

## MINUTES

### 1. Present:

Professor Carol Pollock	Chair, Board
Ms Ann Brassil	Board Member
Ms Diane Flecknoe-Brown	Board Member
Dr Michele Franks	Board Member
Mr Andrew Goodsall	Board Member (Teleconference)
Ms Judith Hopwood	Board Member
Ms Betty Johnson AO	Board Member
Associate Professor Sue Kurrle	Board Member
Mr Don Marples	Board Member
Associate Professor Annette Schmiede	Board Member
Mr Peter Young	Board Member

### In attendance:

Adj. Associate Professor Vicki Taylor	Chief Executive
Dr Andrew Montague	Director Operations
Mr Lee Gregory	Director Finance
Ms Judith Hogan-Wright	Secretariat

### Apologies:

Mr Anthony Hollis	Board Member
Ms Maree Hynes	Director OESI
Dr Adam Rehak	Chair Medical Staff Executive Council

### Conflict of Interest

Nil

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### Board Discussion

The Board members met in closed session for 15 minutes prior to commencement of the meeting.

### Presentation: A Foundation to oversee fundraising for RNSH and Kolling Research

Professor Jonathan Morris and Mr Peter Allen presented a PowerPoint presentation in addition to tabling a Referral Note, Memorandum of Understanding (MOU) and the draft Constitution of this proposed corporate entity. From the May 2013 NSLHD Board meeting approval was given to pursue a joint entity to oversee fundraising ventures for both RNS Hospital and the Kolling Institute. This arose due to the competing nature of fundraising for both these two entities with similar fundraising base and purpose

This presentation and tabled papers is to seek endorsement to the changes in the Constitution to the Kolling Research Foundation to allow it to seek Deductible Gift Recipients (DGR) status as a Health Promotion Charity raising funds for RNSH and the Kolling.

Professor Morris stated that initially this Foundation would be fundraising for the Kolling Institute and for RNS Hospital but should this prove to be successful, there is provision to expand to the other hospitals within the NSLHD. The vision for both entities is similar; uniting of research and education with patient care and community wellbeing. Research will be seeking improvements in diagnostic and therapeutics and developing optimal care pathways to deliver healthy populations. Education directed to the Community on those lifestyle practices that will reduce the incidents of presentations in acute care settings and education of healthcare workers to what is best practice. The alliance of academic and health through this Foundation is to deliver excellence in patient care, education and research.

The Foundation's purpose is to raise funds for the above. The Foundation will coordinate all the fundraising efforts and will be a partnership of these two entities with involvement from the community seeking their input into where the funds should be directed.

Initially there will be costs to commence this Foundation from both entities and it is proposed that after the initial period of 3 years the Foundation will be self sustaining. A levy will be charged on all donations to cover the costs associated with running this foundation. Dispersal of funds will be in line with the MOU and will be through a committee that is convened by the Foundation's directors. The Foundation's actions will be reported through the NSLHD Research and Innovation Sub-Committee.

Mr Peter Allen, who is the current Foundation's Chairman, reiterated Professor Morris' comments.

The NSLHD Chair advised the Board that the Constitution has been vetted by NSLHD's legal counsel as well as the legal counsel for the Kolling Institute. The Chair opened up discussions to the Board on this proposal and following are the responses:

- Should a donor wish to support a particular program all funds will be directed to the intended program.
- Pulling all current fundraising into one centralised entity with the anticipated result that fundraising will increase with the strength of this Foundation.
- The levy imposed on all donations to be transparent to all parties.
- The projected success for this joint venture will be: in 5 years time that donations will have doubled; the amount of untied giving will have significantly increased; and the donations have been vested into initiatives for the benefit of the community.

**Action:** The MoH policy directive appears not to align with the Constitution and this issue will be referred for further legal consideration.

**Action:** The CE to ensure that the Constitution has been through our legal counsel that covers legal and tax implications and aligns with the MOU.

The Board **ENDORSED** the advancement of this proposal.

