

MINUTES

Present:

Mr Trevor Danos AM	Chair, Board
Dr Dianne Ball	Board Member – via teleconference
Adjunct Professor Ann Brassil	Board Member – via teleconference
Professor Elizabeth Chiarella	Board Member
Mr Andrew Goodsall	Board Member
Mr Brad Goodwin	Board Member
Mr Anthony Hollis	Board Member
Ms Beata Kuchcinska	Board Member
Mr Don Marples	Board Member – via teleconference
Dr Harry Nespolon	Board Member – via teleconference
Adj. Associate Professor Annette Schmiede	Board Member
Mr Keith Skinner	Board Member
Clinical Associate Professor Saxon Smith	Board Member – via teleconference

In attendance:

Ms Deborah Willcox	Interim Chief Executive, NSLHD
Mr Lee Gregory	Director Finance and Corporate Services, NSLHD
Ms Elizabeth Curran	Executive Director Operations NSRHS & NSLHD
Dr David Jollow	Chair, Medical Staff Executive Council
Ms Judith Hogan-Wright	Secretariat

The Board Chair welcomed Ms Deborah Willcox, Interim Chief Executive, NSLHD to the Board and introductions were made.

The Chair alerted the Board members to the NSLHD Strategic Plan poster gallery placed around the Boardroom that indicates the Expected Outcomes and Performance Measures for each of the Objectives. The Strategic Plan will be presented to the Board at the April 2017 Board meeting for endorsement. To ensure that this Strategic Plan has engagement from all stakeholders within and external to NSLHD, a communications strategy has been planned to present to the Board at the June Board meeting.

1. Presentation

1.1 Best Care Together

The Executive Director Operations North Shore Ryde Health Service (NSRHS) and NSLHD provided additional information to the previously distributed presentation **noted** by the Board.

This presentation covered the objectives for the priority projects identified for NSRHS and commenced with the 2016 ED presentations and admissions rates for both Royal North Shore and Ryde Hospitals. The presentation highlighted the increased presentations / admission rates from previous year whilst still maintaining high quality patient care. Outlined was the overview of the program commencing from 'front door' through the patient journey and noting the process improvements by engaging with both clinical and non-clinical staff; a multidisciplinary collaborative approach.

This program will be an umbrella program for all of the NSRHS service improvement efforts. Northern Beaches and Hornsby Ku-ring-gai Health Services already have established programs similar to Best Care Together. Learnings, knowledge and the effectiveness of these programs will be shared across all sites and health services. It was noted the improvements already evidenced with the roll out of this program with further work and expected KPI achievements in Emergency

Treatment Performance, Elective Surgery Access Performance, Length of Stay, Mortality Rates and Readmissions which will also be reflected in operational sustainability. This program will also incorporate the financial improvement / sustainability efforts including roadmap projects. Internationally recognised is that efficiency and effectiveness are highly correlated i.e. right care at the right time is the most financially sustainable care.

The foundation of this program is “what is best for the patient” and will be led by a workforce culture to question and challenge the status quo and to identify best practice. A detailed list of the principles and the approach to achieve the best outcome for the patient was discussed. It was stressed that this is intended to be an integrated and consistent approach across all departments, networks and facilities and from the Executive Team and in all interactions with patient/carer.

A question from a Board member highlighted the variance between the increased activities which is not reflected in the National Weighted Activity Unit (NWAU) and the need to investigate coding methodology.

The Board thanked Ms Elizabeth Curran for an informative presentation.

2. Patient Story

The Interim Chief Executive (I/CE) relayed a letter of gratitude and hope from an anonymous patient of Hornsby Ku-ring-gai Hospital (HKH). It was a moving story of a patient who although at the depths of despair during admission at HKH has risen to attain emotional stability, higher education and a loving family.

The letter expressed thanks to those that assisted during this patient’s admission in HKH and for allowing this patient another chance at life.

The Board members were moved by this letter and requested that this letter be shared to a wider audience.

3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance was **noted**; there were no apologies.

The Chair asked those present to declare any additional or new conflicts of interest. Professor Elizabeth Chiarella advised of her employment with the University of Sydney which is a partner in the Kolling Institute joint venture. This was noted by the Chair as being inconsequential. No others were declared.

