

MINUTES

1. Present:

Professor Carol Pollock	Chair, Board
Ms Ann Brassil	Board Member
Ms Diane Flecknoe-Brown	Board Member
Mr Andrew Goodsall	Board Member
Mr Anthony Hollis	Board Member
Ms Betty Johnson AO	Board Member
Associate Professor Sue Kurrle	Board Member (Teleconference)
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
Ms Maree Hynes	Director OESl
Dr Adam Rehak	Chair Medical Staff Executive Council
Ms Judith Hogan-Wright	Secretariat

Apologies:

Dr Michele Franks	Board Member
Ms Judith Hopwood	Board Member
Mr Lee Gregory	Director Finance

Conflict of Interest

Nil

The Chair welcomed Mr Andrew Goodsall to the Board.

Board Discussion

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

Action: To include as an Agenda item a Board Members' only discussion time for 15 minutes prior to the commencement of the meeting.

Presentation

Kolling Foundation presentation was postponed to October Board Meeting.

Patient Story

Presented by Adj. Associate Professor Vicki Taylor

A patient story was relayed via a Board member. The story was used to outline that NSLHD receives adverse as well as complimentary comments. This is pleasing feedback as it was provided by a passionate palliative care campaigner who 18 months prior was associated with a 10,000 signature petition which led to palliative care funding being restored. The NSLHD was not portrayed particularly well during this period of time.

The email received complimented RNS Emergency Department.

“One of my cancer support patient, a woman with advanced ovarian cancer has been having trouble with pleural effusion. The husband put the following on his Facebook page: *The GP thought it was more than that and thought she might require pleurodesis. Our first experience with RNS Emergency Department was very positive. They were very efficient, caring and kind. They whisked my wife away for a chest x-ray and they showed us the x-ray with the fluid build-up was not significant and no requirement for further drainage. My wife feels better now knowing that if there are any further problems to come back. This is the best Emergency Department experience that we have had.*”

The CE will send this note to the Emergency Department with a letter of thanks to the team.

2. Confirmation of Minutes

The Board accepted the minutes of the meeting held on 27 August 2013 as a true and accurate record of that meeting.

3. Ongoing Business (in conjunction with Action List)

3.1 Finance and Performance Report

A/Prof Annette Schiede noted that there was only three weeks from the previous Board Meeting and during this time the Finance & Performance Meeting has not been held. The Board members received the August results and the updated OESI report. These were generated on Friday by the Finance Department and distributed to the Board Members that day in preparation for this Board Meeting. The Board **NOTED** the OESI Executive Report year to year dated 31 August 2013.

The Acting Director Finance presented the financial report. The Finance Department still continues to work with MoH to agree on a year-end projection figure. The budget figure within the reports for July and August is the previous year's annualised budget divided by 12. The Finance Department has since allocated the budget based on Activity Based Funding (ABF) and note the changes to allocations between facilities. Phasing of all budgets will be completed in September and will be reflected in September month end. Regarding the Forecast deficit, the Acting Director Finance has been working with MoH to finalise the 2013/2014 results. Finance Department have applied the full OESI savings figure to the projected year end results.

The projection for September payroll figure has been completed using the results from the first two weeks for September and extrapolated out for the full September. NSW and in particular RNS hospital has been experiencing high presentation / admissions recently and the last two weeks these rates have decreased which is reflected in the favourable projection for September. Noting that with reduced activities in the warmer months offsets the increase that occurs in the winter months.

The service agreement has been signed off with the MoH and from this our budget will be allocated. Each of the facilities will be allocated a budget in line with ABF principles.

Good results are noted with the Health Insurance uptake rates which have increased over the last 14 weeks.

Finance Department reports that their access to NWAUs is through Health Information Exchange (HIE). This is very helpful for analysis to the Diagnosis Related Groups (DRGs). The currently lag in data is 1 month; the time for coding of information to occur.

Currently there is a trial being undertaken within RNS Hospital for departmental managers to view DRG data and it is anticipated that NWAUs data will be included in the future.

Finance and Performance is the committee that will have major carriage of ABF, implementation and use of information for a whole range of management and analysis purposes. By the end of this calendar year we should have explored the usage of this information and management of this data.

There is an opportunity with the introduction of the ABF funding to instigate small working groups to provide education to various departments and managers and work with them for efficiencies.

Action: Finance to report on productive and non-productive FTEs.
Finance to implement the full phasing of the budget for the first quarter.

Action: Improvements on reporting commentary and analysis in a clearer and more concise manner ie trending using activities and FTEs and track this data across one another.

