



Minutes of the Board of the South Eastern Sydney Local Health District

Date:	Wednesday, 26 April 2023
Time:	4:00pm – 7:00pm
Location:	Heritage Boardroom, Level 1, Admin Block, Sydney/Sydney Eye Hospital, 8 Macquarie Street, SYDNEY NSW 2000
Present:	Michael Still (Board Chair) Arthur Diakos Anna Guillan Allan Spigelman Debra Graves * (<i>Virtual attendance</i>) Elli Baker Greg Levenston Helene Orr Jan Dudley Jonathon Doy John Estell
Ex Officio Invitees:	Tobi Wilson, Chief Executive (CE) Kim Olesen, Executive Director Operations Wayne Evans & Ryan McKeon, A/Director, Finance Kate Hackett, Director, Nursing and Midwifery Services Dr Martin Mackertich, A/Director, Clinical Governance and Medical Services * Grant Eruini-Bennett, Chair, Medical Staff Executive Council *
Guests:	Dr Marianne Gale, Director, Population and Community Health * Lisa Altman, Director Strategy, Innovation & Improvement Fiona Fahey, Director, People and Culture Chloe Yarwood, Management Trainee OCE (observer)
Apologies:	Liam Harte, Board Member
Secretariat:	Carrie Han, 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 5:30pm.

1.3 Declaration of Interests

Nil

1.4 Minutes of Previous Meeting

The minutes of the previous meeting were tabled and reviewed by the Board.

Resolution: The Board resolved that the minutes of the previous meeting held on 23 March 2023 be signed as a true and correct record of the meeting.

1.5 Actions from previous meeting

The action log was tabled and reviewed by the Board.

Resolution: The Board notes the information provided.

2 Committees

2.1 Finance and Performance (F&P) Committee

Minutes of the meeting held on 27 March 2023 were tabled in the papers and taken as read.

Resolution: The Board notes the information provided.

2.2 Quality and Safety Board Committee (QSBC)

Draft minutes of the meeting held on 2 March 2023 were tabled in the papers and taken as read.

Resolution: The Board notes the information provided.

2.3 Audit and Risk Committee

Draft minutes of the meeting held on 3 March 2023 and the Strategic Risk Management Report March 2023 were included in the papers and taken as read.

Ms Helene Orr advise that the 19 April 2023 meeting endorsed the draft SESLHD 2022/23 financial statements for review by the Audit Office of NSW. The Committee notes a change in practice for the early close financial audit. The review by the Audit Office of NSW will focus on key items that will add value or reduce time at the end of the financial year, rather than completing a full audit of all areas for early close.

The Strategic Risk Management Report provides a summary of key risk updates within SESLHD. It outlines the top 10 strategic risks identified across the District and 21 emerging risks as noted in the Risk Radar Report. Regular reporting on strategic risks will be provided to the Board.

Resolution: The Board notes the information provided.

2.4 Board Strategic Community Partnerships Committee (BSCPC)

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

3 Matters for Noting

3.1 Correspondence Register

The correspondence register was provided.

The Quarterly Board Report for October to December 2022 was tabled. The CE advised the Quarterly Board Report provides updates on the District's key performance indicators (KPIs). A letter to the Board Chair regarding SESLHD Transfer of Care (TOC) performance was received from the MoH. The letters highlights the importance of TOC, and that plans are embedded across all sites, to improve the performance.

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, including updates on plans for Qtopia Museum in Darlinghurst, and the Minister for Mental Health visit.

Resolution: The Board notes the information provided.

4.2 Patient Story

The Patient Story provided by SESLHD Mental Health Services was noted.

Resolution: The Board notes the information provided.

4.3 Board Chair Report

Resolution: The Board notes the Chair's report.

5 New Business

5.1 Paper - Sexual Health and Blood Borne Viruses - Clinical Services Plan

A paper detailing the Sexual Health and Blood Borne Viruses Services (SHBBV) Clinical Services Plan (CSP) 2022 was provided for the Board's endorsement.