### **Patient Story**

Presented by Adj. Associate Professor Vicki Taylor

Carers Forum was held 16 October 2013 with the theme 'Be Care Aware'. This forum was attended by the Chief Executive, Director Nursing and Midwifery and two Board members Ms Betty Johnson AO and Ms Judith Hopwood. The CE reported that this forum was very moving and informative and stated "a more committed group of people you could not have wished to have met". From this forum it is noted that there are gaps in the current system regarding providing advice and direction for clients seeking help, support, and assistance or sourcing appropriate services. At the Integrated Risk Management Advisory Committee held 22 October 2013 the Board member Ms Betty Johnson AO has identified that this is a risk to be added to the risk register.

The Director Nursing and Midwifery will be the lead in addressing this risk and developing a directory to be utilised by patients, carers and the general community in sourcing information not only available from the NSLHD but from outside organisations. This is aligned with the Strategic Plan and the principles that our patients are receiving timely and efficient care; Right place, Right time, First time.

Also at the forum was Mr Eugene McGarrell, Interim District Director Northern Sydney NSW Department of Family and Community Services (FACS). To note is the alignment by FACS with the LHDs. The NSLHD will work more closely with FACS and the Medicare Locals to address the gaps in the system.

The Board members thanked the Chief Executive for attending this forum and sharing the progress that will result from the above mentioned items.

**Action:** The CE to write to Ms Barbara Lewis, Manager, Carers Support Services NSLHD and her staff to give thanks for their efforts in arranging this forum which was undoubtedly a great success.

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## 2. Confirmation of Minutes

The Board accepted the minutes of the meeting held on 17 September 2013 as a true and accurate record of that meeting.

## 3. Ongoing Business (in conjunction with Action List)

### 3.1 Finance and Performance Report

Director Finance commented that as a consequence of the Board Planning Day Financial Reporting to the Board has been and will continue to be amended. The report covered 9 specific topics. Comments by exception are as follows.

Operating Budget year to date is behind the MoH target. Continuing to pressure the financial position is the ongoing growth in Emergency Department (ED) presentations across the first quarter of 2013/14 which are now 9.38% higher than previous financial year. Coupled with acute over-night separations increase from the previous financial year of 4.8% there has again been a significant increase in activity. This has been concentrated across the July and August months.

The Board noted the continued increase in activity across a range of indicators and that the undiscounted National Weighted Activity Unit (NWAU) increase appears to be consistent with the other LHDs volume indicators.

The NSLHD's continued efforts to manage unplanned demand through increased APAC usage, the 'Pull Till You are Full' initiative, and the rolling out of patient journey boards at RNS was acknowledged.

The existence of empirical evidence highlights the efficiency of these strategies was also noted.

Employee related expenses are forecast to increase for the coming month due to back dated payment of the 2.25% increase in wage rates and wage related allowances effective from July 2013. Therefore the October 2013 payroll will show a significant increase versus previous months.

Tab C is a new reporting method as requested in the Board Planning Day providing reporting on NEAT and NEST on each of the KPI Service Agreements at each facility as well as NSLHD overview on a calendar year target. Reporting on NEAT, NSLHD has improved 20% over last calendar year. Two focus areas are: time delay from when patients are admitted until they arrive into the ward and patient journey boards which are being progressively rolled out across Royal North Shore and Ryde hospitals. It is expected that the focus on these two areas under the whole of hospital program will continue the upwards trend in NEAT performance.

The Board members commented on the improvement in the information contained in the Finance and Performance report.

**Action:** Director Finance to provide a year to date synopsis of the NSLHD financial situation at the commencement of each Finance and Performance Report at the Board meeting.

Reports on FTE P&L and Employee Related Costs to be noted as unadjusted.

### **3.2 OESI / Recovery Plan**

Director Finance

The Board **NOTED** the OESI Executive Report.

### **3.3 Finance and Performance Sub Committee Update**

The Chair of Finance and Performance

The Board **NOTED** the OESI Executive Report.

Associate Professor Annette Schmiede discussed the above report and noted that the focus going forward will be on a cultural and clinical engagement to positively improve the efficiencies within the organisation.

### **3.4 Board Meeting – proposed change of dates**

To align the Board Meetings with the Finance and Performance Meeting to provide timelier reporting to the Board, a proposed schedule of meetings to be distributed to the Board members.

**Action:** The secretariat to prepare a Board meeting schedule to be aligned to the Finance and Performance meeting. This is to be distributed seeking Board members' comments.

