

# NSLHD BOARD MEETING

TUESDAY, 3 MAY 2016 3:30PM

BOARDROOM

LHD EXECUTIVE, BLDG 51, RNSH



**Health**  
Northern Sydney  
Local Health District

## MINUTES

### Present:

Professor Carol Pollock	Chair, Board
Adjunct Professor Ann Brassil	Board Member
Ms Diane Flecknoe-Brown	Board Member
Mr Andrew Goodsall	Board Member (teleconference)
Ms Beata Kuchcinska	Board Member
Mr Peter Young	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
Dr Michele Franks	Board Member
Mr Don Marples	Board Member

### In attendance:

Adj. Associate Professor Vicki Taylor	Chief Executive, NSLHD
Dr Andrew Montague	Executive Director Operations NSRHS
Mr Lee Gregory	Director Finance & Corporate Services
Dr George Lau	Chair MSEC
Ms Judith Hogan-Wright	Secretariat

### Apologies:

Nil

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### BoardPad

In preparation for the rollout of electronic delivery of secure Board meeting papers, a one hour in-house training session was conducted by BoardPad for the information of the Board members.

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## 1. Presentations

### 1.1 Primary & Community Health / Allied Health Review

The Chief Executive (CE) introduced Ms Jennifer Duncan, Director Allied Health who has recently commenced at Northern Sydney Local Health District (NSLHD). Mr Anthony Dombkins, Director Nursing and Midwifery, NSLHD was also in attendance.

Jennifer provided the Board information on the Allied Health Transformational Project and the National Disability Insurance Scheme (NDIS) rollout.

#### Allied Health Transformational Project

The Allied Health staff comprise over 20 professions and make up 11-12% of the NSLHD workforce. This transformational project was initiated following a request for funding for leave relief for Allied Health staff. Due to the funding short fall for coverage of Allied Health leave, there was potentially compromised service delivery. The project covered all Allied Health throughout NSLHD. Background information, external process and the report and recommendations findings for the transformational project was outlined in the presentation and discussed by the Board. Feedback on the progress of this review has been provided to key stakeholders and phase 2 of this project is underway. The NSLHD Clinical Services Plan identified a growth in Allied Health Services and the potential for improved allocation of resources throughout the district. Francis Group International was awarded the contract to perform the review to identify the optimum models of care going forward. The review identified variance in the scope of practice in various

clinical disciplines. Work is underway on the accountability, governance and improved management of resources and services. The promoting of Allied Health as an integral part of the health care system is a focus of this review. The Health Services Union has been involved throughout this review.

It was identified that there is no standardised data reporting for Allied Health in NSLHD and hence benchmarking against other LHDs is not currently optimal.

#### National Disability Insurance Scheme (NDIS)

In 2010 the National Productivity Commission undertook a review of long term disability funded services nationally which resulted in the formation of National Disability Insurance Scheme (NDIS) which will be implemented on 1 July 2016. The NDIS is the assessor and funder, but not the provider of care and support. Funding is provided directly to the individual to source services. Services would be provided by non-government organisations, disability service organisations, state and territory disability service providers, individuals and mainstream businesses as well as Local Health Districts. The NSW Ministry of Health (MoH) has been proactive in the “readiness” of NDIS as it applies to Local Health Districts. NSLHD has employed an NDIS Manager who will oversee governance, risks and will coordinate service provision and be the interface with non-government organisations. The NSLHD NDIS Steering Committee commenced in March 2016 and will meet monthly and is working through all the readiness tools to mitigate any identified risks. Ernest & Young (EY) has been engaged as an external consultant in the implementation of NDIS within NSLHD. EY will undertake a “readiness” review which will identify risks and opportunities.

### **1.2 Mental Health Drug & Alcohol Service Workplace Culture Project**

The CE introduced Ms Paula Williscoft, Organisation Development Manager to the Board. Ms Jane Street, Director Workforce & Culture was also in attendance.

