

## MINUTES

### Present:

|   |                                   |
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| Professor Carol Pollock                   | Chair, Board                      |
| Dr Dianne Ball                            | Board Member                      |
| Mr Trevor Danos, AM                       | Board Member                      |
| Ms Diane Flecknoe-Brown                   | Board Member                      |
| Dr Michelle Franks                        | Board Member                      |
| Mr Andrew Goodsall                        | Board Member – via teleconference |
| Mr Anthony Hollis                         | Board Member                      |
| Ms Beata Kuchcinska                       | Board Member                      |
| Mr Don Marples                            | Board Member – via teleconference |
| Adj. Associate Professor Annette Schmiede | Board Member                      |

### In attendance:

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|---------------------------------------|---|
| Adj. Associate Professor Vicki Taylor | Chief Executive, NSLHD                        |
| Mr Frank Bazik                        | A/Executive Director Operations NSRHS & NSLHD |
| Mr Lee Gregory                        | Director Finance & Corporate Services         |
| Dr David Jollow                       | Chair, Medical Staff Executive Council        |
| Ms Judith Hogan-Wright                | Secretariat                                   |

### Apologies:

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| Adjunct Professor Ann Brassil | Board Member |
| Mr Peter Young                | Board Member |

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The Board met Ryde Hospital staff for informal discussions for 60 minutes prior to commencement of the Board meeting. Due to the extent of the staff discussions, the Board meeting was delayed by 30 minutes, commencing at 4:30pm.

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## 1. Presentations

### 1.1 Northern Beaches Hospital - Update

Presented by Ms Deborah Latta, Project Director, Northern Beaches Hospital, Healthscope

Ms Latta provided images of the construction site showing the progress of the Northern Beaches Hospital build. Development is on schedule with the topping out ceremony scheduled for 8 December 2016 and completion and opening due in 2018.

Ms Latta advised that there is a dedicated website providing information on the hospital and includes a time-lapse video of the construction: <http://www.northernbeacheshospital.com.au/>.

Workforce engagement is a focus for this development and has been moved forward in its implementation. The transfer of staff from Manly and Mona Vale Hospitals and the work and consideration being undertaken to ensure a smooth transition for both staff and services was discussed.

Healthscope has had multiple interaction sessions with NSLHD staff. Increased positive feedback was noted. NSLHD staff were also invited to attend a tour of the Prince of Wales Private Hospital.

The Information, Management and Technology Plan (IM&T Plan) were discussed and noted that this plan will be finalised in late October 2016 and Healthscope will then commence interaction with all major stakeholders.

Current risks from Healthscope's perspective to the success of this project are the engagement of workforce, and IM&T, including medical records and medical imaging. Ms Latta commented that lessons learned from other hospital developments have been noted by her team to ensure the success of the Northern Beaches Hospital. The roadwork that is continuing around the hospital and its timeline for completion was noted.

Reporting lines were discussed noting the terms of the Project Deed. Evidence based models of care are being developed by Healthscope with clinical input from NSLHD Clinical Networks and NSLHD Clinical Council.

The Board thanks Ms Latta for the informative presentation.

## **1.2 "People Matters" Staff Survey Results**

Presented by Ms Jane Street, Director Workforce & Culture

This presentation covered the findings from the *People Matters* Staff Survey undertaken in May 2016 which has superseded *Your Say* Survey. *People Matters*, a Public Service Commission (PSC) survey will be undertaken every two years with a shorter questionnaire to occur on alternative years. It was noted that the basis for the questions are set by the PSC.

Ms Street emphasised the importance of these surveys to provide a method of communication to / from staff and to support them to deliver optimum quality patient care. Prior to commencement of the survey, the Workforce & Culture Team had a strong focus on encouraging participation which was reflected in the increased engagement index. It was noted NSLHD is in the top 10 of the 26 NSW Health agencies; in the top 5 LHDs and the most improved LHD in metropolitan Sydney. Information was provided on the most engaged NSLHD sites / Networks and via demographic group.

Also indicated were the areas where improvements are required and the programs that have been instigated to address these areas of concern and to develop both managers and staff alike.

A Workforce and Culture Strategic Steering Committee will be held on 21 December 2016 to ratify the results and actions going forward to 2017. The Chair suggested that these findings be incorporated in the Annual Public Meeting (APM) scheduled for 19 December 2016.

**Action:** Incorporate the findings into the APM scheduled for 19 December 2016.

The Board thanked Ms Street for this presentation and the NSLHD improvement noted within.

