

Wednesday, 4 June at 4:40pm | Boardroom, Sydney Hospital

Minutes

Apologies

- Ms Kate Munnings
- Ms Kristin Stubbins
- Mr Michael McGlynn, Medical Executive Director (attendee)

Members:

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

In Attendance:

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

Secretariat:

- Ms Melissa Angelucci– Board Secretary

Ms Kristin Stubbins did not attend this meeting due to a possible conflict of interest. Ms Stubbins' employer PricewaterhouseCoopers (PwC) Australia has been commissioned by SESLHD to undertake a body of work. Ms Stubbins will not be participating in any Board activities, including her role as the Chair of the Finance and Performance Committee, the Board Chair will discuss the governance of her continuing attending Board meetings, or the part of Board meetings which deal with the PwC appointment with the Ministry of Health and the Board and advise the Board accordingly.

STANDING ITEMS

PATIENT STORY

The SESLHD Board noted the patient story; Small Acts of Kindness, NSW Health video. The Board noted that the video could be used for orientation and at staff forums or other similar events.

GENERAL BUSINESS

Minutes of Board meeting held 26 March 2014

The Board **approved** the minutes of the SESLHD Board meeting held 28 April 2014 as an accurate record of proceedings.

Resolution 278

“That the Board approves the minutes of the SESLHD Board meeting held on 28 April 2014 as an accurate record of proceedings.”

Moved: J McDonald Seconded: Robert Boyd Boland

Minutes of F&P meeting held 23 April 2014

The Board noted the minutes of the SESLHD Finance and Performance Committee Meeting held 23 April 2014.

Minutes of CQC meeting held 12 April 2014

The Board noted the minutes of the Clinical and Quality Council meeting held 12 April 2014.

Actions

The Board noted the Action Log.

Correspondence Register

The Board noted the correspondence received since 28 May 2014

FOCUS

TEACHING AND RESEARCH

Strategic Planning - Teaching and Research

Professor Terry Campbell, Deputy Dean of the faculty Medicine, University of NSW, attended the meeting to discuss the future of teaching and research within SESLHD.

The Academic Health Science Centre (AHSC) model is a strategic initiative/investment requiring clear evidence of the “value” added to the participating organisations. Benefits to SESLHD include;

- Improved infrastructure and service delivery;
- Increased research grants secured;
- Increased research productivity – quality and quantity;
- Enhanced reputational standing, nationally and internationally;
- Enhanced ability to attract “world class” staff

The individual Hospitals and Research institutes within the AHSC will retain their brands and their fund-raising and other activities but the campus will be seen as more than the sum of the parts and as the place to go for the best health care, and the place to apply for the best jobs and training in basic science, clinical medicine, nursing, allied health and medical research in NSW.

The Ministry of Health has set up eight research hubs within NSW. Within SESLHD’s geographic boundaries there is a hub in Randwick, called the Randwick Health and Medical Research Institute Board (RHMRI), Chaired by Mr Peter Joseph.

St George and Sutherland Hospitals (Southern Sector) have an academic health centre but they do not interact with the broader RHMRI as Randwick Campus does. This is due to the geographic distance from Randwick and historical silos. It would be beneficial for the Southern Sector to establish better networks with the RHMRI.

The Board supports the development of a SESLHD Teaching and Research Plan that will promote improved collaboration between RHMRI and the Southern Sector.

Action – Peter Gonski to work with Director of Operations, Southern Sector to bring together key players from the Southern Sector and Randwick Campus to encourage collaboration between RHMRI and the Southern Sector.

Action – Teaching and Research to become standing agenda item until the matter is resolved.

GENERAL BUSINESS

GOVERNANCE

Membership Composition of Audit and Risk management Committee

The Board endorsed the revised membership composition of the Audit and Risk management Committee, noting that the new independent Chair will be Todd Davies.

PERFORMANCE

PricewaterhouseCoopers has been commissioned by SESLHD to provide advice to SESLHD over, approximately, the next four months.

Mr Mark Shepherd, Director of Programs provided an overview of this work. The following key points were noted;

- The new Program Office, led by the Director of Program will be leading the work with PwC
- The work with PwC will be broken down into work streams and will include a financial baseline exercise, address revenue, creating a framework around clinical variance and creating a framework for Service Line Management.
- The expected outcome of the PwC work is not merely a report at the end of four months. SESLHD expects that PwC will create a framework for implementing the findings and assist the District in implementation.
- All staff within SESLHD will be expected to aid the work of PwC wherever required. Clear escalation processes will be in place if this does not occur.