The results of the May 2015 *Your Say Survey* feedback and the staff feedback to the Board in November 2015 at Macquarie Hospital, led to the Workplace Culture Project which commenced in January 2016. The survey received 40% participation from Mental Health Drug & Alcohol (MHDA) services; the highest across the LHD. The project is to identify improved workplace practices and strategies to enhance the workplace culture. A whole of MHDA collaborative approach was undertaken throughout the District; all facilities and all professional groups were engaged. Staff communication commenced in late 2015 and early 2016. In February 2016 focus group meetings were arranged. Provision for an online survey for those who could not attend in person was made. It was noted that progress meetings were held with the Health Services Union (HSU) throughout this project.

The staff enthusiasm for involvement in workforce planning, service design processes, innovation of consumer services and to continually improve services to patients and consumers was obvious. Key issues for ongoing improvement were identified. In April 2016 work commenced on resolution of these issues via workshop meetings attended by staff representing nursing, managers, medical and allied health as well as support staff.

The Board thanked Ms Williscoft and Ms Helen Telford, Consultant Change Manager, and Ms Street and noted this work would continue for a period of time.

**Action: In September 2016 a progress update on the Workplace Culture Project will be presented to the Board.**

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## **2. Patient Story**

The CE relayed an email from the father of a young child, who was an in-patient at the Brolga Unit (child mental health unit situated within Hornsby / Ku-ring-gai Hospital). The email commended the staff’s dedication and commitment to his daughter whilst she was an in-patient

and following her discharge back to her family. The email also commented on the support provided to his family through a difficult time.

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

Attendance and apologies were noted.  
There were no conflicts of interest noted.

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### **4. Confirmation of Minutes**

Minutes of the meeting held 5 April 2016 were confirmed.

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

The Board discussed at length the requirement for an over-arching framework for a risk management plan as mentioned in the minutes of 1 March 2016.

**Action: The CE will provide an update at the June Board meeting regarding the progress in developing an improved overarching framework.**

The CE advised that an update to the Innovation Plan will be included as an agenda item at the June Board meeting but noting that this will be a progress report and not a completed plan.

**Action: Innovation Plan progress report to be presented at the June Board meeting.**

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### **6. Standing Business**

#### **6.1 Chief Executive Summary**

The Board **noted** the report.

The CE sought questions from the Board and clarified some minor issues stated in the report. The major issues occupying the CE's attention have been the transition of service delivery from ISS to HealthShare which has progressed safely as planned and not seen any disruption of service provision.

All partners have worked very well with the NSLHD Contract Management Team and Royal North Shore Management. The CE shared that the MoH has acknowledged NSLHD's improved performance and move from Level 1 to a Level 0. Management and staff will be acknowledged for their efforts once MoH advises of the change in performance status. The Board congratulated the CE and the rest of the Executive and staff for their tremendous efforts in achieving a financial turnaround to achieve a balanced budget with no reduction in services or lapse in quality outcomes.

The Chair directed the Board's attention to the strategic and opportunistic developments for NSLHD to future proof this District.

#### **6.2 Finance and Performance Report**

The Board **noted** the Financial Summary for March 2016.

The Director Finance and Corporate Services (DF&CS) addressed the questions that were raised.

### Royal North Shore Public Private Partnership (PPP) Update

The major issue with the Soft Facilities Management (FM) services transition from ISS is the prohibitive cost of novating the ISS contractual relationship with Telstra to the LHD. This has resulted in the Automatic Guided Vehicles (AGVs) being out of service for up to six weeks due to the work required in transferring them to the District IT network. All other devices owned by ISS have transferred to the District IT Network.

The issue of the ASB Positive / Negative Pressure Rooms has progressed, however diagnostic work is still required to be undertaken prior to implementation of an agreed rectification program to resolve these issues. Costs will need to be finalised and budget confirmed.

### Expense / Revenue

Noted was an increase in salary and wages costs from previous months which was attributable to the public holidays, school holiday periods and a high proportion of week days during March. Although the NSLHD is actively reducing excessive annual leave, annual leave provisions have recently increased due to the employment of Junior Medical Doctors (JMOs) with excessive annual leave.

