

Wednesday 25 February 2015 at 4:30 pm | Claffy Lecture Theatre, Sydney Hospital

## SESLHD Board Minutes

### Board Members:

- Mr Michael Still (Chair)
- Ms Patricia Azarias
- Ms Deborah Cansdell
- Mr Jonathan Doy
- A/Prof Robert Farnsworth
- A/Prof Peter Gonski
- A/Prof Debra Graves
- Dr Harry Harinath
- A/Prof Peter Smerdely
- Ms Kristin Stubbins
- Prof Jeanette Ward (via teleconference)

### In Attendance:

- Mr Gerry Marr – Chief Executive
- Ms Karen Foldi – Director of Finance
- Mr Mark Shepherd – Director of Programs
- Dr James Mackie - Medical Executive Director
- Ms Kim Olesen – Director Nursing & Midwifery Services

### Leave of absence

- Janet McDonald
- Ms Kate Munnings

### Secretariat:

- Ms Melissa Angelucci– Board Secretary

The Chair welcomed the two new Board members, A/Prof Debra Graves and Mr Jonathan Doy. The Chair also welcomed the new Medical Executive Director, Dr Jim Mackie as a Board attendee.

## STANDING ITEMS

### 1.1. Patient story:

The Board noted the patient story of a satisfied client of the Bulbuwil program.

### 1.2. Minutes of Board meeting held 10 December 2014

The Board **approved** the Minutes of the SESLHD Board meeting held 10 December 2014 as an accurate record of proceedings.

*Resolution 289*

“That the Board approves the Minutes of the SESLHD Board meeting held on 10 December 2014 as an accurate record of proceedings.”

Moved: J Ward                      Seconded: P Smerdely

**1.3. Minutes of Clinical and Quality Council meeting held 10 December 2014**

The Board noted the Minutes of the SESLHD Clinical and Quality Council meeting held 10 December 2014.

**1.4. Minutes of Finance and Performance Committee meeting held 24 November 2014**

The Board noted the Minutes of the Finance and Performance Committee meeting held 24 November 2014.

**1.5. Minutes of Audit and Risk Management Committee meeting held 1 December 2014**

The Board noted the Minutes of the Audit and Risk Management Committee meeting held 1 December 2014.

**1.6. Actions**

The Board noted the Action Log.

The action related to ethics is currently being worked through offline and will come to the March 2015 Board meeting.

The Board assessment tool has been approved by the Ministry of Health and its provision will be arranged via the Board Secretary in the coming month.

**1.7. Correspondence Register**

The Board noted the correspondence received since 20 February 2014.

**1.8. Teaching and Research**

The Chief Executive noted that teaching and research is on the agenda for local Clinical Councils and will be incorporated into the work program of the Clinical and Quality Council.

**FOCUS**

**2.1. Media and Communications within SESLHD**

Ms Kate Sikora, Media and Communications Manager attended the meeting to provide an overview of SESLHD’s media and communication unit and strategies. The following key points were noted;

- The SESLHD Media and Communications Unit is responsible for media management, reputation management and internal communications on behalf of the LHD. It is required to provide clear, timely and accurate information to the public, government departments, Chief Executive and directors and Minister’s office
- External (to the community) communication methods used by SESLHD are websites, media (interviews, media releases and statements), social media and Ministerial events

and launches.

- Internal (to our staff) communication methods include newsletters, intranet, Chief Executive Broadcasts, a staff bulletin board, Chief executive Roadshows and staff forums. An evaluation on the effectiveness of these methods was conducted two years ago. The Board suggested further evaluations should take place.
- A handful of SESLHD's smaller services currently operate Facebook pages, Instagram and Twitter accounts. SESLHD has a Twitter account (@SEastSydHealth) and a YouTube channel.
- The media unit regularly posts updates about SESLHD activities and achievements as well as offering healthy lifestyle advice and promoting associated programs.
- Though in its early stages, SESLHD has found Twitter to be a useful tool to communicate with its staff and the community.
- The SESLHD Media and Communications Unit sees social media as a major communication tool into the future. Current resources restrict further expansion of sites due to the resources required to provide ongoing monitoring and posting of content for all facilities and health services. Future expansion would need to include a digital/social media officer to provide effective coverage and ensure the LHD is engaged with the online community.
- SESLHD has a Social Media Policy.

