

Wednesday 24 September at 4:30pm | Sydney Hospital, Claffy Lecture Theatre

## SESLHD Board Minutes

### Apologies

- Mr Gerry Marr – Chief Executive

### Board Members:

- Mr Michael Still (Chair)
- Ms Patricia Azarias
- Mr Robert Boyd-Boland
- Ms Deborah Cansdell
- A/Prof Robert Farnsworth
- A/Prof Peter Gonski
- Dr Harry Harinath
- Janet McDonald
- Ms Kate Munnings
- A/Prof Peter Smerdely
- A/Prof Ingrid Van Beek
- Prof Jeanette Ward

### In Attendance:

- Ms Karen Foldi – Director of Finance
- Mr Mark Shepherd – Director of Programs
- Mr Michael McGlynn, Medical Executive Director
- Ms Kim Olesen – Director Nursing & Midwifery Services
- Dr Theresa Jacques – Chair Medical Staff Executive Council

### Leave of absence

- Ms Kristin Stubbins

### Secretariat:

- Ms Melissa Angelucci– Board Secretary

## STANDING ITEMS

### Minutes of Board meeting held 30 July 2014

The Board **approved** the minutes of the SESLHD Board meeting held 30 July 2014 as an accurate record of proceedings.

#### *Resolution 283*

“That the Board approves the minutes of the SESLHD Board meeting held on 30 July 2014 as an accurate record of proceedings.”

Moved: D Cansdell    Seconded: K Munnings

### **Minutes of Board meeting held 25 August 2014**

The Board **approved** the minutes of the SESLHD Board meeting held 25 August 2014 as an accurate record of proceedings.

#### *Resolution 284*

“That the Board approves the minutes of the SESLHD Board meeting held on 25 August 2014 as an accurate record of proceedings.”

Moved: D Cansdell    Seconded: K Munnings

### **Minutes of Clinical and Quality Council meeting held 13 August 2014**

The Board noted the minutes of the SESLHD Clinical and Quality Council meeting held 13 August 2014

### **Minutes of Finance and Performance Committee meeting held 20 August 2014**

The Board noted the minutes of the Finance and Performance Committee meeting held 20 August 2014.

### **Actions**

The Board noted the Action Log.

### **Correspondence Register**

The Board noted the correspondence received since 20 September 2014

### **Teaching and Research**

Nil discussion held.

## **FOCUS**

### **INTERGRATED CARE**

#### **Integrated Care**

Ms Patricia Bradd, Director of Improvement and Innovation and Ms Tish Bruce, Deputy Director, Ambulatory and Primary Health Care presented to the board on Integrated Care and provided an overview of the current state of integrated care internationally, nationally and locally. The following points were noted;

- Integrated care aims to facilitate better coordinated patient care, create a more connected health system and lead to more efficient care.
- Integration is beyond the health system itself. It includes other areas of human services – social care, education, housing, justice, legal and includes private, not for profit and public partners.
- The Secretary of Health, NSW Health, announced an Integrated Care Implementation Strategy in September 2014.
- System Purchasing & Performance Division of the Ministry of Health will be managing a

Planning and Innovation fund (PIF) process. The PIF will provide seed funding for innovative local initiatives that aim to better integrate care.

- A SESLHD Steering Committee of key internal staff and external partners convened to provide governance over the development of a SESLHD bid and integrated care strategic plan. SESLHD is working to submit a single PIF application, which is based on the NHS "House of Care" Approach.
- A range of work is already happening in the Integrated Care space at SESLHD. Examples include;
  - Headspace partnerships with Medicare Locals aiming to provide integrated care to young people with or at risk of mental health issues, or other needs
  - HealthOne is a successful joint bid to establish a hub in the Sutherland region to improved integrated care
  - Diabetes redesign program inclusive of acute, outpatient, community and primary care providers across multiple agencies to make better use of the collective resources available to the population
  - Ten local innovation projects have also been funded within SESLHD. The projects were selected against the key criteria of innovation, enhancing integration, improving patient care and delivering greater efficiency and value. The Board watched a short clip of the project leads from each of the ten projects. The project leads talked about their projects and what they have learnt about integration. It was noted that the projects have been very successful.
- Improving Integrated Care is a key priority for SESLHD's Journey to Excellence agenda and will specifically look at system-wide transactional competence and transformation. The development of an Integrated Care Strategic Plan is scheduled and will commence in October 2014. Key elements of the plan will be patients and their families as assets, empowered, skilled workforce, joined up care, collaborative and collaboration and better health and social care integration to improve outcomes for both individuals and for communities.
- A key component of SESLHD's approach to Integrated Care will be to learn from others. Ms Bradd presented on evidence from across the world where integration has been successful, demonstrating that comprehensive integration is possible and yields improved health outcomes for patients.

