

NSLHD Board

MEETING DETAILS

Date: Tuesday 20 June 2017 commencing 4:30pm

Venue: Boardroom, Lumby Building, Hornsby Ku-ring-gai Hospital

Present:

Mr Trevor Danos AM	Board Chair
Dr Dianne Ball	Board Member
Adjunct Professor Ann Brassil	Board Member
Professor Elizabeth Chiarella	Board Member
Mr Andrew Goodsall	Board Member
Mr Brad Goodwin	Board Member
Mr Anthony Hollis	Board Member
Ms Beata Kuchcinska	Board Member
Mr Don Marples	Board Member
Adj. Associate Professor Annette Schmiede	Board Member
Mr Keith Skinner	Board Member – via T/C (in-camera session only)
Clinical Associate Professor Saxon Smith	Board Member – via teleconference (T/C)

In attendance:

Ms Deborah Willcox	Interim Chief Executive, NSLHD
Mr Christopher Thomson	A/Director Finance & Corporate Services
Ms Elizabeth Curran	Executive Director Operations NSRHS & NSLHD
Dr David Jollow	Chair, Medical Staff Executive Council
Ms Lavena Ramdutt	Director, Office of the Interim Chief Executive
Ms Judith Hogan-Wright	Secretariat

Apologies:

Adj. Associate Professor Vicki Taylor	Chief Executive NSLHD
Dr Harry Nespolon	Board Member

At 4pm, Board members were taken on a 30 minute tour of the Intensive Care Unit (ICU).

Action: Leadership Walk Arounds to be arranged by the Secretariat for each of the facilities, including Community Health Centres for approximately 3-4 hours duration. As part of the Walk Arounds, there will be an opportunity for Board members to meet with Junior Medical Officers (JMOs) and Heads of Departments.

At 4:30pm, the Board and the Chair, Medical Staff Executive Council (MSEC) held a 30 minute in-camera session.

The Board Chair took the opportunity to thank and present a token of the Board's appreciation to the Interim Chief Executive and the Director, Office of the Interim Chief Executive for their commitment over the last four months.

MEETING DETAILS

1. Patient Story

1.1 Clinical Excellence Commission (CEC) video

The Interim Chief Executive (I/CE) presented a video produced by the CEC titled *The Day Family's Story - Responding to Family Concerns*. It was a very emotional video and aligned with the Ministry of Health's strong focus on Quality and Safety. The I/CE discussed the emphasis of addressing complaints personally with empathy in a prompt manner.

The Chair discussed a recent letter of complaint and will at an appropriate time endeavour to make contact with the widow and invite her to address the Board.

Action: The Secretariat to distribute the letter of complaint to the Board and the Chair, MSEC.

1.2 REACH Program

The Board took as read the tabled briefing paper prepared by the I/CE covering the patient and family activated rapid response program developed by the CEC, titled *REACH (Recognise, Engage, Act, Call, Help is on its way)* – A Patient and Family Activated Escalation Model. This document provided background information and the embedding of this program within NSLHD.

2. Attendance / Apologies / Quorum / Conflict of Interest

Attendance and apologies were **noted**.

The Chair asked those present to declare any additional or new conflicts of interest. None was declared.

3. Confirmation of Minutes

3.1 NSLHD Board meeting held 16 May 2017

Minutes of the meeting were confirmed as a true and accurate record of the meeting.

3.2 Northern Beaches Hospital Workshop held 6 June 2017

Minutes of the workshop were confirmed as a true and accurate record of the meeting.

4. Ongoing Business (in conjunction with Action List)

4.1 National Disability Insurance Scheme - NDIS

The Board **noted** the briefing paper and the I/CE answered the questions raised by the Board Chair and the Board regarding NDIS. The I/CE advised that a Project Officer will be appointed to develop the business case, liaise with the Ministry of Health, investigate data, identify service gaps, list resourcing requirements, and identify and quantify costs and benefits for NSLHD involvement in NDIS. The Board provided to the I/CE a direction that no commitments regarding NDIS are to be made without Board approval.

Action: The I/CE to provide a briefing paper and further information regarding NDIS; due July 2017.