The Board questioned how the Media and Communications Unit responds to negative feedback that is both directly and indirectly published on social media. SESLHD is not able to control personal information posted by staff members about SESLHD or other staff members and currently has limited influence over this. The SESLHD Code of Conduct does state that staff are not able to;

- 4.3.10 avoid conduct that could bring NSW Health or any of its staff, patients or clients into disrepute, including when using social media;
- 4.3.11 act in a way which protects and promotes the interests of NSW Health and the particular NSW Health agency where they work;

If feedback is posted directly to a SESLHD page, SESLHD responds directly to that feedback and offers alternative avenues to make a formal complaint. The Board advised that the evidence in this area proves that proactive and quick management of on-line feedback leads to lower risk.

It was suggested that social media be considered for inclusion on the SESLHD Risk Register.

**Action** – Secretary to liaise with Director of Internal Audit to ensure social media is included in the risk register.

It was agreed that SESLHD should be more proactive and grow its social media pages, including the potential development of Facebook pages for the district and its hospitals. This may include promoting SESLHD as an employer of choice and fundraising advertising.

## GENERAL BUSINESS

### GOVERNANCE

#### 3.1. Internal Audit Planning Paper

Ms Kylie McRae, Director of Internal Audit attended the meeting to discuss the Internal Audit Planning Paper. The Board discussed its role in determining the content of the audit plan. It was agreed that the Board is seeking visibility over the totality of risk assessments and audits that are done, rather than a role in determining what will be audited within the organisation.

The Audit and Risk Management Committees role is to reassure the Board that due process has been complied with.

The Director of Internal Audit assured the Board that through the development of the Risk Assurance Framework, the Board will have visibility over the top risks and how they are tracking. This assurance framework will come to the March 2015 Board meeting in draft form.

The Board suggested that the Internal Audit Unit build capacity within the organisation by teaching other staff how to conduct audits correctly.

It was noted that an audit of SAC2 outcomes and actions may be of use. There is a formal process for reviewing SAC2s.

The detailed Audit Plan will be finalised for Board review at its June 2015 meeting.

### **3.2. SESLHD Stream Review**

In mid-2014 a review of clinical streams was commissioned by the SESLHD Chief Executive, District Executive Team (DET) and the Clinical and Quality Council in order to review the role and function of the clinical streams. The review found that the role and function of the streams should be strengthened. The strengthened stream structure will lay the foundations for the work that the new Medical Executive Director will be undertaking in terms of clinical leadership and service line management.

A methodology document detailing plans for service realignment is currently underway and will be brought to the March 2015 Board meeting.

The Board noted that radiology and pathology are no longer considered streams within SESLHD. This is because these services act more like functional business units. In the future radiology and pathology will be engaged through hospital management.

### **3.3. SESLHD Draft Executive Structure**

The SESLHD Board noted the draft executive structure provided in the meeting papers.

The Chief Executive reported that considerable interim changes in management have occurred at the St George and Sutherland Hospitals over the previous two months. These changes will commence the process of removing the two sector structure within the district.

The Director of Operations, Southern Sector has moved onto a newly created position called Director of Capital Redesign. This new position has been created in preparation for the high order capital planning and design work that will be required across the district over the coming few years. The position will also be responsible for identifying a state-wide solution for Peritonectomy. The position of Director of Operations, St George Hospital has been changed to General Manager, St George Hospital and a separate position, General Manager, Sutherland Hospital has been created.

General Managers will also replace the Director of Operations positions at the Prince of Wales Hospital / Sydney / Sydney Eye Hospital and the Royal Hospital for Women.

The Chief Executive reported that the interim changes have occurred outside of normal process and all other changes associated with executive realignment will be undertaken following thorough structured consultation with the executive team and staff.

