

Wednesday 24 February 2016 at 4.30pm | Worrall Theatre, Sydney/Sydney Eye 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
- Dr Debra Graves
- Dr Harry Harinath
- Janet McDonald
- Ms Kate Munnings (*via teleconference*)
- A/Prof Peter Smerdely
- Prof Jeanette Ward

In Attendance:

- Mr Gerry Marr – Chief Executive
- Ms Karen Foldi – Director of Finance
- Mr Mark Shepherd – Director of Programs and Performance
- Ms Kim Olesen – Director of Nursing and Midwifery Services

Apologies:

- Dr Theresa Jacques – Chair, Medical Staff Executive Council
- Dr James Mackie - Medical Executive Director
- Ms Kristin Stubbins (Advisor)

Secretariat:

- Ms Nicole McGregor – A/Executive Officer to the Chief Executive

STANDING ITEMS

1.1. Minutes of Board meeting held 4 December 2015

The Board resolved to approve the minutes of the SESLHD Board meeting held Friday 4 December 2015 as an accurate record of proceedings.

Resolution 300

“That the Board resolves to approve the minutes of the SESLHD Board meeting held on Friday 4 December 2015 as an accurate record of proceedings.”

Moved: J Ward Seconded: D Graves Carried

1.2. Minutes of Finance and Performance Committee meeting held Monday 30 November 2015

The minutes of the meeting of the Finance and Performance Committee held on Monday 30 November 2015 were noted.

1.3. Minutes of Health Care Quality Committee meeting held Monday 9 November 2015

The minutes of the Health Care Quality Committee meeting held on Monday 9 November 2015 were noted.

The Chair of the Health Care Quality Council advised that the first meeting on 2016 is on Monday 29 February 2016.

1.4. Minutes of the Community Partnerships Committee meeting held Monday 7 December 2015.

The minutes of the Community Partnerships Committee meeting held Monday 7 December 2015 were noted.

The Chair of the Community Partnerships Committee advised that the group will next meet for a forum on 7 March 2016. The forum will focus on youth mental health, and will bring together around 40 people from a range of organisations, including local councils, magistrates, NSW Police Force and the Primary Health Network. The committee is excited to have a range of parties collaborating to improve the health and wellbeing of the local population. Board members are encouraged to attend the forum.

Janet McDonald acknowledged the effort and dedication of Julie Dixon, Director of Planning, Population Health and Equity, SESLHD in bringing the interested parties together and overseeing this portfolio. The Chief Executive will pass on the Board’s congratulations to Ms Dixon.

1.5. Actions

The Board reviewed and updated the Action Log.

The following key points were noted:

- An update on Aboriginal workforce will be provided at an upcoming Board meeting.
- The naming rights protocol from the Alfred Hospital in Melbourne is no longer being sought. This item will be closed.

1.6. Correspondence Register

The Board noted the correspondence received to Wednesday 17 February 2016.

1.7. Teaching and Research

Nil discussion held.

FOCUS

2.1. Schedule of presentations and visits for 2016

The Board Secretary advised of the strategies for Board engagement with staff from across the District, including afternoon teas with staff and presentations from Service Directors and General Managers. The Board Chair encouraged Board Members to attend events and take opportunities to visit facilities and service across the District.

The Board discussed the upcoming visit next month from David Currow, Chief Executive of the Cancer Institute NSW. Mr Currow will speak on the work of the Cancer Institute NSW and the creation of centres of excellence for surgery.

STANDING ITEMS

3.1 Board Chair Report

The Board Chair provided a verbal update to the Board. The following key points were raised:

- Minister Skinner has recently visited both Sutherland Hospital and St George Hospital to visit and make announcements regarding the redevelopments.
- Meetings have been held with both the University of New South Wales and the Ministry of Health to progress the Academic Health Science Partnership.
- The annual NSW Health Board members' conference is coming up in June 2016; the theme will be partnerships, with presentations expected from non-governments organisations and other organisations that can collaborate across the health system.
- A meeting was held with the St George and Sutherland Medical Research Foundation regarding their proposal on integrated care.

