
Sydney Local Health District

Meeting One Hundred and Forty Nine of the Board

Date: Monday 19 August 2024
Time: 9.00am
Venue: Teams / SLHD Boardroom
Chair: Adj/Professor Karen Crawshaw PSM

1. Present and apologies

Adj/Professor Karen Crawshaw PSM, Chair
Dr Andrew Hallahan, Acting Chief Executive
Mr Richard Acheson, Member
Dr Paul Hosie, Member
Mr John McGee, Member
Ms Ronwyn North, Member
Mr Raymond Dib, Member
Mr Rob Furolo, Member
Ms LaVerne Belleair, Member
Dr Mary Haines, Member
Ms Kerry-Anne Hartman, Member
The Hon. Carmel Tebbutt, Member

Apologies

Mr Graeme Loy PSM, Chief Executive

In attendance

Dr Genevieve Wallace, Executive Director of Operations, SLHD
Dr Alicja Smiech, Chair, Medical Staff Executive Council
Mr Puneet Datta, A/Executive Director of Finance, SLHD
Mr Joseph Jewitt, A/Chief of Staff, SLHD
Ms Sarah Reeves, Secretariat

2. Welcome

The Chair acknowledged the traditional owners of the land.

The Chair welcomed members and guests to meeting one hundred and forty-nine of the Sydney Local Health District (SLHD) Board.

The Chair welcomed Carmel Tebbutt as a newly appointed member of the SLHD Board and acknowledged her position as CEO of Odyssey House NSW.

3. Declaration / Removal of conflicts of interest

The Chair advised to declare / remove any conflicts of interest at this meeting.

M Haines noted the NSW Clinical Excellence Committee Board Research Subcommittee has ceased therefore she no longer serves on it, this conflict of interest can be removed from the register.

There were no additional new conflicts of interest to declare or to be added/removed in the Register at this meeting. A copy of the updated register has been circulated to the Board for information.

4. Presentation:

Three Year Recovery Plan by Puneet Datta and Genevieve Wallace

P Datta shared slides on the Financial Recovery Plan. See attached.

The following additional points were noted:

- The Chair emphasised the importance of coding accuracy in supporting the funding model.
- The Chair noted the Commonwealth funds less than 50% of the health budget and the states need to fund the remainder.
- Teaching, training, and population health is funded through raw funding components. Smaller districts receive block funding.
- R North noted the delay in opening beds at Concord. The funding was provided but the activity did not occur.
- P Datta noted that SLHD provides extra specialized services which is not fully funded by ABF.
- Quaternary services can extract more money than the state efficient price.
- RPA Virtual Hospital (RPAV) is block funded. The funding was provided upfront this year and entirely covers the cost, which was \$19.8 million. However, expansion of RPAV may not be fully funded. RPAV could be exploited further to enhance the income stream.
- There are currently no Voluntary Redundancy (VR) programs.
- P Datta noted an internal committee is responsible for increasing patient conversion. The Customer Service Liaison Officers (CSLO) have upskilled which has increased private patient conversion. Private patients will not be out-of-pocket expenses, despite having a choice of doctor, if the patient is admitted via the emergency department (ED). VMO's have a choice about charging an out-of-pocket cost. However, most VMOs have chosen to waive this if the patient comes through emergency.
- P Datta noted payment for staff car parking recommenced in February 2024 and there will be five months of car parking revenue in this financial year. The business case for the Canterbury carpark business case was signed off and it will be transferred from tomorrow.
- J McGee requested information on the staff response to the FTE reduction. A Hallahan noted conversations on this topic have occurred at medical staff council meetings. It is important to be transparent and communicate the message that SLHD is required to be an efficient health service while maintaining quality and clinical safety. For example, more

efficient use of pharmacy FTE could be enabled by changing the model for medication reconciliation.

- The Chair noted the requirement for a review of staff not generating activity.
- R North noted that philanthropy does not constitute revenue. Public hospitals have been criticised for approaching patients to donate.
- J McGee requested for the percentage to be added to future charts.
- J McGee requested information on the financial structure is added to the orientation for all new directors.

Workplace Culture and Safety Action Plan in SLHD

A Hallahan noted the presentation by Ms Gina Finocchiaro on the Workplace Culture and Safety Action Plan in SLHD is required to be deferred.

5 Confirmation of previous minutes

5.1 Minutes of the previous meeting held 15 July 2024.

The minutes of the meeting held on 15 July 2024 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

6. Matters arising from the previous minutes

6.1 Action sheet

The Board received, read and noted the items on the action sheet.

6.2 Artificial Intelligence Steering Committee Terms of Reference

The Board received, read and noted this information contained in the terms of reference. This agenda item can be removed from the action sheet.

6.3 RPAH Mock Accreditation

The Board received, read and noted the information. This agenda item can be removed from the action sheet.