Post the No Gap scheme cessation at HKH and Northern Beaches Hospitals, VMOs submission of any outstanding claims are settling which it is anticipated will result in revenue and expenses both dropping.

### Activity Volumes

The growth in ED activity has been centred at Royal North Shore Hospital (RNSH). The projection for this increase in activity was forecast for May / June. It has been identified as a broad service requirement and not as a result of any one specific trigger.

The DF&CS highlighted the following items of note: Ryde Hospital's Length of Stay is starting to see improvements due to the work undertaken earlier this year; the variance for Acute Inpatient NWAU is not of great significance and is anticipated to be at a maximum of 1%. Also he and the CE specifically thanked all those involved in the transfer of Soft FM Services on the RNS campus for a smooth transition to HealthShare.

The keys issues for the DF&CS focus are: working with InfraShore through the next 18 months for the day to day of service provision to RNSH; settlement of hard FM claims, rectification of the Positive / Negative Pressure Rooms, the structure of the PPP governance and the re-scoping of the Soft FM provisioning.

## **6.3 OESI Report**

The Board **noted** the March 2016 report.

Although there are positive improvements noted in the report, there are areas that have not realised any significant advances during 2015 / 2016 which will continue to be part of the focus for 2016 / 2017 i.e. workforce improvement, length of stay reduction and excess leave liability.

## **7. New Business**

### **7.1 Methodology of the Strategic Plan**

The establishment of the Steering Group Committee is nearly complete with clinical representation still to be confirmed. It was noted that Quality and Safety is not visibly outlined in the tabled document.

The Board advised that this is a great strategic opportunity to: seek external involvement either globally and / or locally; take note of cutting edge models of care; invite representation of telehealth providers and seek involvement of integrated care modelling i.e. to actively seek thought leaders in their field of expertise and turn innovative ideas into reality.

The Chair confirmed the Board's recommendation that the Terms of Reference for the Working Group have clear guidelines that their role is for consultation and engagement.

The CE advised that the Communication Plan will be aligned with the Strategic Plan and be considered simultaneously.

**Action: The Board to provide to the secretariat their suggestions of involvement by individuals / organisations into the Strategic Plan.**

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## 8. NSLHD Committee Minutes

### 8.1 Audit and Risk Management Committee

The Board **noted** the endorsed December 2015 minutes. A comment was raised on the ownership of risk as noted in the minutes. The CE reported that the risk report did not identify ownership of the Northern Beaches Hospital (NBH) risks. This has since been addressed by the General Manager (GM) of Northern Beaches Health Service (NBHS) tabling 11 initial key risks which have since been populated in the NSLHD risk management software tool, RiskIT. The Chair of Audit & Risk complimented the GM NBHS on the resolution of this matter.

Two Board members sought a copy of the top 10 risk report for visibility and oversight of risks.

**Action: CE will provide top 10 risks reported to the MoH each quarter to the Board.**

The Chair stated that in upcoming board meetings, more focus should be on future opportunities as opposed to risk identification and mitigation.

### 8.2 Capital Asset Planning Committee

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

### 8.3 NSLHD Clinical Council

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

### 8.4 Finance and Performance Committee

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

### 8.5 Health Care Quality Committee

The Board **noted** the draft March 2016 minutes.

### 8.6 Medical and Dental Appointments Advisory Committee (MDAAC)

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

### 8.7 Medical Staff Executive Council (MSEC)

The Board **noted** that the next meeting will be held in May 2016.

### 8.8 Peak Community and Consumer Participation Council (PCCPC)

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

**Action: The Planning Day and Workshop results will be presented at the June Board meeting.**

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## 9. Correspondence

Nil

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## **10. Assignment of Common Seal Document**

The assignment of the seal was **noted** by the Board.

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

7 June 2016, commencing at 4pm  
Boardroom, Building 51, RNS Campus

**Meeting Closed: 8:20pm**

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The Chair thanked Dr George Lau, retiring Chair MSEC for his contribution to the NSLHD Board.

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## **CERTIFIED A CORRECT RECORD**

**By Professor Carol Pollock, Chair**  
**On 9 May 2016**