

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

Date:	Wednesday, 28 July 2021
Time:	4:00pm – 7:00pm
Location:	Virtual*/ Sydney Eye Hospital, 8 Macquarie Street, Sydney NSW 2000
Present:	Michael Still, Chair* Allan Spigelman Debra Graves* Elli Baker* Greg Levenston* Helene Orr* Jonathan Doy* Liam Harte* Neville Mitchell*
Ex Officio	Tobi Wilson, Chief Executive
Invitees:	Jo Karnaghan, Director Clinical Governance and Medical Services* John Estell, Medical Staff Executive Council* Kim Olesen, A/Executive Director, Operations Karen Tuqiri, A/Director Nursing and Midwifery Services* Payal Kapoor, Director Finance
Guests:	Lisa Altman, Director, Strategy Innovation and Improvement (SII) Chloe Robertson, Planning and Partnerships Lead, SII* Paul Darcy, General Manager, St George Hospital*
Apologies:	Nil
Secretariat:	Susan George A/Executive Assistant to the Chief Executive

Focus Area - Presentations

Presentation:	Stage 3 Redevelopment Update
Guest Presenters:	Paul Darcy, General Manager, St George Hospital Lisa Altman, Director, Strategy Innovation and Improvement Chloe Robertson, Planning and Partnerships Lead, SII

The General Manager, St George Hospital presented an update on the Stage 3 Redevelopment of St George Hospital. The update included an overview of the governance structure, a refresh of the clinical services plan and scope prioritisation process.

The Board was advised, that the project will bring together a range of ambulatory, outpatient and community services, currently dispersed throughout the health campus to deliver the best service to meet the health needs of the community into the future.

Management acknowledged the challenges surrounding this large project. It confirmed that they are continuing to engage and collaborate with all stakeholders to achieve the best outcome for service delivery. Due diligence activities continue and were also acknowledged as being imperative to project success, along with the guiding principles of right care, right place, right time.

Resolution: The Board noted the information provided.

Guest Presenters:	Lisa Altman, Director, Strategy Innovation and Improvement Chloe Robertson, Planning and Partnerships Lead, SII
Presentation:	2021-22 Business Planning

The Director, Strategy Innovation and Improvement presented the 2021-22 Business Plan and advised, that whilst the Plan is lengthy in nature, it was developed to serve the whole of SESLHD with a view to consistent service delivery.

The Board was also advised that Management is pleased with the progress to date in achieving many of the initiatives set against the Key Outcomes in the Plan. It is acknowledged however, that due to COVID priorities and the change in approach to develop a District-wide plan, those initiatives that were not achieved will carry over and be given priority in the 2022-2023 Business Plan.

The Board was pleased with the update provided and congratulated Management on the progress being made, particularly in the areas of hospital avoidance by way of the virtual care strategy and mental health initiatives along with the on-going development of a District-wide approach to service delivery and improvements in operational efficiency. It is understood that there are significant change management principles, along with technology support and funding, that need to be applied to deliver a robust plan to facilitate a successful District approach for providing the best service to its community.

Resolution: The Board noted the information provided.

Guest Presenters:	Lisa Altman, Director, Strategy Innovation and Improvement Chloe Robertson, Planning and Partnerships Lead, SII
Presentation:	2022-25 Strategic Plan

The Director, Strategy, Innovation and Improvement, opened the 2022-25 Strategic Plan presentation by thanking members of the Strategy team who have aided in accelerating progress. Once again COVID priorities and health orders have inhibited progress in the areas of consultation and governance forums.

The Board's endorsement of the Statement of Intent was acknowledged as providing Management with foundational support for framing its approach to the development of its Strategic Plan. The Strategic Priorities that have been set against this Plan will support delivering SESLHD providing exceptional care and providing better outcomes for the community it serves. The 2022-25 priorities include a focus on person centred care; high performing teams; healthy communities and "fit for future".