4.2 Duress Alarms in Emergency Departments – Royal North Shore Hospital (RNSH)

The Board **noted** the briefing paper and the I/CE provided further details. Procurement of the duress alarms has commenced. Action item now closed.

4.3 Additional Mechanisms to Improve Clinician Engagement at NSLHD

The Board **noted** the briefing paper. The I/CE was requested to include Clinical Engagement in the monthly Chief Executive Report and it was noted that this is a Key Performance Indicator in the Service Agreement between the MoH and each LHD.

Action: Clinical Engagement to be included in the monthly Chief Executive Report.

4.4 NSLHD Client Services Plan – for the year ending 30 June 2017

The Board **noted** the plan provided by the Audit Office of New South Wales.

4.5 NSLHD Consumer, Community, Carer and Communications Committee

The Board **noted** the tabled document and the Chair, Consumer, Community, Carer and Communications (4Cs) Committee addressed the questions from the Board. The Chair 4Cs Committee felt that the resources available to support this committee are not sufficient.

Action: The Chair, 4Cs Committee to table a work plan for the next 6 to 12 month and for the Chief Executive and the Board Chair to assist in finessing this plan; due to the Board in August 2017.

4.6 RNSH Public Private Partnership – Financial Arrangements

The A/Director Finance & Corporate Services (A/DF&CS) advised the Board that at this time there is no more to report, but further details will be available at the August Board meeting.

4.7 NSLHD Capital Works, Property and Contract Management Group

The Board **noted** the tabled paper and the A/DF&CS answered the questions raised. The A/DF&CS confirmed that the vacancies noted in the document did not impede on the deliverables of this group.

4.8 Delegations Manual – Board Charter of Authority

The Board Chair spoke to a tabled email outlining items for consideration to be included in the NSLHD Delegations Manual that are under the designation of the Board. In addition to those listed in the email, the Board's Charter of Authority to include consultation on the appointment of a Tier 2 Director or equivalent position.

Action: The I/CE to review the list in consideration for inclusion in the Delegations Manual under the auspices of the Board and prepare a paper for discussion at the July Board meeting.

4.9 Kolling Institute Strategic Review

The Board **noted** the review and also tabled were comments from a Board member. The Board Chair commented that commissioning this review provided the catalyst for discussion on the Kolling Institute's future direction. The review identified the deficiencies of and within the building and these were discussed as well as proposing the development of a five year business plan. Various matters were discussed and in particular the governance structure of this institute and the number of outside organisations seeking to participate in research projects.

The Board Chair outlined the work currently being undertaken on the "next steps". The Board Chair assured members that issues under consideration include research in the District that is not being done in the Kolling building and research into areas of nursing and allied health.

The Board Chair also updated the Board on the status of the Kolling Foundation. It was stated the review paper is still to be received and recommendations on this report are due and will be tabled later this year, but positive actions are underway.

5. Standing Business

5.1 Board Chair Report

The Chair outlined the matters which have occupied him over the last month:

- Meeting held with the Clinical Network Director, Division Surgery & Anaesthesia.

Action: Invitation to be extended to Dr Michelle Mulligan to address the Board; to be arranged ASAP by the Secretariat.

- Meeting held with Mr Craig McNally, Chief Operating Officer, Ramsay Health Care (Ramsay) and Professor John Horvath AO, Strategic Strategic Medical Advisor for the Ramsay Board to discuss the current and future relationship with Ramsay. It was suggested that the I/CE also meet Mr McNally (who has now become the CEO of Ramsay).
- The I/CE and Chair met with the University of Sydney regarding the Kolling Institute review.
- Meeting held with PriceWaterhouseCoopers on social impact investment bonds.
- Meeting held with Professor Kathryn Refshauge, Dean, Faculty of Health Sciences, University of Sydney and the Vice Chancellor's delegate for NSLHD.
- Meeting held with Professor Patrick McNeil, Executive Dean of the Faculty of Medicine and Health Sciences, Macquarie University
- The Chair discussed the tabled email regarding his recommendation for improved access / covered walkway from St Leonards train station to the Acute Services Building (ASB).

Action: Mr Brad Goodwin has agreed to be the lead on this project and will work with the I/CE to improve access to the ASB; update due August 2017. Following resolution of improved access to the ASB from St Leonards train station, exploration of access at other facilities will commence.

