

NSLHD BOARD MEETING

TUESDAY, 1 DECEMBER 2015, 4.00PM

BOARDROOM, NSLHD EXECUTIVE



Health
Northern Sydney
Local Health District

MINUTES

Present:

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

In attendance:

Dr Andrew Montague	A/Chief Executive
Mr Lee Gregory	A/Executive Director Operations NSRHS & NSLHD
Ms Jen Smithwick	A/Director Finance & Corporate Services
Ms Maree Hynes	A/Director Innovation and Performance
Ms Carol Parker	Secretariat

Apologies:

Professor Carol Pollock	Chair, Board (overseas)
Adj. Associate Professor Vicki Taylor	Chief Executive, NSLHD
Dr George Lau	Chair Medical Staff Executive Council

1. Presentation

Ms Carrie Marr, Chief Executive, CEC presented an overview of her vision for the CEC.

Ms Marr advised that there will be a change in some of the strategic frameworks, a set of tools and support for frontline staff will be available through the CEC website.

Some of the questions the CEC are asking in terms of their improvement are:

- *Do we know how good we are?*
- *Do we know where our waste, unwarranted variation and harm is?*
- *Do we know how we compare to the best in class?*
- *Do we know what our rate of improvement is over time?*

These questions can also be used by LHD's in improving all aspects of work.

Some challenges posed to CEC Executive:

- *Our organisational strategy for improving patient safety and our internal capability to improve?*
- *Our organisation-wide approach for creating a positive safety culture?*
- *Ensuring that safety can be better measured and monitored across the organisation?*

The CEC has started conversations with the Commonwealth in regard to aligning the CEC strategic directions with the Commonwealth's. In regard to measuring success, the CEC, as well as LHD's and other Pillar's, should always be looking to improve in all aspects of their work.

2. Patient Story

Dr Franks relayed to the Board a patient story regarding a thank you letter from a patient who had a miscarriage, the letter was published in the Northern Beaches newsletter.

3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance and apologies were noted.
Conflict of Interest: Nil

4. Confirmation of Minutes

Agreed changes to the minutes of 4 November 2015 in relation to Item 6.1 to include discussion about the reappointment and remuneration of the CE and interim senior management arrangements whilst the CE is on leave. It was agreed that appropriate additions to the 4 November 15 minutes in relation to this item would be drafted and circulated for comment out of session, prior to the minutes being accepted. All other minor changes to the minutes would be included as per normal Board approval procedures.

- Risk register report summary– Board did not note report but it was referred back for executive to update at next meeting
 - Other minor changes to be addressed.
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5. Ongoing Business (in conjunction with Action List)

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

5.1 A/Chief Executive Summary

The Board **noted** the report.

Highlights over the last month:

- Mental Health Drug & Alcohol accreditation periodic review went well and surveyor feedback was very positive
- NSRHS accreditation periodic review went well, the team did a great job and further improvements are being progressed

The Board congratulated staff on the wonderful effort to achieve the improved overall performance.

Issues that LHD will need to concentrate on over the next few months are:

- NDIS - a workshop was held with key executives and managers to discuss opportunities, risks and a way forward. The Board has taken this information on notice and requests regular updates regarding negotiations and progress.

Action: Regular Board updates to be provided, as appropriate

- Integrated Care - currently in the process of requesting approval from MoH regarding contract sign off. Implementation will follow.
- Clinical Networks - progressing well. Need to monitor timeframes of Clinical Service Plan recommendations implementation as some might slip by a few months to ensure we have the right resources for the high priority areas.
- PHN engagement re Mental Health services - meeting organised with Lyn Hales, CEO NSPHN, to discuss engaging with PHN in regard to mental health.

5.2 Macquarie Hospital Communication

Dr Montague advised that MHDA staff have been given the same information available to the LHD Executive regarding the future of the Macquarie campus. Further information will be provided when it becomes available. Regular forums are held between the staff and the Director NSLHD Mental Health Drug and Alcohol and the Macquarie Hospital Executive.

Recent accreditation survey results and feedback from the surveyors indicated that NSLHD Mental Health Service is the highest performing mental health service in the State. Notwithstanding this, there are a range of issues to be addressed in relation to staff concerns. . Helen Telford has been engaged to oversee a review of the culture. Focus groups will be held with staff, executive staff, and official visitors to identify issues, followed by the development of agreed solutions. The review will commence in January 2016, with a timeline of approximately 3-6 months.

The Board suggested that communication regarding the review be provided to staff as soon as possible.

Action: The Executive to arrange for a communique to be sent to staff regarding the consultation process. Regular updates to the Board as necessary, with a copy of the final report upon completion.

5.3 Finance and Performance Report

The Board **noted** the Financial Summary for October 2015.

During October, a detailed review of budgets was performed as part of the forecast process. The LHDs result for the month was a budget surplus. Additional Employee Related and Clinical Operating costs were noted.

Unplanned demand (ED Presentations) was 2.8% higher than for the same period in 2014. Total Separations, Acute Overnight Separations and Same-day Separations were again essentially stable in October and on a year to date basis. Total Separations show a moderate increase of 2.14% with 1,394 separations. Work is progressing to reduce the length of stay at Ryde Hospital which has been affected by a change in the mix of planned & unplanned patients. Agency costs and allied health resourcing are also being reviewed.

The Board was advised that the MoH Policy instructs that if VMO timesheets are submitted for periods worked over 12 months ago, payments will only be 50% of the original remuneration. A small number of VMO's have submitted timesheets that are over 12 months old.

The overall budget target for the LHD was discussed, including the risks of projecting a breakeven budget. Issues such as unplanned demand and local capital requirements were highlighted. It was agreed that focus should be on how the business is running, not simply the targets.