4. Confirmation of Minutes

Minutes of the meeting held 21 February 2017 were confirmed as a true and accurate record of the meeting with one small amendment to note the financial year of attaining a balanced budget as listed under item 6.3.1.

5. Ongoing Business (in conjunction with Action List)

5.1 Soft FM Reset Program – Royal North Shore Public Private Partnership

The Board **noted** the tabled document. The Director Finance and Corporate Services (DF&CS) provided an overview of the present arrangements for the program. The DF&CS was requested by the Board to seek written confirmation from the Ministry of Health (MoH) about the continuation of the present financial arrangements between the District and the MoH. There was a subsequent discussion about the ‘Brown Building’ site and how it might be

rehabilitated for green space or similar use. The I/CE was asked to consult Health Infrastructure and to prepare a report.

Action 1: The DF&CS to write to the MoH seeking confirmation that the present financial arrangement for RNS PPP Soft Services between the District and the MoH will continue.

Action 2: The I/CE to report to the Board on options for rehabilitating the 'Brown Building' site – date to be confirmed.

5.2 NSLHD & Sydney North Primary Health Network Executive Council

The Board **noted** the tabled document prepared by the DF&CS. The Chair updated the Board on a meeting with the Sydney North Primary Health Network (SNPHN) Board Chair and Chief Executive and the I/CE earlier that afternoon. It was agreed by both parties that a NSLHD Executive as opposed to a Board member was appropriate representation on this Executive Council and that the Executive Director Operations (EDoP) will represent NSLHD. This was confirmed by the Board. To enhance the relationship, it was agreed that (1) the SNPHN would be a standing item in the CE's monthly report, (2) the SNPHN will be invited to present to the Board at a Board meeting later this year, and (3) an invitation will be extended to SNPHN to nominate a member on the Consumer, Community, Carer and Communication Committee.

Action 1: The EDoP will include an item in the CE Summary monthly report on the Sydney North Primary Health Network.

Action 2: Include on the Board Calendar of Events for 2017 a presentation from SNPHN and arrange a suitable date.

Action 3: Invite the SNPHN to nominate a member on the Consumer, Community, Carer and Communication Committee.

5.3 Medical and Dental Appointments Advisory Committee membership

The tabled document was **noted** and further details were provided by the DF&CS. The nominated candidates' background and experience were discussed.

The Board **endorsed** the proposed nomination of Dr Paul Collette and Mr John Munton to the membership of the Medical and Dental Appointments Advisory Committee (MDACC).

6. Standing Business

6.1 Board Chair Report

The Chair outlined the matters of prominence which has focused his attention over the last month:

- The Kolling Institute Strategic Review has been launched with completion to be no later than 10 June 2017. It was questioned the background of those on the review panel and they are as follows: Professor John Funder AC, Chair of NICM Advisory Board, sits on the Grattan Institute Board, former head of the Baker Institute and past president of the Australian Society of Medical Research with an affiliation with a host of other research organisations; Professor Steve Wesselingh AO, Executive Director, South Australian Health and Medical Research Institute, Honorary Director of the South Australian Advanced Health Research and Translation Centre; Professor Christina Mitchell is the Dean of Medicine at Monash University; Professor Judith Whitworth AC is the former Commonwealth Chief Medical Officer and past director of the John Curtin School of Medical Research.

- A review of the relationship and arrangements with the Kolling Foundation has been commissioned. It was also discussed the various fundraising activities for this LHD with comparison to other similar organisations. Post the legal review, the findings will be presented to the Board for their deliberation and direction.

To assist the Board on the direction of fundraising for this District, the I/CE was requested to present a paper covering fundraising options and structures, for both research and equipment including comparators and exemplars.

Action 1: The I/CE to present a paper covering fundraising options and structures, for both research and equipment, with a due date of May 2017.

