

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 (<i>via teleconference</i>)	Board Member
A/Professor Annette Schmiede (<i>via teleconference</i>)	Board Member
Mr Peter Young	Board Member

In attendance:

Adj. Associate Professor Vicki Taylor	Chief Executive, NSLHD
Dr Andrew Montague	Executive Director Operations
Ms Jacquie Ferguson	A/Director Finance & Corporate Services
Ms Maree Hynes	Director Planning, Performance & Innovation
Ms Tina Hoang	Secretariat

Apologies:

Dr Adam Rehak	Chair Medical Staff Executive Council
Mr Lee Gregory	Director Finance & Corporate Services

1. Presentation

Client Services Plan

Presented by Ms Jacquie Ferguson, Acting Director Finance & Corporate Services

The Board noted the tabled referral note and the NSLHD Client Service Plan 2015.

The Acting Director Finance and Corporate Services (A/DFCS) further discussed the referral note and plan, noting that Tab A, B and C were incorrect inclusions with the referral note relating to the end of year forecast which will be addressed at the May Board meeting following the Finance and Performance Committee meeting. Items noted as a high potential risk were further discussed. An audit of fundraising arrangements was then discussed by the Board with the item taken on notice by the Chief Executive (CE).

Action: DFCS to provide the Board with clarification of NSLHD fundraising arrangements

The CE reiterated that the improvements noted by the Audit Office of NSW had occurred by the collective effort of all staff, which the CE advises was also recognised by the Chief Financial Officer, NSW Ministry of Health (MoH). It was suggested that the Director, Financial Audit Services and Chair of the Audit and Risk Committee be invited to a Board meeting held later in 2015.

Action: Secretariat to organise for the Director, Financial Audit Services and Chair of the Audit and Risk Committee to attend a Board meeting in late 2015 and amend the Annual Board Calendar.

2. Patient Story

The CE relayed to the Board a patient story that was received in February 2015. The patient gave detailed feedback on the patient care received at Royal North Shore Hospital's Emergency Department, thanking staff for their rapid assessment of the patient's condition, the attentive care and treatment as well as the post-operative and home care received. The patient also expressed their wish to support the North Shore Heart Foundation in heart disease treatment and prevention research.

The CE commented that the patient experience was an excellent example of integrated care and Departments working together.

3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance and apologies were noted.

Conflict of Interest: In addition to those already documented, Associate Professor Annette Schmiede declares conflict of interest as she is a shareholder of Imaging Partners Online (IPO).

4. Confirmation of Minutes

The Board requested the following amendments to the March meeting minutes:

- Page 1: "ASAC" should be amended to "SAC"
 - Page 3: Should include reference to the Board's commitment to providing ongoing support for the Integrated Care Program and delivery of a distinctive integrated care service
 - All personal references to Board members are to be removed
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5. Ongoing Business (in conjunction with Action List)

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

5.1 Chief Executive Summary

The CE Summary report was tabled and noted by the Board. Matters raised at the interactive staff session held on 2 March 2015 were addressed in the Report. There was concern regarding bed block within Operating Theatres at Royal North Shore Hospital (RNSH) and a suboptimal ability to provide gender specific rooms at RNSH. The CE advised that the Nurse Manager, Operating Theatres at RNSH has reviewed data over the past six months and confirmed that no adverse events relating to an inability to transfer a patient from the Operating Theatre to Recovery have been noted or escalated in the Incident Information Management System (IIMS).

The CE further advised that in cases whereby there is a high occupancy level and patients have had to be admitted to a mixed gender ward, Nursing Unit Managers are encouraged and supported to monitor and relocate patients out of mixed gender four bedded areas within 24 hours to a same gender room. The bed configuration within the Acute Services Building (ASB) of RNSH has also been reviewed to maximise configuration and capacity following the opening of the Clinical Services Building (CSB) and transfer of orthopaedic/trauma wards from the ASB to CSB.

In addition to the aforementioned concerns raised at the staff session held on 2 March 2015, the Chair, NSLHD Medical Staff Executive Council (MSEC) also raised a matter concerning operating theatre access at RNSH with information to be provided to the

Executive Director Operations (EDO) for the matter to be followed up. The CE advised that no information has been received at the time of the April Board meeting.

The Board raised questions around implementation of the no smoking by-laws and issuing of penalty fines across NSLHD. The CE advised that following introduction of the by-law, the feedback has been positive. Staff have been supportive of the new by-law and security staff will undertake audits at various entry and exit points. There will be a staged implementation.

The format of the CE Summary was then discussed. The Board thanked the CE for the Report with a request for report attachments to note which require comment and/or notation.

