

NSLHD BOARD MEETING

TUESDAY, 3 MARCH 2015, 3:45PM

NORMAN NOCK MEETING ROOM 2, KOLLING BUILDING



Health
Northern Sydney
Local Health District

MINUTES

Present:

Professor Carol Pollock	Chair, Board
Dr Dianne Ball	Board Member
Ms Ann Brassil	Board Member
Ms Diane Flecknoe-Brown	Board Member
Dr Michele Franks	Board Member
Mr Andrew Goodsall (<i>via teleconference</i>)	Board Member
Mr Anthony Hollis	Board Member
Ms Betty Johnson AO	Board Member
Ms Beata Kuchcinska	Board Member
Mr Don Marples	Board Member
Associate Professor Annette Schmiede	Board Member
Mr Peter Young	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
Mr Paul Russell	Director Clinical Governance
Dr Adam Rehak	Chair Medical Staff Executive Council (<i>left post OESI Report and returned after the Correspondence report</i>)
Ms Judith Hogan-Wright	Secretariat
Ms Tina Hoang	Secretariat

Apologies:

Ms Maree Hynes	Director Planning, Performance & Innovation
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1. Presentation

Health Care Quality Committee (HCQC)

Presented by Director Clinical Governance

Tabled and **noted** was the referral note, the NSLHD Incident Investigation Management System (IIMS) Board Report on Complaints Types and Trends, the NSLHD IIMS Board Report on Sentinel Events Types and Trends, and the Correct Patient, Correct Procedure, Correct Site (CPCPCS) presentation slides.

The Director Clinical Governance (DCG) provided the Board with further information on the tabled documents. The DCG advised that reference to accreditation for NSLHD refers to all NSLHD services currently being accredited under the new National Standards for safety and quality of healthcare. There are processes in place to ensure evidence is continuously kept track of to assist the accreditation process. This is done via the NSLHD – ACHS EQUIP National Accreditation Steering Committee.

The DCG also highlighted that the 18 complaints noted in the NSLHD IIMS Board Report on Complaints Types and Trends as not having an SAC score allocated in IIMS may be due to the complaint not being actioned or failure to formally close the complaint off in IIMS.

Implementation of a new platform is currently being developed by the Clinical Excellence Commission (CEC) in consultation with Local Health Districts, Networks and other Health Services. The DCG also advised that the CEC has recently released the Clinical Incident Management in NSW Public Health System (January 2011 to June 2014) web-based report. A trend analysis was undertaken for NSLHD and trends have been highlighted in both of the NSLHD IIMS Board Reports tabled. Action plans are also in place to further investigate and where appropriate, address the trends noted in the reports. The DCG further advised that the investigation will help identify the reporting nature of incidences and how comfortable staff are in reporting risk situations and questioning possible risk.

The Chair raised the importance of also investigating low feedback rates to clinicians. In addition, the Chair requested that it also be raised with the Health Care Quality Committee (HCQC) that more than half of the reported incidences were reportedly due to a lack of adherence to the policy and procedures.

The Board raised that the NSLHD IIMS Board Report on Complaints Types and Trends noted an unusually high number of incidents taking longer than 25 days to close for Ryde Hospital. The Chair requested the DCG to raise the matter with HCQC.

The Board also raised the need for an avenue other than IIMS to provide feedback that does not fall under an incident, an adverse event or complaint. The DCG advised that there are proactive approaches, facilities and processes in place for continuous improvement. The DCG also advised that this has been raised with the CEC Incident Management System Steering Committee to consider ways to capture other forms of feedback. In addition, the Chief Executive advised that feedback is captured via various forms for NSLHD, including the staff survey, consumer surveys and YourSay surveys.

Action: The DCG to further investigate and raise the trends noted in the NSLHD IIMS Board Report on Complaints Types and Trends and the NSLHD IIMS Board Report on Sentinel Events Types and Trends with HCQC. In particular, the high number of incidents reported to take longer than 25 days to close for Ryde Hospital; and the incidences in which more than half were reported to be due to a lack of adherence to policy and procedures.

2. Patient Story

The redacted reply from NSLHD following a complaint received in December 2014 to the Board was tabled and **noted**.

3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance and apologies were noted.

Conflict of Interest: Nil, other than those already documented.