A governance committee will be established to oversee the work of the Program Office with representation from the Ministry of Health, Board and Executive.

SESLHD KPI Report

The Board noted that the SESLHD KPI Summary Report for April 2014.

A concern was raised that SAC2s and SAC3s are inappropriately being classified as SAC1s. It was noted that the Clinical Governance Unit Reviews SAC1s for correctness. The Board requested that a report of SAC classification be provided at the next Board meeting.

Action – Chief Executive to provide a report on how SACs are classified at the June Board meeting.

St George Hospital is not meeting its NEST targets. This is a result of the decision to stop activity at the end of 2013 which resulted in a backlog of patients on the waiting list. To rectify this decision, the backlog of patients on the waiting list is now being worked through by creating additional lists. Through these extra lists, the NEST results are gradually returning to

target.

Finance and Performance Overview

The Director of Finance, made the following points in regards to SESLHD's financial performance;

- April was a challenging month due to a number of variances including the introduction of the new Oracle system and early close off in March. Despite this, the projection remains stable at \$21m unfavourable to budget.
- There is an acknowledged \$1m risk in the projection of \$21m unfavourable to budget and the Ministry has been made aware of this risk.
- Revenue continues to be a significant challenge for the District with a YTD projection of \$16m deficit in patient fees.

The Board inquired as to whether SESLHD's conviction to deliver according to the projection is resulting in compromised patient care. The Director of Finance assured the Board that the Districts plan to deliver on projection is not increasing clinical risk.

Over the past month, any Special Purpose and Trust (SP&T) funded Capital, which is over and above the capital plan, has been approved. The Board encouraged the Director of Finance to approve as much Special Purpose and Trust (SP&T) funded projects as possible before the end of the Financial Year.

It was noted that cashiers within hospitals have not had enough cash to distribute over the past month. This is a result of the recent Oracle upgrade and is being managed.

STRATEGY

Consumer/Community Strategy

The consumer strategy was not discussed. It was agreed that the Chair would discuss this with the Chief Executive off-line.

Action – Chairman to discuss SESLHD consumer and community engagement strategy with the Chief Executive.

Future of Medicare Locals

The Future of Medicare Locals was discussed.

Being a GP, Dr Gorur Harinath noted that he believes the Review of Medicare Locals Report is a positive document as it lists GPs at the forefront of primary care and recognises that improving primary care will support the broader health system.

Some Board members noted that, under the circumstances, the Board should support the idea to combine the Eastern Sydney Medicare Local and South Eastern Sydney Medicare Local into a new, single entity. This would match the geographic boundaries of the District and enable the best possible working arrangement.

Action – Dr Gorur Harinath to work with A/Prof Ingrid Van Beek and A/Prof Peter Gonski to draft a letter to NSW Health outlining the boards' view on how Primary Health Organisations should be formed.

Chief Executive's First 100 Days Report

The Board noted the Chief Executive's First 100 Days Report.

CLOSE
<p>BUSSINESS WITHOUT NOTICE</p> <p>It was noted that the afternoon tea held with the Sutherland Hospital Clinical Council and Sutherland Hospital High performing staff was very well received.</p> <p>The Chair noted that he and the Chief Executive recently met with Julie Babineau, Chief Executive, Justice and Forensic Health Network so that the relationship between the Network and District can be further developed.</p>
<p>NOTING OF CONFIDENTIAL ITEMS</p> <p>Nil discussion</p>
<p>Date of next meeting:</p> <p style="margin-left: 40px;">25 June 2014</p> <p style="margin-left: 40px;">3-4pm – Afternoon tea, RHW</p> <p style="margin-left: 40px;">4-7pm – Board meeting, RHW</p> <p style="margin-left: 40px;">Focus – End of Financial Year</p> <p>Meeting closed at 19:00</p> <p style="margin-left: 40px;"><i>Michael Still</i></p> <p>.....</p> <p>Name</p> <p style="margin-left: 40px;"><i>MARALL</i></p> <p>.....</p> <p>Signature</p> <p style="margin-left: 40px;"><i>25 June 2014</i></p> <p>.....</p> <p>Date</p>