NSW GOVERNMENT Health South Eastern Sydney Local Health District

MINUTES
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT BOARD MEETING
4 SEPTEMBER 2013
17:15 – 19:30
BOARDROOM, LEVEL 1, ADMIN BLOCK SYDNEY HOSPITAL

Part A.	MEETING OPENING	
	Item 1	**Patient Story (new item) – Empathy YouTube Clip** It was **agreed** that this item would be deferred to the October meeting.
	Item 2 **2.1** **2.2**	**WELCOME** **Apologies** • Mr Robert Boyd-Boland • A/Prof Peter Gonski • Dr Harry Harinath • A/Prof Peter Smerdely **Members:** • Mr Michael Still (Chair) • Ms Patricia Azarias • A/Prof Ingrid Van Beek • Ms Deborah Cansdell • A/Prof Robert Farnsworth • Mrs Janet McDonald • Ms Kate Munnings • Ms Kristin Stubbins • Prof Jeanette Ward (via teleconference) **In Attendance:** • Mr Terry Clout – Chief Executive • Ms Kim Olesen – Director Nursing & Midwifery Services (present for items 1-9) • Ms Karen Foldi – Director of Finance (present for items 1-9) • Dr Michael McGlynn – Executive Medical Director (present for items 1-9) • Prof James Colebatch – Chair Medical Staff Executive Council (present for items 1- 9) **Secretariat:** • Ms Melissa Angelucci– Board Secretary
	Item 3	**DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST AND DIRECTOR RELATED TRANSACTIONS** There were no potential conflicts of interests declared at the meeting on 4 September 2013.

	Item 4	**CONFIRMATION OF MINUTES**
	4.1	**Minutes of the SESLHD Board meeting held 7 August 2013** The Board **approved** the minutes (excluding items 10-14) of the SESLHD Board meeting held 7 August 2013 as an accurate record of proceedings. With the exception that the second dot point in the 6th paragraph of Item 6.2.2 should read "A key strategy for improving NEAT targets is to, wherever appropriate; focus on admission avoidance strategies. **Resolution 210** "That the Board **approves** the minutes (excluding items 10-14) of the SESLHD Board meeting held on 7 August 2013 as an accurate record of proceedings." **Moved:** J McDonald **Seconded:** P Azarias **Carried**
	Item 4	**ACTIONS ARISING**
	5.1	**Action Log** The Board **noted** the action log (excluding items relating to 10-14), for information.
	5.1.1	**Proportion of Budget to be attributed to NGOs in 2013/14** It was **agreed** that this item would be deferred to the October meeting.
	5.1.2	**SESLHD Corporate Costs Relative to other LHDs** Within the meeting papers, LHD/Ns are listed from most expenditure to least expenditure on corporate services. SESLHD's expenditure on corporate services is comparatively low. The Board **agreed** that this is a useful measure and **noted** that it would also be useful to further compare and contrast the size and structures of corporate services. The Board indicated its support for the principle that as much budget as possible be allocated towards patient services. **Action** – Chairman to take lead in investigating how the Board can regularly monitor expenditure on Corporate Services.
Part B	**NEW BUSINESS**	
	Item 6	**PRESENTATION**
	6.1	**Surgical Clinical Services Plan** Dr Greg Keogh, Surgical Clinical Stream Director, attended the meeting to provide a presentation on the recently drafted Surgical Services Plan. Dr Keogh delivered a presentation, this PowerPoint presentation is provided as an attachment to these minutes. The following key points were **noted**: • The Plan is one of a suite of plans that provides the strategic direction for South Eastern Sydney Local Health District (SESLHD) through to 2018 and beyond. • Specifically, the Plan has a focus on the District's surgical services, comprising one third of all inpatient activity as well as surgery provided to our residents by other hospitals. • The Plan encompasses surgical capacity and activity, details a range of models of care and has a particular focus on surgical sub-

