

NSLHD Board

MEETING DETAILS

Date: Tuesday 19 September 2017 commencing 4:30pm

Venue: Boardroom, NSLHD Executive Unit, Royal North Shore Hospital

Present:

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| Mr Trevor Danos AM | Board Chair |
| Adjunct Professor Ann Brassil | Board Member |
| Professor Mary Chiarella | Board Member |
| Mr Andrew Goodsall | Board Member – teleconference until 6.36pm |
| 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 |
| Dr Michelle Mulligan | Board Member – teleconference until 5:50pm |

In attendance:

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| Mr Graeme Loy | Acting 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 Judith Hogan-Wright | Secretariat |

Apologies:

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| Dr Dianne Ball | Board Member |
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MEETING DETAILS

The Board Chair, Mr Trevor Danos AM welcomed the Board members and attendees to the meeting.

At the invitation of the Board Chair, Professor Mary Chiarella provided a brief autobiographical introduction for the information of those in attendance. It was an informative synopsis of her educational and professional life and of significance throughout Professor Chiarella's working life is her driving passion for patient safety and quality.

The information was well received and it was agreed that Mr Don Marples would provide the next autobiographical introduction at the October Board meeting.

The Board Chair noted that an end of year dinner was being planned.

1. Presentation

1.1 Northern Beaches Health Service Redevelopment – NSLHD Transition Program

The Board **noted** the presentation and Dr David Park, Program Delivery Director provided additional information. Dr Park updated the Board on the preparation for a seamless transition

into the new Northern Beaches Hospital. This project is one of the major risks for the NSLHD and therefore there is focused attention by the Board on the processes that are occurring in the delivery of this new hospital and the transitioning of Manly and Mona Vale Hospitals. Dr Park advised that there has been extensive work undertaken since the NSLHD Board, Northern Beaches Hospital (NBH) Workshop which occurred on 6 June 2017. Dr Park outlined the work undertaken in the areas of reporting, governance, accountability, collaboration and relationship building. A draft program schedule was tabled for the Board's information outlining the deliverables, time frames and responsible officers.

Previously a major risk for the Northern Beaches Hospital was the interface of the two IT systems, and it was reported that work is close to completion for the full integration and transfer of data between Healthscope and NSLHD.

Questions were asked by the Board and concerns were responded to by the A/Chief Executive (A/CE). Post implementation of the NBH was also discussed as well as the recruitment to the position of the General Manager NBH. Also questioned was the impact on service level deliverables to the District and to the JMO workforce post NBH operationalization. The Board Chair advised that the concerns raised would also be mentioned in the upcoming Northern Beaches Project Delivery Board meeting, along with feedback received from recent meetings with staff at Manly Hospital, with the Network Directors and with the Chief Executive Officer (CEO) of the operator of the Public Private Partnership (PPP) Midland Hospital in Western Australia.

The Board was appreciative of the information provided but sought further updates particularly on any financial impacts to the District, workforce transition, ensuring the operational success of the NBH and that the NSLHD CORE values are upheld in the NBH.

The Board noted at a further update would be received in November 2017.

1.2 Consumer, Community, Carer & Communication Committee – Draft Work Plan

The Board **noted** the draft work plan and Ms Beata Kuchcinska, Chair of the Consumer, Community, Carer & Communications (4Cs) Committee added background and detailed information. It was noted that the A/CE is currently providing executive support to this committee.

The six key strategies were discussed as well as the valuable input from patient representatives, who are members of the 4Cs committee and its supporting committees. The 4Cs committee is assisting in developing a new focus for the Annual Public Meeting to be held on 15 December 2017. Work is progressing on a communications strategy. In addition to the six key strategies the 4Cs committee also is progressing on a number of other initiatives. The focus for this strategic committee is to ensure that the consumer is at the centre of all decision making by the District; keeping the patient well informed, seeking patient input, respecting the wishes of the patient, supporting and improving the patient experience and to update the Board on matters relating to consumer needs and wishes.

The A/CE also discussed the draft plan and some feedback to it from the Executive Team e.g. exploring a strategy to electronically capture feedback from the consumer and improving interaction with patients and consumers etc. To this the Board Chair asked for suggestions from the Board on other initiatives that could be incorporated into the work of the 4Cs committee.

