

NSLHD Board

MEETING DETAILS

Date: Tuesday 19 June 2018 commencing 4:30pm

Venue: Boardroom, Executive Unit, Douglas Building, Royal North Shore Campus

Present:

Mr Trevor Danos AM	Board Chair
Ms Annette Schmiede	Deputy Board Chair
Adjunct Professor Ann Brassil	Board Member
Professor Mary Chiarella	Board Member
Mr Anthony Hollis	Board Member
Mr Andrew Goodsall	Board Member
Mr Brad Goodwin	Board Member
Dr Donna Lynch	Board Member
Mr Don Marples	Board Member
Dr Michelle Mulligan	Board Member

In attendance:

Ms Deb Willcox	Chief Executive, NSLHD
Ms Jacqueline Ferguson	Director Finance, NSLHD
Ms Elizabeth Curran	Executive Director Operations, NSLHD
Dr Bruce Cooper	Chair, Medical Staff Executive Council
Ms Judith Hogan-Wright	Secretariat

Apologies:

Dr Dianne Ball	Board Member
Dr Harry Nespolon	Board Member
Mr Keith Skinner	Board Member

BOARD MEETING DETAILS – commencing at 4:30pm

The Board Chair welcomed the Board members and attendees to the meeting.

The Board Chair advised the Board that Ms Elizabeth Curran, Executive Director Operations (EDO) would be commencing maternity leave shortly. The Chair and the Board expressed their thanks to Ms Curran for her work and contributions and wished her well for the birth and her maternity leave. Ms Elizabeth Wood will be acting EDO.

Vale Betty Johnson AO

The Board Chair and the Chief Executive (CE) expressed their sadness at the news of the death of Ms Betty Johnson AO, past Board member who passed away on 28 May 2018. Betty had a long and esteemed association with NSLHD and was a passionate consumer advocate. Betty will be greatly missed but her legacy will be remembered for many years to come. A letter of condolence has been sent to her family and is included in the meeting papers (Item 6.1.6).

1. Presentations

1.1 HammondCare

Dr Stephen Judd, Chief Executive, Mr Stewart James General Manager and Associate Professor Friedbert Kohler OAM, Director Medical Services from HammondCare were welcomed to the Board meeting and invited to provide their vision and future planning of HammondCare. A key message was that supporting hospital avoidance strategies will be increasingly important to consumers and healthcare providers.

The Board sought further details on the relationship between NSLHD and HammondCare and the potential for further collaboration.

The Board thanked the HammondCare executives.

1.2 Northern Beaches Hospital

The Board Chair welcomed Mr James Stormon, Director, Northern Beaches Hospital (NBH) Relationships, NSLHD.

The presentation was **noted** and taken as read. The CE outlined the project team and dedicated resources and the ongoing meetings with various stakeholders to ensure that this project is and remains on schedule. The CE also covered the major challenges and achievements thus far.

The Director Finance discussed the NBH financial modelling, NSLHD 2018-19 Service Agreement and the NBH reporting structure. The Chair, Finance, Risk and Performance Committee also provided information on the financial modelling post the closure of Manly Hospital and the repurposing of Mona Vale Hospital.

This will be the last full presentation to the Board before the scheduled opening in late 2018. Each month the Board will be kept informed on the NBH project via the CE Report or via a verbal update and any material developments will be reported to the Board as and when required.

The Board Chair commented that the NBH project is one of the highest priorities for NSLHD. The Board thanked Mr Stormon.

2. Patient Story

2.1 Patient Story from Royal North Shore Hospital (RNSH)

A short note prepared by the patient outlining his health journey was **noted** by the Board. The patient supported by his physician attended in person to provide to the Board his personal experience as a patient with a chronic and complex condition and to express his gratitude. The patient has experienced a long involvement with RNSH. The patient was invited to address the Board. In summary the patient expressed his thanks and appreciation to the staff at RNSH in particular those in the Emergency Department and Intensive Care Unit. The patient highlighted the importance of being treated as a person, with empathy and respect.