- Attended a meeting with the Chairman of the Kolling Foundation and the Fundraising Manager.
- Attended a meeting of the Project Delivery Board of the Northern Beaches Hospital (NBH). PwC Australia has been appointed as project advisers for transition out of Mona Vale and Manly Hospital and transition to NBH. It was noted that a significant amount of work is still to be completed and in particular workforce issues and the associated transitions of staff entitlements and compatibility of the IT systems between public and private. It was noted that the I/CE has established a working party to ensure IT compatibility.
- NSLHD Child Care Facility location and the proposed redevelopment of Zone 8 of RNSH and this was further expanded upon by the I/CE.
- Attended a meeting with the CE of Sydney Health Partners

The Chair provided further details on the matters that were addressed at the Council of Chairs meeting earlier in the week: Board capability framework with focus on Board skills; importance of due process; shift in focus from Ministry of Health (MoH) to LHD response to media issues; swift, accurate responses to MoH; Reportable Incident Briefs (RIBS) to MoH; Shift from 'volume' to 'value driven care' i.e. outcomes achieved; safety and quality focussing on Patient Safety First; People and Culture targeting skills match; new Models of Care with the emphasis of less variation; system redesign aligning with better value care; more emphasis on strategic commissioning and contestability; and workforce capability.

In reference to the annual service agreement for 2017/18 the key priorities will be: strengthen system governance by tighter direction and leadership; streamlining system priorities and clearly delineate accountability for delivery – Patient Safety First, Better Value Care, System Integration, Governance and Accountability, eHealth and Data Analytics. It was commented upon the desire to acknowledge LHD local priorities and the rationalisation of performance measures to align with system priorities. The following points were noted: higher quality data at the episode level, focus must be on patient expectations/outcomes, very few additional NWAUs unless benefits are strongly identified and focus on quality relationships between clinicians and management and the standardising of medical equipment wherever possible.

The points noted by the Minister for Health focused on; clinician engagement, clinician leadership training, utilisation of senior clinicians as first contact for triaging patients etc. The Board provided various views on the focus of clinician engagement.

Action 2: The I/CE to investigate improved clinician engagement and to present her recommendations at the May Board meeting.

Action 3: The I/CE to provide to the Board a copy of the Delegations Manual to identify and delineate the charter of authority outside of the NSLHD Executives which falls to the NSLHD Board – date to be confirmed.

Action 4: The Chair commented on the historical items located within Manly Hospital and its preservation post the decommissioning of this hospital. The I/CE was requested to develop a strategy.

6.1.1 NSLHD Kolling Institute Strategic Review Terms of Reference

The tabled document was **noted** and the Chair advised that the Board collectively should not make a submission; but it is open to individuals to do so.

6.1.2 Health Care Quality Committee Terms of Reference (ToR)

The ToR were discussed by the Board with comments to the wording i.e. replacing 'implement' to 'oversee' and it was noted that at the last HCQC meeting the wording would be amended. Post noting these changes the Board provisionally approved the ToR. It was identified by the Board that there needs to be more 'coal face' clinicians included in the committee membership. Two board members commented that they had not received notification of the most recent meeting of the committee.

Action: Associate Professor Saxon Smith, HCQC Chair to follow up on the above points i.e. amendments to the ToR wording, inclusion of 'coal face' clinicians to the membership list and to ensure that Board members are advised of HCQC meeting dates. The ToR will be updated and presented to the Board seeking endorsement at the next April Board meeting.

6.2 Chief Executive Summary

The Board **noted** the report and the report was taken as read.

The I/CE updated the Board on the recent media coverage and investigation of a fraudulent doctor working within NSLHD.

Action 1: The I/CE to present to the Board the process for the checking of credentials for medical registrations at the April Board meeting.

It was also covered the work that has been undertaken which has been noted in the above i.e. child care facilities, Kolling reviews as well as the considerable work being undertaken to ensure that NSLHD maintains its financial sustainability. Work is also being undertaken to ensure consistency and improve utility across the various reports that are tabled for the Board's information.

The I/CE also updated the Board on the adverse media comments from a Visiting Medical Officer of NSLHD alluding to the educational backgrounds of LHD Chief Executives. Further details were provided to the Board on the contents of the phone conversation that occurred between the VMO and the I/CE and the communique of support sent to NSLHD staff. The Board recommended a focus on Collaboration, Openness, Respect, Empowerment (CORE) values.