Action: The Board was asked for suggestions that would be incorporated into the work of the 4Cs committee to be provided to the Chair 4Cs committee; no end date.

The Board thanked Ms Kuchcinska for an informative presentation and requested that regular verbal updates be provided on the 4Cs committee's progress of its key strategies.

2. Patient Story

2.1 Letter of Appreciation

The letter of appreciation was **noted**.

3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance and apologies were noted.

The Chair requested all attendees to declare any conflicts of interest at this meeting.

There were no conflicts of interests declared.

4. Confirmation of Minutes

4.1 NSLHD Board meeting held 22 August 2017

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

5. Ongoing Business (in conjunction with Action List)

5.1 Review of Delegations

The Board **noted** the tabled document and the Board Chair provided background information on the request for a document to provide a charter of those matters for the Board's consideration and endorsement.

Following discussion with the A/CE, the Board Chair has agreed that this should not be part of NSLHD Delegations Manual but be a separate and unique document. Further details have been provided to the A/CE to assist with developing this document. This document will be provided to the Board for approval.

Action: The A/CE to agree with the Board Chair an updated document covering items that require Board endorsement / approval.

5.2 Fire Performance of External Wall Cladding

The Board **noted** the tabled document. The only building awaiting compliance is the HOPE building at Hornsby Ku-ring-gai Hospital.

The Board agreed that this matter is closed unless there is evidence of non-compliance and then the A/CE will bring this matter to the Board's information.

5.3 Committee Support

The Board **noted** the tabled document. The Board Chair suggested to the A/CE that should it be felt necessary, to proceed with engaging a trainer covering governance, company secretariat services, etc.

5.4 Annual Public Meeting

The Board **noted** the tabled document.

5.5 Brown Building – rehabilitating the site

The A/CE advised that this matter is noted in A/CE Report but in summary, the fill to rehabilitate the excavated site can be obtained with no financial impact on the District.

The financial liability for the District will be the civil works involved. It was agreed that a meeting between the A/CE, Board Chair and the CEO of Health Infrastructure will be arranged to discuss and resolve this further.

Action: Meeting to be arranged between A/CE, Board Chair and the CEO of Health Infrastructure regarding the rehabilitation of the Brown Building site; due ASAP.

5.6 Fundraising Options

The Board Chair provided a verbal update. The Kolling Foundation short term contract is shortly to be signed.

A detailed presentation on fundraising covering the Foundation's business and resourcing plans, projected fundraising targets, and proposed fundraising structure etc. has been scheduled to be held in November 2017.

The Board Chair also discussed matters relating to an approach by Sydney University regarding a fundraising collaboration.

5.7 Litigation Report

The tabled referral note and the associated Litigation Summary were **noted** by the Board. The Board Chair sought from the Board a framework for a regular report to the Finance, Risk and performance (FRAP) Committee and to the Board and requested comments.

Suggestions covered whether the report should be focused on those matters which may cause adverse media and/or on a defined financial liability scale and details on each of the matters.

It was recommended that the litigation report format used by SLHD be sought and for further consideration by the Board on what is to be reported.

It was agreed that the Incident Management Reporting System be investigated as a source of information for the Board and that SAC 3 and 4 incidents be included.

Action: The A/CE to make suggestions to the Board on reporting on litigation; due no later than December 2017.

5.8 Electronic Delivery of Meeting Papers

The tabled referral note was **noted** by the Board and the Board Chair sought Board participation in the evaluation of the preferred supplier of electronic meeting papers.

The Board requested that their preferred method of delivery of board papers be accepted whether it is electronic or paper based.

Action: Mr Don Marples and Dr Harry Nespolon have agreed to participate in an evaluation of electronic meeting papers.

5.9 Public Interest Disclosures

The referral note was **noted** by the Board and the A/CE provided further details on this matter. From the Corporate Governance Attestation Statement for NSLHD 2017 it was noted that there were three Public Interest Disclosures (PIDs). This referral note provided background information and the Board were satisfied with the information provided.

5.10 Universal Home Visit for New Born Babies

The Board **noted** the tabled document.

5.11 Mental Health Drug & Alcohol (MHDA) Clinical Council

The Board **noted** the tabled document and was pleased to be advised of the resumed effective functioning of the MHDA Clinical Council.