The Director, Population and Community Health provided a summary of the SHBBV CSP 2022, outlining the vision to reimagine the SHBBV services to sustainably respond to the evolving physical, mental and social needs of the community. The plan prioritises collaboration and integration of services and person-centred care to deliver holistic, sustainable care equitably. There was extensive consultation throughout the development of the Plan and support received for the final version.

The Board's recommendation to share the plan with MoH for the Minister for Health was noted.

Resolution: The Board resolved to endorse the SHBBV CSP 2022.

5.2 Paper - Prince of Wales Hospital Acute Services Building Go-live update

A paper providing updates on Prince of Wales Hospital (POWH) Acute Service Building (ASB) go-live plans was tabled. It is noted the Go-live of POWH ASB has progressed on a steady basis.

Resolution: The Board notes the go-live plans for the POWH ASB.

5.3 Paper - SESLHD Business Plan for 2023-24

A paper detailing the SESLHD Business Plan for 2023-24 was provided. The Director, Strategy, Innovation and Improvement (DSII) advised the Exceptional Care, Healthier Lives Strategic Plan (ECHL) was endorsed by the Board in 2022. The SESLHD Business Plan for 2023-24 cascades from the implementation plan for the SESLHD Exceptional Care, Healthier Lives 2022-25 Strategy. The Business Plan has been developed to ensure implementation priorities are identified for the next Financial Year. It is noted that a mid-year review of the Business Plan is anticipated to ensure it aligns with relevant priorities committed by NSW Health after the NSW State Election. Regular reporting with updates will be provided to the Board.

DSII advised that initiatives identified in SESLHD Business Plan 2023-24 are refined from the previous year. CE indicated the Business Plan aligns to the MoH strategies. Resources and funding for the initiatives are taken into consideration during development and planning process, with further review to occur post budget allocation for FY2023-24.

Resolution: The Board notes the SESLHD Business Plan for 2023-24.

5.4 Paper

Confidential Item

Resolution: The Board notes the information provided.

5.5 Paper - People Matter Employee Survey - Action Plan - Four streams of work

A paper describing the People Matter Employee Survey (PMES) Action Plan was tabled. Director, People and Culture (DP&C) advised the Action Plan focuses on four key streams of work that address the dominant themes identified in the PMES 2022 response – recognition, recruitment, career development and wellbeing/burnout. A summary of progression updates was provided and noted.

Resolution: The Board notes the information provided.

5.6 Paper - Work Health and Safety audit and action plan

A paper detailing the SESLHD Work Health and Safety (WHS) Audit and Action Plan was provided. DP&C advised that a WHS management audit carried out in 2020 and a follow-up audit completed in late 2022 identified the risk of organisational noncompliance with ISO 45001. The WHS Action Plan has since been developed to ensure each of the identified issues are addressed. Regular reports will be provided to the SESLHD Audit and Risk Committee to track progress and ensure the District is well placed to comply with ISO 45001. The WHS team structure is under review to ensure the organisation has the capacity and capability to deliver on the priority areas.

Resolution: The Board notes the WHS Audit findings and supports the action plan to ensure SESLHD has an appropriate WHS Management System in place, compliant with ISO 45001.

5.7 Paper - Sorry Plaque - Commitment to unveiling at each facility

A paper describing the District's commitment to unveiling a Sorry Plaque at each facility within SESLHD was provided for the Board's endorsement. CE advised that every year on 26 May, National Sorry Day remembers and acknowledges the mistreatment of Aboriginal and Torres Strait Islander people who were forcibly removed from their families and communities, which we now know as 'The Stolen Generations'. Unveiling a plaque to recognise and acknowledge this important day demonstrates SESLHD's commitment to reconciliation while also respecting the diverse needs and aspirations of Aboriginal people and contributes to healing for survivors. It is noted the agreed version of the Sorry plaque will be submitted for endorsement at the Burudi Muru Yagu Committee meeting to be held on 22 May 2023.

Resolution: The Board resolved to endorse the commitment to unveiling Sorry Plaques at each facility within SESLHD.