## **1.3 Innovation Plan – Progress Report**

Presented by Ms Maree Hynes, Director Performance Innovation & Integrated Care (PI&IC)

Ms Hynes commenced the presentation by providing to the Board the roles and responsibilities of her Directorate. There are four streams of projects: Performance, Strategy and Service Integration, Integrated Care and Innovation – all focused on achieving maximum return on investment.

The methodology that drove the success of the Operational Efficiency and Service Integration (OESI) was reiterated i.e.; strategy, specific goals, strong governance, sufficient resources, engagement with networks and facilities, structured process and evaluation monitoring. This progress has been reapplied to the four streams of initiatives for the upcoming 18 months.

The presentation provided information on the status of each of the initiatives. Integrated Care was not discussed due to time limitations but it was noted that there are existing programs in place and work has commenced on the enhancement of existing or initialising new programs in collaboration with PHNs.

Innovation is currently at the initial stage of investigation and linking has commencement with various related areas within and external to NSLHD. Further investigation will occur on ways to capture and report to the Board on innovative activities and success stories.

The Board advocated for all staff to participate in innovative initiatives to advance NSLHD and asked that staff receive recognition for their contribution. It was also suggested to use either Integrated Care or "Premiers Priorities" to determine investment and utilise an innovative approach as a proof of concept to ensure cost effectiveness. The Chair suggested that investigation into opportunities to partner for funds with external organisations be explored. Overall the Board expressed the view that Ms Hynes' Directorate should be more focused on delivering innovation and creating simple, quick and easy pathways for innovation, rather than detailed, academic planning on how to deliver.

The Board thanked Ms Hynes for the progress report on the Innovation Plan.

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## **2. Patient Story**

The Chief Executive (CE) relayed an email addressed to the CE and Director Nursing & Midwifery NSLHD on an elderly patient's experience at Royal North Shore Hospital (RNSH). The patient expressed her sincere thanks to all whilst she was an inpatient. The patient commented on the rapport that the nursing staff had with the patients and the empathy expressed and in the patient's words "like speaking to a family member".

The patient went on to say that after eight months of trauma, after her recent admission at RNSH she was discharged healthier and in a better frame of mind.

As per the usual procedure, the CE has sent a memo of appreciation to the team at RNSH and written acknowledgment and thanks has been sent to the patient.

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

Attendance and apologies were noted.  
There were no Conflict of Interests noted.

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## **4. Confirmation of Minutes**

Minutes of the meeting held 13 September 2016 were confirmed as a true and accurate record of the meeting with one spelling error and one minor change in syntax noted.

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

### **5.1 Internal Audit Plan – Draft**

The Board **noted** the tabled document and the CE provided additional information.

It was noted that the attached document is focused on corporate rather than enterprise governance and does not include detailed clinical audits which are conducted throughout each facility and reported via Health Care Quality Committee as well as various other

avenues. These detailed audits will be covered in the Risk Management Framework which is current being finalised and which will provide linkage to the Internal Audit Plan.

The Board made the following comments and responses included, where appropriate:

- Report range noted as 1 August 2016 to 31 July 2017; by commencing the Audit Plan in August provides a month to ensure coverage from financial end of year and to undertake testing for the end of financial year corporate governance statement.
- Include the ability to undertake special / additional audits i.e. biomedical equipment testing.
- Amend and review the terminology and wording throughout the document.
- Consideration to include a work, health & safety audit.
- The Internal Audit Report to include wording to the effect that Internal Audit will assess the degree to which the Risk Management Framework is implemented.
- Consider a rolling program to ensure that there is focus year by year on a variety of objectives.

The CE also advised that the RiskIT and SeeIT presentations will be included in the Risk Management Framework agenda item, once the document is finalised.

**Action:** Include RiskIT and SeeIT presentations with the Risk Management Framework agenda item, once the document is finalised. Formal approval of the Draft Internal Audit Plan will occur when the above changes have occurred and considered along with the broader Risk Management Framework.

## 5.2 Trends in Adverse Events

The CE spoke to the tabled documents as listed below.

### 5.2.1 Severity Assessment Code (SAC) 1 & SAC 2 Incident Report

The Board **noted** the tabled document.

### 5.2.2 Root Cause Analysis (RCA) Causal Statements Report

The Board **noted** the tabled document.

### 5.2.3 Complaints and Compliments Report

The Board **noted** the tabled document.

### 5.2.4 Clinical Variation / Optimising Care Referral Note

The Board **noted** the tabled document.

There were no significant issues in the reports provided to the Board.