Action: Consideration of Workshop (In Service Training) for Board Members to be arranged prior to end of year to flow from reporting improvements and focus on operational structure of finance and performance reporting. Workshop to cover from Ward to Finance and the creation of budgets.

OESI / Recovery Plan

Director OESI presented an update on the OESI / Recovery Plan.

The Board **NOTED** the OESI Executive Report. The six challenges which were listed as tracking outside of parameters highlights those areas for noting and report that the OESI team is working with these areas to address these issues.

Challenge One noted in the Executive Report: OESI's major challenge is the lack of data for management and will be the focus for the next three months and are expecting improvements in this area. Electronic rostering is scheduled for March/April 2014.

Challenge Six is the Fleet Vehicle utilisation audit: GPS tracking devices will be installed in the vehicles and provide data on the usage and travel duration of each vehicle over a 5 week period.

There are potential efficiencies indicated on the Clinical Services Building project and the Emergency Department through rostering improvements.

Revenue is tracking well and also improvements in the fees generated by Out-Patient Departments.

In year 3 of the OESI plan it is predicted to be balancing activities to budget allocation.

The OESI team translates efficiencies and revenue captures from area to area and facility to facility. There is also transfer of procedures and knowledge within the NSLHD to ensure all facilities maintain efficiencies and improvements with their peers. Director OESI also noted that the team is looking at other areas where efficiencies can be gained that are currently not under the OESI umbrella.

YTD efficiencies have significantly improved but the focus will be on the projected year-end target.

OESI communication updates have commenced in the directorate newsletters with the aim to include an OESI related story on a fortnightly cycle and also to note is the face to face forums with selected departments that have commenced.

Of noting is the forecast that in year 3 to 4 of the OESI plan it is anticipated to be balancing activities to budget allocation.

The Board Members thanked Director OESI for the improvement noted on the reports.

Action: Superannuation action item will be discussed at the next Finance and Performance Meeting and will be relayed to the Board as soon as information is received.

Action: Director Operations in conjunction with Director Medical Workforce to prepare a paper on the approach for the re-engineering of the senior medical workforce with a view to the quinquennium medical appointments.

3.2 Board Payments - update

At the board meeting of 27 August 2013 it was agreed to adjust payments in line with attendance at Board meetings alone. After discussions with MoH the Chair has agreed to pay the annual fee on a quarterly basis regardless of attendance at Board meetings or subcommittee meetings. Note that leave of absence to be sought by Board members through the Chair who will determine relevant payment.

Action: The payments have been adjusted in line with the above decision and will be paid this week.

3.3 Feedback from Board Planning Day

The Board Charter and Summary note from the Board Planning Day was distributed to Board Members.

In addition to the Board Charter avenue for tabling information and requesting agenda items to the Board meeting is through the Chair of the Board.

The Board Members **ENDORSED** the Board Charter. This document is for internal reference only.

Action: The Chair and CE to work through the change of the agenda and meeting structure.

Action: To ensure that non-Board members entitled to attend Board meetings may only do so if a signed confidentiality agreement is received prior.

3.4 Audit and Risk Governance - clarification

Membership of the Audit and Risk Committee has been confirmed with the MoH. Advice received is an additional member can be appointed on the proviso that there is an uneven number with the majority external to NSLHD. NSLHD is unable to appoint another Board member or a member of the LHD to this committee.

To note: Membership of the Audit and Risk Committee cannot include a member of another LHD Board due to conflict of interest.

Action: CE has followed up with MoH terms of reference for the Audit and Risk Committee. Currently the committee reports to the Chief Executive and the details of this reporting structure have been relayed to the Chair.

Action: The Charter and the By-Laws are currently under review by the MoH. Once received they will be distributed for discussion and consultation by the Chair and CE.

3.5 Audit Schedule - clarification

The CE outlined that CCLHD and NSLHD originally agreed to a notational of audit resources / \$'s split 40/60% respectively. The in principle agreed re-structure will occur based on 40/60% split.

Action: The proposed Audit schedule will be presented to the Board in October.

3.6 Peak Community Participation Committee (PCPC) – Update

Health Literacy – the solid facts produced by the World Health Organisation (European version). It was noted that six out of ten Australians are not health literate. The PCPC committee will be having a discussion about this illiteracy issue.

Discussion will occur with the Chair Education Sub-Committee about Standard 2.6 of Standards of the Australian Commission on Safety, Quality and Health Care and implementing training for clinical leaders and staff on consumer issues and working with consumers.