The Board noted that SESLHD will continue to improve its engagement practices with General Practitioners (GPs). SESLHD engages GPs mainly through the Medicare Locals. There are also alternative ways of working with GPs across SESLHD.

The Board sought information on what achievements there will have been the next 12 months. The following response was noted;

- In 12 months a strategic plan will be finalised, and work as a result of it, will have commenced.
- SESLHD will know the outcome of the PIF submission to the Ministry of Health and if successful, work on that system wide approach will begin.
- Work on the IT systems for integrated care will be essential. This may be a purchasing framework for future IT systems.

Health care is multi-factorial and therefore health messages and support should come from a variety of sources and groups, such as government, peers, charity's, GPs etc. It is the role of the Local Health District to create a common framework for all agencies to use, for example, an established common language and aims.

Possible hospital avoidance strategies were discussed. GP engagement and relationships will be vital for work in this area. SESLHD already recognises its emergency department's most frequent attendees. Programs/projects are in place to work with these frequent attendees and

find alternative care options.

## GENERAL BUSINESS

### GOVERNANCE

#### Membership Healthcare Quality Committee

It was agreed that nominations for this committee should be send to the Board Secretary via email.

### PERFORMANCE

#### SESLHD KPI Report

The Board noted the KPI report.

#### Finance and Performance Update

The Director of Finance noted the following points in relation to the financial position;

- The Southern Sector's financial position continues to be challenging with St George Hospital \$3.6m unfavourable to budget YTD and The Sutherland Hospital \$1.5m unfavourable to budget YTD. The Northern Sector is in line with its projection of \$1.3m unfavourable to budget YTD, with a full year unfavourable projection of \$6.9m.
- \$8m worth of cash assistance has been requested of the Ministry of Health.

The Board questioned how this financial position is different from that of last year. The Director of Finance reported that this year SESLHD is seeing a number of savings strategies take effect. This year SESLHD also has the Program Management Office established and this will provide assistance in project managing the savings strategies.

It was noted that St George Hospital had a very busy winter with significantly increased emergency activity. The Ministry of Health has indicated that it will purchase some of that excess activity. Activity across the state is 6% up from last year.

### STRATEGY

#### Program Management Office – Board meeting

The Director of Programs reported that the governance arrangements to support the Program Management Office have been established. The first governance board meeting occurred last week, Mr Michael Still is the Chair and the Ministry of Health is represented through Mr Ken Whelan, Deputy Secretary.

Several bodies of work are being undertaken by the Project Management Office, some in conjunction with PricewaterhouseCoopers. This work is as follows;

Value Improvement Stream - The St George Hospital report with initial quantification is currently in final draft and in consultation between PwC and key SESLHD and Southern Sector executive stakeholders.

Financial Baseline and Financial Process Mapping Stream – This seeks to undertake high level mapping of key process, from a district wide perspective, to identify ways to improve the

current control environment and achieve efficiencies.

Procurement - this work stream will focus on consumables, prosthetics and long term procurement management through the development of a procurement steering committee linking facility products committee's with overall strategic aims and objectives; supported by HealthShare & ASB (MoH). Scoping meetings commenced 29.08.14 with strategic aims and objectives currently being draft.

VMO Management – There is recognition of the possibility for the potential for improved governance and control regarding actual hours worked and payments made in VMO contracts.

**St George and Sutherland Hospital Redevelopment**

Mr Sam Sangster, Chief Executive of NSW Health Infrastructure and John Armstrong, Project Director, NSW Health Infrastructure presented to the meeting on progress to date for stage two of the St George Hospital redevelopment.

Works on the site undertaken to date include a SESLHD Service Statement, project benefits – EA, affordability analysis – FIS, options analysis, master Plan, preliminary business case. The concept plan was signed off one week ago.

In order to build hospitals, Health Infrastructure must have a deep understanding of the business of operating hospitals, for example, models of care, staffing, work flows etc. Considerations include lines of site, distances to lifts, workforce costs etc.

The Board questioned when it should begin to prepare for phase three of the re-development. Preparation for enabling work takes approximately one year and therefore, late 2017 would be appropriate.

The board noted that the funding for the St George and Sutherland redevelopments will be kept entirely separate; they are fundamentally different business cases and line items. Some planning for the two sites is occurring together from a service development perspective.

Master planning for the Randwick campus is in preliminarily stages.

**CLOSE**

**BUSSINESS WITHOUT NOTICE**

No issues raised.

**NOTING OF CONFIDENTIAL ITEMS**

Nil discussion

Date of next meeting:

29 October 2014

4-7pm – Meeting Room A, Executive Unit, Prince of Wales Hospital

Focus – Financials – Ken Whelan to attend

Meeting closed 7pm.

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**Signature**

Michael Still

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**Name**

29/10/19

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**Date**