The patient stated that he felt that communication between him and all his health providers is well developed, the staff at RNSH listen to his story, his medical history at RNSH is well documented and readily available and he always experiences patient centric care.

The patient made the following observations and recommendations: patients should be more knowledgeable about their health conditions; patients should speak to the staff in a respectful manner; the media coverage could be improved by including more positive experiences and; the quality of patient food had room for improvement especially in relation to reduced sugar content.

The patient advised his willingness to be part of a staff training program giving a voice to consumer advocacy.

3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance was noted; there were no apologies.

The Board Chair requested all attendees to declare any conflicts of interest at this meeting. There were no conflicts of interest declared.

4. Confirmation of Minutes

4.1 NSLHD Board meeting held 15 May 2018

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

Budget matter

A referral was tabled for the information of Board members outlining NSLHD current and forecasted financial situation for the financial year ending 30 June 2018. The CE spoke of the briefing to the Finance, Risk and Performance Committee members regarding the changes to the forecast and outlined to the Board a strengthening of the governance around financial performance.

The Board's view on the financial performance was **noted**.

5. Ongoing Business (in conjunction with Action List)

The Board **noted** the Action List.

5.1 Asset Strategic Plan (ASP) – Progress Update

The referral was **noted** by the Board. The ASP was **endorsed** by the Board. Discussion covered the scope and implications of projected growth in NSLHD, funding depreciation and maintaining the infrastructure, as well as various methods of providing health care either via third parties, community based services or via hospitals in the home models.

5.2 Reporting Committees

The organisation chart covering the reporting committees to the Board was **noted**. The Board Chair advised that the CE is reviewing the committee structure within NSLHD to eliminate duplication and improve efficiencies.

5.3 NSLHD Delegations Manual – Introductory Page

The referral was suspended pending further work being undertaken by the MoH's project, *Tuning Governance and Accountability* being undertaken by the Nous Group. Future details on Board Delegations will be provided once the Nous Report has been published.

5.4 Pedestrian & Vehicular Access - RNSH

The CE advised that a RNSH Traffic Group has been formed. The traffic consultancy will commence in the new financial year. The public bus shuttle from St Leonards train station to include RNSH is progressing.

5.5 Litigation Report – April 2018

The referral and report were **noted**. The CE updated the Board on the creation of a central register of all litigation, Industrial Relations (IR) claims, Work Health & Safety (WHS) breaches and coronial matters. This report will be tabled quarterly for the FRAP committee's information and annually to the Board.

5.6 Complaints – Quarterly Report

The Board **noted** and commented on the improved performance as reported in the referral. The Board requested that this report be tabled quarterly. The Board expressed interest in capturing and receiving real time consumer feedback. The Chair, Health Care Quality Committee (HCQC) spoke of the work recording compliments which will provide a balanced overview of NSLHD's performance. It was recommended that complaints should be benchmarked to other Local Health Districts and to incorporate an identification and analysis of trends.

5.7 ICT Quarterly Update

The Board **noted** the referral. The Board expressed its appreciation for the quality of the report and the impressive list of activities described in the report.

5.8 REACH – Contact procedure

The Board **noted** the referral.

6. Standing Business

6.1 Board Chair Report

The Board Chair updated the Board on the following.

The Board Chair:

- Has meet with a local representative to discuss health services in his local government area.
- Has participated in discussions around the role and value of KPIs and will share this information with the Board.
- Has received the NSW Health Budget 2018-2019 and will share with the Board.
- Updated the Board on the progress regarding the Kolling Institute joint venture agreement and the recruitment of a Director of Research for the Kolling Institute.
- Updated the Board on the Kolling Foundation's affiliation agreement and recruitment for a Chief Executive Officer.
- Discussed the progress to appoint a Chair of the Board Audit & Risk Committee post February 2019 and sought recommendation for membership.
- Updated the Board on the NDIS funding.
- Updated the Board on the recent presentation by FutureGov on the web redesign.
- Confirmed that the breakfasts and walkabouts would continue in 2019 and that the feedback had been extremely positive.