### **3.5 Board Audit Process**

The Chair discussed the Board Audit Process and encouraged the Board members to use this process to assess each of the meetings that they attend.

### **3.6 Re-engineering of the Senior Medical Workforce**

The Director Operations discussed the paper presented to the Board members. A Steering Group will be formed to commence discussions with the Staff Specialists.

**Action:** The Director Operations to report on progress in 2 months' time.

### **3.7 Aligning agenda / minutes to Strategic Plan**

In light of the new agenda aligned to the Strategic Plan comments are sought on the Board's requirements for changes, modifications to existing practices.

**Action:** Board members to provide feedback to the Chair

### **3.8 Audit Plan & Restructure**

Three documents were tabled for consideration: Proposed Audit Plan and Objectives, 3 options covering the Internal Audit Unit, Restructure Internal Audit Referral note and the Internal Audit Unit Restructure Proposal. These reports were generated by input from General Managers for each of the facilities, Service Directors, LHD Executives and taking into account the MoH priorities for the audits.

The Board has agreed to continue with Option 1 but will reconsider the model for auditing following receipt of the Audit and Risk Committee's recommendation.

The Audit and Risk Committee has been requested to review the documentation, considering an option of utilising a 'blended' model of Auditors.

**Action:** Seeking from advice from Audit & Risk Committee.

### **3.9 Superannuation funding – update**

The Director Finance advised that the salary award increased by 2.25% and the superannuation component of 0.02% totalling 2.27% increase in total. These are fully funded by the MoH.

### **3.10 Capital Planning Updates**

#### **3.10.1 Hornsby Ku-ring-gai Hospital**

The Board **NOTED** the report.

#### **3.10.2 Hornsby Mental Health**

The Board **NOTED** the report.

#### **3.10.3 Graythwaite – final report**

The Board **NOTED** the report.

#### **3.10.4 Royal North Shore Developments / Master Plan**

The Board **NOTED** the report.

#### **3.10.5 Northern Beaches Redevelopment – Frenchs Forest update**

The Board **NOTED** the report.

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## **4. New Business**

### **4.1 Complaints handling process**

An Internal Briefing Note to the CE was tabled outlining the process of receiving, recording complaints and compliments and the methods to address and report on these issues. All complaints are addressed to the appropriate manager as outlined in this report. Each of the facilities monitors trends through their respective governance committee and addresses those trends with feedback to the staff. Correspondence is also noted in local facility newsletters for general distribution to staff.

The MoH benchmark of 35 days resolution is reported monthly to the Health Care Quality Committee as a section in the monthly Clinical Governance Department report via the Performance meeting and to the MoH via Clinical Governance Directorate.

**Action:** The CE to check that all complaints are recorded through IIMS.

### **4.2 H&M Matters Attachmate**

A referral note was tabled from the Acting CIO of NSLHD providing information on the potential risk and financial exposure to the NSLHD. The Chief Executive reported that legal advice has been sought on this matter. Of particular note is this is a state wide issue and the CE will update the Board as more information is received.

**Action:** The CE will update the Board as information is received.

### **4.3 Council of Board Chairs – Proposed F&P Workshop**

The Chair discussed the proposed Workshop for those Chairpersons of Finance and Performance Committees as mentioned in the letter tabled from the Chair, Justice Health and Forensic Mental Health Network.

#### 4.4 BHI MHDA Reports

The links to the Bureau of Health Information Volume 1, Inpatient Care and Volume 2, Community Mental Health were provided to the Board members. To note in the report: 'Better performance than the NSW average for four or more aspects of care was recorded at the local facility level: Child and Adolescent Mental Health Services North Sydney Central Coast Area Health Service (CAM NSCCAHS)'. This was also noted at the Council of Board Chairs the achievements by this department.

**Action:** A letter of thanks to be sent to the Director Mental Health Drug and Alcohol and team from the Board.

#### 4.5 New Horizons – Kolling Event

This was tabled for the information of the Board.

#### 4.6 Academic Health Science Centre – Agreed Way Forward

The Chair discussed the paper: The NSLHD engaging as an Academic Health Science Centre (AHSC). The Chair advised the Board on a meeting held on 22 October 2013 covering how to progress the AHSC in relation to the HUB development. This meeting focused on developing strategies and particular projects and approached the government to support the strategies.

