

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

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Date:	Wednesday, 25 August 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:	Jackie Curtis, Executive Director, Mindgardens Ayse Burke, Consultant, Mindgardens
Apologies:	Nil
Secretariat:	Susan George A/Executive Assistant to the Chief Executive

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### Focus Area - Presentations

Presentation:	Mindgardens Neuroscience Network
Guest Presenters:	Jackie Curtis, Executive Director, Mindgardens Ayse Burke, Consultant, Mindgardens

The Board welcomed the Executive Director, Mindgardens, who provided a brief history and overview of her clinical background and longstanding relationship with the South Eastern Local Health District. Also introduced at this time was the Mindgardens Consultant, who was noted as playing a key role in the development of the Governance Framework that will underpin the Mindgardens initiative.

The Board was advised, the Mindgardens Agreement is longstanding and a joint venture between the South Eastern Local Health District, the University of NSW, NeuRa and the Black Dog Institute.

An overview of the Governance Framework was provided, with it being confirmed that the Member Agreement is subject to Members providing approval, through their internal approval process. Upon the Agreement being endorsed, six Member nominated Directors, five Independent Directors (including Chair) would be appointed.

The Board sought confirmation as to its responsibility in relation to providing approval and it was confirmed that the Ministry of Health are responsible for providing approval for South Eastern Sydney Local Health District's (SESLHDs) membership and the SESLHD Board would be required to endorse the Agreement and Management are responsible for its execution. SESLHD Board's approval would be sought in relation to seeking additional funding.

Key highlights noted and discussed were:

- the Mindgardens purpose, vision and mission;
- the importance of leveraging on the strengths of the Randwick Health & Innovation Precinct;
- focussing on the flag ship projects (e.g., Dementia; Psychosis) over the next 12 months
- the importance of working closely with SPHERE to strengthen and build on opportunities for collaboration.

The Executive Director, Mindgardens welcomed the Boards interest and welcomed requests from the Board to meet and discuss further.

The Board thanked both the Executive Director and Consultant for their presentation.

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*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

Board Members, Elli Baker, Neville Mitchell and Liam Harte declared their separate association and interests that may affect the matters being discussed at this and future meetings. The interests were discussed and noted separately against an interests and associations register.

Separately, Ex Officio John Estell, declared an interest in relation to Item 5.3, as the matter was raised whilst he was employed by Calvary.

### 1.3 Minutes of Previous Meeting

The Board sought clarification to the wording of Item 5.1.1 – Service Agreement. It was confirmed the reference to 'revenue return' was intended to reflect SESLHDs own source of revenue.

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*Resolution:* The Board resolved that the minutes of the previous meeting held on 28 July 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 26 July 2021 meeting were tabled in the papers and taken as read.

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*Resolution:* The Board noted the Finance and Performance Committee Minutes

### 2.2 Quality and Safety Committee

#### 2.2.1 Minutes of the SESLHD Board Clinical and Governance Committee

The Minutes of the 5 August 2021 meeting were tabled in the papers and taken as read.

The Committee Chair, highlighted to the Board that a number of items are scheduled to return to the Board on a regular basis for noting, one of these items is the medicolegal claims report. The next report is anticipated for tabling at either the September or October Board meeting, after a deep dive review is undertaken.

The Board highlighted the importance of returning findings of the review to those impacted by the review. The Chair requested that the Committee ensure a timetable is maintained to capture all items scheduled for tabling at its meeting and subsequently for tabling at Board.

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*Resolution:* The Board noted the Quality and Safety Committee Minutes and information provided in relation to the ongoing reporting to the Board.

#### 2.2.2 Clinical Governance Framework

##### 2.2.2.1 Brief to Board – Revised Clinical Governance Framework

The Board were advised that the revising of the Clinical Governance Framework would now allow it to link into the broader District strategy.

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*Resolution:* The Board noted the Revised Clinical Governance Framework.

##### 2.2.2.2 Clinical Governance Attestation Statement

The Board were pleased with the additions made to the reporting against the Framework and approved the Attestation Statement.

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*Resolution:* The Board approved the Clinical Governance Attestation Statement.

### 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

#### 2.4.1 Membership of SESLHD Audit and Risk Committee

*Resolution:* The Board approved the membership appointments of Helene Orr and Neville Mitchell to the Audit and Risk Committee.

## 3. Standing Items

### 3.1 Patient Story

St George Hospital provided a brief story from its Post Anaesthetic Care Unit (PACU). The PACU is a critical care unit, responsible for providing close monitoring of vulnerable patients emerging from an anaesthetic event. The PACU team is highly trained in airway and pain management to identify potential complications/deterioration quickly.

