

MINUTES

Present:

Mr Trevor Danos AM	Chair, Board
Dr Dianne Ball	Board Member – via teleconference
Adjunct Professor Ann Brassil	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 – via teleconference
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:

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

Apologies:

Professor Elizabeth Chiarella	Board Member
-------------------------------	--------------

The Board Chair congratulated Dr David Jollow on his re-election as the chair of NSLHD Medical Staff Executive Council and the importance of the work and relationship of the Council to the District. The Board echoed the Chair's comments.

1. Presentation

1.1 Sydney North Primary Health Network

The Board Chair welcomed to the meeting Dr Magdalen Campbell, Chair of Sydney North Primary Health Network (SNPHN) and Ms Lynelle Hales, Chief Executive Officer of SNPHN. Dr Campbell and Ms Hales spoke to the presentation slides providing more in-depth information. It was emphasised that SNPHN and NSLHD share the same community and hence the importance of strong relationships and shared strategic goals.

The presentation covered the development of SNPHN since inception in 2015, the key commissioning services provided and the future commissioning activities planned. A collaborative project with NSLHD is the HealthPathways, an online local health information portal for GPs which will be launched on 30 May 2017.

Ms Hales spoke of the positives working with the full spectrum of health care providers whether private or public to improve health care integration and outcomes. Also discussed was the large amount of work undertaken since 2015 by SNPHN, in particular the mapping of services and systems to identify gaps in service provision, funding these gaps and value adding to existing services.

The work of SNPHN on the patient centred medical care model was expanded upon as well as the commissioned services and activities in response to the identified gaps in the existing alcohol and drug services. Also currently being undertaken by SNPHN is work to identify

service gaps and provide funding to local coordinated networks (groups of GP practices within a specific area) for identified resources.

The Board was asked for comments, with several members noting the benefits to patients for improved District, GP and allied health alignment and the linking of services resulting in improved integrated healthcare.

The Board thanked Dr Campbell and Ms Hales for the presentation and welcomed the closer working collaboration of these two organisations. The Chair noted a number of ways in which collaboration would occur including involvement of the District executive with the SNPHN executive, quarterly and semi-annual meetings, a representative of SNPHN being appointed to the Consumer, Community, Carer and Communication committee and SNPHN being a standing agenda item in the to the Interim Chief Executive's (I/CE) monthly report to the Board.

Action 1: The Board Chair to provide to SNPHN the NSW Human Services Agreement linkage via NSW ProcurePoint in relation on contract obligations for NSW Health.

Action 2: The proposed meetings between NSLHD and SNPHN to be forwarded to I/CE's office for diary management.

2. Patient Story

The I/CE spoke to a pleasing letter relayed from the Minister for Health and Medical Research from a grateful family after a very stressful situation involving two family members. Thanks were conveyed to NSW Ambulance and the teams at Ryde Hospital and Royal North Shore Hospital.

The I/CE provided to the Board medical background information on the procedures undertaken. The letter highlighted the efficiencies and close working relationship of NSW Ambulance and NSLHD in dealing with complex and chronic patients. The Board **noted** the correspondence and thanked the I/CE for an interesting patient story.

3. 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.

4. Confirmation of Minutes

Minutes of the meeting held 18 April 2017 were confirmed as a true and accurate record of the meeting.

5. Ongoing Business (in conjunction with Action List)

5.1 National Disability Insurance Scheme (NDIS) - Update

The Board **noted** the briefing note from the Director Nursing and Midwifery NSLHD providing background and an update of the NDIS Transition Plan. The I/CE agreed with the Board Chair's suggestion to include NDIS and NDIS transition and its implications for the District as a standing agenda item in the I/CE's monthly report to the Board.

Action: I/CE to provide a monthly update to the Board on NDIS and NDIS transition and its implications for the District.

5.2 CORE Values - Update

The Chair pre-empted I/CE presentation by providing positive comments on the handout of the CORE Values brochure. The Board noted the tabled document and presentation. The Chair then commented on continuing unacceptable behaviours by individuals within NSLHD who were not observing the CORE Values and was given full backing by the Board for management to eliminate this culture to ensure that NSLHD is an employer of choice.

The I/CE provided personal comments on unacceptable behaviours as did other NSLHD employees. Two Board members made mention of the operationalization of their respective organisation's behaviour and values charter and the embedding of behaviours in staff performance appraisals. Board members recommended that the CORE Values be relaunched following establishment of new processes, with external advice as necessary. Further discussions covering the work of other organisations to address this matter including the Australian Army and interstate hospitals and the possible utilisation of an on-line application to provide a secure and confidential method to report incidents of unacceptable staff behaviour was mentioned.