Another meeting is scheduled for 29 October 2013 with the Director Medical Research to seek an agreed way forward with partners initially to be Macquarie University, farmers and biotechnical and other commercial groups. Pertinent points to consider: partnerships where NSLHD devolves responsibility and control to outside sectors.

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### 5. Standing Agenda Items

#### 5.1 Chief Executive Report

The Board **NOTED** the Chief Executive's Report. The Board reported on the improved presentation of the report and the reduction in duplication of information.

**Action:** The CE to cease this report and to directly present to the Board.

The Board members to advise the Chair what items that the CE should report to the Board and the agenda placement of this presentation.

#### 5.2 NSLHD Committee Minutes

##### 5.2.1 Health Care Quality Committee

The endorsed minutes from the meeting held 8 August 2013 were **RATIFIED** by the Board. The draft minutes from the meeting held 12 September 2013 were **NOTED** by the Board.

##### 5.2.2 Medical and Dental Appointments Advisory Committee (MADAAC)

The endorsed minutes from the meeting held 4 September 2013 were **RATIFIED** by the Board.

##### 5.2.3 Finance and Performance Committee

The draft minutes from the meeting held 27 August 2013 were **NOTED** by the Board.

##### 5.2.4 LHD Clinical Council

The draft minutes from the meeting held 5 August 2013 were **NOTED** by the Board.

The draft minutes from the meeting held 2 September 2013 were **NOTED** by the Board.

#### **5.2.5 Medical Staff Executive Council (MSEC)**

The draft minutes from the meeting held 12 August 2013 were **NOTED** by the Board.  
The Terms of Reference were **ENDORSED** by the Board

#### **5.2.6 Peak Community Participation Council (PCPC)**

The draft minutes from the meeting held 28 August 2013 were **NOTED** by the Board.

#### **5.2.7 NSLHD and Medicare Locals Consultative Council**

The endorsed minutes from the meeting held 13 August 2013 were **RATIFIED** by the Board.

#### **5.2.8 Capital Asset Planning Committee**

The draft minutes from the meeting held 16 September 2013 were **NOTED** by the Board.

#### **5.2.9 Integrated Risk Management Advisory Committee**

The endorsed minutes from the meeting held 2 September 2013 were **RATIFIED** by the Board.

The draft minutes from the meeting held 17 September 2013 were **NOTED** by the Board.

#### **5.2.10 Audit and Risk Management Committee**

The endorsed minutes from the meeting held 14 June 2013 were **RATIFIED** by the Board.

The endorsed minutes from the meeting held 18 July 2013 were **RATIFIED** by the Board.

The draft minutes from the meeting held 16 September 2013 were **NOTED** by the Board.

#### **5.2.6 Education Sub-committee**

The endorsed minutes from the meeting held 6 August 2013 were **RATIFIED** by the Board.

The draft minutes from the meeting held 3 September 2013 were **NOTED** by the Board.

#### **5.2.7 Research and Innovation Sub-committee**

The draft minutes from the meeting held 4 June 2013 were **NOTED** by the Board.

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## **6. Correspondence**

- 6.1** Lions Club of Hornsby letter – Breast Screen
- 6.2** Letter of appreciation from NSLHD to Lions Club of Hornsby
- 6.3** Hornsby Ku-ring-gai Hospital Media Release
- 6.4** Volunteer Rights Memo and Statement of Principles
- 6.5** Health Literacy Francis Report Issues
- 6.6** Francis Report Issues

The above correspondence was tabled for the information of the Board Members.

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## **7. Items without Notice**

The Chair discussed the Blood Safe e-learning module which is mandatory for all Clinicians who prescribe blood products. A reminder has been sent out via email by Tracey Weaver and concern was raised that senior staff may not read this. There is a risk that there may not be enough Clinicians that have undertaken this training in preparation for Accreditation.

**Action:** Dr Andrew Montague to escalate the importance of this training module to all clinicians.

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**Venue and time for next meeting**

Tuesday 19 November 2013 at 4:30pm in the Executive Board Room, Building 51, Royal North Shore Hospital

**Meeting Closed: 8:35pm**

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**CERTIFIED A CORRECT RECORD**

**By Professor Carol Pollock, Board Chair  
On 26 November, 2013**