		specialities. • The plan details major and international surgery trends including increasing and changing profile of demand, shortages, changing workforce profile and role delineation and clinical networking and changing practices. • In 2012 more than 50% of weekly theatre sessions were used by five Service Related Groups: Orthopaedics, Ophthalmology, Non sub-speciality surgery, Gynaecology and Cardiothoracic Theatre utilisation rate in SESLHD and other LHDs was discussed. It was reported that SESLHD has room to improve its utilisation rates however the current methods for measuring such utilisation reflect neither efficiency nor inefficiency. Bariatric services were discussed. It was **noted** that the plan does not explicitly state the future for bariatric services within SESLHD. This is because SESLHD is waiting for the Ministry of Health to issue a directive as to whether there will be a provision of funding for these services. At the moment, SESLHD is funded to do 20 cases per year as a maximum. It was **noted** that the funding for bariatric services should not just be for surgery, but also for alternative remedies for example, lifestyle related treatments. SESLHD's data indicates it will be challenging to meet NEST targets Current LHD performance YTD as of July 2013 ▪ Cat 1 = 95.7% (target 100%) ▪ Cat 2 = 94.4% (target 93%) ▪ Cat 3 = 91.9% (target 95%) Expanding high volume, short stay services and streaming planned and emergency surgery are key to managing surgical activity across the District in the short to medium term. It has been **agreed** that the most suitable locations for such services are Sutherland Hospital and the Prince of Wales Hospital. Consolidating surgery for some rare cancers improves patient's outcomes. SESLHD will continue working with the Agency for Clinical Innovation and the NSW Cancer Institute to establish designated centres for complex cancers. It was suggested that the plan should better articulate SESLHD's commitment to post graduate surgical training. Dr Keogh **agreed** to consider this and **noted** that the number of surgeons at each post has not been specified within the plan because the numbers are constantly changing. Dr Keogh acknowledged the work of the SESLHD Planning Unit in leading this plan and bringing it together. The Board thanked Dr Keogh for his constructive presentation of the draft Surgical Clinical Services Plan **Resolution 210** "That the Board **endorses** the Surgical Clinical Services Plan."
	Item 7 **7.1**	**CHAIRS REPORTS** There was no discussion held on this item. **Board Meetings – Schedule** It was **agreed** that this item would be addressed via email out of session.

	Item 8	**CE's REPORT**
	8.1	**Chief Executives Report** No discussion held on this item.
	8.2	**Discussion of most recent performance (activity/FTE/cash)** No discussion held on this item.
	8.3	**SESLHD KPI Report – July 2013** No discussion held on this item.
	8.4	**Facebook** It was **agreed** that this item would be deferred to the October meeting.
	8.5	**Health Partners Report** It was **noted** that the Health Partners report is expected within the next six weeks. Once it is received, the Board will have an opportunity to provide comments back to the Ministry of Health.
	8.6	**Randwick master Planning/light rail planning** It was **agreed** that this item would be deferred to the October meeting.
Part C	**SUBCOMMITTEE REPORTS/COMPLIANCE ISSUES/PAPERS FOR INFORMATION**	
	Item 9	**SESLHD COMMITTEE REPORTS**
	9.1	**Clinical & Quality Council**
	9.1.1	**Report to SESLHD Board** The report was **noted** by the Board.
	9.1.2	**Clinical & Quality Council Minutes - ratified** The minutes were **noted** by the Board.
	9.1.3	**Clinical & Quality Council Minutes - draft** The minutes were **noted** by the Board.
	9.2	**Finance & Performance Committee** The Chair of the Finance and Performance (F&P) Committee provided an overview of the recent Finance and Performance meeting. The following points were **noted**: • The F&P Committee had expected SESLHD's FTE figures to have dropped more substantially, given the recovery plans. It was reported that the surge affects of winter should be considered and may be influencing the FTE rates. The Chief Executive advised that he was also monitoring the fortnightly payroll as a check against reported KPI movement. • It was **noted** that the Emergency Department presentation rate is fairly stable however the admission rate at SESLHD is higher than average and increasing • FTE and Payroll figures will be monitored by SESLHD fortnightly • Visiting Medical Officer (VMO) costs are currently accounted for on a cash basis because VMOs submit timesheets erratically. This is not