- The Chair and Board discussed the recent adverse media coverage titled *Our Sick Hospital, Hornsby Advocate, 15 June 2017*. The Board Chair sought from the I/CE guidance to ensure attention on Hornsby Ku-ring-gai and Ryde Hospitals facility improvements. The I/CE updated the Board on the budget provided for Hornsby redevelopment and the opportunity to seek further funds for improvement on various service provisions.
- The Board Chair and I/CE have had discussions regarding NSLHD culture improvements and Ernst & Young will be appointed to undertake staged change management for the District.
- Tabled for the Board's information was a document titled *The Tyranny of Excessive Medical Hierarchy*.

Action: The Secretariat to distribute a hard copy of the above document to the Chair 4Cs Committee and to distribute to all Board members the video on The Tyranny of Excessive Medical Hierarchy ASAP.

5.2 I/Chief Executive Report

The Board **noted** the report and the report was taken as read. The I/CE added further details to the report as listed below.

- “Dr Sarang Chitale” matter is close to completion with no serious matters to report.
- Performance – activity is slightly higher than target and presentations to emergency are higher than previous years.
- Emergency Treatment Performance tracking well.
- Additional funds have been secured to assist with winter planning which will be directed to RNSH.
- Additional theatres sessions have occurred to address Category 2 wait lists.

- Finance performance is tracking well and will be discussed in detail by the A/DF&CS.
- The I/CE reported the Health Budget for 2017/18 has recently been received and it is pleasing to note that the majority of the requested enhancements have been incorporated in the budget. Detailed information will be presented in the July Board meeting. The I/CE will be sending to the staff a communique thanking them for their work, celebrating the year in review and updating them on the year to come.
- NSLHD Strategic Plan – Performance Measures.
Action: The I/CE to provide the draft performance measures covering the NSLHD Strategic Plan at the July Board Meeting.
- A NSLHD-wide newsletter is close to finalisation.
- Work is being done on identifying revenue implications to NSLHD of the opening of the Northern Beaches Hospital.
- *People Matter* 2017 Staff Public Sector Employee Survey will end on 30 June 2017 and many avenues are being undertaken to encourage full staff participation.
- The Northern Beaches Project Management Office (PMO) is operational with resourcing continuing and work flows on communication etc being developed. Major risks regarding this project were discussed and the Board Chair outlined the work being undertaken within and external to NSLHD to overcome all issues. The Board was also updated on the progress to recruit a Tier 2 executive to be the manager of the NSLHD's relationship with the Northern Beaches Hospital.

5.3 NSLHD Board – Finance, Risk and Performance Report – April 2017

The Board expressed its thanks to the I/CE, Director, Office of the Interim Chief Executive, and the A/DF&CS and his team for the improvement in the report providing clarity and substance to the data provided. The next development in this report will be the inclusion of a roadmap aligned with each of the facilities. The Board Chair requested that the Chair, FRAP relay the dissatisfaction noted in the meeting and to take all appropriate action to address delays in submitting SP&T claims.

5.3.1 NSLHD Revenue Strategy

The report was taken as read and **noted** by the Board.

5.4 NSLHD Risk Report – District, Site & Service

Referral and reports were tabled and **noted**. Again the Board wished to convey its thanks to the Chief Risk Officer for the improvement in reporting.

5.5 Ministry of Health Summary of all LHDs – April 2017

The report was noted and the Board acknowledged the achievements by NSLHD in comparison to other LHDs and in particular to the Emergency Treatment Performance (ETP) achievements. The Board was informed that this has come about as a result of continued strong performance from Manly, Mona Vale and Ryde Hospitals plus significant improvement at RNSH and Hornsby. RNSH in particular has been highly focused on ETP improvement work in the past three months which has included additional projects and efforts from hundreds of medical, nursing, allied health, cleaners, Support Services Officers (SSOs) and many other staff of RNSH and the district. The MoH has also noted RNSH's ETP improvement compared to last year on the weekly ETP calls with the Executive Director Operations NSLHD. As a result of these efforts, over 4,500 patients a month are now moving through the Emergency Department in RNSH in less than four hours which leads to a better experience and outcomes for patients. Transfer of Care (ToC) performance has also improved since last year and in particular at RNSH over the last three months which has been a part of the same improvement work.

