

Answer to question on Notice from Dr Kaine

Dr Kaine asks [Transcript, 26 July 2023, p 50] about the composition of boards in relation to people with “shop floor” rather than “outside” experience. Many of the appointees would have had “shop floor” experience in terms of their experience in front line delivery of health and community services. I recall for example that around 2012 about half the local health district board chairs were clinicians who worked in their local district. I suggest the Ministry of Health would be better placed to provide more detail if required.

Dr Kaine asks if there was a “rule of thumb” for board composition. My recollection is that the focus was on achieving an appropriate skill mix as required under the legislation. As far as I am aware, these skill mix provisions have not changed since 2010. Section 26 of the Health Services Act states

- 2) A local health district board is to consist of 6 to 13 persons appointed by the Minister, selected in accordance with subsections (3) and (4).
- (3) The Minister is to select the membership of a local health district board so that the membership of the board has an appropriate mix of skills and expertise required to oversee and provide guidance to the district, including members who—
 - (a) have expertise and experience in health management, business management and financial management, and
 - (b) have expertise and experience in the provision of clinical and other health services, and
 - (c) where appropriate, are representatives of universities, clinical schools or research centres, and
 - (d) have knowledge and understanding of the community served by the district, and
 - (e) have other backgrounds, skills, expertise, knowledge or experience appropriate for the district.
- (4) A local health district board is to have at least one member (who may also be one of the kinds of members referred to in subsection (3)(a)–(e)) who has expertise, knowledge or experience in relation to Aboriginal health.

Also the Model Bylaws under the Act provide further requirements for clinical staff input to the Board and CEO through representative bodies in each district such as Medical Staff Councils, Clinical Staff Councils etc, including, I understand, representatives’ attendance at Board meetings. Again, the Legal Branch of the Ministry would be best placed to provide advice on this.

Supplementary questions

At p 52 of the transcript of 26 June 2023 I referred to a “project management office” that was set up to support the implementation of the new organisation arrangements for NSW Health.

This has given rise to the Committee’s supplementary questions to me as follows:

- (1) the name of the consultant seconded to run the project

The project manager appointed was Ms Carrie Schulman from PwC.

(2) the period of their engagement.

I do not know the details of the period of the engagement; this would be available from the Ministry of Health. It is relevant to note that to avoid any potential conflict of interest I did not take any part in the selection process or terms for this contract, which I understood was by a competitive process. I did not know that Ms Schulman's name or any other name had been put forward. I was advised of the outcome of the procurement after the process had been completed.

(3) a description of the work which the project management office was tasked with conducting.

The project management office's task was the monitoring and tracking of the implementation activities which were being progressed by various internal teams across the Ministry and other agencies of NSW Health in relation to implementation of the government's policies for the structure and organisation of NSW Health. The project management office provided regular progress reports on the various initiatives, reporting to me and senior Health Ministry executives.