The story shared, highlighted the additional expertise required when dealing with patients who may suffer from anxiety and PTSD. The patient raised concerns around the care received after awaking from anaesthetic for an elective surgery.

The Board were satisfied with the investigation and resolution process undertaken, and the work being done to facilitate ongoing discussion and review to better understand the mutual complexities in order to provide the best care for patients.

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*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.

Key highlights noted and discussed, included:

- SESLHD issued a call to arms in support of the Health strategy to increase efforts to vaccinate the people of NSW. The response to the call was overwhelmingly positive from all sectors of its District. SESLHD increased its capacity to vaccinate at St George Hospital and partnered with Sonic to deliver the additional jabs in arms at additional hubs at Brighton-Le-Sands and Hurstville Aquatic Centre. SESLHD reported some challenges with the logistics and technology, however met its go-live date without delay, reporting it has been well received by the community;
- strategic matters in the areas of the Virtual Health Strategy and the Virtual Care Centre Innovation Partnership have been delayed slightly, due to the COVID response, however the Board were advised they are close to completion and are expected for tabling at its September meeting;
- Cardiac Tender Evaluation continues and the Board were advised due to the value of the Tender, the Secretary has delegated her authority to the Chief Executive. The Board Finance and Performance Committee will review the recommendation before Board tabling;
- the Board thanked the Chief Executive on the Leadership Program and noted they believed it was a very good program. It was confirmed the Program is in its 13<sup>th</sup> year and approximately 500 staff have completed the program to date.

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*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 Committee confirmed SESLHD is performing in line with expectation, noting there is further work being undertaken to align budget reporting across directorates. Discussion also noted the importance of capturing the increased effort to mitigate risk in relation to the management of emergency department presentations, where all presentations are treated as COVID positive, requiring additional staffing and resources.

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*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.

Key highlights noted and discussed, included:

- increased vaccination activity resulting in additional training requirements/support;
- Telestroke Service treating its 1000<sup>th</sup> patient at the end of July 2021;
- SESLHD working with its private hospital partners through the Binding Heads Agreement regarding capacity for non-COVID related care;
- SESLHDs successful handling of the challenges surrounding some of its Aged Care facilities, allowing minimal disruption to residents;
- confirmation that all General Managers have plans in place to increase capacity, both in a ward and ICU and confirmation that SESLHD are in a confident position to manage additional COVID challenges to continue to deliver patient care.

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

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*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.

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*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.

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*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.

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*Resolution:* The Board noted the Capital Works Report.

## 5. New Business

### 5.1 Service Agreement – Letter to Ministry of Health

The Board noted the Letter to the Ministry of Health being submitted as a late item. The Chair requested the Board review out-of-session and provide their endorsement to the Secretary by close of business, Friday, 28 August in order for the letter to be issued to the Ministry on Monday, 30 August 2021.

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*Resolution:* The Board noted the information provided.

### 5.2 2020-21 Corporate Governance Attestation

*Resolution:* The Board Approved the Corporate Governance Attestation for 2020-21.

### 5.3 Review of Lookback Process

The Brief and Report were tabled in the papers and taken as read.

The Chief Executive shared his confidence in the robust process in which the review was undertaken. The Chair of the Board Quality and Safety Committee endorsed the Chief Executive's observation and noted that it was a fair and reasonable review with minor issues regarding the subjective and confidential nature of communications. The Board noted the recommendations and it was confirmed that managing the recommendations will be the responsibility of the Director, Clinical Governance and Medical Services.

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*Resolution:* The Board noted the information provided.

### 5.4 Radiology Information Systems – Picture Archiving and Communication Systems Project (RIS-PACs)

The Board were advised the Project is a user pays model with implementation scheduled for March-April 2021.

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*Resolution:* The Board noted the information provided.

### 5.5 SESLHD Healthcare Awards

The Chief Executive advised the SESLHD Health Award ceremony being delayed slightly, however plans are underway to hold the event virtually and a member of the Board will be invited to present the Board Award.

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*Resolution:* The Board noted the information provided.

*Action:* Invitation to Board Member, Debra Graves to present Board Award

*Due:* to be confirmed

## 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, 29 September 2021** at 8 Macquarie Street, Sydney.

## 7.4 Close

The meeting closed at 6:16pm

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



**Michael Still, Chair**  
29 September, 2021