5.8 Paper - Meeting with Minister Park

A paper providing information around the CE and the Secretary NSW Health meeting with the Minister for Health was tabled. It is noted that in preparation for the meeting each CE was asked to provide a briefing that outlining three challenges they are facing and solutions to address these challenges, three areas of reform to improve health delivery in their district and three issues they would like to put on the Minister's radar for future discussion.

SESLHD selected the following topics, with detailed information provided for the Minister. Key challenges for SESLHD include Workforce Wellbeing/Recruitment, Accreditation (Radiology) and Garrawarra Centre (Capital Investment/ Facility Replacement). Reform/Transformation areas are Virtual Health, Mental Health transformation and the Randwick Health and Innovation Precinct. The areas for future discussion include the Royal Hospital for Women Neonatal Intensive Care Unit and Birthing Suite, Qtopia, and the Macquarie Street East Precinct.

Resolution: The Board notes the information provided for the CE and Secretary meeting with the Minister for Health.

6 Regular Reporting

6.1 Finance Report

The Finance report was tabled and taken as read. A/Director, Finance (A/DoF) advised that as of March 2023, full-year expenditure forecast for SESLHD was \$17.7m unfavourable, mainly due to the unfunded elective surgery program payments and the COVID funding shortfall. Discussions were held around the repairs and maintenance shortfall against budget. A/DoF advised the review of final allocations of FY23 Budget with the sites and district directorates was completed noting further review is required for the Corporate and Legal Services (C&LS) directorate due to a consolidation of corporate services resulting in transfers from the sites/services and into C&LS directorate. The exercise of the budget review and reclassification for Repairs, Maintenance and Renewals costs as well as utilities between the sites and C&LS directorate will be undertaken in FY2023, to ensure sufficient budget allocation is provided and aligned with the business functions with a centralised management model. CE advised the District's maintenance plan is under development, with further works required.

Resolution: The Board notes the Finance Report.

6.2 Operations Report

The Operations report was tabled and taken as read. Executive Director Operations provided an update on the District's operational matters, including Medical imaging, elective surgery, ED performance, Clinical Stream, Pharmacy and performance of all the facilities within the District. It is noted the survey about implementation of the new Voluntary Assisted Dying law was issued to all SESLHD staff. A presentation on the survey results will be provided to the Board via QSBC.

Resolution: The Board notes the Operations Report.

Action: A presentation on VAD Survey results to be provided to the Board via QSBC.

6.3 Performance Report

The Performance report, including the Integrated Performance Report and MoH League Table for February 2023, was tabled and discussed.

Resolution: The Board notes the Performance Report.

6.4 Capital Works Report

The Capital Works report was tabled.

Resolution: The Board notes the Capital Works Report.

6.5 Safety and Quality report

The Clinical Governance report was tabled, including the summaries of harm score 1 incidents reported during February - March 2023 across the District. A/Director, Clinical Governance and Medical Services (A/DCG&MS) advised the sites have detailed programs to improve HACs performance. Root cause analysis (RCA) process is followed to discover the root causes in order to identify appropriate solutions. Work is underway to ensure timeliness of RCA reports. The CE advised a number of reviews had been led by the A/DCG&MS across the District to identify system improvement opportunities, including COVID related death in facilities.

Resolution: The Board notes the Clinical Governance Report.

7 Meeting Finalisation

7.1 Business Without Notice

There was no business without notice.

7.2 Noting of Confidential Items

There were no confidential items raised.

7.3 Next Meeting

The next Board meeting is scheduled for **Wednesday, 31 May 2023** at Heritage Boardroom, Admin Building, Sydney/Sydney Eye Hospital, 8 Macquarie Street, SYDNEY NSW 2031.

7.4 Close

The Board thanked Mr Wayne Evans and Dr Martin Mackertich for the leadership and support they provided to the District and the Board during their appointment within SESLHD Executive Team.

The meeting closed at 7:35pm.

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

D. Gray



Michael Still
Board Chair