The CE advised the Board on the work that is currently being undertaken by Clinical Governance to ensure that the reports are reflective, comparative and identify trends etc.

The Board made the following comments on items 5.2.1 to 5.2.4.

- The reports should not be so descriptive but be more focused on analyses comparing to peers and trend analyses for NSLHD
- The Board sought items that are of high concern or emerging trends in a concise report.

## 5.3 Clinical Quality Improvement Plan Referral Note

The Board **noted** the tabled document.

### 5.3.1 Clinical Quality Improvement Plan

The Board **noted** the tabled document.

The Board made the following comments:

- More emphasis on spelling, grammar and completion of sentences.
- Consideration of language and content that are not aligned with the overall objectives and KPIs of the organisation.

The CE advised that this document would be reviewed and refreshed noting the comments received from the Board.

**Action:** Re-presentation of the Clinical Quality Improvement Plan post review and refresh and noting the comments received from the Board.

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## 6. Standing Business

### 6.1 Chief Executive Summary

The Board **noted** the report. The CE took questions arising from the tabled report.

Further details were requested on the decanting and relocation of staff currently located in Building 51. The CE advised that the site for the demountable office building has been determined but the date for decant has not been finalised. The Board was in agreement that an appropriate permanent location should be a priority.

A Board member sought information on the status of the NSLHD Strategic Plan.

**Action:** Invitation to be sent to Dr Bob McDonald for an update on the NSLHD Strategic Plan.

### 6.2 Finance and Performance Report

The Board **noted** the Financial Summary for August 2016

The Director Finance and Corporate Services (DF&CS) provided additional information to the tabled report as listed below.

The result for the month of August has been impacted upon by increased clinical costs at Royal North Shore and Hornsby Ku-ring-gai Hospitals continuing the trend which was first identified in May 2016. This has been compounded by the increased ED and medical admissions at Hornsby Ku-ring-gai Hospital and the effect of premium labour costs associated with this growth. It has been consistently forecast that 2016/17 would be significantly financially constrained compared to prior years, and these further costs have had a strong additional impact on the financial position.

Short term strategies have commenced to mitigate the unfavourable results as noted above:

Hornsby Ku-ring-gai Hospital: Performance monitoring has commenced, short term premium labour strategies initiated, engagement with clinicians and the Director ED regarding admission practise, and opportunities for further bed rationalisation and configuration is being investigated.

Royal North Shore Hospital (RNSH): A six week staff secondment from the Performance, Innovation and Integrated Care team has occurred to provide improved analytical capacity for the present work on improving average length of stay. It was noted that RNSH is still higher in length of stay in some specialities. There is also a plan to increase the utilisation of Transitional Registered Nurses to mitigate premium labour costs and the rectification of the hospital's Isolation rooms will provide an additional opportunity for short term cost reduction.

A detailed reforecast of the projected end of financial year position will be undertaken post quarter one together with financial modelling for 2017/18, taking into account the current trends.

The Ministry of Health has indicated that there is scope to purchase additional NWAUs if the District is experiencing activity above its Service Agreement targets. The DF&CS commented on the significant savings that may be realised from the remodelling of the soft services.

The Board discussed the projected end of financial year position and it was agreed to wait for the end of quarter one reforecast and the findings from the Finance & Performance meeting.

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## **7. New Business**

7.1 Nil

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## **8. NSLHD Committee Minutes**

### **8.1 Audit and Risk Management Committee**

Nil available – next meeting September 2016.

### **8.2 Capital Asset Planning Committee**

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

### **8.3 NSLHD Clinical Council**

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

### **8.4 Finance and Performance Committee**

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

### **8.5 Health Care Quality Committee**

Nil available.

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

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

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

Nil available – next meeting November 2016.

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

Nil available – next meeting October 2016.

### **8.9 NSLHD and Primary Health Network Executive Council**

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

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## **9. Correspondence**

### **9.1 Complaint from Retired Nursing Staff**

The Board **noted** and commented upon the email received from a retired nursing staff.

The Board was advised of the process of complaints and the extensive work undertaken to address staff dissatisfaction i.e. Mental Health Drug & Alcohol Service Workplace Culture Project and the presentations to the Board in May and September 2016 demonstrating the positive workforce cultural changes that are occurring.

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

**10.1** The Board **noted** the documents signed under common seal.

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

1 November 2016, Macquarie Hospital

**Meeting Closed: 7:45pm**

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## **CERTIFIED A CORRECT RECORD**

**By Professor Carol Pollock, Chair  
On 2 November 2016**