3.2 Chief Executive Report

The Chief Executive provided a verbal update to the Board. The following key points were raised:

- Discussions have been held recently on data triangulation; the Chief Executive has been sharing a presentation on the recording of harm and how it could be improved. The current system used by hospitals is flawed. Cerner have impressive modules for capturing harm and triggers, which could address this issue, potentially at a state level.
- Interventional neuroradiology (INR) services was discussed.
- The Nelune Comprehensive Cancer Centre and Bright Alliance development was discussed.

3.3 Finance and Performance Update

The Director of Finance provided an update on the District's financial position year-to-date, as well as results from both December 2015 and January 2016, as no Board meeting was held in January. However, a briefing with the Finance and Performance Committee was held in early February 2016.

December 2015 results were worse than forecast; however, January 2016 results were better than forecast. As such, the District remains on target to achieve the planned full year deficit position. The Director of Finance is confident that the District's year-end projection is solid. The financial performance at Prince of Wales Hospital should not affect the projection, as a number of services have favourable financial results, which balance this position.

Following ongoing discussions, The Ministry of Health has agreed to provide both expense and revenue budgets for the District's self-funded projects, such as clinical trials.

These budget adjustments will be seen in the February results. These adjustments will not change the District's overall full year projection, but will change the breakdown of revenue versus expenditure for this position. Full year position on expenditure is projected to improve, while the revenue position is expected to deteriorate. This change will more accurately reflect the District's financial position by exposing the underlying problem, which is revenue.

Patient fee revenue is the biggest risk. The District is seeing more private patients than previous years, however conditions around insurance policies and excesses are complicating the matter. The Board discussed what impact decreasing length of stay has on revenue; there is not clear information available to demonstrate this presently.

It was acknowledged that a strategy for negotiating revenue for the next financial year will be required.

It was noted that own source revenue generation has declined over the past few years. This issue will be referred to the Finance and Performance Board Subcommittee for discussion.

The Board acknowledged the work being done, in particular by the General Managers at St George Hospital and Sutherland Hospital, in relation to improving the financial position.

3.4 Key Performance Indicators (KPIs)

The Board noted the report provided in the meeting papers.

Transfer of care

Transfer of care (TOC) is above the state target of 90%, at 94% for January. Sustainable improvements are being seen in TOC. St George Hospital is performing well very, at 97% for the month. The Board discussed whether achieving such high-level performance is costing the organisation financially. The Chief Executive has commissioned a brief from the General Manager at St George Hospital, which will be tabled at a future Board meeting.

Emergency treatment performance

Emergency treatment Performance (ETP) is at 74% for the month, or 71% for the year, against SESLHD's target of 72%. Considering that three years ago, when the target was eight hours rather than four, the District was struggling to perform, significant improvement has been seen on ETP in the last few years.

The Board discussed ETP and the type of patients that breach four hours. Patients often stay longer than four hours due to timing related to decision-making, such as waiting for test results. Information is available on the number and circumstances of patients that stay longer than four hours in the emergency department, and will be provided to the Board. The Board was advised that SESLHD performs well against the KPI on presentations to emergency departments staying longer than 24 hours.

Action: Director of Programs and Performance to provide a brief on the number and type of patients that breach the emergency treatment performance target of four hours, including the average time for patients that stay longer than four hours.

Winter planning symposium

A second winter planning symposium will be held in March, to be attended by around 90 staff from across the District. Each facility will report on their local work being done with the Lightfoot analytics company, in order to develop actions and plans to address demand for next winter. An update will be provided to the Board following the winter planning symposium.

Action: Update to be provided to the Board following the winter planning symposium in March on the progress with Lightfoot.

Elective surgery access performance

The number of overdue surgical cases is currently down to 22, from a high of 157 at the beginning of the financial year. Work continues to be done to distribute the cases across the District to improve surgical capacity.

A briefing note on performance will be provided at future Board meetings.

