

## MINUTES

### 1. Present:

Professor Carol Pollock	Chair, Board
Ms Betty Johnson AO	Board Member
Mr Michael Still	Board Member
Associate Professor Annette Schmiede	Board Member
Associate Professor Sue Kurrle	Board Member
Ms Diane Flecknoe-Brown	Board Member
Ms Ann Brassil	Board Member
Mr Peter Young	Board Member
Mr Anthony Hollis	Board Member
Dr Michele Franks	Board Member

### Invitees:

Adj Assoc Professor Vicki Taylor	Chief Executive
Mr Lee Gregory	Director Finance
Dr Andrew Montague	Director Operations

### In attendance:

Ms Kym Worth	Secretariat
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### Apologies:

Ms Judith Hopwood	Board Member
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### Conflict of Interest

Nil

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### 2. Confirmation of Minutes

The Board accepted the minutes of the meeting held on 19 February 2013 as a true and accurate record, with the following minor changes:

Page 1 – Change “Mr Andrew Montague” to “Dr Andrew Montague”.

Page 5 – Mr Hugh Lee was awarded an OAM.

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### 3. Business Arising from Previous Meetings

#### 3.1 Periodic Review of Board Sub-Committee Portfolios – Academic Excellence

The presentations were given prior to the meeting.

#### 3.2 Capital Planning Updates

##### 3.2.1 Capital Redevelopments

##### Royal North Shore

The information in the Referral Note was noted. Brookfield Multiplex has been awarded the tender to build the Clinical Services Building (CSB). Thiess is currently building the second car park, and demolishing the Brown Building.

There may be interface issues between the Acute Services Building (ASB) and CSB. The soft service provider has not yet been determined. The Board feels strongly that it should have had input into the processes within which the tender was formulated and let.

The Board representative who attended the Project Control Groups (PCG)s for the CSB was given an undertaking that when the interface and soft services issues were understood, the Chief Executive would be asked to sign off before the tender would be awarded.

### **Royal North Shore Hospital Campus Master Plan**

The Board noted the Briefing Note for the Minister for Health and Minister for Medical Research. This will also be provided to the Director General of Health.

An update was provided to stakeholders at a meeting held in January 2013. There were some issues raised regarding the hydrotherapy pool. The community advisory group was vocal about heritage buildings. The Masterplan Executive Working Group Chair, Health Infrastructure representatives and the General Manager, North Shore Ryde Health Service, met with the community group three weeks ago.

Key issues in the brief are zones and actions required. Some strategic planning is required around zones, and a feasibility study on zone 8 (Support Services Zone). If the plan is endorsed by the Director General and Minister, a study is to prepare a package of information for a 'strategic market sounding' with the intent of attracting private sector involvement and investment.

The Master Plan was endorsed enthusiastically by the Royal North Shore Ryde Community Participation committee.

There was some discussion around the potential uses of zone 8. It was clarified that the sites of the Vanderfield Building and the CSB are not being sold.

Associate Professor Schmiede and the Masterplan Executive Working Group were congratulated on the work done on the Master Plan. The Board approved the next steps.

### **Hornsby**

The Board noted the Referral Note. A walk-through video will be presented at the next Board meeting.

### **Hornsby Mental Health**

The Board noted the information in the Referral Note.

### **Graythwaite**

The Board noted the information in the Referral Note.

### **3.2.2 Northern Beaches Redevelopment – Frenchs Forest Update**

The Referral Note was discussed. An update on the Northern Beaches development was provided. Extensive further work is underway to progress Expression of Interest (EOI) and finalise the business case.

Mr Anthony Manning has been appointed as interim Project Director during the recruitment process. Discussions are being held with the MoH and Health Infrastructure regarding governance and permanent project governance.

### **3.2.3 Northern Beaches Health Service Development – Location Issues**

In respect to the Community Health component of the project, the NSLHD Clinical Council has considered recommendations from the Northern Beaches Clinical Council and Clinical Reference Group (CRG).

Seven (7) are being considered. Four (4) have been tabled at the NSLHD Clinical Council (NSLHD CC). Three (3) relating to Mental Health have not been resolved.

The four (4) endorsed recommendations are:

Oral Health – Should be located at the Southern Community Health Centre (Brookvale).

Renal Dialysis – Review included consideration of efficiencies and financial impact of having the service on one or two sites. There also was consultation with the LHD Network, Head of Department for RNS, and the recommendation endorsed by the NSLHD CC is that renal dialysis should be located at the Northern Beaches Hospital.

