

MINUTES

Present:

Mr Trevor Danos AM	Chair, Board
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
Dr Harry Nespolon	Board Member
Adj. Associate Professor Annette Schmiede	Board Member
Mr Keith Skinner	Board Member
Clinical Associate Professor Saxon Smith	Board Member – via teleconference

In attendance:

Mr Lee Gregory	Acting Chief Executive, NSLHD
Ms Elizabeth Curran	Executive Director Operations NSRHS & NSLHD
Mr Christopher Thomson	Acting Director Finance and Corporate Services, NSLHD
Dr David Jollow	Chair, Medical Staff Executive Council
Ms Judith Hogan-Wright	Secretariat

1. Welcome

The Chair welcomed the NSLHD Board members and attendees to the initial Board meeting for 2017.

1.1 Presentation to the Board

At the invitation of the NSLHD Board Chair, Mr Sam Sangster, Chief Executive, Health Infrastructure (HI) addressed the Board on the Royal North Shore Hospital (RNSH) Masterplan and the proposed office tower development (with ground floor childcare) by the Ministry of Health (MoH) in Zone 8, so as to inform the Board against a background of recent correspondence to the Board from Dr Bruce Cooper and a recent newspaper article from the North Shore Times which included comments from Dr Tony Joseph. The letter and the newspaper article were tabled and **noted**.

It was explained that as agreed by the NSW Government, areas labelled as 4a and 4b located within Zone 8 are currently being transferred to Property NSW and that the areas to the north of Zone 8 will undergo enhancement and extensive landscaping to improve open space utilisation. Mr Sangster advised that the proposed development was not inconsistent with the Masterplan and that the proposed development did not limit future expansion including for clinical and carer accommodation purposes. The provision of childcare facilities during and post development was outlined. It was stated that NSLHD staff will have priority to these facilities. Concerns regarding the temporary location of the childcare facilities were discussed and solutions are being identified. The availability of carer accommodation in the Douglas Building was outlined.

The Board thanked Mr Sangster for the information provided.

1.2 Feedback from the meeting of 28 January 2017

The action list from this meeting was **noted** and the Board was alerted to those items still progressing to completion.

2. Patient Story

The Acting Chief Executive (A/CE) relayed comments from a recently discharged patient of RNSH received via the NSLHD-ChatBack email address. Mr Gregory noted that this story highlighted an area necessitating improvement which is currently being addressed at RNSH.

The email highlighted the delay in the discharge process which was distressing to the patient.

NSLHD has sent a letter of apology to the patient and the Executive Director Operations North Shore Ryde Health Service and NSLHD (EDoP) advised on process improvement currently being undertaken. It was noted that the A/CE / EDoP would like to share in more detail with the Board the improvement program 'Best Care Together' currently being progressed at RNSH.

The Chair recommended that the correspondence be sent to Consumer, Community, Carer and Communication (CCCC) Committee for review including the suitability and appropriateness of responses to complainants and any learnings and process and system improvements.

Action 1: The A/CE to forward correspondence to CCCC Committee for review.

Action 2: CCCC Committee to report back to the Board their review – date to be agreed upon.

3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance was noted; there were no apologies.

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

4. Confirmation of Minutes

Minutes of the meeting held 13 December 2016 were confirmed as a true and accurate record of the meeting.

5. Ongoing Business (in conjunction with Action List)

5.1 RiskIT and SeelT backup procedures

The Board **noted** the tabled document prepared by Ms Louise Derley, Director Internal Audit and presented by Mr Lee Gregory.

5.2 In Patient Death – Advice to GP

The Board **noted** the comments by Ms Elizabeth Curran, EDoP in response to concerns by the Board at the December 2016 meeting relating to GP notification of a patient whilst in hospital. The EDoP reported on the findings of an audit that was undertaken: 100% of discharge notifications had been sent; 70% received by the GPs; 30% not received by the GP were investigated with the findings of GP contact details either missing or incorrect. From this audit, action items have been identified with a designated team to address this anomaly and a further audit will be undertaken in six months. A Board member suggested that it be standard practice for the treating team to alert the GP practice by phone of the patient's death in hospital as soon as possible. It was also suggested that all correspondence relating to a patient be copied to the GP.

