

## NSLHD Board

### MEETING DETAILS

**Date:** Tuesday 19 December 2017 commencing 4:00pm

**Venue:** Boardroom, Executive Unit, Douglas Building, Royal North Shore Hospital (RNSH) campus

#### Present:

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| Mr Trevor Danos AM                        | Board Chair                       |
| Dr Dianne Ball                            | Board Member – via teleconference |
| Mr Andrew Goodsall                        | Board Member                      |
| Mr Brad Goodwin                           | Board Member                      |
| Mr Don Marples                            | Board Member                      |
| Dr Harry Nespolon                         | Board Member                      |
| Dr Michelle Mulligan                      | Board Member                      |
| Adj. Associate Professor Annette Schmiede | Board Member                      |
| Mr Keith Skinner                          | Board Member – via teleconference |

#### In attendance:

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|------------------------|--|
| Ms Deb Willcox         | Chief Executive NSLHD                        |
| Mr Robert Lagaida      | A/Director Finance & Corporate Services      |
| Ms Elizabeth Curran    | Executive Director Operations, NSRHS & NSLHD |
| Dr David Jollow        | Chair, Medical Staff Executive Council       |
| Ms Judith Hogan-Wright | Secretariat                                  |

#### Apologies:

|                               |              |
|-------------------------------|--------------|
| Adjunct Professor Ann Brassil | Board Member |
| Professor Mary Chiarella      | Board Member |
| Mr Anthony Hollis             | Board Member |
| Ms Beata Kuchcinska           | Board Member |

### MEETING DETAILS

The Board Chair, Mr Trevor Danos AM welcomed the Board members and attendees to the meeting.

The Board Chair welcomed Ms Deborah Willcox to her first Board meeting as Chief Executive (CE). Ms Willcox responded to the Board advising that she has taken the opportunity to meet with as many staff members as possible during her facility inspections throughout NSLHD during her first month in office.

The Board discussed the Annual Public Meeting (APM) held on 19 December 2017 and the positive comments received on the new format and direction of the APM. The Board Chair requested that thanks be extended to the Director Corporate Communications and his team for their efforts in planning and delivering the APM. Thanks were also extended by the Board to Dr Ball who facilitated a portion of the APM.

The Board members were advised of the imminent resignation of Ms Beata Kuchcinska due to changed personal circumstances. The Board Chair will send a letter of appreciation to Ms Kuchcinska for her contribution not only as a NSLHD Board member but as the Chair of the Capital Asset Planning and Consumer, Community, Carer and Communications Committees.

The Board and the Chair Medical Staff Executive Council held an in-camera discussion with the CE. The CE advised that a full and comprehensive overview of the status, performance and financial outlook of the District will be presented to the Board at the February 2018 meeting. Incorporated within this presentation will be the CE's priorities for 2018 and beyond.

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## 1. Presentation

### 1.1 Audit & Risk – NSLHD Management Letter from Audit Office NSW

The Board Chair welcomed Mr John Hunter, Chair of NSLHD Board Audit and Risk Committee (BARC) and Ms Sally Bond, Director Financial Audit Services, Audit Office of NSW (DFAS, AONSW) to the Board meeting.

The Chair BARC advised the Board that the BARC is functioning extremely well. The Northern Beaches Redevelopment project is a main focus for BARC as it is for the Board and executives of NSLHD. The Board Chair advised that ongoing concerns regarding the road infrastructure surrounding the Northern Beaches Hospital (NBH) will be raised with the Secretary. The Board Chair noted that communication to the broader community updating them on the NBH will be a focus for the NSLHD communications team during 2018.

The DFAS, AONSW spoke to the Audit Office Management Letter for the year ending 30 June 2017 that was tabled and **noted** by the Board. The issues identified by AONSW in the letter are fixed asset management (moderate risk, systemic), approval of timesheets (moderate risk, systemic) and excessive annual leave balances (moderate risk, not systemic) and this small number of issues was commented upon favourably by DFAS, AONSW. The Board requested that in future Audit Office Management Letter, the identified "person responsible" should be a member of the Executive Leadership Team.

There was discussion around the cascading of information and reports from the BARC to the Finance, Risk and Performance Committee (FRAP) and then to the Board. The CE advised that this will be investigated.

The Board Chair noted that the audit plan endorsed by the BARC requires approval by the Board.

The Board and CE thanked Mr Hunter and Ms Bond for attending the Board meeting.

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## 2. Patient Story

### 2.1 Save Our Skins

The referral prepared Mr Matthew Tinker, Clinical Nurse Consultant, Intensive Care Unit, RNSH by was **noted**. The CE spoke to the tabled document and how reducing pressure injury improves patients' quality of life. The tabled document provided evidence of improved patient outcomes and efficiencies for the District.