6.1.1 Translational Research

The tabled document was **noted** and taken as read. This presentation has been provided to other organisations and was well received.

6.1.2 Tuning Governance & Accountability Project

The tabled documents were **noted** and taken as read. The Board Chair spoke of the discussions on this subject at the Council of Board Chairs meeting. The Board was updated on the discussions covered at this meeting which included CE and Board evaluation, CE professional development and Board governance and accountability.

6.1.3 Empathy in the Health System

The tabled document was **noted** and taken as read.

6.1.4 Beyond Burnout – New England Journal of Medicine

The tabled document was **noted** and taken as read. The Board commented that this was a powerful and informative report with learnings for our leaders.

6.1.5 CBA Prudential Inquiry – Full Report

The tabled report prepared by the Australian Prudential Regulation Authority (APRA) was **noted**. The Board Chair recommended that this report be read by all Board members and spoke of the relevance of its findings and recommendations, in particular the role of boards and the importance of culture.

6.1.6 Condolence Letter

The letter of condolence sent to the family of past Board member and consumer advocate, Ms Betty Johnson AO was **noted**. The Board spoke of the great amount of work and contribution to NSLHD and to the wider community undertaken by Betty. Members of the Board spoke of their long association with Betty and expressed their sympathy on hearing the news.

6.1.7 Greenwich Hospital – Proposed tour

The proposed tour was **noted**. The Board Chair requested that this tour be incorporated into the Board schedule of facility visits and encouraged Board members to attend.

6.1.8 Emerging Disease in a Changing World

The tabled document was **noted**. Although this document was non-compulsory reading, the Board commented on the findings and the consequences of a failed health service.

6.2 Chief Executive Report

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

The CE made mention of the following points:

- The NSLHD remains on Performance Level 0.
- RNSH went live with eMeds on 5 June 2018. The CE congratulated the teams and the effort undertaken to enable eMeds to be seamlessly introduced at RNSH, the largest hospital in NSW to implement electronic prescribing and administration of medications.

6.3 NSLHD Board – Finance Risk and Performance Committee Report

The Board **noted** the report for the month of April 2018.

6.3.1 General Ledger – Glossary of Terms

The glossary of terms was **noted** and provided clarity on the information provided in the above report.

6.4 NSLHD Risk Report

The Board **noted** the referral prepared by the NSLHD Chief Risk Officer (CRO).

6.4.1 Strategic risk Register for NSLHD

6.4.2 Operational Risk Register by Site / Service

6.4.3 Risk Oversight Committee – Terms of Reference

The Board **noted** the above tabled reports.

6.5 Ministry of Health (MoH) Performance summary of all LHDs

The report from the MoH was **noted** by the Board. The CE advised that a plan has been formulated to address the Emergency Treatment Performance at RNSH as noted in the tabled report.

6.5.1 MoH April 2018 Performance update letter

The Board **noted** the above letter from the MoH.

7. New Business

7.1 7.30 Report – Media Story

The Board **noted** the referral note providing background and listing the Root Cause Analysis recommendations.

8. NSLHD Committee Reports

8.1 Board Audit & Risk Committee (BARC)

Nil available.

8.2 NSLHD Clinical Council

The Board **noted** the endorsed April & May 2018 minutes.

8.3 Consumer, Community, Carer & Communication (4Cs) Committee

Nil available.

8.4 Finance, Risk and Performance Committee

The Board **noted** the draft May 2018 minutes.

8.5 Health Care Quality Committee (HCQC)

The Board **noted** the referral *Revised Governance of Safety & Quality in Health Care in NSLHD* and the draft HCQC minutes 24 April 2018.

8.6 Medical Staff Executive Council

Nil available.

8.7 NSLHD & Sydney North Primary Health Network (SNPHN) Executive Council

Nil available.

9. Date, Time and Venue for Next Meeting

Tuesday 17 July 2018

4:30pm Boardroom, Executive Office, Douglas Building, Royal North Shore campus

Meeting Closed: 7:40pm

CERTIFIED A CORRECT RECORD

By Mr Trevor Danos AM, Chair

On 17 July 2018