NSLHD BOARD MEETING

TUESDAY, 5 APRIL 2016
BOARDROOM
LHD EXECUTIVE, BLDG 51, RNSH

Health
Northern Sydney
Local Health District

M I N U T E S

Present:

Professor Carol Pollock	Chair, Board
Adjunct Professor Ann Brassil	Board Member
Ms Diane Flecknoe-Brown	Board Member
Mr Andrew Goodsall	Board Member
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
Adj. Associate Professor Vicki Taylor	Chief Executive, NSLHD

In attendance:

Dr George Lau	Chair MSEC (via telephone)
Dr Andrew Montague	Executive Director Operations NSRHS
Mr Lee Gregory	Director Finance & Corporate Services
Ms Carol Parker	Secretariat

Apologies:

Mr Don Marples	Board Member

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1. Presentations

1.1 Mr Daniel Hunter, CE Healthshare

The Chair introduced Daniel Hunter, Chief Executive and Tom Begeng, Chief Operating Officer, HealthShare (HS) who presented an overview of HS NSW and the services provided to the Northern Sydney Local Health District (NSLHD). Services include Linen Services, EnableNSW (Aids and equipment program), Service Centres (financial transactions and payroll, food and patient support services, warehousing and distribution).

The new service centre pricing model changes will provide Health Agencies with mechanisms to influence their costs by varying their demand; increase pricing transparency and equity and to allow comparison against industry benchmarks.

The transition of soft services at Royal North Shore Hospital (RNSH) will commence on 28 April 2016, and will be a mixture of mature and new services for HealthShare. There are a number of service scope challenges and a vast amount of information in current service scope documents.

The objectives that HS will attempt to achieve will be: initially maintain existing services; improve service delivery and provide additional advice to NSLHD for an improved market test process; pass-through costing for six months (within budget) then an agreed pricing / abatement process; maximise headcount / resource / knowledge retention; and provide a “separable” model for the market test process.

The next key steps in the transition process will be the formal novation of the existing remaining supply contracts and resolving rostering challenges.

Key Challenges / Risks:

- IT systems network management approach agreed but not formalised
- Offers and acceptances of existing ISS management staff
- Rostering knowledge.

The Board queried if there would be any impact on patients in regard to food services. Mr Hunter assured the Board that there will not be any impact and it is hopeful that the service delivery model trialled at Mona Vale Hospital will be implemented at RNSH as it has had excellent outcomes and will eventually be rolled out across the State.

In response to a query regarding the skills gap in cleaning services i.e. cleaning of research areas and operating theatres etc., HealthShare has advised that that this is being managed through the relevant working group and will be mitigated through secondment of specialist staff and training if required. It was reiterated that in most cases, the same staff will be delivering the service/s.

Communication strategies have been discussed with both HealthShare and NSLHD. Further communication to staff will be provided when details are finalised.

1.2 Presentation 2016 NS AHSC Operational Plan – Professor Jonathon Morris

Professor Morris provided background information on the Northern Sydney Academic Health Science Centre (NS AHSC). Three universities; University of Sydney (USyd), Macquarie University and University of Technology Sydney (UTS) have now partnered with NSLHD in progressing the NS AHSC.

The NSAHS Executive Leadership Group consists of delegates from NSLHD, Northern Clinical School, Macquarie University Hospital, Macquarie University and University of Sydney.

Program objectives are to support projects in collaboration with NS AHSC Partners and Sydney Health Partners. Some projects are discovery of devices, therapeutics and diagnostics (SPARK) program. Some of the projects identified by ELT and Network Leads that have recently been provided to the university partners to review are; Hornsby Healthy Kids Program Evaluation, Ambulatory Care Services, Youth Health Services, CHOC Evaluation, Residential Aged Care, Ageing Well and Health Promotion Development.

The Translational Research Grant Scheme from the Ministry of Health saw the following three projects approved for full application; Lithium Clinic, Reducing Poly-pharmacy in the elderly and Nurse initiated pain relief for hip fracture in the elderly.

The clinical networks have been involved with the NS AHSC. Research leaders have been identified within each networks and they will be the interface with the NS AHSC. Dr Montague and Ms Hynes recently met with a private company, Lakeba to discuss the concepts of how to leverage innovation.

In regard to Governance, it is the District that is the leader and has the controlling interest. It would be beneficial to have an understanding of funding sources and detailed business cases will be required for consideration/evaluation by NSLHD.

