

# NSLHD BOARD MEETING

TUESDAY, 1 SEPTEMBER 2015, 4.00PM

BOARDROOM

HORNSBY KU-RING-GAI HOSPITAL



Health  
Northern Sydney  
Local Health District

## MINUTES

### Present:

Professor Carol Pollock	Chair, Board
Dr Dianne Ball	Board Member
Adjunct Professor Ann Brassil	Board Member
Ms Diane Flecknoe-Brown	Board Member
Dr Michele Franks	Board Member
Mr Andrew Goodsall	Board Member
Ms Betty Johnson AO	Board Member
Ms Beata Kuchcinska	Board Member
Ms Annette Schmiede	Board Member
Mr Peter Young	Board Member
Mr Don Marples	Board Member
Mr Anthony Hollis	Board Member

### In attendance:

Adj. Associate Professor Vicki Taylor	Chief Executive, NSLHD
Dr Andrew Montague	Executive Director Operations
Mr Lee Gregory	Director Finance & Corporate Services
Dr George Lau	Chair Medical Staff Executive Council
Ms Carol Parker	Secretariat

### Apologies:

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## 1. Presentation

### Health Care Quality Committee – Trends

Mr Paul Russell, Director Clinical Governance, presented NSLHD Clinical Incidents and Complaints Trends in the reporting period 1 July 2013 to June 2015.

Trends indicate that complaints were within acceptable control limits, with the Local Health District (LHD) achieving its KPI's for Health Care Complaint Commission responses and Ministry of Health resolutions. There was a reduction in the number of complaints between the 13/14 and 14/15 reporting periods (approximately 180). Actions taken to reduce the number of complaints include increased front line education, improved customer service skills and focused conflict resolution.

There are three major complaint fields in the Incident Information Management System (IIMS) that are not consistently completed; complaints completed, complaint action and complaint resolution achieved. In most cases the complaint has been registered, but has not been signed off as completed. To address this, a series of education sessions are being held across the LHD with a target audience of Clinical NUMS.

There was a slight rise in clinical incidents. The majority were SAC 4, with the minority being SAC 1 and SAC 2, which showed a decrease. When there is no action recommended it usually indicates that there was no substance found to the complaint and therefore, no particular or remedial action required.

There is a limited capacity in IIMS at present to capture compliments, which are at present being captured by front line management. Compliments will be captured in the new reporting system.

No tool is available at present to compile complaints made by staff regarding other staff. The Your Say results will be released in November which may provide some information.

The Board thanked Mr Russell for the presentation.

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## **2. Patient Story**

The Chief Executive (CE) relayed to the Board a patient story regarding the recent incident within the Ambulatory Care Unit at Royal North Shore Hospital. The case is undergoing the formal RCA process and also a Coroner's Review which is due to be completed in six months' time.

The family continues to be in contact with the Executive Director Operations, RNSH/NSLHD and the LHD continues to offer support to the family.

Actions that have been implemented since the incident include the alteration of the shutdown procedure of the Ambulatory Care Unit at the end of the day. This ensures that the toilets, including the public toilets, are checked at the end of the day.

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

Attendance and apologies were noted.

Conflict of Interest: Nil

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## **4. Confirmation of Minutes**

The Board accepted the minutes of the meeting held 4 August 2015 subject to amendments proposed by Board members to be considered by the Chair.

- CE Report – Community and Culture – minutes should indicate that there was extensive discussion around Community and Culture
- Finance results for the year being more favourable than the target agreed by the MoH – the Board indicated that what was achieved was an outstanding result and should be indicated in the minutes
- Finance & Performance minutes – a question was asked regarding what work the sub-committee had completed in regard to due diligence of the Service Agreement. The wording should state that “the sub-Committee have independently looked at the Service Agreement and agree with the documentation.

As requested from the previous meeting, the queries regarding the financial results queries were tabled by the Director Finance and Corporate Services (DF&CS). Further queries in regard to the paper are to be directed to the DF&CS

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

The items in the Action List were discussed and **noted**.

### **5.1 Board Strategic Planning Days**

The Board discussed the draft agenda as presented by the Chair.

It was suggested that 'Board Functioning' be added to the agenda at the end of the Board Planning Day.

The Board discussed the draft agenda and agreed that the following items remain on the agenda;

- (2) Primary Health Care Network opportunities
- (3) Opportunities for innovative partnerships/divestments
- (7) Role of Board members on Committees
- (8) State/Commonwealth Funding Models

It was suggested that the Implementation of the Mental Health Plan be discussed at a future Board Meeting, as well as a presentation from HealthScope.