The CE also discussed a phone call with a frequent patient of RNSH prompted by a casual meeting between the patient and the Board Chair. In summary, the patient complimented his RNSH multidisciplinary team that manages his complex and chronic condition and has agreed to be called upon to be a patient advocate for NSLHD.

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## 3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance and apologies were noted.

The Board Chair requested all attendees to declare any conflicts of interest at this meeting.

There were no conflicts of interests declared.

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## 4. Confirmation of Minutes

### 4.1 NSLHD Board meeting held 21 November 2017

Minutes of the above meeting were confirmed as a true and accurate record of this meeting.

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## 5. Ongoing Business (in conjunction with Action List)

The CE will review and rationalise the action list for tabling at the February 2018 Board meeting.

### 5.1 NSLHD Complaints Analysis

The referral prepared by the Director Clinical Governance was **noted** by the Board. The Board noted that the performance reported on was not satisfactory and that a performance improvement plan is required as is ongoing and regular reporting to the Board. The referral will be represented at the March 2018 Board meeting. The Board also noted that continual quality improvements are not included in the referral and requested that a strategic and holistic approach in addressing complaints be included in the March 2018 referral.

**Action:** The CE to table a NSLHD Complaints Analysis at the March 2018 Board meeting.

### 5.2 NSLHD Asset Strategic Plan 2018

The Board **noted** the referral prepared by the Acting Director, Corporate Services. The Board Chair noted that the Asset Strategic Plan (ASP) should be presented to the Board for final approval. The Board advised that this should be a “re-write” exercise rather than a “refresher”.

The A/DF&CS spoke to the need for funding of the replacement of high value medical equipment. The CE was asked to provide an overview of the project, timeline, resourcing and identification of top line items and with alignment to the Clinical Services Plan (CSP).

**Action:** The CE to table a document covering the ASP project, timeline, resourcing and identification of top line items and with alignment to the CSP; due February 2018. This should also include the current status of all plans that flow from or are required by the Strategic Plan.

### 5.3 Clinical Council Minutes

In a previous Board meeting, the Clinical Council minutes were discussed regarding the wording of a decision by the Council. The Executive Director Operations (EDO) updated the Board on the suggestions provided by the Board and presented to the Council. The EDO referred to the associated policy *NSLHD Standard for senior medical review of multi-day stay inpatient* in the contents of the Clinical Council minutes.

The Board was provided further information and the wording of the policy ‘Admitted overnight stay patients, including any admitted patient who is still in an emergency department, must be seen by a senior medical practitioner within 36 hours of admission’. In light of this information, the Board was satisfied with the policy’s contents and intent.

The matter is now closed.

### 5.4 Litigations Report

The Board **noted** the tabled documents. The Board Chair commented on the lack of clarity around the risks to NSLHD (including reputational risks) and trends, as well as an absence of detail on lessons learnt. The Board agreed to refer the document to the FRAP Committee and for the FRAP Committee to refine and improve the reporting framework and to review this report on a quarterly basis.

**Action:** The secretariat to forward the tabled documents to the FRAP Committee for actioning.

## 5.5 Kolling Foundation

The Board Chair spoke to a paper providing a high level overview of relevant issues in response to the Kolling Foundation's presentation to the Board in November 2017. The Board noted the contents and deliberated on the question to either internalise or to outsource fundraising by the District. The Board Chair provided a synopsis of the pros and cons for each of the fundraising proposals.

The Board commented on the name of the Foundation to ensure that it has depth and meaning to ensure optimal identification of its purpose.

The Board members were asked for their comments and questions raised were answered. The Board agreed to outsource fundraising for the District and to ensure that all legal agreements and operational, governance arrangements are in place by 22 July 2018. The Board will be consulted before any agreements are signed.

The Board will be provided with a full and comprehensive outline of the future of fundraising for the District prior to July 2018 for Board approval.

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## 6. Standing Business

### 6.1 Board Chair Report

The Board Chair updated the Board on the following:

- The Board Chair and the CE have participated in meetings of the Interim Management Committee of the Kolling Institute.
- The Board Chair and the CE have attended the RNSH Medical Staff Council.
- The Board Chair attended a breakfast meeting of the board chairs and chief executives of the members of Sydney Health Partners.
- The Board Chair has attended a quarterly meeting with CEO of Healthscope.
- The Board Chair has undertaken a tour of the Division of Medicine at RNSH and was impressed by the depth of talent and the goodwill generated by Board interactions within the District.
- The Board Chair has attended meetings covering the area surrounding the southern campus of RNSH.
- The Board Chair attended an information session hosted by the Behavioural Insights unit within the Department of Premier and Cabinet.
- The Board Chair attended and enjoyed the NSLHD 2017 Centre for Education and Talent Development Completion Ceremony celebrating the attainment of training program for NSLHD staff and management.
- The Board Chair spoke with pleasure of his participation in the evaluation of the RNSH Christmas decoration competition.