6.4 Brief - SBA

The Board received, read and noted the information contained in the brief.

It was noted that the cooperation agreement is being finalised and is progressing well. K Crawshaw noted the regular meetings between SLHD, Sydney University and Centenary to review the set of relationships around the campus. Sydney University have communicated their budget pressure.

This agenda item can be removed from the action sheet.

6.5 Report – Status of SLHD Planning Documents

The Board received, read and noted the information contained in the report.

K Crawshaw noted the need for another strategic planning workshop once the new CE commences. C Tebbutt recommended receiving an update every six months. M Haines noted the Strategic Communications plan has been omitted. M Haines noted the Community Participation Framework is in the final round of consultation. R Acheson requested the Concord plan be noted by the Executive.

7 Patient Story

The Board received, read and noted the de-identified story of a person presenting at Balmain GP casualty with sepsis who was transferred to RPA Hospital with appropriate care.

8. Chair's Report

The Board Chair provided a verbal report and noted the following points:

- The Chair noted her attendance at the celebration of 120 years of Sydney Dental Hospital (SDN). The Media and Communications department produced an excellent video on the SDN which was shown at the celebration.
- The Chair noted the meeting of the Precinct Council occurred last week at Sydney University. The node known as Sydney Education Precinct for Health Education and Research (SIPfHER) is comprised of representatives from Sydney University, RPA and the Centenary Institute and focuses on the research precinct of Camperdown including development of the biomedical accelerator. It is part of a larger precinct known as Tech Central. Other nodes include Everleigh and the University of Technology, Sydney (UTS).
- The Chair noted the interviews for the new Chief Executive of SLHD have occurred. The reference checks were completed last week. Once the Secretary has returned from leave the appointee can be announced.

9. Standing Items

9.1 Chief Executive

The Board received, read and noted this report, in particular:

- SLHD met with the MoH two weeks ago to discuss the FTE and expenditure reduction. The MoH were happy with the progress.
- One breach of surgical waitlist occurred.
- Hospital targets are well managed.
- Preparation for short notice accreditation is progressing well. Accreditation is expected before the end of the year.
- Workforce has developed a plan to reduce FTE.
- SLHD is well represented on the Single Digital Patient Record (SDPR) committee. There will be a lot of activity related to SDPR over the next three months.

- The statewide shortage of IV fluids will continue for the rest of the year. SLHD holds one to two weeks supply, which is the recommendation.
- Mental Health beds are being removed from Canterbury Hospital. G Wallace noted that due to the acuity of patients and the complexity of their condition, it was determined that these patients would be better supported at Concord or RPA Hospitals. Canterbury has a large volume of activity in the ED and surgical wards, and this is the priority. K Crawshaw noted there needs to be clear planning priorities. R Furolo expressed concern about equality of access for Canterbury based patients to travel. G Wallace noted that patients need to be in the places where they can be best cared for. Concord Hospital and RPA have the mental health support structures which enable the best care. K Crawshaw noted that high level quaternary and tertiary care is only available at certain hospitals. Opening another inpatient facility is not feasible.
- R Acheson requested a presentation on the mental health services available across the district.
- J McGee noted the internal audit investigations mentioned later in the papers. A Hallahan noted the fraud allegations in Radiology were unsubstantiated. The recommendations for the Radiology department include better management of timesheets. M Haines noted that the Audit and Risk Committee review the allegations in substantial detail. Many allegations are not substantiated. M Hains noted that the significant matters are provided to the board. K Crawshaw reminded board members that board committees do the immersive work and if the findings are significant then the issue will be elevated to the board.
- G Wallace noted that the report on corrupt conduct in cardiology is finalised and the recommendations are being worked through. A Hallahan noted that the allegations were not substantiated but there are recommendations to amend processes.

9.2 Finance

The Board received, read and noted this report.

P Datta noted that activity is still be finalised, preliminary figures show 2.2% unfavourability to the target of \$3 million for the month.

R Acheson noted the doubtful debts and requested information on whether the patients are on visas which require health insurance. G Wallace noted that the majority have health insurance, but that insurance does not cover preexisting conditions. R North requested information on the level of activity the doubtful debts account for and if the activity is counted and how it is budgeted for. P Datta noted that the districts do not receive NWAU for overseas ineligible patients and there is provision in the budget for each year for doubtful debts.

9.3 Operations

The Board received, read and noted this report.

9.4 Safety and Quality and Medical Services

The Board received, read and noted this report.

Minutes

9.5. Medical

The Board received, read and noted this report.

9.6. Nursing

The Board received, read and noted this report.

K Crawshaw requested information on the management of award requirements. G Wallace noted that SLHD is under their nursing hours per patient day. However, each DON is working to increase nursing hours by recruiting to every vacancy to be ready for the ratio requirements. They are managing staff deficits due to maternity leave, sick leave and carers leave through overtime, agency staff and the casual pool. Recruitment is challenging.