The Chair recommended that this matter be referred to the CCCC Committee for any learnings and process and system improvements.

Action 1: The EDoP to provide the audit and its investigations to the CCCC Committee for review.

Action 2: The CCCC Committee to report back to the Board their review – date to be agreed upon.

5.3 Top 10 Risks by District

A referral note prepared by the Director Internal Audit was tabled and **noted** by the Board.

5.3.1 Top Risks by District Report prepared for the MoH was **noted** by the Board.

5.3.2 Top Risks by Site and Service Referral Note was **noted** by the Board.

5.3.3 Top Risks by Site and Service Report was **noted** by the Board.

The Top Risks by Site and Service will be tabled each month.

The Board commented favourably on the breakdown reports and their utility and observed this will be a work-in-progress over coming months. The Board also commented some inconsistencies in approaches between different sites and services. Consideration of the RiskIT software capability and standardisation of risk tolerance was discussed.

Action: The Board was asked to provide initial feedback on the breakdown reports to the Finance, Risk and Performance (FRAP) Committee.

5.4 NSLHD Clinical Services Plan 2015-2022 quarterly update

The Board **noted** the tabled Referral Note and Report prepared under the directorate of the EDoP. Comments will be passed on to the A/Manager Operations NSLHD for the improvement in formatting and resulting clarity in the report.

5.5 SafeWork NSW – Enforceable Undertaking

The Board **noted** the tabled document prepared by the Director Workforce & Culture.

5.5.1, 5.5.2, 5.5.3, 5.5.4 supporting documents to the **Enforceable Undertaking** were **noted** by the Board.

5.6 Annual Public Meeting - Complainant

The Board **noted** the tabled document prepared by the Director Clinical Governance.

5.7 NSLHD Strategic Plan 2017-2022 - Update

The Board **noted** the tabled document from the Acting Chief Executive.

Some Board members commented upon difficulties in providing feedback via the interactive link: <https://www.surveymonkey.com/r/NSLHDStrategicPlan>. The Board was asked to provide their feedback via the email address listed in the tabled document by no later than 28 February 2017.

6. Standing Business

6.1 Board Chair Report

The Chair outlined the matters of prominence which has focused his attention recently and the work that has been undertaken. In addition it was discussed:

- Private, Public Partnership (PPP) of the RNSH concerning the soft Facilities Management (FM) provisions returning to the private sector in October 2017.
- The relocation of the NSLHD Executives and staff currently accommodated in Building 51 and 52 and related issues associated with the childcare facilities.
- The area on which the old RNS Hospital was located and its possible rehabilitation.

The Acting Chief Executive (A/CE) provided further information on the soft FM provider transition and the work that has been undertaken to ensure the scope of service and its delivery is to the satisfaction of RNSH.

Action: The A/CE to provide to the Board at the March 2017 meeting the issues regarding the previous PPP soft FM provisioning and details on the current procurement. This report will be initially tabled at the FRAP Committee meeting and then brought to the Board.

6.1.1 Kolling Institute Strategic Review which covered the requirement for the review and the draft Terms of Reference were **noted** by the Board. An updated document was also tabled and **noted** by the Board.

The Chair provided further background information on the current structure, the concerns of NSLHD, the objectives of this review and the contents of the discussions held with key stakeholders including the University of Sydney. It is expected that a report will be completed no later than 10 June 2017 and the Board's review and endorsement will be sought. There will be an opportunity for NSLHD to make a submission via the Teaching, Innovation, Research and Education (TIRE) Committee.

A Board member proposed that the final report should cover translational, multi-disciplinary research.

Action: The TIRE Committee to be charged with the collation of the submission – completion date to be confirmed.

It was reiterated that all communication on the proposed review should be via the Board Chair.

The Chair updated the Board on the Kolling Foundation commencing with the history of the Foundation, the current framework including the Public Ancillary Fund (PAF) agreement, the duration of the agreement, fundraising results and recent meetings with key stakeholders. Discussions continued on the fundraising visions and objectives for NSLHD.

The A/CE addressed the Board on the opportunity to reinvigorate fundraising for NSLHD.