After short discussion it was agreed that the Clinical Service Plans and their endorsement should be sought through the Board Quality and Safety Committee as it was acknowledged that these plans will assist in supporting the overall success of the SESLHD strategy, along with deliberate and targeted engagement with consumers.

Resolution: The Board noted the information provided.

1. Opening

1.1 Present and Apologies

A quorum was present and the meeting opened at 4:30pm.

1.2 Declaration of Interests

There were no declarations of interest raised.

1.3 Minutes of Previous Meeting

Resolution: The Board resolved that the minutes of the previous meeting held on 30 June 2021 be signed as a true record of the meeting.

1.4 Actions from previous meeting

Resolution: The Board reviewed and noted the Action Log.

2. Committees

2.1 Finance and Performance Committee

The Minutes of the 28 June 2021 meeting were tabled in the papers and taken as read.

Resolution: The Board noted the Finance and Performance Committee Minutes

2.2 Quality and Safety Committee

Resolution: The Board noted the next meeting of the Quality and Safety Committee, scheduled for 5 August 2021.

2.3 Strategic Community Partnerships Committee

Resolution: The Board noted the next meeting of the Strategic Community Partnerships Committee, scheduled for November.

2.4 Audit & Risk Committee

The Minutes of the 13 July 2021 meeting were tabled in the papers and taken as read.

The Board noted Financial Accounts were submitted to the Audit Office without delay and the early close process did not raise any concerns. All actions of the Audit and Risk Committee were declared complete.

Resolution: The Board noted the Audit and Risk Committee Minutes

3. Standing Items

3.1 Patient Story

The Royal Hospital for Women provided a brief story highlighting the significant benefits of how integrated care led to better outcomes for a patient.

The story shared with the Board demonstrated the enormous capacity of a collaborative precinct team approach in the provision of comprehensive patient care.

The Prince of Wales Hospital treated a patient, who was diagnosed with congenital neurofibromatosis Type 2 at the age of 14, and then at 16 and 23. Surgeons performed major surgery to remove acoustic neuroma from both sides of the patient's head. After the second surgery the patient was left profoundly deaf requiring the patient to develop Auslan skills for communication. At the age of 26 removal of a spinal neuroma was required, subsequently requiring the patient to receive rehabilitation support for leg weakness. The patient went on to marry and sought to start a family with the assistance of the fertility services offered at the Royal Hospital for Women. In collaboration with the Royal Hospital for Women and the Prince of Wales Hospital the patient went on to successfully deliver a healthy baby boy by elective Caesarean Section.

The Board acknowledged the expertise and dedication of the Prince of Wales Neurosurgical and Medical Oncology teams to enable the patient to achieve her dream of marriage. The collaboration between the multiple Royal Hospital for Women medical teams during the pregnancy ensured the patient achieved her further dream to start a family.

Resolution: The Board noted the Patient Story.

3.2 Board Chair Report

Resolution: The Board noted the information provided by the Chair

3.3 Chief Executive Report

The Chief Executive's Report was tabled in the papers and taken as read.

The Board requested an update on the activities between SESLHD and e-Health.

The Chief Executive confirmed that SESLHD is:

- working with e-Health on virtual care platforms;
- trialling some of e-Health's solutions to improve ordering efficiencies;
- planning to conduct discovery exercises into the back-of-house activities to determine where improvements may be made for both SESLHD and the Illawarra.

Resolution: The Board noted the Chief Executive's report.

3.4 Finance Report

The Finance Report was tabled in the papers and taken as read.

The Chair of the Finance and Performance Board Committee thanked the Chief Executive and Director Finance for the robust and clear communications received by the Board. The Board was pleased with the change of the District's rating by the Ministry of Health to level 1. The Chair of the Finance and Performance Board Committee confirmed SESLHD's aim is to achieve a level 0 rating.

The Chief Executive and Director Finance thanked the Chair and acknowledged the efforts of the entire SESLHD team in achieving this result. The Chief Executive highlighted that whilst the organisation is in a strong starting position for 2021/2022, there are opportunities for discussion with the Ministry of Health in relation to the setting of own source revenue targets. The Board acknowledged the need for discussion.