6. New Business

The Chair discussed the topics of discussion from the Ministry of Health's Local Health District and Specialty Network Board Members Conference 2017 held on 19 June 2017. In follow up and to provide commitment by NSLHD Board to the matters discussed, it was agreed to hold various meetings to address specific topics outside of Board meeting dates. It was suggested and agreed upon to hold half day meetings/workshops covering Quality & Safety including Patient Communication, Risk and Strategic Planning.

Action: The Chair and Secretariat to prepare a schedule and suggested dates covering half day meetings/workshops and distribute to the Board with the first workshop covering Quality & Safety; due July 2017.

Action: The I/CE to prepare a paper on what a half day workshop on Quality & Safety might cover including clinical engagement and consumer involvement, and with the inclusion of clinicians as part of the workshop; due July 2017.

Action: The I/CE to consult with the Chief Risk Officer in particular around the development of the risk register for the facilities and then to provide suggestions as to when a half day Risk Workshop should be held, due July 2017.

A Board member commented on the recent fire in London which caused the death of many and sought assurance that facilities within NSLHD are not at risk.

Action: The I/CE to provide a briefing note outlining which facilities have cladding that might be combustible, due July 2017.

Action: The I/CE to table a proposal for a graduate program at NSLHD at the July Board meeting.

Action: The Secretariat to confer with the Chair on how JMOs might be invited to present at a future Board meeting; due July 2017.

7. Committee Performance Reports

7.1 Integrated Care Portfolio – Report to the Board

The Board advised the I/CE that this report to the Board was rejected.

Action: An improved report providing detailed analysis and recommendations to be presented to the Board in July.

8. NSLHD Committee Reports

8.1 Board Audit & Risk Committee

Nil – next meeting scheduled for 30 June 2017.

8.2 Clinical Council

The Board **noted** the endorsed April 2017 minutes.

8.2.1 Clinical Council Terms of Reference (ToR)

The Board endorsed the ToR.

Action: I/CE to provide a briefing note regarding the requirements of the Model By-Laws and to include whether the provision in the ToR for a Board member to be a member of the

Council is correct and if so, whether the Board member needs to be medically qualified; due by July 2017.

8.3 Consumer, Community, Carer & Communication Committee

The Board **noted** the draft May 2017 minutes.

8.4 Finance, Risk and Performance Committee

The Board **noted** the draft April 2017 minutes.

8.5 Health Care Quality Committee

The Board **noted** the endorsed March 2017 minutes.

Action: The HCQC Chair to table a written report for the Board's information on matters of concern and any trend issues, as per the ToR.

8.6 Medical Staff Executive Council

The Board **noted** the draft February 2017 minutes.

8.7 NSLHD & Sydney North Primary Health Network Executive Council

Nil – next meeting scheduled in July 2017.

8.8 Research, Innovation, Teaching and Education Committee

The Board **noted** the draft March 2017 minutes.

Committee Support

The Board discussed the level of support provided to the Board committees and the delays in obtaining minutes of committee meetings. It was stated that the minutes are to be produced within three working days of the committee meeting.

Action: I/CE to address the noted shortfall in Board committee support and to ensure minutes of meetings are produced within three working days of the meeting; update due August 2017.

Action: I/CE to contact all Chairs of the Board committees to gauge the level of support and resources for these committees; due July 2017.

The Board Chair commented on the Annual Public Meeting scheduled later this year, and is seeking a more consumer focus and to encompass all NSLHD stakeholders.

Action: The Chair, 4Cs Committee was asked to present at the July / August Board Meeting ideas, themes and an improved running sheet of this meeting, as well as suggestions on venue.

9. Correspondence

9.1 Ministry of Health – NSLHD Performance Update

The I/CE allayed any concerns that the Board members had regarding the letters from and to the MoH regarding performance.

10. Date, time and Venue for Next Meeting

18 July 2017, commencing at 4:30pm, Boardroom, Building 51, RNS campus

Meeting Closed: 8pm

CERTIFIED A CORRECT RECORD

**By Mr Trevor Danos AM, Chair
On 19 July 2017**