5.12 Complaint Letter – London Protocol Report

The referral note was **noted** by the Board. The Board Chair acknowledged that the London Protocol Team found no evidence of any defect or omission of care of the patient but questioned whether this was optimal care and how the patient and family experience could be improved.

There was discussion on empathy and improved communication methods and skills. The A/CE advised communication training will be promulgated to NSLHD staff. It was suggested that the A/CE should write to the family and that at an appropriate time the Board wishes to approach the family of the deceased to offer them an opportunity to speak with the Board.

Action: The A/CE to write to the family and separately, to advise the Board on the most appropriate method and time to arrange a meeting with the family of the deceased; due October 2017.

5.13 Alcohol Consumption Rates across the NSLHD

The Board **noted** the tabled document. The strategies that are being implemented to reduce alcohol harm in the NSLHD were discussed. The Board sought an update on the progress of the strategies and to receive the final scoping study document as noted as Appendix 1 in the report.

Action: The Board requested to receive an updated report on the strategies to reduce alcohol harm in the NSLHD as well as the final scoping study document; due March 2018.

5.14 Wi-Fi Services for Patients and Visitors

The Board **noted** the tabled document prepared by the Director Corporate Communications. The Board Chair had requested and received a copy of the contract and advised the Board on the points of concern e.g. asserted exclusivity, accessibility for patients, financial impacts by the NSLHD, security and sufficient Wi-Fi bandwidth for existing hospital functionality.

The A/CE provided background information on this statewide e-Health trial with two providers. It was noted that throughout NSLHD each site has Wi-Fi availability and there will be minimal impact to the District arising from patients accessing for free slow speed bandwidth. For those patients who require high speed bandwidth access, a cost will be incurred by the patient.

The Board requested that a paper be provided that lists the principles, methodology, access process, key terms and conditions, and costings for both the NSLHD and patients and an overview of the Wi-Fi services that will be provided at each NSLHD site.

Action: The A/CE to prepare a paper covering the principles, methodology, access process, key terms and conditions, costings for both the NSLHD and patients and an overview of the Wi-Fi services that will be provided at each NSLHD site; due October 2017.

5.15 National Disability Insurance Scheme (NDIS)

The Board **noted** the tabled documents prepared by the Director Allied Health. It was noted that the Director Allied Health has tendered her resignation and recruitment to this position is currently progressing.

The Board Chair sought from the Board agreement on the initiatives as outlined in the referral note and as stated in the summary, whether NSLHD should be an active or passive NDIS provider.

The A/CE provided background information on the past funding model and future financial implications on each of the proposals. Also outlined was the obligation by the District to achieve optimum patient care.

Extensive discussion by the Board covered all the implications for the District, as well as the approach being taken by other LHDs. Also discussed were the areas that NSLHD would cover that are not provided by other NDIS providers. The Board recommended that regular

assessments on NDIS service provision be scheduled to ensure fiscal and service provision containment.

In summary the Board supported these three areas as a passive NDIS provider:

- NSLDH Community Based Occupational Therapy Service
- NSLDH Assistive Technology and Seating
- Royal North Shore Orthotics Service

Action: The Board sought a more detailed paper on services provided by the NSLHD Northern Sydney Home Nursing Service; no later than December 2017.

5.16 NSLHD Strategic Plan – Performance Measures

The Board **noted** the tabled documents. The dates for the next Board Strategic Planning Dates are Friday 3 November 2017 focusing on quality and safety and Saturday 4 November 2017, focusing on Board strategic planning.

The Board Chair thanked Professor Chiarella, the lead on quality and safety and Mr Keith Skinner, the lead on aligning the Board's direction to the NSLHD Strategic Plan, for the work they have undertaken in the preparation for these planning days. The A/CE assured the Board that any consultant's costs for these planning days were considered reasonable.

5.17 Mona Vale site – Service Delivery post 2018

The Board **noted** the tabled referral note. The Board will have a formal presentation on the future services post 2018 at the November 2017 Board meeting.

5.18 Provision of Urgent Care at Mona Vale Hospital

The Board **noted** the tabled referral note.