R North noted that birth rates are down by 25%. G Wallace noted the review the RPA nursing hours for midwifery. There is a reduction in births and complexity, hence the required FTE has been reduced by 27 %. However, it is offset by recruitment issues.

10. Legal Matters

The Board received, read and noted this report.

11. Matters for approval / resolution

11.1 Corporate Governance Attestation Statement

K Crawshaw requested a meeting with Internal Audit to discuss the attestation. The updated attestation is required to be circulated out of session before signing.

11.2 Letter to Secretary – SLHD Service Agreement

K Crawshaw noted the letter has been revised and agreed sign the letter.

12. Board Committee reports / minutes

12.1 Finance, Risk and Performance Management Committee

The Board received, read and noted the minutes of the meeting held on 8 July 2024.

R North noted the presentation to the committee on HACs by G Wallace and recommended the same presentation be given at the next board meeting

12.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 15 July 2024.

12.3 Strategic Communication and Partnerships Committee

(i) Minutes of Meeting

The Board received, read and noted the minutes of the meeting held on 6 August 2024.

(ii) Bi-Monthly Report

The Board noted the next meeting is to be held in August 2024.

12.4 Audit and Risk Committee

The noted the next meeting is to be held on 11 September 2024.

12.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 24 July 2024.

12.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 28 August 2024.

12.7 Medical Staff Executive Council

The Board received, read and noted the minutes of the meeting held on 2 August 2024.

A Smiech noted the recent Executive Medical Staff Council (MSC) Meeting. The reports provided by the each of the chairs of the facilities councils were comprehensive. The Executive MSC discussed staff shortages and delays in backfilling of positions, especially senior positions. MSC chairs requested a copy of the TOR for the Executive Review Committee (ERC), including the membership. They also requested to be informed on the process to escalate delays in recruitment. The Chair of the Concord MSC has provided positive feedback about the earnest engagement of Graeme Loy with the council.

A Smiech noted the request for MSC representatives to attend the board meeting. G Loy has informed them that the by-laws only allow for representation from the Executive MSC

12.8 Patient and Family Centred Care Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting 7 August 2024.

12.9 Aboriginal Health Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 23 July 2024.

13. Matters for Noting

13.1 Sustainability Committee (bi-monthly)

The Board noted the meeting to be held on 16 July 2024 was cancelled.

13.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 10 July 2024.

Minutes

13.3 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 17 July 2024.

13.4 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 9 May 2024.

13.5 Organ Donation for Transplantation

The Board noted the next meeting is to be held on 27 August 2024.

13.6 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 9 July 2024.

13.7 Yaralla Estate Community Advisory Committee (quarterly)

The Board noted the next meeting is to be held on 20 August 2024.

13.8 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 22 July 2024.

13.9 Workplace Culture and Safety Action Plan

The Board received, read and noted the plan. A presentation will be made at a later meeting.

13.10 Internal Audit and Risk Management Attestation Statement

The Board received, read and noted the plan. The chair will meet with internal audit to update the statement and the chair requested its circulation out of session.

13.11 Brief – Hotel Quarantine Fees Debt Write-offs in FY 2024

The Board received, read and noted the brief.

14. Other Business

14.1 Matters raised by Board Members

The Chair requested changes to the board papers. The following items to be included in future board packs include:

- A comparison with other districts.
- A quarterly detailed asset management report
- A detailed cyber security report every six months.

The following presentations were requested:

- R North requested a presentation on the special purpose trusts and how they work, and the program of philanthropy. The recommended timing is before the end of the year.

- G Wallace is requested to provide a presentation on solving the nursing workforce retention and recruitment issues.

The Chair noted that housing affordability and childcare does affect recruitment however these issues are a state government responsibility.

R Furolo requested that board meetings are rotated around the facilities. It would be an opportunity for a facility tour and meet and greet with key clinicians.

14.2 Concord Hospital Restorative Actions.

The Board received, read and noted this report.

A Hallahan noted Dr Elizabeth Veitch has been appointed as Head of Department for Respiratory Medicine.

A Hallahan noted that the Concord based clinicians are responding well to the newly appointed General Manager of Concord Hospital.

14.3 Other

A Hallahan noted the supply of IV fluids is a statewide issue, which is being managed centrally, similar the management of masks during the pandemic. The hospitals have two weeks supply. The local manufacturer has had quality issues with its manufacturing. Similar issues have occurred with European suppliers. The MoH has overall oversight and committees are managing the supply at a local level. If supply decreases again, then elective surgery may have to be limited.

15. Next Meeting

The next meeting will be held on Monday 16 September 2024 at 9.00am.

The Chair declared the board meeting closed at 11:20am.



Chair

21.10.24.

Date