

MINUTES

1. Present:

Professor Carol Pollock	Chair, Board
Ms Ann Brassil	Board Member
Dr Michele Franks	Board Member
Mr Anthony Hollis	Board Member
Ms Judith Hopwood	Board Member
Ms Betty Johnson AO	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
Ms Jacqueline Ferguson	Acting Director Finance
Mr John Hunter	Chair, Audit & Risk Management Committee
Mr Richard Griffiths	Director Workforce and Culture
Ms Judith Hogan-Wright	Secretariat

Apologies:

Ms Diane Flecknoe-Brown	Board Member
Associate Professor Sue Kurrle	Board Member
Dr Adam Rehak	Chair Medical Staff Executive Council
Mr Lee Gregory	Director Finance

Conflict of Interest

Nil

Mr Don Marples was welcomed to the Board.

The Chair advised that Mr Andrew Goodsall will be joining the Board at the next meeting.

Annual Review:

Audit Presentation

Presented by Mr John Hunter and Mr Don Marples

The Board **NOTED** the three documents tabled.

Report to the Board on Internal Audit:

Within the unit the skill mix has a wide range of experience including clinical, accounting and auditing backgrounds.

The functions required to be audited are wide ranging from clinical to property management. Risk Register is well monitored.

HealthShare and the District are re-negotiating a new protocol for sharing information. At the September 2013 Audit & Risk Management Committee a representative from HealthShare has been invited to attend and there will also be a presentation on project management. At each of the Audit & Risk meetings the External Auditor is requested to update committee members on

issues of concern; currently there are no issues. Implemented recommendations stand at 90% and several times a year the Audit team checks on the completion of these recommendations.

Should there be further questions, the External Auditor will be invited to present to the Board.

There is currently a vacancy with the seven member Audit Team splitting their time 40% with Central Coast LHD and 60% with Northern Sydney LHD. Consideration for contingency plan should there be a requirement for separate Audit Teams within CCLHD and NSLHD and possible loss of experience and expertise with this implementation.

The Chair advised that the process for Account sign off is through Finance & Performance Committee, then to Chair of the Board for tabling at Board meeting.

Action: CE to seek clarification on the reporting lines for the Terms of Reference of the Audit & Risk Management Committee.

Action: Invitation to September 2013 Audit & Risk Management Meeting extended to Chair of F&P Committee.

Action: CE and Director of Internal Audit to present to Board the draft Audit Plan at the October Board Meeting.

Action: CE to check the correlation between the hospital audits and the other listed audits.

Action: External Auditor to be invited to address Board after presentation of the Accounts in September.

Action: Chair and CE to work on communication protocol between Audit and Risk, Finance & Performance and the Board. This is to be discussed at Board Planning Day.

Workforce Plan Presentation

Presented by Mr Richard Griffiths

The strategy in the Workforce Plan 2013-2018 is aligned with the EQUiP National accreditation process.

The Chair commented that the Talent Development and Engagement outlined in the plan should be aligned with the Educational Plan.

The Board **ENDORSED** the Workforce Plan 2013-2018.

Accreditation / QSA Results

Presented by Mr Paul Russell

Accreditation is scheduled for November 2013 and the Board **NOTED** the two documents tabled: Clinical Excellence Commission (CEC) Quality and Safety Assessment (QSA), and National Safety and Quality Healthcare Standards (NSQHS).

QSA has been undertaken over the last couple of years which predates NSQHS noting the Minister for Health and the Director General are still supporting this process but same will be realigned in the future. This process is currently used as preparation accreditation.

Accreditation will be sought through Australian Council of Healthcare Standards (ACHS) EQUiP National Framework. Royal North Shore Ryde Health Service and Mental Health Drug and Alcohol Service will be assessed on their compliance within the new National Standards in November 2013.

Northern Beaches Health Service and Hornsby Kur-ring-ai Health Service has already received full accreditation effective until 2017.

Mr Russell has established a District Accreditation Steering Committee of which he is the Chair with representation from all the health services within NSLHD. A shared data base has been created to embed the evidence of accreditation.

A pilot audit program called Audit Angel using a palm held device Patient Experience Trackers (PETs) is used to enter the information and process and create a report within a week, greatly reducing the time for reporting.