BreastScreen – The NSLHD CC has endorsed that this should be located on the Southern site. A cost-per-screen analysis is available based on work previously done by NSLHD Director Primary and Community Health, and will be reviewed by Ms Brassil.

Acute Post Acute Care (APAC) – The NSLHD CC has endorsed that this should be based at the Northern Community Health Centre (Mona Vale) with an on-site presence at the Northern Beaches Hospital.

The Board noted that the recommendations in the Referral Notes are based on assumptions about how these services would be best provided in a solely public sector setting. Final endorsement will be made following provision of high level financials.

The Board resolved that the current process should continue, with the matter to be considered by the Board again when the parties involved have considered the final model of delivery.

*Action:* Financial information about BreastScreen is to be provided to Ms Brassil by the Director Operations.

### **3.3 Tobacco Legislation**

The information in the Referral Note was noted by the Board.

There was discussion around the needs of Mental Health Consumers. The NSW Mental Health Commissioner is of the view that Mental Health Consumers should be treated in the same manner as the rest of the population and there is no evidence to show that Mental Health Consumers should be excluded from smoking restrictions. The Director Health Promotion has been consulted.

Apart from fines, speaker systems could be installed on campus. Costings for this were obtained in 2010. Permanent signage could be installed. If fines are to be issued, there would need to be an arrangement with Debt Recovery, and consultation with unions around which staff would issue fines.

The Board considered that there may be a risk in not attempting to stop patients from smoking on NSLHD sites. The Board endorsed that NSLHD should be a smoke free site.

*Action:* Ms Johnson to give contact details of Mental Health Consumers to the Director Operations.

### **3.4 Accreditation**

The information in the Referral Note was noted by the Board.

### **3.5 Mid Saffordshire Report**

The Referral Note on the NHS UK Report was noted and discussed by the Board. It was noted that there are system issues and risk issues.

The Clinical Excellence Commission (CEC) could be invited to present to the Board at an upcoming meeting, the Mid-Staffordshire issues and relevance to the Australian system.

There was discussion around the need to continue focus on patient-centred care. The items in dot points on page 5 of the Referral Note were considered relevant in Australia. The consumer group will meet with the Director Clinical Governance and the Director Nursing and Midwifery to discuss strategies for NSLHD.

*Action:* A meeting to be arranged between Ms Johnson, the Director Nursing and Midwifery and the Director Clinical Governance to discuss patient-centred care.

### **3.6 Root Cause Analysis (SAC 1)**

The report from the Health Care Quality Committee was noted by the Board. This is to be considered by IRMAC, with the Board to look at trends over time, on a quarterly basis.

### **3.7 Council of Board Chairs**

The Chair provided a summary to the Board on the 8 March 2013 Council of Board Chairs meeting:

- A presentation was given by Mr John Feneley, NSW Mental Health Commissioner, regarding oversight of housing contracts, performance indicators, and oversight of Non-Government Organisation contracts.
- National partnership payment grants were discussed, as these are about to expire. South Eastern Sydney LHD showed how they had implemented rehabilitation projects and analysed value for money. It was noted that the NSLHD Clinical Council considered these at the March 2013 meeting and the Clinical Council endorsed that the programs should be continued.
- The State Health Plan was discussed. There are eight (8) strategic streams.

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## **4. New Business**

Nil.

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## **5. Standing Agenda Items**

### **5.1 Chief Executive Report**

The Chief Executive Report was noted by the Board. The salient aspects of the report were highlighted. The positive National Emergency Access Target (NEAT) results achieved by Manly Hospital were noted, as well as an improvement in NEAT results at all sites.

Mona Vale and RNS Hospitals continue to have high patient presentations. At RNS this includes those in high triage categories. These numbers have not dropped off as expected. The Ambulance Service has been consulted. The situation is being monitored and will be discussed with the MoH.

### **5.2 Finance and Performance Report**

The Finance and Performance report was discussed and noted by the Board. The Board acknowledged the continuing financial pressures of revenue targets, unplanned/emergency demand and the commissioning of the new RNS Hospital.

#### Own Source Revenue

Year to date private patient revenue uptake on a bed-day basis is 85% equating to an additional 10,489 private patient bed days. The majority of the increase is due to an increased number of patients identifying themselves as having Private Health Insurance (PHI) and this increase has predominantly come from unplanned admitted patients.

### Unplanned Emergency Demand

The LHD continues to observe acceleration in the growth of unplanned demand with year on year numbers now exceeding a 6% increase. The Board acknowledged the LHD's strategies to absorb demand are having a positive effect. Despite this it was recognised that the level of unplanned demand and associated increase in bed numbers has had a negative impact on the financial position.