Action: End of year budget performance projection to be provided to the Board in March 2016

Royal North Shore Public Private Partnership Update Soft FM Matters

The Board **noted** the report which was tabled at the meeting.

5.4 Peak Community & Consumer Participation Council – Report on Community Education and Training including update on Patient Survey

The Board **noted** the referral note which provided information concerning the NSLHD/Health Consumers NSW (HCNSW) Consumer Advisory Training sessions conducted at RNSH, Ryde, Hornsby and Mona Vale Hospitals in October and November 2015. NSLHD Consumer advisors on committees were invited to attend one of four consumer advisory training sessions hosted across the NSLHD. HCNSW was engaged to facilitate this training. Mental Health consumers as well as volunteers across the District attended, with a total of 43 people participating in the training. Feedback from participants was generally very positive and the program was well received.

Recommendations from the training day(s) included the following:

- Development of uniform community/consumer policy and processes across the district encompassing governance, recruitment as well as training and retention of representatives.
- Development of a District-wide consumer representative database encompassing the committees they are involved with, their experience and interests in addition to what training they have undertaken or are expected to undertake for the role.

A database is being constructed that will encompass information following the completion of HCNSW training. This information will include existing as well as newly recruited consumer representatives. Once the database is completed it will be presented to the Board.

5.5 OESI Report

The Board **noted** the report which is provided quarterly. Key issues are Ryde Hospitals' labour management regarding agency nursing, length of stay and discharge processes. Three reviews / consultancies are underway, including technology decisions, data governance and allied health resourcing (staff are being consulted in regard to allied health review).

In regard to the allied health restructure, the Executive will be meeting with the HSU next week to clarify any concerns.

5.6 RiskIT

The referral note presented to the Board was in answer to specific questions raised by a Board member

The Board discussed the following:

- Risk categories are clear but lack benchmarks
- Risk profile of NSLHD ideally should be compared to other LHDs and this communicated to the Audit and Risk Committee and IRMAC.
- New extreme risks that are raised should include a corresponding mitigation plan
- There should be an agreed acceptable level of overdue tasks, rather than this being left open: refer to IRMAC
- Information required on whether risks are improving or deteriorating over time
- Overall report should include an assessment of risk maturity level of the LHD, now and optimally.

Action: Report to be re-presented at February meeting addressing the above issues as appropriate.

6. New Business

6.1 Update on the Northern Sydney Academic Health Sciences Centre (NS AHSC)

The Board **noted** the referral note which provided an update on the NS AHSC.

NSLHD needs to identify issues or problems that could be addressed by the NS AHSC . The LHD Executive will provide information regarding issues and the NS AHSC will liaise with the Clinical Networks in early 2016 for their input.

It is likely that the NSLHD will create an internal committee to review issues identified by the LHD and then provide executive approval for these to be referred to the NS AHSC Partnership. Once LHD approval is given, project proposals will be reviewed by the AHSC Management Committee and then endorsed by the Executive Leadership Group.

Opportunities for partnerships should be considered, such as with UTS who are working on palliative care. Professor Schmiede to provide details to Dr Montague.

The 2016 operational plan is under development and will be circulated to the Board when finalised.

Action: Invitation to Professor Morris to present the 2016 AHSC Operational Plan at the March 2016 Board Meeting.

7. Standing Agenda Items

7.1 NSLHD Committee Minutes

7.1.1 Health Care Quality Committee

Meeting of November cancelled due to lack of quorum.

7.1.2 Medical and Dental Appointments Advisory Committee (MDAAC)

The endorsed minutes of October 2015 and draft minutes of November 2015 were **noted** by the Board.

7.1.3 Finance and Performance Committee

The endorsed minutes of September 2015 and draft minutes of October 2015 were **noted** by the Board.

7.1.4 NSLHD Clinical Council

The endorsed minutes of October 2015 and draft minutes of November 2015 were **noted** by the Board.

The Board was advised that the trauma verification had previously been approved. There has been a commitment from the Director Medical Services, RNSH to oversee the Quality Improvements, in particular Morbidity and Mortality (M&M) attendance, prior to the Trauma Verification Review.

7.1.5 Medical Staff Executive Council (MSEC)

Minutes not available as yet.

7.1.6 Integrated Risk Management Advisory Committee (IRMAC)

The draft minutes November 2015 were **noted** by the Board.

The Board requested that the top 10 risks that are reported to the MoH quarterly be provided to the Board, and also to the Audit and Risk Committee.

Action: Risk Manager to be advised to provide report to the Board and the Audit and Risk Committee in regard to the top 10 risks.

7.1.7 Capital Asset Planning Committee

Meeting held 26 November, minutes not available as yet.

7.1.8 Audit and Risk Management Committee

No further minutes to endorse, next meeting December 2015.

7.1.9 Education Sub-committee

Next meeting 8 December 2015.

7.1.10 Aboriginal Health Advisory Committee

The draft minutes of 7 October 2015 were **noted** by the Board.

The Board noted that the majority of the reports had been completed and would like to be kept abreast of actions and outcomes from those reports.

7.1.11 Peak Community and Consumer Participation Council (PCCPC)

Next meeting 30 November 2015, minutes not yet available.

8. Correspondence

Nil

9. Assignment of Common Seal Documents

The Board **noted** the report

10. Date, Time & Venue for Next Meeting

2 February 2016, Building 51, LHD Executive Office, RNSH Campus

Action: The Board requested that annual meeting dates and planning dates be provided to the Board as soon as available to ensure that they are in diaries and do not clash with other meetings i.e. Annual Board meeting with MoH, Innovation Awards

Action: Communication on behalf of the Board be sent to all staff for the excellent work that they have carried out over the last year.

Meeting Closed: 6:30pm

CERTIFIED A CORRECT RECORD

**By Professor Carol Pollock, Chair
On 5 May 2016**