#### 6.1.1 Options to reduce pressure on private health insurance premiums - NSW Health Submission

The tabled documents were **noted** and advised that it was for the information of the Board.

#### 6.1.2 NSW Health – Primary Health Network Joint Strategic Planning Forum

The tabled document was **noted** and was taken as read.

### **6.1.3 Macquarie Hospital Breakfast with Emerging Leaders – Feedback**

The tabled document prepared by Board members in attendance at the breakfast was **noted**. The items listed were responded to by management under item 6.2.1.

## **6.2 Chief Executive Report**

The Board **noted** the report and the CE added additional detail on items of significance and commented that the formatting of this report will be amended to reflect the importance of quality and safety. The Board Chair requested that top line finance and high level performance results be incorporated within the CE Report.

The October 2018 financial position resulted in a minimal unfavourable result for net cost of service. The A/DF&CS is undertaking a review of the forecasting and roadmaps.

The CE was pleased to report that each hospital within District in the last week has achieved every triaged category for the emergency department. This result was outstanding and she thanked all involved in the District. NSLHD remains on performance level 0. The CE spoke of Ryde Hospital's 100% implementation of electronic medication management (eMeds).

### **6.2.1 Macquarie Hospital Breakfast with Emerging Leaders – Response**

The tabled document and attachment 6.2.1.1 were **noted**.

## **6.3 NSLHD Board – Finance Risk and Performance (FRAP) Report**

The Board **noted** the report for the month of October 2017 and the A/DF&CS spoke to items of significance within this document. There has been some slippage regarding revenue from Manly and Mona Vale Hospitals attributed to reduced usage of private health insurance cover. Also mentioned was the potential impost to the funding of premium labour for these hospitals in response to staff transferring to the NBH and the potential reduction in activities for Manly and Mona Vale Hospitals and the impact on other District hospitals.

The A/DF&CS updated the Board on the review of the roadmaps and the savings achieved and potential savings which in part are linked with activity levels.

## **6.4 Performance Report**

The Board **noted** the report for the month of October 2017 and was taken as read.

## **6.5 NSLHD Risk Report – Board update**

The Board **noted** the referral prepared by the NSLHD Chief Risk Officer. Two comments were made: NBH risk should continue to be seen as a major risk for the District and culture should appear in the top 10 risks for the District.

### **6.5.1 Enterprise Risk Management Report by District**

### **6.5.2 Enterprise Risk Management Report by Site**

The Board **noted** the above tabled reports.

## **6.6 Ministry of Health (MoH) Performance summary of all LHDs – October 2017**

The report from the Ministry of Health was not received in time for tabling at this meeting.

### **6.6.1 MoH October 2017 Performance update letter**

The Board **noted** the above letter from the MoH.

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## **7. New Business**

Nil

## **8. NSLHD Committee Reports**

### **8.1 Board Audit & Risk Committee (BARC)**

The Board **noted** the endorsed September 2017 minutes.

### **8.2 Clinical Council**

The Board **noted** the draft November 2017 minutes.

### **8.3 Consumer, Community, Carer & Communication (4Cs) Committee**

Nil available.

### **8.4 Finance, Risk and Performance (FRAP) Committee**

The Board **noted** the endorsed October and draft November 2017 minutes.

### **8.5 Health Care Quality Committee (HCQC)**

Nil available – next meeting 24 November 2017.

### **8.6 Medical Staff Executive Council**

The Board **noted** the endorsed August and draft September 2017 minutes.

### **8.7 NSLHD & Sydney North Primary Health Network Executive Council**

Nil available – no further meeting dates confirmed as yet.

### **8.8 Research, Innovation, Teaching and Education (RITE) Committee**

Nil available – next meeting December 2017.

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## **9. Date, Time and Venue for Next Meeting**

Tuesday 20 February 2018

4:30pm Boardroom, 5<sup>th</sup> Floor, Douglas Building, Royal North Shore Hospital campus

**Meeting Closed:** 6:35pm

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## **CERTIFIED A CORRECT RECORD**

**By Adj. Associate Professor Annette Schmiede, Acting Chair**

**On 20 February 2018**