High Risk Areas: Standard One requires a large amount of policies, procedures and guidelines. We have been moving from facility specific policies, procedures and guidelines to District policies, procedures and guidelines to reduce duplication of effort and achieve standardisation of practice.

Action: Mr Paul Russell to meet with Mr Anthony Dombkins to discuss process for sign off of policies, procedures and guidelines.

Patient Story

Presented by Professor Carol Pollock

A patient story was relayed to the Board members regarding two similar patients in advanced age and co-morbidities that presented and were admitted to Royal North Shore Hospital.

Each of the patients had differing views on End of Life procedures and thus each patient was treated accordingly. One patient has received treatment and has recovered well and will proceed back into the community whilst the other patient chose no treatment and remains in hospital.

The treatment of patients is not dependent on generalised care but on the individual patient needs and their wishes.

2. Confirmation of Minutes

The Board accepted the minutes of the meeting held on 23 July 2013 as a true and accurate record of that meeting.

3. Ongoing Business (in conjunction with Action List)

3.1 Finance and Performance Report

The Acting Director Finance presented the first month of this financial year results.

It was noted that July and the last two weeks of August have experienced increase in presentations which is reflected in the accounts.

The service agreement volumes were not received by the MoH at the time of reporting. The ABF Taskforce sent through a notification, advising the LHD will be able to access the NWAU's through HIE in September/October.

At the Finance and Performance Committee Meeting held today the Ministry of Health representative congratulated NSLHD for the OESI initiative. Also to note from this meeting is a scheduled meeting with the Management Accountants this Friday 30 August 2013 to standardise the methodology and phasing of budgets across all NSLHD facilities.

The Director Operations indicated that the change in the physical structure of the RNS ICU unit has significantly changed the staffing requirements, with increased numbers of staff required.

The Board agreed that it is critical to address potential financial risks currently then to wait for further data.

The Chair noted that the new funding arrangement is more equitable for those high volume facilities based on their National Weighted Activity Unit (NWAU).

Action: Finance and Performance to check on decision regarding superannuation increase to staff and the funding provision from the Ministry of Health.

3.2 Board Payments

Interpretation of the Ministry of Health's remuneration has been agreed upon. The Board Payments will be based on the Board members attendance at Board meetings as opposed to Board meeting and subcommittee attendance and paid pro rata of this attendance.

Action: Secretariat to adjust payments from September 2012 and also to proceed with Board payments for the last quarter in line with above.

Action: Chief Executive to verify the Board payment methodology with the Ministry of Health.

3.3 Update on OESI/Recovery Plan

The Board **NOTED** the OESI Executive Report which was presented and tabled at this meeting due to the process of endorsement through the Financial and Performance Meeting being held on the same day, Chaired by Associate Professor Annette Schmiede.

August OESI Executive Report will be distributed with ample time for review prior to the next Board Meeting.

3.4 Clinicians Reference Group Update

Following on from August 2013 Board meeting agreement, Dr Montague advised that the Clinical Reference Group has been disbanded at present. The weekly meeting schedule was not achieving the requirements of the group.

An action list of the outstanding items has been distributed to the General Manager and in turn a Newsletter will be regularly distributed the Clinical Reference Group members updating them on the progress and outstanding issues.

Dr Montague is holding discussions with Dr Rehak to ensure that the appropriate committee structures have appropriate representatives to ensure that these issues can be addressed with the appropriate clinicians input and process in a timely manner.

3.5 NSW Ministry of Health and NSLHD Service and Performance Agreement

The deadline for final sign off for the Service and Performance Agreement is 31 August 2013.

In reference to the letter to the Director General a caveat should be included to express our concerns over the challenges that NSLHD faces for the upcoming financial year; recent usage trend that is emerging and different from the basis of the plan and the Superannuation funding source. Also to note is our Integrated Care planning, Academic Health Sciences initiatives and improved use of systems to publicise our improvements in our Strategic Plan.

Issue noted with North Shore Private and the gap with Medibank Private funding as Ramsay Health Care is out of contract with Medibank Private. This could result in additional activity imposed on all NSLHD facilities. This issue has been raised by the CE to the Ministry of Health noting there could be implications across the State.