5.19 Ambulatory Care - Improvements

The Board **noted** the tabled document that covered the work being undertaken to address suboptimal areas within the outpatient clinics. The Board was informed that this is an ongoing piece of work to improve care and patient experience in the Ambulatory Care Centre at Royal North Shore Hospital (RNSH).

5.20 Manly Hospital – Preservation of Items of Significance

The Board **noted** the tabled referral note. The Board is pleased that there is a plan in place with sufficient time to identify and preserve these items of significance prior to the closing of Manly Hospital.

5.21 People Matter – Staff Survey Results

The Board **noted** the referral as well as the substantial report on People Matter Engagement Survey. Of concern to the Board was the low participate rate. The A/CE responded to those items where the workforce has previously stated their reluctance to engage in staff surveys. He also went on to advise that he is favourable to specific changes to the staff survey to improve staff engagement. The Board Chair commented that although staff engagement was low, he was focused on the next staff survey post the appointment of the new NSLHD Chief Executive.

5.22 Health Care Quality Committee (HCQC)

Professor Mary Chiarella, Chair of HCQC spoke on three issues of note from the HCQC meeting held on 18 September 2017. Professor Chiarella provided detailed information on those three matters; Severity Assessment Code (SAC 1s), hospital acquired complications and Carbapenem Producing Enterococcus, a particularly concerning multi-resistant organism.

Ongoing HCQC will be providing a monthly report for the information of the Board focusing on key issues, trends and lessons from Root Cause Analysis (RCAs).

6. Standing Business

6.1 Board Chair Report

The Board Chair updated the Board on the following.

- A meeting has been arranged for 25 September 2017 with the Board Chair, A/CE and with members of the RNSH Medical Staff Council to discuss beds, carer accommodation and the permanent location of the NSLHD Executives post transition into the Douglas Building.
- A meeting has occurred with AMP, the owner of the Royal North Shore Hospital public-private-partnership.
- A meeting has occurred with Mr Graeme Samuel AC, past Chairman of Australian Completion and Consumer Commission (ACCC) in relation to the publication of medical data and surgical outcomes.
- A meeting with Bureau of Health Information (BHI) is to occur with the possibility of redesigning the Board reporting packs to a layout that is easier to read and understand and is more meaningful in identifying trends.
- A meeting has occurred with various surgeons with the intended purpose to implement within NSLHD a Surgical, Education, Research and Training (SERT) Institute.
- A meeting has occurred with the NSLHD Clinical Network Directors.
- A “Breakfast with the Board” occurred on 14 September 2017 at Manly Hospital and the Board members commented on the enthusiasm, positive contributions and feedback of those in attendance.
- The Board Chair has undertaken a tour of the surgical areas at Royal North Shore Hospital.
- Previous meetings have occurred with Macquarie University regarding establishing research collaboration and interest from Macquarie University is continuing. Through an existing arrangement, Macquarie University medical students will have clinical placements at NSLHD during 2018.
- In response to a bullying complaint, an investigator has been engaged.
- Professor Carolyn Sue has been appointed as the Interim Director of the Kolling Institute. The establishment of strong governance for the Institute will be a priority. A priority for Professor Sue will be to stabilise the organisation, to improve the level of morale and to complete a space audit of the Kolling Building.
- “Walkabouts” will commence with the first of these events scheduled for 20 September 2017 at Hornsby Hospital.

6.1.1 Reflections on Junior Medical Officer (JMO) Dinner

The Board **noted** the report which provided reflection by those Board members who attended the dinner on 6 September 2017. From the information garnered during the dinner a working group will be formed to investigate those matters raised. Dr Harry Nespolon will be the lead for this JMO Working Group.

Action: The A/CE in conjunction with Dr Harry Nespolon to prepare a draft terms of reference for the Working Group and to seek Board approval; due November 2017.

6.1.2 Proposed Farewell – Past Chief Executive

The Board **noted** the paper tabled and the Board acknowledged the wishes of Adj. Associate Professor Taylor.

6.1.3 HCQC membership

The Board **noted** the tabled document which reported that Professor Mary Chiarella has accepted the position as Chair of HCQC, replacing Clinical Associate Professor Saxon Smith.