The Secretary MoH, Dr Mary Foley, has been invited to attend a session on the day to discuss and advise on State/Commonwealth Funding Models and current reforms underway.

The Chair and the CE met with the Chair and CE of the Primary Health Network, who indicated they would be pleased to attend a session at the planning day.

It was also suggested that we could have a meeting with both Boards at some time. Other health providers, as well as GPs, are also critical to the integrated care model such as NGO's, private hospitals and primary care nurses.

The Chair advised that both the Primary Health Network and the LHD agreed that, where appropriate, future submissions will be submitted from both entities. In regard to the current CCNB submission, it was suggested that a letter of support from the LHD be provided.

As part of integrated care for the district, a mapping project has been undertaken in regard to the health entities involved in our geographical area, including the private sector.

#### **Actions for the Board:**

The Board agreed to the following for discussion at the next Board meeting:

- Ann Brassil and Dianne Ball to draft strategic priorities and suggested outcomes with timelines relevant to interactions with our Primary Health Network
- Andrew Goodsall and Maree Hynes to provide NGO and private sector information to inform discussion re innovation and partnerships

## **5.2 Chief Executive Summary**

The Board **noted** the CE report.

A new professorial position - Professor of Mental Health Nursing/ Drug and Alcohol, has recently been advertised and is co-joint position between the Australian Catholic University (ACU) and the NSLHD.

The Board also noted the excellent achievements obtained by the NSLHD Mental Health Drug and Alcohol Junior Medical Officer Training, with results in the three categories being between 83.3% and 100%. The Board requested a letter be written to those in charge of the exams expressing the Boards congratulations on the results.

The Frances Group has been chosen to conduct the Allied Health Review.

The CE noted that sustaining financial performance, improving productivity and innovation and securing funding for Carepoint from MoH were current key challenges.

### **Transfer of Care (TOC)**

A new team (Peak Activity Team) has recently been formed at the request of the MoH, headed by Susan Pearce, who has been seconded from her position as Chief Nursing & Midwifery Officer, MoH to oversight this project for a few months. The team is reviewing a range of patient flow matters including nurse ambulance release teams, weekend discharges, non-emergency patient transport, estimated date of discharge. Daily tele-conferences are being held with all metro LHD's.

### **Executive Restructure**

The new executive structure NSRHS commenced in May 2014 with all positions now filled as permanent positions. All Divisions and Directorates have team agreement of expectations and agreed governance structures are in place. Agreed plans have been formulated for the next 12 month period, with periodic review planned for November. Further education is being provided to management to improve decision making rather than escalation.

The responsibilities of the General Manager Hornsby Ku-ring-gai/Northern Beaches Health Service (HKHS/NBHS) role have been revised to incorporate the position of the Relationship Director Northern Beaches PPP. The Relationship Director will be a point of reference for HealthScope to oversight the clinical service transition and workforce transition from the NBHS to the Northern Beaches Hospital. This component of the role reports to the CE. The Director Operations NBHS (HM-6) will report directly to the General Manager HKHS/NBHS.

The current positions in the Executive structure of NBHS will be realigned with reporting lines being augmented to directly report to the newly created position of Director Operations NBHS. The new structure will be in place as soon as the Director Operations NBHS is appointed.

The Director Public Private Partnership advertisement closed last week and is a HM-6 position.

### **Clinical Networks**

As of July 1, the Cancer Network became a fund holder for ambulatory services, and as such, they will also manage the contract with the Sydney Adventist Hospital. The Palliative Care Review will also be included in the Cancer Network plan.

Professor Pieter Degeling will have further sessions with network executives in October and November, providing detail and case studies on ABF.

The Delegations manual is being updated to align with the services plan.

## **5.3 Finance and Performance Report**

The Board noted the Finance Report. The Director Finance and Corporate Services (DFCS) advised that there is abridged financial reporting for the first month of the financial year across the NSW Health System to give LHDs adequate time to transition Service Agreement (SA) outcomes into hospital budgets. Normal LHD reporting will commence in September for August results.

The result for the month was a budget deficit and is consistent with the initial forecast. Budgets for July are phased solely on days in the month and do not contain any seasonal variation. There is no requirement to provide the Ministry of Health with the 'Narrative Letter' for July 2015.

Emergency Department (ED) demand presentations showed nil growth in July, however overall separations increased materially together with the continued increased Average Length of Stay (ALoS).

Ms Schmeide provided an update to the Board following the meeting of Chairs of Finance and Performance Committees held with the MoH. The major discussion points were;

1. MoH advised that the net cost of services has improved over the last few years, and are now focusing on expenses. Although revenue intake improved this year focus needs to be on expense areas such as S&W and G&S
2. There was discussion regarding improved transparency around budgets, private patients and what is written off
3. Maximising the opportunities around private patient revenue

The LHD at present writes off approximately \$6-7 million per year, mostly overseas visitors/students and waiving gap payments.

