

Wednesday 25 March 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
- Janet McDonald
- A/Prof Peter Smerdely
- Ms Kristin Stubbins
- Prof Jeanette Ward

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

Apology

- Ms Kate Munnings

Secretariat:

- Ms Melissa Angelucci– Board Secretary

STANDING ITEMS

1.1. Patient story:

The Board noted the patient story of a 70 year old patient who was treated at Sydney Hospital.

It was noted that SESLHD will be looking to develop packages of information for those patients attending the hospital on a planned basis.

The Board noted that there are many discharge checklists available; however these checklists are not always used by staff.

1.2. Minutes of Board meeting held 25 February 2015

The Board **approved** the Minutes of the SESLHD Board meeting held 25 February 2015 as an accurate record of proceedings.

Resolution 290

“That the Board approves the Minutes of the SESLHD Board meeting held on 25 February 2015 as an accurate record of proceedings.”

Moved: D Cansdell Seconded: J Ward

1.3. Minutes of Finance and Performance Committee meeting held 23 February 2015

The Board noted the Minutes of the Finance and Performance Committee meeting held 23 February 2015.

1.4. Minutes of Clinical and Quality Council meeting held 11 February 2015

The Board noted the Minutes of the SESLHD Clinical and Quality Council meeting held 11 February 2015.

Electronic medical records (eMR) were discussed. It was noted that implementing eMR will be problematic due to the lack of Wi-Fi within SESLHD’s hospitals. The Royal Hospital for Woman already has Wi-Fi, which was paid for by its foundation. The cost of implementing Wi-Fi at the remaining SESLHD facilities would cost approximately \$6.2 million. The Board suggested raising the issue with other hospital foundations.

Action – Director of Programs to consider a way forward for developing a strategy to implement Wi-Fi at all SESLHD facilities.

1.5. Actions

The Board noted the Action Log.

The Board requested a report from the Chief Executive outlining how SESLHD is dealing with fatigue, stress, burnout and excessive hours in the workplace.

Action – Chief Executive to provide report to Board as to how SESLHD manages excessive fatigue, stress, burnout and hours in the workplace.

1.6. Correspondence Register

The Board noted the correspondence received since 20 March 2015.

1.7. Teaching and Research

The Chief Executive reported that the St George and Sutherland Medical Research Foundation held a strategy and planning day in March 2015.

FOCUS

2.1. Culture – Improvement and Innovation Hub

Ms Patricia Bradd, Director of Improvement and Innovation and Ms Jocelyn Hickson, Manager for Innovation, attended the meeting to provide an overview of SESLHD’s Improvement and Innovation Hub (iiHub) activities and strategies. The following key points were noted;

- The focus of the iiHub is to provide system-wide safe, high quality care that meets Triple Aim Culture of excellence, innovation and continuous improvement.

- The iiHub seeks to achieve resource optimisation through reduced waste, harm and unwarranted variation.
- Patient Centred Care is at the heart of the iiHub's strategy.
- The iiHub will achieve its objectives by bringing people together from various silos within SESLHD including organisational development, improvement, quality and safety and innovation.
- In order for SESLHD to become a high performing organisation it must work on its capacity and capability in leadership, developing tools for improvement and culture.
- In order to develop leadership within SESLHD, the iiHub is engaging clinicians using preferred approaches, becoming a learning organisation, developing organisational principles for leadership, testing new approaches to develop leadership skills in staff, developing a talent management framework, developing an emerging leaders program and developing leadership in integrated care.
- In order to develop improvement capability within SESLHD, the iiHub is developing a district-wide improvement academy.
- In order to improve culture within SESLHD, the iiHub has undertaken a 'Big Conversation' and spoken directly with over 800 staff. Three to four themes will be taken from these results to pursue. The iiHub also undertook the Bright Spot Initiative and Change Day 2015.
- The iiHub is exploring partnering with universities to explore research opportunities.

The Board questioned the major challenges being experienced by the iiHub. It was noted that the biggest issue currently is that of too many ideas for improvement and not enough resources to act on these ideas. The support for the new iiHub across the organisation from clinicians and senior leadership has been very positive.

The Board questioned how this body of work fits in with the Health Education and Training Institute's (HETI) work and strategy. It was reported that the iiHub is linked in with HETI and meeting regularly with them. SESLHD is working on better articulating what it requires of HETI.

The Board noted that there is a danger in underinvesting in this area and questioned how the Board can be assured it is investing the correct amount in this work. The Chief Executive reported that a substantial investment will be required in this area and this will be achieved through disinvesting in activities of low value. The biggest investment in this area should be in improvement capability and capacity at a front line level. This will create efficiencies and free up the time of our front line staff.

GENERAL BUSINESS

GOVERNANCE

3.1. Draft Risk Assurance Framework

Ms Kylie McRae, Director of Internal Audit attended the meeting to discuss the draft Risk Assurance Framework.

On 28 November 2015, the Board met and identified 14 Board level risks whose content is derived from SESLHD's strategic focus and key governance obligations. Subsequent to that meeting an additional risk has been added related to Change Management, bringing the total number of Board level risks to 15.

The Board level risks have been entered into the Enterprise Risk Management System (ERMS) and a SESLHD executive team member has been allocated oversight responsibilities for each risk.

The strategic objectives noted in the framework are those contained in the NSW Health State Plan.