The Board thanked Ms Judith Hogan-Wright for her hard work and efforts in supporting the Board and wished her well during her secondment. The Board also welcomed the new Secretariat, Ms Tina Hoang.

4. Confirmation of Minutes

The Board accepted the minutes of the meeting held on 3 February 2015 as a true and accurate record of this meeting.

Following on from the Fire Training provided to the Board at the February meeting, concerns were raised regarding lack of security surveillance, people smoking in stairwells and doors being unsafely and inappropriately kept open.

Action: The CE to provide the Board with an update on the OH&S concerns raised.

5. Ongoing Business (in conjunction with Action List)

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

5.1 Chief Executive Summary

The Board welcomed the Chief Executive (CE) back from leave. The CE thanked the EDO for his hard work and efforts as Acting CE during her leave period. The CE also advised that the Deputy Secretary, System Purchasing and Performance, thanked both the EDO and the Director Finance and Corporate Services for their hard work and efforts.

The format of the CE Summary was then discussed. The Board decided that the summary will revert back to written summary format for the April Board meeting and onwards.

The CE and EDO provided the Board with a verbal update on workforce and litigious issues. The Board noted the verbal update provided with no questions raised on the matters.

5.2 Executive Director Operations Summary

The EDO updated the Board in regards to the Macquarie Hospital site. In September 2014, Health Infrastructure conducted a table top review of the site buildings to update data supplied for the Strategic Site Plan undertaken in 2009.

NSLHD is working with the Ministry of Health (MoH) around the Mental Health Plan, which along with the Mental Health Commission *Living Well* Strategic Plan will inform future plans for Macquarie Hospital site. The key commitment and major focus is to enhance services in the community and ensure better outcomes for people with mental illness, their families and carers. The Chair advised that this is covered in the Strengthening Mental Health Care in NSW brochure, which aligns with the MHC *Living Well* Strategic Plan.

Action: Secretariat to circulate Strengthening Mental Health Care in NSW brochure to the Board.

The EDO provided a brief update on the Integrated Care Program and the Musculoskeletal Initiative in Primary Care. The Integrated Care Program aims to support the implementation of the NSLHD Clinical Service Plan via the Clinical Networks, particularly where there are opportunities for improved patient outcomes through integration. The Board discussed the opportunity for the NSLHD Integrated Care Program to deliver a distinctive integrated care service and that it is committed in providing ongoing support for the Program.

Action: A further update on the Integrated Care Program will be provided at the April Board meeting.

5.3 Finance and Performance Report

The Board **noted** the tabled Finance Report. The year to date result and the year-end forecast was discussed. The Director Finance and Corporate Services (DFCS) advised the Board that the forecast model is now indicating a year end deficit below the target deficit set by MoH. Also noted was the receipt of formal advice that the LHDs performance level has improved to a level 2 from level 3. The CE reiterated that this was made possible by the collective effort of all staff. The CE further advised in the next 12 months, provided service agreement negotiations and input from the Board and Clinical Council supports, funds will be allocated for innovation proposals from staff.

The Board raised that such progress and improvements could be made more transparent to NSLHD staff. It was suggested that a newsletter would provide a good avenue to recognise progress, improvements and achievements.

Action: The Chair will look into a newsletter being produced to recognise progress, improvements and achievements within NSLHD.

The Chair, NSLHD MSEC raised that while discussions around progress are imperative, it is important for the Board to be provided with background on how they were achieved and whether there were any unintentional consequences as a result. The Chair, NSLHD MSEC referred to anecdotal examples of operating theatre access at Royal North Shore (RNS). The issues had not been raised with EDO, NSLHD.

Action: The Chair, NSLHD MSEC to provide detail in relation to operating theatre access at RNS to enable the EDO to investigate whether there has been any unintended consequences for clinical care.

The DFCS provided the Board with an update on planned Ear, Nose and Throat (ENT) activity in NSLHD facilities. Funding is received for residents outside of the District (non-NSLHD patients) via the NSLHD base activity targets. However, this makes NSLHD vulnerable to in-year changes in referral patterns that increase elective patient volumes from non-NSLHD residents. This will continue to be monitored by the Finance and Corporate Services Division.

The DFCS further explained the sources of *Other Revenue* noted on page 9 of the tabled Finance Report. In addition, the investment of patient funds was also discussed.