It was suggested that capabilities in regard to writing up of business cases be improved.

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2. Attendance / Apologies / Quorum

Attendance and apologies were noted.

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3. Conflict of Interest

Conflict of Interest: Nil

4. Confirmation of Minutes

4.1 Minutes of the meeting held 1 March 2016 were confirmed as a correct record of that meeting with the following amendment.

Item 7.2 internal audit plan – the minutes should read *"the over-arching framework for a risk management plan be presented to the Board"*

5. Ongoing Business (in conjunction with Action List)

Board involvement in the Strategic Services Plan
The Chair advised that a number of Board members had indicated a wish to be involved in the Plan. A decision has not yet been made; being mindful that several Board members tenure will be ending this year and it may be more useful for those members whose tenure is continuing to be involved.

5.1 Clinical Services Plan 2015-2022 Quarterly Report
The Board **noted** the report which is also presented to the NSLHD Clinical Council on a quarterly basis.

Clinical Council concerns were noted in regard to the quarterly timeframe, validity and volume in reporting on the recommendations in the CSP and that the networks have taken on 98 (61%) out of a total 161 recommendations for 2016.

It was noted that further work with the Clinical Networks is required to; reprioritise the program for each network across the life of the Plan; ensure that current projects are sufficiently scoped so that they address the recommendations; that timeframes are realistic and integration of projects across networks are aligned with LHD priorities.

Comments:

- It was noted that the majority of the plan is green, in regard to those items not completed there should be a response outlining actions to be taken to address.
- Some of the items were not aligned to the recommendations and there is a need to know if the recommendations are on track. The CE advised that the similar comments had been made by the Planning Unit, particularly the number of recommendations underway at one time. It is suggested that the document go back to the team to be re-worked and report back to the Board in approximately three months' time. Dr Ball indicated that she would be happy to have input into the report.
- It was also suggested that a further column be added that included the role responsible or accountable officer for the issue and that the quarterly report should be agreed on milestones and not actions.

Action: CE to re-present the Plan to the Board in approximately three months' time.

6. Standing Business

6.1 A/Chief Executive Summary
The Board **noted** the report.
The Chair reiterated on behalf of the Board their thanks to the Executive for their work and filling in whilst the CE was on leave. The Chair also welcomed back the CE on her return.

In regard to the invitation to the Northern Beaches staff from Healthscope to have input into clinical models of care, initially the invitation is only for Manly and Mona Vale staff.

Key objectives of the Workforce Plan are to match clinical staff from the two hospitals to the new hospital. It is likely there will be a blended workforce. Initial interest has been positive.

6.2 Finance and Performance Report
The Board **noted** the Financial Summary for February 2016.

The LHDs result for the month was a budget surplus, this was primarily driven by favourability in patient fees and grants and other revenue. Other user charges have been impacted by a decrease in child care fees due to the permanent closure of one of the child care units. High cost drugs are also tracking below budget in expense and revenue (equal and opposite offsetting).

FTE increased by 93 FTE primarily due to an overlap of new trainee staff (JMOs & TRNs) and vacancies being filled.

The acute hospitals increased the number of beds open by 106 in February, in line with seasonal activity which was associated with an increase in productive FTE across acute hospitals.

Public Health Insurance (PHI) rate is 88%, additional training for administrative staff has been responsible for the increase through an increased identification of patients holding PHI which has increased the KPIs denominator.

VMO 'Top-Up' payments will cease end of March 2016, for the Beaches and Hornsby Ku-ring-gai Hospitals.

Note: Percentage rate on page 3 should read 0.17 on year to date; this will be corrected for next month's report

Operational/ Activity Data
In February, the number of ED presentations was the highest year-to-date.

Royal North Shore (RNS) Public Private Partnership (PPP) Update
Government approval has been received for the interim measure of HealthShare providing Soft FM services on the RNS campus for a term of up to 18 months. A Steering Committee and Transition Working Group has been established including all stakeholders. These include representation from InfraShore, Health Infrastructure and NSW Treasury as well as the District / HealthShare.

Negotiations are underway to reach resolution on all the outstanding Hard and Soft FM issues prior to transition to HealthShare on 28 April 2016.

6.3 OESI Report
The Board **noted** the February 2016 report. Future reports will be incorporated into Standing Business.

6.4 NDIS Update
The Board **noted** the Referral Note.

The implementation of the NDIS in NSLHD will commence on 1 July 2016 in NSLHD.