The Board Chair discussed the NSLHD and Primary Health Network Executive Council meeting he recently attended. The draft Terms of Reference for this committee currently lists two Board members be part of this Executive Council. Board members reiterated the Chair's commented on the importance of this partnership and the benefits to be gained by aligning the goals of these two organisations.

Action: The EDoP to prepare a report for the March 2017 Board meeting on NSLHD interaction with the Primary Health Network Executive Council.

Also discussed was the membership of the Medical and Dental Appointments Advisory Committee (MDAAC) as listed in the Terms of Reference: Chair, as nominated by the NSLHD Board and two members appointed by the Board – at least one of whom is not a medical practitioner.

Action 1: The Board to advise the A/CE their nominations for the above positions currently vacant in the Medical and Dental Appointments Advisory Committee.

Action 2: A report with recommendations to be prepared for the March 2017 Board.

The Board agreed that the MDAAC minutes not to be tabled going forward and any items of material interest to be included in the CE Report under the section, Medical Workforce.

6.2 Chief Executive Summary

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

The A/CE outlined the discussion held with the MoH at the Performance Meeting held on 15 February 2017; NSLHD performance remains on level 0. The MoH was provided with details on the work currently being undertaken on Elective Surgery Access Performance (ESAP) and Emergency Treatment Performance (ETP) and in particular the work currently being undertaken at RNSH. Further details will be covered in the presentation to be held at the March 2017 Board meeting by the EDoP. The financial forecast was also discussed in detail with the MoH; they are comfortable with the projections in consideration of the pressures currently being experienced by NSLHD.

6.2.1 Board Audit & Risk Committee Independent Member

The Board discussed and **noted** the Curriculum Vitae for the additional Independent Member as mentioned in the Chief Executive Summary.

6.3 Finance and Performance Report

The Board **noted** the Financial Summary for December 2016 and was taken as read.

6.3.1 January 2017 Flash Report

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

The late tabled report, January YTD 2017 Results and Forecast 2016/17 Outlook was presented by the Acting Director Finance and Corporate Services NSLHD. High activity levels continued in January 2017 which was first evidenced in November 2016 with no relief. Higher activity levels have resulted in higher salaries and wages and associated expenditure. The previous forecast has been recalibrated and reported to the MoH. The Improvement Plan is well underway with a number of initiatives and there is a cohesive approach by all senior executives and their directorates to achieve improved quality and efficiencies. Finance is confident to achieve a balanced budget in 2017/18 given past achievements and the strength of NSLHD's collaboration in delivering high quality and sustainable health services.

6.4 MoH Performance summary of all LHDs – December 2016

The Board **noted** the tabled performance report covering all the LHDs; the Board took comfort at the performance of NSLHD in comparison to peers.

7. New Business - Nil

8. NSLHD Committee Minutes

8.1 Board Audit and Risk Committee (BARC)

Nil available – next meeting March 2017.

8.2 Clinical Council

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

8.3 Consumer, Community, Carer and Communication (CCCC) Committee

The Board **noted** the draft PCCPC November 2016 minutes.

8.4 Finance, Risk and Performance (FRAP) Committee

The Board **noted** the Finance and Performance endorsed November 2016 minutes.

8.5 Health Care Quality Committee (HCQC)

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

8.6 Medical and Dental Appointments Advisory Committee (MDAAC)

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

8.6.1 Medical and Dental Appointments Advisory Committee (MDAAC)

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

8.7 Medical Staff Executive Council (MSEC)

Nil available – next meeting February 2017.

8.8 NSLHD and Primary Health Network Executive Council

Nil available.

8.9 Teaching, Innovation, Research and Education (TIRE) Committee

Nil available – committee currently being formed.

9. Correspondence - Nil

10. Miscellaneous

10.1 Electronic delivery of board papers

Due to time constraints, this agenda item will be attended to via email to the Board members.

11. Date, Time & Venue for Next Meeting

21 March 2017, commencing at 4:30pm at Boardroom, Building 51, RNS campus

Meeting Closed: 7:30pm

CERTIFIED A CORRECT RECORD

By Mr Trevor Danos AM, Chair

On 21 March 2017