was included, noting a response will be drafted following discussions.

Resolution: The Board notes the Finance Report.

6.2 Operations Report

The Operations report was tabled and taken as read, including an update on the Emergency Department Assessment Unit, Medical Imaging, Surgery, and service modification for Christmas closure.

Resolution: The Board notes the Operations Report.

6.3 Performance Report

The Integrated Performance Report for August 2024 and MoH League Table for July 2024 was tabled and noted by the Board.

Resolution: The Board notes the information provided.

6.4 Clinical Governance Report

The Clinical Governance report was tabled and taken as read. Highlights included new reporting format: divided up by national standards, shorter report, and concise display of data. It was noted there have been improvement around SAERS (Harm Score 1) reports and the number of overdue recommendations from SAERS have reduced.

Resolution: The Board notes the information provided.

6.5 Capital Works Report

The Capital Works report was tabled and taken as read.

Resolution: The Board notes the Capital Works Report.

6.6 Security Management Report

The Board notes that the Security Improvement Audit Tool had been completed for Mental Health Bondi, Maroubra and St George. Professional development opportunities for staff implemented. Electronic equipment at end of life have been placed on minor works capital plan.

Resolution: The Board notes the Security Management Report

6.7 Work Health Safety and Wellbeing Report

The Work Health Safety and Wellbeing report was tabled and taken as read.

Resolution: The Board notes the information provided.

7 Meeting Finalisation

7.1 Business Without Notice

Nil

7.2 Noting of Confidential Items

Nil

7.3 Next Meeting

It is noted that next SESLHD Board meeting is scheduled on Wednesday, 30 October 2024 at Boardroom, Admin Building, Sydney/Sydney Eye Hospital. The Board notes that Dr Debra Graves will be an apology and Jonathon Doy will chair the meeting.

7.4 Close

The meeting closed at 6.55pm.

I certify that the foregoing is a true and correct copy of the minutes approved by Members of the Board.



**A/Board Chair
Jonathan Doy**