6.1.4 SAC1 Procedure for Advice to the Board

The A/CE and the Board discussed and agreed the procedure where there are incidents with the potential to attract media coverage or otherwise to be adverse to the reputation of the NSLHD; the A/CE will advise and update the Chair as appropriate and will send a text message to the Board alerting them. It was agreed that in such circumstances, the priority of the A/CE is to manage the situation.

6.2 Chief Executive Report

The Board **noted** the report and the Board congratulated the A/CE and his Executive Team for the work undertaken during this record spike in hospital admissions due to this severe influenza season.

The A/CE alerted the Board to the updated CE Report format and structure which reflects the letter provided by the Board on key priorities for the A/CE.

The A/CE also advised that that the October 2017 Board meeting, a separate CE Report focused on key performance financial metrics will be tabled and will be an ongoing deliverable.

6.2.1 Ministry of Health – Performance Update

The letter signed by the Executive Director, Sydney Performance Support Branch was **noted** and discussed.

6.2.2 Reducing Pressure on Private Health Insurance Premiums

The Board **noted** the tabled documents and a full discussion occurred. The Board was concerned regarding projected financial implications and requested the A/CE to write to the Secretary of Health.

Action: The A/CE to write to the Secretary of Health regarding the NSLHD modelling which indicates potential severe financial impacts for the NSLHD; due ASAP and response to be tabled at the first available Board meeting.

6.3 NSLHD Board – Finance Risk and Performance (FRAP) Report

Nil reports tabled which is consistent with prior years and due to NSLHD budgets being finalised. A full report covering finance, risk and performance will be tabled at the October 2017 Board meeting.

6.3.1 NSLHD 2016/17 Financial Statements

The financial statements were **noted** and taken as read.

6.4 NSLHD Risk Report – District, Site & Service

6.4.1 Enterprise Risk Management Report by District

6.4.2 Enterprise Risk Management Report by Site

The Board **noted** the above tabled documents. The Board Chair agreed with the separation of risk between the Kolling Institute and the Kolling Foundation.

6.5 MoH Performance summary of all LHDs – July 2017

The report was **noted** with NSLHD remaining on Level 0.

7. New Business

7.1 Organ and Tissue Donations

The Board **noted** the paper prepared by the Executive Director Operations NSLHD and Ms Curran provided the information that NSLHD one of the leaders in the state in organ donations. The ongoing focus will be to encourage and increase the number of organ donations.

Action: The Executive Director Operations NSLHLD to relay this story to the NSLHD Media branch for dissemination; due ASAP.

8. NSLHD Committee Reports

8.1 Board Audit & Risk Committee (BARC)

The Board **noted** the endorsed June and July 2017 minutes.

8.2 Clinical Council

The Board **noted** the endorsed August 2017 minutes. The Board discussed the engagement, membership and composition of the Clinical Council. The A/CE discussed the proposal to provide a framework for what should be discussed and tabled at the council meetings and to ensure that it provides a clear function to oversight quality and safety as well as reflect the role of the committee in discussing and agreeing on new models of care or new procedures.

Action: It was also suggested that the language and membership of all committees should be investigated as part of the overall committee review due in February 2018 (Review of all NSLHD Committees action item – July 2017).

Action: The A/CE will undertake work on the purpose and actions to be undertaken by the Clinical Council; due by December 2017.

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

Nil available – last meeting held 6 September 2017.

8.4 Finance, Risk and Performance (FRAP) Committee

The Board **noted** the endorsed July and draft August 2017 minutes.

8.5 Health Care Quality Committee (HCQC)

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

8.6 Medical Staff Executive Council

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

8.7 NSLHD & Sydney North Primary Health Network Executive Council

Nil available – no further meeting dates confirmed as yet.

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

Nil available – last meeting held 15 September 2017.

9. Correspondence

9.1 Letter of Appreciation – Past Chief Executive

The Board **noted** the correspondence.

9.2 Letter of Thanks – Clinical Associate Professor Saxon Smith

The Board **noted** the correspondence.

10 Date, Time and Venue for Next Meeting

Tuesday 17 October 2017, commencing at 4:30pm, Boardroom, Building 51, RNS campus

Meeting Closed: 7:30pm

CERTIFIED A CORRECT RECORD

**By Mr Trevor Danos AM, Chair
On 17 October, 2017**