Action 2: The I/CE to present to the Board recommendations for restating and committing to the CORE values within NSLHD, date to be confirmed.

Action 3: The DF&CS has taken on notice the work to be undertaken at Gladesville in lieu of the State Public Works Department commentary and will report on risks for the April Board meeting.

Action 4: The I/CE was requested to provide further details on the high incidents of women in the Northern Beaches area experiencing alcohol addiction, date to be confirmed.

6.2.1 Annual Nursing and Midwifery Research Report

The Board **noted** the report and the report was taken as read.

6.3 Finance and Performance Report

The Board **noted** the Financial Summary for January 2017 and was taken as read with the Director Finance & Corporate Services (DF&CS) providing additional information.

As the forecast financial position remains at a moderate deficit the MoH has been advised. A complete end of financial year reforecast will be undertaken post the March financial results. It was noted that the biggest factor on the end of year financial results is additional unplanned activity. Following the recent review of Hornsby Ku-ring-gai Health Service, Road Map Clinics have commenced to address these issues. It was noted that the Stage 2 redevelopment provides a major opportunity to improve the hospital's financial and operational performance. Sharing of information and learnings across the District are being well received e.g. Soft FM service provisioning, Health Roster and coding improvements etc. The DF&CS will present the 2018/19 financial plan at the May Board meeting. From a question from the FRAP Chair, tighter approval of overtime and the use of premium labour continues to be a focus and work on a workforce casual pool continues.

6.3.1 February 2017 Flash Report

The Board **noted** the report and was taken as read and the Director Finance & Corporate Services (DF&CS) provided additional information.

NSLHD is continuing in the previous pattern in struggling to contain unit labour costs given the growth and variation in unplanned activity. It was noted that the February 2017 activity volumes indicated a moderation in activity volumes which was also reflected in the expense. Work continues to ensure that the NSLHD achieves a balanced budget in 2017/18. It was noted that the Interim Chief Executive has requested FTE approval for all positions and that expense delegations have also been lifted, with some early evidence of benefits as a consequence.

6.4 Top 10 Risks by District Report – March 2017

The Board **noted** the report. The Board commented that the report did not reflect the risks that the Board considered higher in prominence. The Board recommended that the Chief Risk Officer be tasked to investigate and to compare with LHD peers the risk stratification methodology and report formatting.

Action: The Chief Risk Officer to investigate and to compare with LHD peers the risk stratification methodology and report formatting, date to be confirmed.

6.4.1 & 6.4.2 Risks by Site and Service

The Board **noted** the report and referral note.

6.5 MoH Performance summary of all LHDs – January 2017

The Board **noted** the tabled performance report covering all the LHDs.

7. New Business

7.1 CORE Value and Behaviours Charter 2017-2021

The Board **noted** the charter and the action item under item 6.2.

8. NSLHD Committee Minutes

8.1 Board Audit and Risk Committee (BARC)

Nil available

8.2 Clinical Council

The Board **noted** the endorsed December 2016 minutes.

8.3 Consumer, Community, Carer and Communication (CCCC) Committee

Nil available

8.4 Finance, Risk and Performance (FRAP) Committee

Nil available

8.5 Health Care Quality Committee (HCQC)

Nil available

8.6 Medical Staff Executive Council (MSEC)

The Board **noted** the endorsed November 2016 minutes.

8.7 NSLHD and Sydney North Primary Health Network Executive Council

The Board **noted** the endorsed November 2016 minutes.

8.8 Teaching, Innovation, Research and Education (TIRE) Committee

Nil available

9. Correspondence

9.1 Letter from Sydney University – Strategic Plan

Action: A response by the I/CE to be undertaken.

9.2 The value of healthcare costing to the delivery of more effective healthcare

The Board **noted** the report.

10. Date, Time & Venue for Next Meeting

18 April 2017:

2-4:00pm tour of Northern Beaches Hospital

4-4:30pm travel to John Newlinds Centre, Mona Vale Hospital

4:30-5pm tour of Mona Vale Hospital

5pm Board meeting commences

Meeting Closed: 7:00pm

CERTIFIED A CORRECT RECORD

By Mr Trevor Danos AM, Chair

On 18 April 2017