Mid Staffordshire NHS Foundation Trust Inquiry is available for distribution. It outlines “report of the first inquiry, the story it tells is first and foremost of appalling suffering of many patients. This was primarily caused by a serious failure on the part of a provider Trust Board.” PCPC is working towards this scenario never to occur in our hospitals and have been in discussions with staff and it has been encouraging the positive responses provided.

The Chair also noted that the PCPC is having a Carers Week Forum and luncheon to be held 16 October. We are seeking Carers to participate and provide their opinions and concerns on how Health services and collaborating agencies are responding to carers. Another Forum will be held on 26 October seeking information from people who work with carers.

A meeting was held with the NSLHD Board Chair, CE and Chair of PCPC to discuss holding an all-day event similar to another LHD forum event which seeks involvement from the consumers. Consideration is being given to holding two meetings per year at each end of the LHD (ie North and South) to seek consumer concerns, issues and opportunities.

Overall there are several initiatives and projects that the PCPC are championing.

Action: Chair of PCPC will make available copies of the links of Health Literacy and the Mid Staffordshire NSH Foundation Trust Inquiry to the Board secretariat for tabling at the October Board meeting.

3.7 Capital Planning Update

3.7.1 Royal North Shore Developments / Master Plan

The Board **NOTED** the report.

3.7.2 Hornsby

The Board **NOTED** the report

3.7.3 Hornsby Mental Health

The Board **NOTED** the report.

3.7.4 Graythwaite

The Board **NOTED** the report.

Action: Invitations to be sent to Board Members for the opening of this building and any subsequent openings of other facilities.

3.7.5 Northern Beaches Redevelopment

Frenchs Forest Update

The Board **NOTED** the report.

Action: Reports to the Board members to be less detailed and only address issues of major concern.

4. New Business

4.1 A Framework for Engaging Physicians in Quality and Safety

The Board Consumer Representative at the Health Care Quality Committee noted the presentation at the last HCQC Committee meeting in August 2013 titled A Framework for Engaging Physicians in Quality and Safety, presented by Dr Jonny Taitz.

Action: The Board **ENDORSED** the HCQC action plan. The Board is awaiting a plan with milestones and deliverables for the Board to support and consider. Copies of this presentation can be forwarded if required.

4.2 Industrial Relations - update

CE updated the Board that a verbal agreement has been reached with InfraShore. NSLHD is awaiting the exchange of letters to the effect that: ISS will permanently transfer newly appointed employees to the NSW Health Labour Services Agreement (LSA).

NSLHD will report back in two weeks' time to the Industrial Relations Commission.

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 draft minutes from the meeting held 8 August 2013 were **NOTED** by the Board.

5.2.2 Audit and Risk Management Committee

Nil - next meeting 13 September 2013.

5.2.3 Medical and Dental Appointments Advisory Committee (MADAAC)

The endorsed minutes from the meeting held 7 August 2013 were **RATIFIED** by the Board.

5.2.4 Finance and Performance Committee

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

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

5.2.5 LHD Clinical Council

The endorsed minutes from the meeting held 3 June 2013 were **RATIFIED** by the Board.

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

5.2.6 Education Sub-committee

The draft minutes from the meeting held 6 August 2013 were **NOTED** by the Board.

5.2.7 Research and Innovation Sub-committee

Nil - next meeting rescheduled to a date TBC in late September or early October 2013.

5.2.8 Peak Community Participation Council (PCPC)

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

5.2.9 Medical Staff Executive Council (MSEC)

Nil – next meeting 18 November 2013. Awaiting draft minutes of 12 August 2013.

5.2.10 NSLHD and Medicare Locals Consultative Council

The draft minutes from the meeting held 13 August 2013 were **NOTED** by the Board.

5.2.11 Major Capital Asset Planning Committee (MCAP)

Nil - next meeting 16 September 2013.

Action: Chair of Major Capital Asset Planning Committee to discuss this further at October Board Meeting.

5.2.12 Integrated Risk Management Advisory Committee (IRMAC)

The endorsed minutes from the meeting held 23 July 2013 were **RATIFIED** by the Board.
The draft minutes from the meeting held 2 September 2013 were **NOTED** by the Board.

6. Correspondence

6.1 Nil

Venue and time for next meeting

Tuesday 22 October 2013 at 4:30pm in the Executive Board Room, Building 51, Royal North Shore Hospital

Meeting Closed: 8:15pm

CERTIFIED A CORRECT RECORD

**By Professor Carol Pollock, Board Chair
On 24 October, 2013**