5.2 Finance and Performance Report

The March Finance Report was tabled and noted by the Board. The year to date result and the year-end forecast was discussed. The Acting Director Finance and Corporate Services (A/DFCS) advised the Board that in line with February's finance forecast, the forecast model indicates a year end deficit below the target deficit set by the NSW Ministry of Health (MoH). The A/DFCS also flagged that the reference to the budget surplus on page 1 of the Finance Report was recorded for February (not January).

The CE advised that the LHD is on track and plans to deliver an improved result than the originally agreed target. The CE also advises that following AMP Capital securing the RNSH Public Private Partnership, there will be meetings held with the AMP Capital Social Infrastructure Investment Director and Team. The CE advised that updates will be provided to the Board following the meetings.

The EDO updated the Board on performance targets. The EDO advised that the LHD's overall performance has improved significantly in February with National Emergency Access Target (NEAT) results improving. There has been an increase in presentations staying in the Emergency Department for more than 24 hours, however, it was flagged that multiple factors have contributed to this i.e. the cases are predominantly of mental health.

5.3 Operational Efficiency & Service Integration (OESI) Report

The OESI Report was tabled and **noted** by the Board. The Director Planning, Performance and Innovation (DPPI) spoke to this report and advised the Board that there have been exceptional gains in initiatives. However, there has been an unfavourable variance on Medical Workforce and Imaging, Nursing and Pathology Ordering.

The Board raised questions concerning the obstacles of remediating the unfavourable variances. The DPPI advised that there are plans in place to determine and identify opportunities for cost savings and change throughout the remainder of the year and into 2015/16. The objective is to use data to help guide workforce needs as well as having engagement with stakeholders.

The DPPI further advised that an increase in Medical Imaging staff appointments has resulted in an increased year on year expenditure. As an initiative to reduce overtime paid to junior medical staff, overnight reporting at RNSH has been outsourced to an external radiology provider, Imaging Partners Online from 9 March 2015. It is expected that this will help reduce registrar workload and demands on Medical Imaging staff.

The EDO advised that there has been a significant improvement in the Finance and Performance Team of RNSH. The Team is focused and on track. The A/DFCS advised that in addition to investing greatly in training, there has been great effort and collaboration from District and NSLHD site specific teams working together to produce reports that will assist clinician managers in implementing effective systems across NSLHD. The Board thanked the A/DFCS for the hard work and efforts that has helped make this happen.

The Board requested a presentation of the changes going forward for OESI. This includes presenting on what was learned, where it could be applied and how it could be maximised going forward.

Action: The Director Planning, Performance and Innovation (DPPI) to present to the Board in July.

5.4 Northern Beaches Sub Committee (NBSC) Update

The NBSC Update is to be discussed at the next Board meeting.

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. The CE advised that the Headspace Brookvale centre was recently officially opened by the Prime Minister and the CE of Headspace. The centre provides youth support and mental health services for people between the ages of 12 and 25.

7. New Business

7.1 Assignment of Common Seal Documents

The items were noted by the Board.

7.2 Risk Register Report

The Board noted the tabled referral note and the Risk Register Report Summary. The Board raised concern regarding the trend of the risk rating for the *Mental Health Presentations to Ryde Emergency Department* item. The EDO advises that the increased risk rating is incorrect and that the matter will be discussed with the Director Clinical Governance.

Action: The EDO to discuss the risk rating for *Mental Health Presentations to Ryde Emergency Department* with the Director Clinical Governance.

The Board also raised concern regarding the risk rating for the *Inability to produce accurate reporting of staff attendance at education due to transition from Pathlore to HETI* item. The CE advised that this is a reporting issue and that a meeting has been arranged with the HETI CE to follow-up on the matter.

Action: The CE to update the Board following meeting with HETI.

The Board further raised concern around the effectiveness of the Risk Register Report. The Board requested that the report provides the LHD's risk profile and what actions are in place to address the risks. In addition that commentary is included for any risk items marked as an extreme risk or increased risk. The CE advised she has also raised this with the Audit and Risk Management Committee.

Action: The CE to discuss the format of the Risk Register Report Summary with the Director Clinical Governance.

7.3 **Clinical Quality Improvement Plan 2015-2018 Update**

The CE advised that the Clinical Quality Improvement Plan 2015-2018 is being further reviewed. An update will be provided to the Board at the May Board meeting.

Action: The CE to provide an update on the Clinical Quality Improvement Plan 2015-2018.

7.4 **Board Update (via Board webpage) vs. Board Newsletter**

The Board discussed what would be the most effective way to improve communication. The Board agreed that when relevant, updates should be posted to the Board webpage. However, for long-term engagement, regular interactive staff sessions and site tours will be most effective. The Board hence unanimously agreed that there will be no Board Newsletter, however, it would be helpful to be provided with the LHD's communication strategy.