		an ideal process. • The charges for Healthshare costs for the first quarter have been adequately budgeted for. Negotiations are currently taking place with Healthshare regarding how SESLHD is charged. Currently SESLHD is not provided with information which enables it to determine what it is being charged for • A new format for SESLHD's recovery plans has been instigated. Directors of Operations and Clinical Council Chair (Northern Sector) will be attending the next F&P meeting • It is the role of the F&P Committee to drill down on progress against the recovery plans and it will be the role of the Board to monitor the overall progress of the Performance Agreement • It was **noted** that the Chief Executive and a number of his executive team attend a monthly meeting at the Ministry of Health to discuss SESLHD's performance against the performance agreement • The Board discussed how it and the SESLHD executive might better pre-empt performance. The Board questioned whether SESLHD is able to monitor its performance on a weekly basis and then alter behaviours to accommodate for variations in performance. It was reported that this does occur on an operational level on a daily basis but is difficult because SESLHD is limited by what behaviour changes it can make on a week to week basis. • Infrastructure risks were discussed. It was suggested that the quarterly risk management documentation be brought to the Board. Currently this processed is managed by the Audit and Risk sub-committee of the Board. The Board discussed the risks associated with an inadequate state wide business continuity plan for the clinical information systems. The Board **agreed** that a risk mitigation strategy should be identified.
	9.2.1	**Finance & Performance Committee Minutes** The minutes were **noted** by the Board.
	9.1.2	**SESLHD Financial Narrative** The narrative was **noted** by the Board.
	9.3	**Audit & Risk Management Committee**
	9.3.1	**Audit & Risk Management Committee Report to Board** The report was **noted** by the Board.
	9.3.2	**Audit & Risk Management Committee Minutes** The minutes were **noted** by the Board.
	9.4	**Community Advisory Committee**
	9.4.1	**Community Advisory Committee Report to Board** The report was **noted** by the Board.
	9.4.2	**Community Advisory Committee Minutes** The minutes were **noted** by the Board.

<table>
<tr><td></td><td>9.5</td><td>Sydney Metropolitan Aboriginal Health Partnerships Agreement
No discussion held</td></tr>
<tr><td></td><td>9.6</td><td>Medical Staff Executive Council Minutes
No discussion held</td></tr>
<tr><td></td><td>9.7</td><td>RHW Transitional Sub-Committee</td></tr>
<tr><td></td><td>9.7.1</td><td>RHW Transitional Sub-Committee Minutes - draft
The minutes were noted by the Board.</td></tr>
<tr><td></td><td>10</td><td>BUSINESS WITHOUT NOTICE</td></tr>
<tr><td></td><td>10.1</td><td>Risks
It was agreed that the Board should have a greater direct input into risk identification and risk management.

<u>Action</u> – Patricia Azarias, the Board Chair and Chief Executive to further discuss how to action this agreement, so that the Board is in a position to determine the acceptable level of risk for SESLHD.</td></tr>
<tr><td></td><td>10.2</td><td>Length of Stay and discharge before 12pm
The benefits (improved patient flow, efficiencies in utilising existing bed base, efficiencies in managing demand) of improved length of stay and early discharge were discussed. It was suggested that attempting to push to discharge patients before 12pm is contrary to appropriate clinical management and there is a general sense of frustration by clinicians about efforts to push for this to occur. The counter view was also argued by some members.

There was discussion of a very successful program ran by the Royal Children's Hospital in Melbourne. This program focussed on informing all staff of the benefits of early discharge and helped them to understand that every role within the hospital plays a part in the process.

It was suggested that educating the junior medical staff as to the importance of early discharge would improve efficiency and results in better patient care.

The Board agreed that identifying barriers and strategies to further reduce length of stay and achieve early discharge of patients will require the full cooperation of the sector/facility Clinical Councils and the District Clinical and Quality Council.

This was noted that these change processes were an important cultural issue within SESLHD which need to be addressed by all staff working as a team to achieve the shared goal of better care for all patients requiring care.

<u>Action</u> – Board Chair to initiate out of session discussion regarding discharge and length of stay issues.</td></tr>
<tr><td>Part D</td><td colspan="2">BOARD AMINISTRATION MATTERS (BOARD MEMBERS AND CE ONLY)</td></tr>
<tr><td></td><td>Item 11</td><td>BOARD ADMINISTRATIVE MATTERS</td></tr>
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Health
South Eastern Sydney
Local Health District

	11.1	**Minutes of Board Meeting held 7 August 2013 (items 8-15)** The Board **endorsed** the minutes (items 8-15) of the SESLHD Board meeting held 7 August 2013 as an accurate record of proceedings. **Resolution 219** "That the Board **approves** the minutes (items 8-15) of the SESLHD Board meeting held on 7 August 2013 as an accurate record of proceedings." **Moved:** J McDonald **Seconded:** P Azarias **Carried** **Actions Arising** Due to time constraints there was no discussion held on this item.
	Item 12	**FUTURE AGENDA ITEMS** This item to be deferred to the October meeting.
Part E	**CORRESPONDANCE**	
	Item 13	**CORRESPONDENCE RECEIVED** The correspondence was **noted**
Part F	**MEETING CLOSE**	
	Item 14	**NOTING OF CONFIDENTIAL ITEMS** No items **noted**.

MEETING CLOSED at: 19:35pm

Michael Still
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Name

MASAll
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Signature

9 October 2013
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Date