### Commissioning of the new RNS Hospital

The Director Finance advised the Board that there will be material additional costs incurred in 2012/13 as a consequence of variations to the Public Private Partnership (PPP) contract for RNS. They relate to additional facility management costs as a consequence of the CSB procurement. A brief on the issue is being prepared for the Chief Executive.

### Other Related Issues

The Board noted the advice that NSLHD is again below the state average price for the cost of delivering acute inpatient care in the latest draft results from the MoH costing study.

An update on the work towards achieving a sustainable financial position was provided. Initial projects to be focussed on are:

- Revenue: Private Patient Uptakes
- Revenue: Other Billing Opportunities
- Prostheses and Medical Consumable Procurement
- Salary Packaging.

The projects will also have a component of work that looks at improving reporting across the LHD.

The Operational Efficiency Group is about to meet and will focus on productivity. Maree Hynes who has analytical and process redesign experience has joined the LHD to assist in this work.

The Referral Note regarding Service Agreement (SA) activity targets versus actual volumes was noted.

It was noted that an 8% increase in separations has translated into only a 1.9% increase in National Weighted Activity Unit (NWAU) volumes. This is predominantly due to the discount applied for private patients in respect of medical, prosthetic and accommodation costs.

The observed decline in the level of patient acuity is also a factor in the moderation of NWAU growth and this will be due to true decline in patient acuity levels or changes in the way patients are clinically coded. Work continues to progress in this area.

The Director Finance will raise issues around the MoH funding policy at the next Activity Based Funding (ABF) Taskforce.

The Board noted that no funding has yet been provided by the MoH for the revised Board member remuneration arrangements.

## **5.3 NSLHD Committee Minutes**

### **5.3.1 Health Care Quality Committee**

The minutes from the meeting held 7 February 2013 were endorsed by the Board.

### **5.3.2 Audit and Risk Management Committee**

The minutes from the meeting held 17 December 2012 were endorsed by the Board.

### **5.3.3 Medical and Dental Appointments Advisory Committee (MADAAC)**

The minutes from the meeting held 6 February 2013 were endorsed by the Board.

The minutes from the meeting held 6 March 2013 were noted by the Board.

#### **5.3.4 Finance and Performance Committee**

The minutes from the meeting held 18 December 2012 were endorsed by the Board.  
The minutes from the meeting held 26 February 2013 were noted by the Board.  
The Terms of Reference – December 2012 were endorsed by the Board.

#### **5.3.5 LHD Clinical Council**

The minutes from the meeting held 4 February 2013 were endorsed by the Board.  
The minutes from the meeting held 4 March 2013 were noted by the Board.  
The Terms of Reference – February 2013 were endorsed by the Board.

#### **5.3.6 Education Sub-committee**

The minutes from the meeting held 5 February 2013 were endorsed by the Board.  
The minutes from the meeting held 6 March 2013 were noted by the Board.

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

The minutes from the meeting held 4 December 2012 were endorsed by the Board.  
The minutes from the meeting held 12 February 2013 were noted by the Board.  
The Internal Briefing was noted by the Board.

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

The minutes from the meeting held 28 November 2012 were endorsed by the Board.  
The minutes from the meeting held 27 February 2013 were noted by the Board.  
The Terms of Reference – January 2013 were endorsed by the Board.  
The Action Plan – 2013 was noted by the Board.

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

The minutes from the meeting held 19 November 2012 were endorsed by the Board.  
The minutes from the meeting held 18 February 2013 were noted by the Board.

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

The minutes from the meeting held 11 December 2012 were endorsed by the Board.  
The minutes from the meeting held 12 February 2013 were noted by the Board.

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## **6. Correspondence**

Nil.

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## **7. General Business**

### **7.1 Board Sub-committee reviews**

As Talent and Workforce is not a sub-committee, how this will be addressed in the periodic reviews will be considered.

### **7.2 Review of Board Members**

The Chair will complete an annual review of all Board members within the next month.

### **7.3 Sub-committee Chairs/Members**

The appointment/reappointment of Board Sub-committee members and where relevant Chairs, will be discussed at the next meeting.

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## **8. Meeting Closed: 20:38**

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**9. Venue and time for next meeting**

Tuesday 23 April 2013 at 4.30pm.

NSLHD Executive Unit Boardroom, Building 51, Royal North Shore Hospital.

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**CERTIFIED A CORRECT RECORD**

**By Professor Carol Pollock Board Chair**  
**On 23<sup>rd</sup> April, 2013**