3.5 Program Management Office (PMO) Report

The Board noted the PMO Report provided in the meeting papers.

Savings from value improvement plans (VIPs) were challenging for the month of January, with the largest slippage being seen at Prince of Wales Hospital, which is currently \$1.5 million behind target. There is still good work being done, however meetings will be held with each General Manager to address the strategies that are under delivering.

Discussion was held on procurement. A new Procurement Manager has commenced within the District as part of the rebuilding of procurement resources within the District. Improvements in the area of procurement must be done at a local level; it is individual contracts that are being negotiated to make savings. Around 50 new contracts have been negotiated, for a potential saving of \$1 million. Work is continuing to be done in a range of areas of procurement, including prosthetics and medications management.

NEW ITEMS

4.1 Report on Junior Doctor Taskforce

The Board noted the report provided in the papers. The Chief Executive acknowledged the work of Roger Allan in chairing the taskforce. The recommendations have been approved by the Clinical Councils, and managers have been charged with implementing the recommendations.

Action: Update to be provided to the Board in six months on the progress on the implementation of recommendations from the report on the Junior Doctor Taskforce.

4.2 Risk Management Update

The Board discussed risk management. A risk management workshop will be scheduled for this year. The Director of Programs and Performance now has carriage of the risk portfolio. Further discussion will be held at the next Audit and Risk Management Committee meeting.

4.3 Randwick Redevelopment

A brief on the Randwick Redevelopment will be provided to the Board at its next meeting. It is acknowledged there are a number of interested parties and that the redevelopment process is complex.

4.4 Academic Health Science Partnership

The Board noted the draft constitution provided in the Board papers for information.

The Board Chair has been facilitating discussions on this partnership, and in particular the legal component in relation to setting up a company limited by guarantee.

Preparations continue to be made for the launch. A number of partners are involved, including SESLHD, the University of New South Wales, Western Sydney Local Health District, South Western Sydney Local Health District and the University of Technology, Sydney.

4.5 Visiting Medical Officer (VMO) Update

The Director of Programs and Performance provided an overview of the VMO claim approval process at Prince of Wales Hospital, as described in the brief provided in the papers.

The Board discussed the impact that delayed claims has had on the VMO budget for this financial year. It is important to know what proportion of the total VMO expense is related to delayed claims, and what is attributed to the current financial year.

Action: Director of Finance to provide a brief to the Board on the proportion of visiting medical officer expenses are attributable to delayed claims.

4.6 Proposal from Government Property NSW regarding the Sydney/Sydney Eye Hospital precinct

The Board noted this item.

4.7 Advanced Care Planning and NSW Ambulance

The Board noted the brief provided as a follow up to the presentation by NSW Ambulance to the Board in August 2015.

4.8 Membership of Mental and Dental Appointments Advisory Committee (MDAAC)

The Board discussed the recommendation put forward in the brief. The Board has concerns that the suggested MDACC non-medical member is quite dissimilar in background and status to the previous incumbent, who was external to SESLHD.

The Chief Executive agreed to bring back further information.

4.9 Clinical Ethics

The Board supported the recommendation for a presentation on clinical ethics at a future Board meeting.

Concerns were raised about the structure of clinical ethics within SESLHD, which will be addressed in the presentation. The Chief Executive is of the understanding that the SESLHD Clinical Ethics Committee has a good reputation.

CLOSE

5. Business without notice

Nil items raised.

6. Noting of Confidential Items

Part of Item 3.2 are noted as confidential. Items 4.1 and 4.6 are confidential.

7. Date of next meeting:

Wednesday 30 March 2016

4pm – 7pm

Worrall Theatre, Level 1, Worrall Block

Sydney/Sydney Eye Hospital

Presentation: Professor David Currow, CEO, Cancer Institute NSW

Presentation: Professor Michael Farrell, National Drug and Alcohol Research Centre, and Associate Professor Nicholas Lintzeris, Director, Drug and Alcohol Services, SESLHD

Meeting closed at 6.49pm



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Signature

Michael Still

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Name

30 March 2016

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Date