Action: I/CE to provide a paper on the next steps of the CORE Values operationalization for the June 2017 Board meeting.

5.3 Royal North Shore Public Private Partnership (PPP) Financial Arrangements

The A/Director Finance and Corporate Services provided an update on the negotiations currently underway between HealthShare, Ministry of Health (MoH) and the District involving the financial implications of the PPP arrangements. A written confirmation has been received from the CFO of HealthShare (HS) covering the 2016/17 financial year. For the financial period of 2018 through to 2020 discussions are currently underway with HS and the MoH. Although in principle agreement has been acknowledged, written confirmation of this arrangement is sought.

Action: The A/DF&CS to obtain written confirmation from the MoH covering the period through to 2020 for the financial arrangements for the RNSH PPP.

5.4 NSLHD Clinical Services Plan 2015-2022 - Quarterly Update

The report was noted and further details provided by the EDoP. The Board Chair sought further details on those items identified with a (M) Minor delay or Risk and (R) Major delay or Risk to allay any concerns. In response, the EDoP advised that recruitment is currently being undertaken to a role that oversees this Clinical Services Plan and at the next quarterly review more granularity will be included in the report. It was also commented upon the work being undertaken by the NSLHD Clinical Council and the reform initiative from MoH *Leading Better Value Care* all aligning to improved patient outcomes.

Action: At the next quarterly update due in August 2017, the EDoP to ensure that more granularity is included in the report.

5.5 Patient Story – training for those involved in complaint handling

The I/CE advised the committee that training has been undertaken. **Action:** Closed.

5.6 Patient Story – strategic overview of patient, carers and consumers

The Chair of Consumer, Community, Carer and Communication committee advised that a report will be tabled in June 2017 covering consumer awareness and consumer responsive culture within NSLHD.

5.7 Northern Beaches Hospital Matters – PwC NBH report

The Board Chair advised that this report will be presented at the NBH Strategy Meeting scheduled for 6 June 2017. **Action:** Closed.

5.8 Board Chair's Lunch / Dinner

A list of emerging leaders from across NSLHD has been provided to the I/CE for her review for invitees to the informal event with the Board Chair and/or Board Members. This action item will be held open to pick up the holding of the first event and the review of the success of the first event.

5.9 NSLHD Delegations Manual

The request to locate a delegations manual to identify and delineate the charter of authority which falls to the Board has been reassigned to the Board Chair.

Action: Board Chair to locate delegations manual covering the authority which falls to the Board to be tabled at the June Board meeting.

5.10 Kolling Institute Strategic Review

The Board Chair advised that the report has been completed and received. This will be provided to the Board with the papers as an agenda item for the June Board meeting. The Board Chair went on to note that there are only three recommendations and discussions with the University of Sydney on the next steps will be arranged.

6. Standing Business

6.1 Board Chair Report

The Chair had no further commentary to add to those provided as noted in these minutes.

6.2 Interim Chief Executive Summary

The Board **noted** the report and the report was taken as read and the I/CE provided additional commentary on the following items.

"Dr Sarang Chitale": Staff interviews have commenced at Hornsby Ku-ring-gai, Manly and Mona Vale Hospitals and I/CE is awaiting the final report on this matter.

Global Transcription Services: Work is well underway on an electronic method of despatching referral notes.

Duress Alarms: Work continues on the full compliance to the audit's recommendations. The I/CE allayed the Board's concern regarding the RNSH Emergency Department by commenting on the ED layout and provision of security staff stationed within this area.

Action: I/CE to provide further updates and full adherence with the audit's recommendations in June's I/CE Report.

Performance: Activities continue to increase across the District, with Emergency Treatment Performance is noted having a steady improvement month by month. The I/CE advised of the work currently being undertaken to address and improve the Elective Surgery waiting lists which has a significant impact on performance KPIs. Board members mentioned methods to pro-actively address these waiting lists which have been taken on notice by I/CE.

Innovation Program: The I/CE update the Board on recent activities and the Board Chair acknowledge this program has great benefits not only for the District but to the applicants.

Financial Performance: The year to date continues to be unfavourable with Hornsby Ku-ring-gai Health Service a focus for improvement. Next month's financial position is on track to deliver a deficit as per the advice provided to the MoH.

The Board Chair advised that it is prudent to identify funds held-in-reserve for extraordinary expenses or to fund innovative programs in future budgets for the long term benefit of NSLHD.