Action: The CE to discuss with the Director Communications and Executive Support Unit and provide a communication strategy to the Board.

The Board also requested that the Board Webpage includes a short description of the Board Charter next to the access link.

Action: The Director Communications and Executive Support Unit to include a short description of the Board Charter on the NSLHD Board webpage.

7.5 **Annual Board Calendar**

The updated Annual Board Calendar was noted by the Board.

8. **Standing Agenda Items**

8.1 **NSLHD Committee Minutes**

8.1.1 **Health Care Quality Committee**

The endorsed minutes from the meeting held on 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 11 February and 25 February 2015 were **noted** by the Board.

8.1.3 **Finance and Performance Committee**

The endorsed minutes from the meeting held 16 December 2014 and 24 February 2015 were **noted** by the Board.

8.1.4 **NSLHD Clinical Council**

The endorsed meeting minutes for 2 February 2015 were **noted** by the Board. The Chair advised that there will be a restructure of Board attendance at subcommittee meetings. The item will be tabled for discussion at the May Board meeting. It was suggested that the EDO speaks to the Board members who will be representing the Board at the Clinical Council Committee meeting.

8.1.5 **Medical Staff Executive Council (MSEC)**

The draft meeting minutes for 16 February 2015 were **noted** by the Board.

The Board raised questions regarding the Mental Health Drug & Alcohol (MHDA) update noted in the MSEC minutes. The EDO advised that the minutes were in draft and are yet to be reviewed by and discussed with the relevant Executives.

8.1.6 Peak Community and Consumer Participation Council (PCCPC)

Nil available. The meeting minutes of 4 February 2015 and 1 April 2015 were not yet available.

8.1.7 NSLHD and Medicare Locals Consultative Council

Nil available. The meeting scheduled for 10 March 2015 was cancelled. The next meeting will be held on 14 April 2015. The Deputy Chair advised that the Council is anxiously awaiting an update on Medicare Locals and Primary Health Networks.

8.1.8 Capital Asset Planning Committee

Nil available. The last meeting was held on 16 March 2015 and the next meeting is scheduled for 15 June 2015.

8.1.9 Integrated Risk Management Advisory Committee (IRMAC)

The endorsed minutes from the meeting held 5 November 2014 were **noted** by the Board. The next meeting is scheduled for 6 May 2015.

8.1.10 Audit and Risk Management Committee

Nil available. The last meeting was held on 23 March 2015.

8.1.11 Education Sub-committee

The endorsed minutes from the meeting held 9 December 2014 and 6 February 2015 were **noted** by the Board.

8.1.12 Research and Innovation Sub-committee

Nil available. The meeting scheduled for 17 March 2015 was cancelled. The next meeting is scheduled for 19 May 2015.

8.1.13 Aboriginal Health Advisory Committee

The next quarterly update will be provided in June 2015.

8.1.14 Northern Beaches Hospital Project Sub-committee

To be discussed at the May Board meeting.

The Board raised that there are limitations around appreciating the context of the Committee meeting minutes without access to the documents tabled for the Committee meetings. The CE advised that a solution will be considered (i.e. via a secure Board document sharing service) and provided back to the Board at a subsequent meeting.

Action: The CE to consider how Committee meeting papers could be securely made available to the Board.

The Board raised questions concerning the role of Board committees in governance versus management. The Chair advised that the Board Committee Structure will be tabled for discussion at the May Board meeting.

9. Correspondence

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

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

The Board **noted** the letter sent to the Chair, RNSH Medical Staff Council (RNSH MSC). A meeting was subsequently held between the CE, EDO and the new Chair, RNSH MSC to discuss how communication and engagement could be improved and more effective. It was agreed that a monthly meeting between the CE, EDO and Chair, RNSH MSC would occur.

9.2 Email from NSW Kids + Families CE – Request to meet with NSLHD Board re Implementation of Health, Safe and Well: A Strategic Plan for Children, Young People and Families

The Board **noted** the communication from NSW Kids + Families and agreed for NSW Kids + Families to attend a subsequent Board meeting to discuss the implementation of the strategic plan.

Action: Secretariat to arrange for NSW Kids + Families to be invited to a Board meeting to discuss implementation of the strategic plan.

10. Date, Time & Venue for Next Meeting

Boardroom, Building 51, RNS Hospital
Tuesday, 5 May 2015 commencing 4.00pm

Meeting Closed: 7.10pm

CERTIFIED A CORRECT RECORD

By Professor Carol Pollock, Chair
On 28 May 2015