Services currently provided by Ageing, Disability & Home Care (ADHC) will be provided by a range of Non-Government Organisations (NGOs). People currently utilising ADHC services will be transitioned into services provided by new providers. There is a concern that a number of providers will not be able to employ appropriately skilled staff, resulting in increased pressure on

acute and community health services. To date, there are no new agencies contracted in the NSLHD catchment area to provide these services.

To manage the identified risks for the implementation of the NDIS, the NSLHD Executive approved the recruitment of an NDIS Implementation Manager for a period of three years and funding for an external Needs Assessment of the NSLHD catchment area.

On 18 March 2016, in line the NSW Government Contracting and Tender policies, eleven vendors were provided with Request for Quotation (RFQ) documentation regarding the Needs Assessment. The closing dated for Tender submissions is 1 April 2016.

As the new Director Allied Health, Jennifer Duncan has had experience with the implementation of NDIS in a previous role at Hunter New England Local Health District and has been asked to be the Strategic Project Lead of the NDIS at NSLHD. A risk and opportunities assessment has also been requested on the implementation which will be reported to the Board.

6.5 Integrated Care Update
The Board **noted** the Referral Note

The CE provided an update on the Integrated Care Program. This has progressed a little further than indicated in the report. The Program now sits in the Performance, Innovation and Integrated Care portfolio (Maree Hynes, Director). Tender responses have been received and are being evaluated.

6.6 Client Services Plan
The Board **noted** the Plan.

The Board **endorsed** the plan for CE sign off.

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7. New Business

7.1 Council of Board Chairs Update
Professor Pollock advised the Board on discussions held at the recent Council of Board Chairs held on 14 March 2016. Elizabeth Koff has been appointed to the A/Secretary position. The Secretary updated the meeting on the Premier's priorities and what is required in terms of Board accountability. A further priority has been added - the 5% reduction in child obesity. Mr Glen King from the Department of Premier and Cabinet has been charged with ensuring that all Premier's priorities are met. The process around Peak Activity will be re-introduced for the winter period. Budget and Federation reform were discussed regarding the Federal and State priorities including long term hospital funding. The future might see the return of ABF funding; in the interim it is likely to be block funding.

Primary Healthcare main change will be bundled funding; the Federal report will be forwarded to the Board for information.

Mental Health Reforms first tranche has been implemented. Major focus is the deinstitutionalisation of patients over 65 years of age back into the community e.g. Digby house at Gladesville and Lavender House at Macquarie.

There also appears to be a move back to a more centralised system. It was suggested that clinical variations be reported to the Board.

Domestic Violence now sits within the Health Portfolio. The CE will follow up on what the NSLHD responsibilities are in terms of Domestic Violence now sitting in the Health Portfolio.

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8. NSLHD Committee Minutes

8.1 Audit and Risk Management Committee
The Board **noted** the draft December minutes

Action: the updated risk management framework be circulated to the Board

8.2 Capital Asset Planning Committee
The Board **noted** the draft November 2015 minutes

8.3 NSLHD Clinical Council
The Board **noted** the endorsed minutes of February 2016 and draft minutes of March 2016

8.4 Finance and Performance Committee
The Board **noted** the draft minutes of February 2016

8.5 Health Care Quality Committee
The Board **noted** the endorsed minutes of February 2016

8.6 Medical and Dental Appointments Advisory Committee (MDAAC)
The Board **noted** the endorsed minutes of February 2016

8.7 Medical Staff Executive Council (MSEC)
The Board **noted** the next meeting is to be held in May 2016

8.8 Peak Community and Consumer Participation Council (PCCPC)
The Board **noted** the next meeting is to be held in April 2016

In response to a query regarding the Education Committee and if Board members need to be on the Committee, the Committee was to continue but not as a sub-Board Committee. Further work is required on the TOR which is being overseen by the Director Nursing & Midwifery. The CE and Executive are currently reviewing the NSLHD Committee structures and will advise the Board on attendance at Committees that are not Board sub-committees.

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9. Correspondence

9.1 Aerial view Northern Beaches Hospital was noted by the Board

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10. Date, Time & Venue for Next Meeting

3 May 2016, Building 51, Executive Office, RNSH. BoardPad training will commence at 3:30pm.

Meeting Closed: 7:30pm

CERTIFIED A CORRECT RECORD

By Professor Carol Pollock, Chair
On 5 May 2016