The DFCS will liaise with the debt recovery unit at Royal Adelaide Hospital as the unit seems to be working well with excellent results.

The planned ICT review will be exploring a new five year plan, governance framework plan, and opportunities to take advantage of technology. This project is being undertaken with CCAHS. It was suggested that Primary Health Network's be involved in the review.

Meetings are to be held with Zoran Bolevich re HealthScope and other 3<sup>rd</sup> parties.

#### **5.3.1 2014/15 Corporate Governance Attestation Statement**

The Board noted the referral note. Three points of non-compliance were noted; the LHD General Fund exceeded the Ministry of Health approved net cost of services allocation; in one month creditor levels for small vendors was 99% and did not meet the 100% target; on one occasion the CE was unable to attend the Finance & Performance Committee due to a conflicting schedule.

Comments have been sent on to the DFCS and Director Internal Audit regarding small changes that will need to be made prior to final sign off.

#### **5.4 Board Review**

The Board review will take place at the planning day.

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## **6. New Business**

### **6.1 Council of Board Chairs Update**

The Board noted the information provided by the Chair.

The Minister and Secretary were very complimentary of the LHD's performance. Some of the issues discussed in general at the meeting were:

- ambulance transport
- NEAT improvements
- Reforms
- My Health Record will have private pathology and radiology added and will be opt out rather than opt in, and should interact with our ICT model.

The Bureau of Health Information has suggested that they can provide the Board with specific Board Data. The Board agreed that further discussion be held with BHI in regard to providing reports as stated above.

Discussions have also been held with Sydney Health Partners in how to improve efficiencies.

## 6.2 Other new business not on agenda

### **AMP Charter**

AMP responded to the draft with a few small changes/additions. AMP would like to test this with their providers.

### **Review of Northern Medical School**

The Australian Medical Council reviewed the Northern Medical School and reported that they were very pleased with the interaction between the Medical School and the LHD.

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## 7. Standing Agenda Items

### 7.1 NSLHD Committee Minutes

#### **7.1.1 Health Care Quality Committee**

The endorsed minutes from the meeting held on 9 July 2015 were **noted** by the Board.

#### **7.1.2 Medical and Dental Appointments Advisory Committee (MDAAC)**

The endorsed minutes from the meetings held 8 July 2015 were **noted** by the Board.

#### **7.1.3 Finance and Performance Committee**

The draft minutes from the meeting held 28 July 2015 and endorsed minutes of 23 June 2015 were **noted** by the Board.

#### **7.1.4 NSLHD Clinical Council**

The endorsed meeting minutes for 6 July 2015 were **noted** by the Board.  
Chair of Clinical Council has been advertised and application received.

The Board requested that they be advised of new appointments and it would also be beneficial to have them attend a Board meeting.

#### **7.1.5 Medical Staff Executive Council (MSEC)**

The endorsed meeting minutes of 18 May 2015 were **noted** by the Board

#### **7.1.6 Education Sub-committee**

The draft meeting minutes for 6 June 2015 were **noted** by the Board.

#### **7.1.7 Integrated Risk Management Advisory Committee (IRMAC)**

The endorsed minutes of 3 June 2015 were **noted** by the Board.

#### **7.1.8 Audit and Risk Management Committee**

The endorsed meeting minutes for 29 June 2015 were **noted** by the Board.

#### **7.1.9 Aboriginal Health Advisory Committee**

The draft minutes from the meeting held 10 June 2015 were **noted** by the Board

#### **7.1.10 Capital Asset Planning Committee**

Nil – next meeting September

#### **7.1.11 Research and Innovation Sub-committee**

Nil available

#### **7.1.12 Peak Community and Consumer Participation Council (PCCPC)**

Minutes of June 2015 were not ready to be presented

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## **8. Correspondence**

### **8.1 Flyer New Horizons 2015 32<sup>nd</sup> Combined Health Science Conference**

The Board noted the information

### **8.2 Flyer – Northern Beaches Hospital**

### **8.3 2015 NSW Health Excellence in Nursing & Midwifery Awards**

**Send out info re Health Innovation Awards to Board**

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## **9. Assignment of Common Seal Documents**

Nil

## **10. Date, Time & Venue for Next Meeting**

NSLHD Executive Boardroom, Building 51, Royal North Shore Hospital  
Tuesday 6 October 2015

**Meeting Closed: 7:35pm**

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**CERTIFIED A CORRECT RECORD - Professor Carol Pollock, Chair**

**6 October 2015**