A draft version of the Board Assurance Framework was provided in the meeting papers. Further work is underway to further develop controls in place and mitigating actions for each risk, identify gaps in assurance for each risk, link operational risks within ERMS to the Board level risks, develop trend graphs for each board risk and identify changes to risks and related emerging risks.

The Board requested a brief narrative as a cover page for each of the 15 risks.

Action - That a brief narrative as a cover page for each of the 15 risks be developed, when the framework is brought to the Board for final endorsement.

3.2. Clinical Ethics

The Board noted the clinical ethics paper and strategic plan provided in the papers. The strategic plan prioritises ethics capacity building based on institutional preference and perceived need.

SESLHD has recently employed a .4 Clinical Ethicist Consultant who is driving this agenda.

The Board suggested that consumer involvement be considered as part of Organisational Ethics Consultation.

It was noted that ethics committee is robust and meets standards for clinical trial considerations within SESLHD.

3.3. Sexual Harassment complaint handling within SESLHD

The SESLHD Board noted the brief provided outlining SESLHD's procedure for managing harassment complaints. A survey conducted last year found that 61% of respondents stated that they are confident that they would be protected from reprisal for reporting misconduct and/or wrong doing (which compares to 60% for the whole of NSW Health). The Board noted that this percentage is inadequate.

The Board noted that the system needs to change so that it encourages people to make complaints. The Chair of the Medical Staff Executive Council reported that there is a lack of *trust and fear of the complaint process, and this is particularly true for junior doctors. The Chair of the Medical Staff Executive Council would like to see individual support outside of the existing complaint process, where junior doctors can seek support. There could also be more done during junior medical officer orientation week to equip junior doctors with the skills and knowledge to handle such incidences.*

Senior clinicians must be educated to perform appropriately under pressure.

The Chief Executive advised that he will put together a program of work addressing this issue and report back to the Board.

Action – Program to be developed to address support for junior doctors in managing pressure from senior doctors and in making formal complaints regarding bullying and harassment.

3.4. Development of 2015/16 Service Level Agreement

A meeting with the Ministry of Health to discuss the 15/16 Service Level Agreement (SLA) is occurring in the following week. A full overview of the 15/16 and identified areas of risk will be brought to the April meeting for the Boards consideration.

The Board noted that it will not be agreeing to deliver on targets that are not within the Districts

control.

3.5. Confidential Coronial Inquest

The Board discussed a confidential Coronial Inquest.

FINANCE AND PERFORMANCE

4.1. SESLHD Key Performance Indicators

The SESLHD Board noted the Key Performance Indicators.

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 full year projection remains constant at \$19.9 million unfavourable to budget. This is made up of \$18.1 million in the General Fund, \$1.8 million in the SP&T fund.
- The Year to Date position is \$13.6 million unfavourable at the end of February 2015. The Prince of Wales Hospital is currently \$6.7 million (2.82%) unfavourable to budget, the St George Hospital is currently \$6.4 (2.47%) million unfavourable to budget and the Sutherland Hospital is currently \$3.6 (3.39%) million unfavourable to budget.

The Director of Finance reported that there are some outstanding items that may impact favourably on the financial position including;

- The annual leave year end adjustment which is currently being negotiated with the Ministry of Health, to the value of \$3.8 million.
- Funding for additional peritonectomy work
- Savings from mental Health positions that have been very difficult to recruit to.

The Director of Finance confirmed that she is confident that the winter budget is flowed correctly. Facilities have been asked to provide winter plans.

4.3. Correspondence regarding annual leave

The Board noted the correspondence relating to annual leave.

STRATEGY

5.1. Update – Program Management Office

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

The various Value Improvement Plans (VIPs) have been taking expense out of the system to the value of \$11 million year to date and they are on track to deliver a year end saving of \$17 million. Of this \$17 million, some savings are recurrent and some are not. The Chief Executive noted that the next year of savings will be more difficult and sustainability will be a top priority.

5.2. Update – Community engagement strategy

The Board consumer subcommittee will be reforming and will be known as the Community

Partnerships Committee. The revised Charter will be brought to the April Board meeting for approval.

5.3. Naming of Prince of Wales Cancer Centre

The Chief Executive reported that he has identified a resolution for the naming of the new Cancer Centre that is suitable to all parties.

5.4. High Level SESLHD Progress Tracking Document

The Chief Executive has advised that a Board tracking document is underway and will be complete by the May Board meeting.

5.5. SESLHD Implementation Plan for Healthy Culturally Diverse Communities 2012-2016

The Board noted the Implementation Plan for Healthy Culturally Diverse Communities 2012-2016.

5.6. Aboriginal Employment

The Board noted the brief provided regarding Aboriginal Employment.

CLOSE

Business without notice

Ms Cansdell reported that work will be undertaken within the next month to get the Healthcare Quality Board Sub-Committee up and running as soon as possible.

The Chief Executive reported that the new General Manager for St George Hospital is performing well.

NOTING OF CONFIDENTIAL ITEMS

Nil discussion

Date of next meeting:

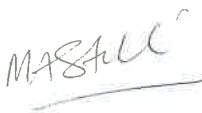
29 April 2015

4-7pm – Boardroom, St George Hospital

Focus – Integrated Care

- Dr Mary Foley, Secretary for Health will be attending the next meeting

Meeting closed 7pm.



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Signature



<p><i>Michael Still</i></p> <p>.....</p> <p>Name</p> <p><i>19 May 15</i></p> <p>.....</p> <p>Date</p>