The Chair of Board Finance, Risk and Performance (FRAP) Committee was asked to speak on the financial position of NSLHD. Adj. Associate Professor Annette Schmiede spoke of the continuing increase in activities year on year. In recent years the increase in presentations and admissions have occurred in those months where previously there was low activities and as a consequence, there was a demand for premium and/or contract labour. Adj. Associate Professor Schmiede made the comment that volatility is now the normal. The Chair advised those NSLHD executives to seek and source every opportunity to address these shortfalls but added a caveat that projects of importance must not be sidelined. The Board added their weight of support to NSLHD executives on the work being undertaken in financial and performance improvements.

In conclusion the I/CE updated the Board on the work currently being undertaken to ensure that NSLHD is run as efficiently as possible, increasing service provisioning whilst maintaining the highest level of patient outcomes.

NSLHD Strategic Plan: The Board Chair suggested and was endorsed by the Board that NSLHD executives identify four or five projects of importance for focus on these for the next 12 months.

2017/18 Activity Based Funding Target Negotiation Process: The I/CE advised that NSLHD has been successful in their budget enhancement bid with MoH.

The Program Director for the Northern Beaches Project Management Office has been appointed and will be attending this Thursday's briefing by the MoH and HI.

Kolling Foundation Review: The review is progressing as per the I/CE's report and the Board Chair provided additional information of the shortfalls of the fundraising agreement. There is significant work to be undertaken to raise the profile of the Kolling / NSLHD fundraising to its optimal financial support. The Board sought this matter progressed to a conclusion six months earlier than previously advised.

RNSH Campus – Child Care Centre: The Board was very pleased with the permanent relocation of the centre and thanked the I/CE and her team for a pleasing resolution to a difficult situation.

The I/CE updated the Board on a recent adverse media event and advised that all biopsies have been located with no loss of integrity of the specimens.

6.3 Finance and Performance Report

The Board **noted** the Financial Summary for March 2017 and was taken as read.

The A/DF&CS spoke to the action item of the NSLHD Capital Project Management Services covering the maintenance repair works at the former Gladesville Hospital. On 4 July 2016 the MoH requested NSLHD Capital Works Unit to manage the delivery of these works. This arrangement rose from the fact that Health Infrastructure manages works over \$10 million, and NSLHD Capital Works Unit managing works less than \$10 million, therefore this work falls within the NSLHD capacity. Through the MoH MOU includes an NSLHD fee for service set at 7% of the value of the projects managed. Works planned for 2017/18 are valued at \$2 million, thereby realising \$140,000 in service fees.

The Board Chair requested that the Board be advised of any additional activities requested to be undertaken by NSLHD Capital Project Management Services that is within their capabilities and has the approval of NSLHD management with appropriate details on capacity and risk issues. **Action:** Closed.

6.4 Top 10 Risks by District, Site and Service

The Board **noted** tabled documents. The Board Chair thanked I/CE and the Chief Risk Officer for the improvements in the report for Top 10 Risks by District, noting that this report is a work in process with improvements anticipated in the coming months. It is expected that the Top 10 Risks by Site and Service will also improve accordingly.

6.5 MoH Performance Summary of all LHDs – March 2017

The Board **noted** tabled document.

7. New Business

Nil

8. NSLHD Committee Minutes

8.1 Board Audit and Risk Committee (BARC)

Nil – next meeting scheduled for 30 June 2017.

8.2 Clinical Council

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

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

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

8.3.1 CCCC Committee Terms of Reference (ToR)

The Board **endorsed** the ToR.

8.4 Finance, Risk and Performance (FRAP) Committee

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

8.5 Health Care Quality Committee (HCQC)

Nil – next meeting scheduled for May 2017.

8.5.1 HCQC ToR

The Board endorsed the ToR.

8.6 Medical Staff Executive Council (MSEC)

Nil – next meeting scheduled for May 2017.

8.7 NSLHD and Sydney North Primary Health Network Executive Council

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

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

Nil - committee is currently being formed.

Action: The secretariat to include a covering sheet outlining the meeting dates and the scheduling of minutes for noting by the Board, ongoing. Where feasible, the most recent draft minutes that have been approved by the relevant committee chair are to be included in the Board papers.

9. Correspondence

9.1 World Economic Forum – Insight Report

Laying the Foundation for Health System Transformation was provided to the Board for general information and was taken as **noted** and read.

10. Assignment of Common Seal

The Board **noted** the documents assigned under common seal.

11. Date, Time & Venue for Next Meeting

20 June 2017, commencing at **4:30pm**, Boardroom, **Hornsby Ku-ring-gai Hospital**.

Meeting Closed: 6:00pm

CERTIFIED A CORRECT RECORD

By Mr Trevor Danos AM, Chair
On 20 June 2017