The Board noted that it supports the breakdown of the sector model within the district. The board further noted the benefits of the existing relationship between St George and Sutherland

Hospitals. The Chief Executive reported that he will be working closely with the hospitals, especially the Clinical Councils, to ensure that the networks created can be preserved.

**Action** – Chief Executive to meet with the St George and Sutherland Clinical Councils to preserve historical networks between the two hospitals.

The Chief Executive advised that the Sutherland Hospital and the Royal Hospital for Women will report to the Director of Programs and Performance. The status of these hospitals will be maintained as the General Managers will be members of the District Executive Team.

The role of the District Executive Team will be to act as a strategic group which provides input to form Chief Executive decisions.

The communication strategy for implementing organisational change was discussed. The Chief Executive reported that he will be using a face-to-face cascading communication strategy from the executive team down towards front line staff. The Board noted the importance of clear, structures and regular communication.

### **3.4. Membership SESLHD Board Sub-Committee**

Membership of SESLHD's Board committees was discussed.

#### *Resolution 290*

“That the Board resolved that the following board appointments were made;”

- Mr Jonathan Doy will join the Finance and Performance Committee.
- A/Prof Debra Graves will join the Healthcare Quality Committee.
- A/Prof Robert Farnsworth will join the Audit and Risk Management Committee in replacement of Janet McDonald, as the committee is seeking membership of a clinicians and Janet McDonald will be chairing the Community Engagement Committee.

Moved: J Ward          Seconded: P Smerdely

### **3.5. Confidential Coronial Inquest**

The Board noted a confidential coronial inquest.

### **3.6. Peritonectomy Update**

The Chief Executive reported that SESLHD is continuing its work with the Ministry of Health to establish a sustainable, long term and state-wide solution for the delivery of peritonectomy services.

### **3.7. PHN Foundation Board Position**

The Chief Executive has been invited to become a member of the Medicare Local Board. The Chief Executive noted he will accept this invitation.

## **FINANCE AND PERFORMANCE**

### **4.1. SESLHD Key Performance Indicators**

The SESLHD Board noted the Key Performance Indicators. It was noted that SESLHD's non-



financial KPIs are showing consistent improvement.

#### **4.2. Finance and Performance Update**

The Director of Finance provided an overview of the March Finance and Performance Meeting. The following key points were noted;

- The year to date position is \$11.9m unfavourable to budget. This is made up of \$9.7m unfavourable in the general fund and \$2.2m unfavourable in the Special Purpose and Trust Fund.
- SESLHD has achieved a \$7.7m year to date improvement in patient fees as compared to last year.

#### **4.3. Change Program Update**

This item was held over to a future meeting.

### **STRATEGY**

#### **5.1. Update – Program Management Office**

The Board noted the PMO report provided in the agenda pack.

#### **5.2. Update – Community engagement strategy**

This item was held over to a future meeting.

#### **5.3. Prince of Wales Affordable housing and Medi-hotel**

The Board noted that the Prince of Wales Affordable Housing and Medi-hotel draft proposal is positive and will be good for the Randwick Hospital campus.

#### **5.4. Prince of Wales Cancer Centre**

The Board noted that naming rights for the new Cancer Centre at Prince of Wales have recently been under review.

### **CLOSE**

#### **Business without notice**

Each year the Ministry of Health advises Health Districts of an annual on-cost to be applied to the payroll value of annual leave. This year Districts have been advised that the on-cost factor has been adjusted to recognise the increases in costs. This results in a \$3.9 million risk for SESLHD and will considerably deteriorate the end of financial year projection.

The Board agreed that this technical decision is disruptive to SESLHD's strategy and distorts the progress on its improving performance. On this basis, the Board agreed to not support the decision and seek a review of the decision from the Ministry of Health.

**Action** – Director of Finance and Chief Executive to write to the Ministry of Health detailing SESLHD's position on the annual leave balance decision.



**NOTING OF CONFIDENTIAL ITEMS**

Nil discussion

Date of next meeting:

25 March 2015

4-7pm – Boardroom, Sydney Hospital

Focus – Improvement and Innovation

Meeting closed 7pm.

*MASALL*

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**Signature**

*Michael Still*

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**Name**

*25 March 15*

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**Date**