The Board thanked the DFCS for the comprehensive Finance Report provided.

5.4 OESI Report

The OESI Report was tabled and **noted** by the Board. The DFCS spoke to this report and advised the Board that there has been a marked improvement to the previous month's results, in line with the overall position of NSLHD. The Board commented that it is important to ensure improvements and revenue gains are appropriately recognised.

The CE advised that a presentation was provided to the Clinical Council on Medical Imaging (MI) on 2 March 2015. The MI review has been completed with several opportunities to implement various improvements.

The Chair requested an MI update to be provided to the Board in coming months.

Action: Secretariat to arrange for a Medical Imaging update to be provided to the Board in coming months.

5.5 Northern Beaches Sub Committee (NBSC)

The Board **noted** the meeting minutes provided. The Board discussed audit and risk matters noted on page 3 of the meeting minutes. To ensure the effectiveness of the NBSC, it was suggested that the NBSC Chair meets with the CE to discuss the committee's objectives and the interaction with management and other committees. In addition, the meeting will also be utilised to discuss concerns raised around audit and risk management resources including meeting time constraints and whether more frequent meetings need to be held.

Action: NBSC Chair to meet with the CE regarding the Northern Beaches Sub Committee and audit and risk management resources.

5.6 ECT Issues

The Board **noted** the tabled referral note. The NSLHD Internal Audit intermittently conducts audits across the Mental Health Drug and Alcohol (MHDA) service and makes recommendations as a result. There are a number of actions associated with MHDA audits which have not been closed out, particularly those concerning the ECT Review.

The EDO advised that a deadline of June 2015 has been provided. The Chair reiterated that with the significant time period already provided for this to be closed out, June 2015 is the utmost and absolute deadline.

Action: The CE and EDO to relay to the Director Mental Health Drug & Alcohol (MHDA) the urgency of the actions associated with the ECT Review to be closed out by June 2015.

5.7 Medicare Locals Strategic Plan

The Board **noted** the tabled referral note. The EDO further advised that following the review of Medicare Locals by the Australian Government, new Primary Health Networks (PHNs) will replace Medicare Locals from 1 July 2015. In the meantime, the plan is to progress the current joint strategies with Medical Locals and develop LHD priorities while awaiting the outcome of the Commonwealth tender process.

Action: The Deputy Chair to forward information to the EDO concerning PHNs.

The Board raised the need for the inclusion of Allied Health, a greater consumer focus and the need for consumers to be provided with education and training on self-managed care. The Board also raised the need for there to be parameters around innovation when approaching integrated care.

Action: The Secretariat to circulate the Integrated Care – Planning and Innovation Fund paper to the Board noting information on integrated care and innovation.

5.8 Maternity Vaccine Fridge

The Board **noted** the tabled referral note. Further to the referral note, the EDO advised that to ensure appropriate processes and systems are in place, the NSLHD Clinical Governance unit will undertake a spot audit of one high risk area per National Standard Criteria and the Board will subsequently be provided with an update.

Action: The EDO to provide the Board with an update following the spot audit of one high risk area per National Standard Criteria undertaken by the NSLHD Clinical Governance unit.

5.9 Board Charter – Updated February 2015

The Board endorsed the tabled Board Charter. The Chair approved for the Board Charter to be made available on the NSLHD Board webpage.

Action: Secretariat to organise for the endorsed Board Charter to be made available on the NSLHD Board webpage.

Action: The Chair to update the Board calendar for circulation.

6. Capital Planning Update

6.1 Hornsby Ku-ring-gai Hospital Redevelopment

The Board **noted** the tabled referral notes concerning Stage 1 and 2 Redevelopment of Hornsby Ku-ring-gai Hospital.

6.2 Royal North Shore Developments / CSB

The Board **noted** the tabled referral note concerning the key issues and progress of the RNS Redevelopment.

6.3 Northern Beaches Redevelopment – Frenchs Forest update

The Board **noted** the tabled referral note concerning the Northern Beaches Health Service Project.

7. New Business

7.1 PCCPC Action Plan 2015

The Board **noted** the composite Action Plan for both the Peak Community & Consumer Participation Council (PCCPC) and the Community Participation Unit of the NSLHD. The Board was advised that the Community Manager position has recently been vacated and will be recruited to in due course. In the meantime, the Board was asked to take into consideration the possible delays as a result. The Chair suggested arranging a “traffic light”/balanced scorecard to support the PCCPC and the Action Plan.