Resolution: The Board noted the Finance Report.

3.5 Operations Report (includes COVID-19 update)

The Operations Report was tabled in the papers and taken as read.

The Board thanked the Executive Director, Operations for the detailed and informative report.

Resolution: The Board noted the Operations Report.

3.6 Performance Reporting (includes Integrated Performance Report)

The Performance Report was tabled in the papers and taken as read.

Resolution: The Board noted the Performance Report.

3.7 Ministry of Health League Table

The Ministry of Health League Table was tabled in the papers.

Resolution: The Board noted the Ministry of Health League Table.

4. Regular Reporting

4.1 Capital Works Reporting

4.1.1 Capital Works Report – June 2021

The Capital Works Report was tabled in the papers and taken as read.

Resolution: The Board noted the Capital Works Report.

4.1.2 Capital Investment Proposal

The Capital Investment Proposal was tabled in the papers and taken as read.

In addition, it was agreed that well-developed clinical service and business plans underpin and guide the way in which the needs of the community and funding are identified.

Resolution: The Board noted the Capital Investment Proposal.

5. New Business

5.1 Service Agreement

5.1.1 2021-22 Service Level Agreement with MoH – Budget and Finance Performance Impact

The Board was advised that the Agreement has been reviewed by management and, whilst SESLHD is reasonably pleased with the arrangements between it and the Ministry of Health, it sees opportunity for discussion particularly in the areas of revenue return as discussed earlier (refer to Item 3.4 herein).

5.1.2 2021-22 Service Level Agreement with MoH – KPIs

The Board continued discussion and queried whether management had any concerns in meeting the KPIs set by the Ministry of Health. The Chief Executive confirmed the KPIs set by the Ministry of Health apply to the whole of government. However, whilst there are some variations for 2021-2022, SESLHDs ability to meet the KPIs is anticipated to be similar to that for 2020-2021.

Resolution: The Board noted the information provided.

Action: The Board to receive an out of session circular to resolve to approve the Agreement.

Due: 11 August 2021

5.2 The Mindgardens Project

Resolution: The deferred Agenda Item 5.2 to its August meeting

5.3 Medicolegal Claims Data to 30 June 2021

Resolution: The board deferred Agenda Item 5.3 to its August meeting

5.4 Medical Imaging Review – Final Report

The Board was advised that the Executive Director, Operations, is leading a working group to review medical imaging across the District. It was agreed that the Board would be kept up to date on progress through its Board Quality and Safety Committee.

Resolution: The Board noted the information provided.

Action: Medical Imaging Review to be added as a standing item to the Board Quality and Safety Committee Agenda.

Due: Ongoing

5.5 Prince of Wales Hospital (POWH)

5.5.1 POWH – Acute Services Building – Update

The POWH – Acute Services Building Update was tabled in the papers and taken as read.

In addition, the Board was satisfied with the approach being taken with respect to clinical engagement and addressing the concerns of clinicians. It noted Management's intention to continue to work towards a positive outcome, bearing in mind the funding challenges.

5.5.2 POWH – Naming of Acute Clinical Services Building

The POWH – Naming of Acute Clinical Services Building brief was tabled in the papers and taken as read.

Resolution: The Board endorsed the Naming of the Acute Clinical Services Building.

6. Matters for Noting

6.1 Correspondence Register

Resolution: The Board noted the correspondence register.

7. Meeting Finalisation

7.1 Business Without Notice

There was no business without notice raised.

7.2 Noting of Confidential Items

There were no confidential items raised.

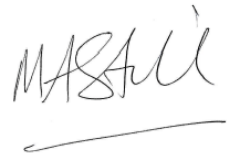
7.3 Next Meeting

The next Board meeting is scheduled for **Wednesday, 25 August 2021** at 8 Macquarie Street, Sydney.

7.4 Close

The meeting closed at 6:59pm

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



Michael Still, Chair
25 August, 2021