Action: CE will check on the additional week's extension to the signing of the Service Level Agreement in line with the additional items mentioned above.

3.6 Capital Planning Updates

Capital Developments

3.6.1 Royal North Shore Developments / Master Plan

The Board **NOTED** the report.

Action: CE to invite Chief Executive of Health Infrastructure, Sam Sangster to update the Board.

3.6.2 Hornsby

The Board **NOTED** the report

3.6.3 Hornsby Mental Health

The Board **NOTED** the report.

3.6.4 Graythwaite

The Board **NOTED** the report.

3.6.5 Northern Beaches Redevelopment

Frenchs Forest Update

The Board **NOTED** the report.

4. New Business

4.1 ISS/IRC

Presented by Dr Montague

Summary of the issue: HSU put a dispute notice against the District but in effect was against ISS who is the subcontractor of InfraShore as part of the PPP. There were seven items in dispute but the main item surrounded the permanent employment by ISS of 46 staff members. Therefore HSU has concerns over the employment of staff members who are not employed by the public sector but by a private organisation. The NSLHD agrees with IRC's decision that this employment should not have been undertaken; ISS went against the Labour Service Agreement (LSA) as well as Deed of Settlement of 2012.

NSLHD has agreed to provide a redacted version of the Deed of Settlement to the HSU to note that it was never the intention of NSLHD for this to occur and our concerns over the breach of the LSA. ISS is a sub-contractor of InfraShore and it is of note that InfraShore should commence managing their sub-contractor's actions.

Next day of hearing will be the 6 September 2013.

NSLHD is investigating the operational reporting lines between RNS Hospital, InfraShore and ISS.

4.2 Public Private Partnership (PPP)

The Board **NOTED** the Referral Note from the Director Finance.

5. Standing Agenda Items

5.1 Chief Executive Report

The Board **NOTED** the Chief Executive's Report

5.2 NSLHD Committee Minutes

5.2.1 Health Care Quality Committee

The endorsed minutes from the meeting held 6 June 2013 and 11 July 2013 were **RATIFIED** by the Board.

5.2.2 Audit and Risk Management Committee

The draft minutes from the meeting held 18 July 2013 were **NOTED** by the Board.

5.2.3 Medical and Dental Appointments Advisory Committee (MADAAC)

The endorsed minutes from the meetings held 5 June 2013 and 10 July 2013 were **RATIFIED** by the Board.

5.2.4 Finance and Performance Committee

The draft minutes from the meeting held 23 July 2013 were **NOTED** by the Board.
The endorsed minutes from the meeting held 25 June 2013 were **RATIFIED** by the Board.

5.2.5 LHD Clinical Council

The draft minutes from the meeting held 5 August 2013 were **NOTED** by the Board.
The endorsed minutes from the meeting held 1 July 2013 were **RATIFIED** by the Board.

5.2.6 Education Sub-committee

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

5.2.7 Research and Innovation Sub-committee

Nil - next meeting 6 August 2013.

5.2.8 Peak Community Participation Council (PCPC)

Nil - next meeting 28 August 2013.

5.2.9 Medical Staff Executive Council (MSEC)

The endorsed minutes from the meeting held 20 May 2013 were **RATIFIED** by the Board.

5.2.10 NSLHD and Medicare Locals Consultative Council

The endorsed minutes from the meeting held 11 June 2013 were **RATIFIED** by the Board.

5.2.11 Major Capital Asset Planning Committee (MCAP)

Nil - next meeting 16 September 2013.

5.2.12 Integrated Risk Management Advisory Committee (IRMAC)

The draft minutes from the meeting held 23 July 2013 were **NOTED** by the Board.

6. Correspondence

6.1 Reform Plan for Aeromedical (Rotary Wing) Retrieval Service in NSW

6.2 Letter from CCLHD to Clinical Director of Division of Medicine

6.3 Letter of thanks to Director of Radiation Oncology Service from CE NSLHD

The above documents were **NOTED** by the Board.

Venue and time for next meeting

Tuesday 17 September, 2013 at 4:30pm in the Executive Board Room, Building 51, Royal North Shore Hospital

Meeting Closed: 6:30pm

CERTIFIED A CORRECT RECORD

**By Professor Carol Pollock, Chair
On 19 September, 2013**