Action: The CE to discuss with the PCCPC Chair and the Director Clinical Governance, arrangement of a “traffic light”/balanced scorecard to support for the PCCPC Action Plan.

7.2 AMP Capital acquires RNSH PPP

The Board **noted** the memo tabled. The CE and EDO advised that further to AMP Capital acquiring the RNSH Public Private Partnership, a series of meetings will be held with their Social Infrastructure Investment Director and Team. It was suggested that a meeting also be held with the Head of Investment or alternatively a Board Director of AMP Capital to relay the priorities of RNSH and NSLHD. The suggestion was noted by the Board, CE and EDO.

8. Standing Agenda Items

8.1 NSLHD Committee Minutes

8.1.1 Health Care Quality Committee

The endorsed minutes from the meeting held 13 November 2014 and draft minutes from the meeting held 12 February 2015 were **noted** by the Board.

8.1.2 Medical and Dental Appointments Advisory Committee (MDAAC)

The endorsed minutes from the meetings held 10 December 2014 and 28 January 2015 were **noted** by the Board.

8.1.3 Finance and Performance Committee

The draft minutes from the meeting held 16 December 2014 were **noted** by the Board.

8.1.4 NSLHD Clinical Council

The endorsed minutes from the meeting held 1 December 2014 and the draft minutes from the meeting held 2 February 2014 were **noted** by the Board.

8.1.5 Medical Staff Executive Council (MSEC)

Nil available. Meeting minutes for 16 February 2015 is expected to be available later in March 2015.

8.1.6 Peak Community and Consumer Participation Council (PCCPC)

The draft minutes from the meeting 22 January 2015 were **noted** by the Board.

8.1.7 NSLHD and Medicare Locals Consultative Council

Nil available. The next meeting is scheduled for 10 March 2015.

8.1.8 Capital Asset Planning Committee

Nil available. The next meeting is scheduled for 16 March 2015.

8.1.9 Integrated Risk Management Advisory Committee (IRMAC)

The draft minutes from the meeting held 5 November 2014 were **noted** by the Board. The meeting scheduled for February 2015 has been cancelled.

8.1.10 Audit and Risk Management Committee

Nil available. The next meeting is scheduled for 23 March 2015.

8.1.11 Education Sub-committee

The draft minutes from the meeting held 9 December 2014 was **noted** by the Board.

8.1.12 Research and Innovation Sub-committee

Nil available. The meeting scheduled for 20 January 2015 has been cancelled. Next meeting scheduled for 17 March 2015.

8.1.13 Aboriginal Health Advisory Committee

The Board **noted** the quarterly update provided.

8.1.14 Northern Beaches Hospital Project Sub-committee

Awaiting initial meeting.

9. Correspondence

The Board **noted** the following tabled correspondence.

9.1 Letter from Medical Staff Council, Royal North Shore Hospital (RNSH)

The Board **noted** the letter sent by the Chair, RNSH Medical Staff Council to the NSLHD Board.

9.2 Reply from NSLHD in response to letter from Medical Staff Council, RNSH

The Board **noted** the reply sent to the Chair, RNSH Medical Staff Council by the Chair of the NSLHD Board.

10. Items without Notice

The CE reminded Board Members to complete the Capacity Assessment Project (CAP) survey due COB 3 March 2015. It is expected that LHD facilitated discussions will then occur (dates will be confirmed by MoH).

Action: Secretariat to contact MoH to seek extension of the CAP survey closing date for the Board.

The CE advised that a number of meetings have been arranged with Healthscope to discuss staff and workforce matters.

The CE further advised that the endorsed Hornsby Clinical Services Plan has been considered by the NSW Ministry of Health, with financial support of \$200m to be allocated for Stage 2 redevelopment, with the proviso of re-election.

The CE also reminded the Board that the caretaker period commences from 6 March 2015 until either the election result is clear or the new Premier is commissioned to form the Government.

10. Venue, date and time for next meeting

Boardroom, Building 51, RNS Hospital
Tuesday, 7 April 2015 commencing 3.30pm

Meeting Closed: 6.50pm

CERTIFIED A CORRECT RECORD

**By Professor Carol Pollock, Chair
On 28 May 2015**