

## MINUTES

### 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 via teleconference
Mr Anthony Hollis	Board Member
Ms Betty Johnson AO	Board Member
Mr Don Marples	Board Member via teleconference
Ms Annette Schmiede	Board Member
Mr Peter Young	Board Member

### In attendance:

Adj. Associate Professor Vicki Taylor	Chief Executive
Dr Andrew Montague	Executive Director Operations, NSLHD
Mr Lee Gregory	Director Finance & Corporate Services
Ms Maree Hynes	Director Planning, Performance & Innovation
Dr Adam Rehak	Chair Medical Staff Executive Council
<i>(In attendance for Items 1.1 &amp; 1.2)</i>	
Ms Marissa Dodds	In Safe Hands Project Officer
Mr Barrington Salter	Project Officer / Data Manager for Whole of Hospital Program
Ms Judith Hogan-Wright	Secretariat

### Apologies:

Professor Sue Kurrle	Board Member
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### Board Discussion

The Board members met in closed session prior to commencement of the meeting. During the In-Camera discussion the following items were discussed: Staff Interaction with Media, Confidentiality undertaking for attendees at Board meetings, Master Planning, Northern Beaches Communication Strategy, Hornsby Ku-ring-gai Hospital Redevelopment, Royal North Shore Developments / CSB and the Northern Beach Health Service Project.

**Action:** A letter of thanks to be sent to the Northern Beaches Project team leaders.

The Board congratulated Dr Andrew Montague on his appointment to the position of Executive Director Operations, NSLHD.

### 1. Presentations:

#### 1.1 In Safe Hands Dashboard – Whole of Hospital Program

Presented by Ms Marissa Dodds, Project Officer Mona Vale Hospital, and assisted by Mr Barrington Salter who provided data collection information to the Board.

Ms Dodds updated the Board on the background to this project. The project focuses on improving hospital discharges, creating capacity and improving access to patient care and was initially based on the Clinical Excellence Commission's data sets and includes input and

data sets from the NSLHD. Although the NSLHD is rich in clinical data there was difficulty in transferring this data into meaningful information that clinicians could easily access and be of practical use and also be in a format that consumers could relate to. Dashboard access is via the NSLHD intranet and is very user friendly. Also discussed were the additional benefits outside of the clinical information of this Dashboard: improves ward performance, builds team strength and encourages multi-disciplinary engagement.

The Board heard of the presentations to Liverpool and Ryde Hospitals, Clinical Excellence Commission, Agency for Clinical Innovation and to Ministry of Health with pleasing comments. Therefore commercialisation of this program is now being explored.

**Action:** Secretariat to distribute the presentation to Board members.

## **1.2 Address to Board by Chair, NSLHD Medical Staff Executive Council (MSEC) and RNS Medical Staff Council (MSC)**

Dr Adam Rehak as Chair of the NSLHD MSEC and RNS MSC presented to the Board the clinicians' view on Zone 8 of the Master Planning of RNS campus.

Dr Rehak commented that the Master Planning was a good piece of work and acknowledged the hard work undertaken and in particular the Chairperson of the Master Planning Working Committee, Ms Annette Schmiede.

The Board will discuss the presentation and will respond accordingly to the Chair, NSLHD MSEC and RNS MSC.

At the conclusion of the presentation Dr Rehak thanked the Board for the opportunity to address the Board and left the meeting at 5:30pm.

**Action:** The Secretariat to seek a copy of the presentation to enable a reply by the Board to the Chair, NSLHD MSEC and MSC in response to his address to the Board to be undertaken.

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## **2 Patient Story**

The CE read an email from a Mental Health patient. The story was told by the patient after a lengthy period of time since hospitalisation. It was a retrospective look at the hospitalisation, the rehabilitation and the ultimate transformation of this patient's life. The patient urged all health workers to continue their life saving work with patients who self-harm.

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## **3 Attendance / Apologies / Quorum / Conflict of Interest**

Attendance and apologies were noted.

Conflict of Interest: Nil, other than those already documented.

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## **4. Confirmation of Minutes**

### **September minutes:**

The Board accepted the minutes of the meeting held on 2 September 2014 as a true and accurate record of this meeting.

No further comments were received on the standing agenda items and correspondence tabled but not discussed at the 2 September 2014 meeting.

### **October minutes:**

The Board accepted the minutes of the meeting held on 7 October 2014 as a true and accurate record of this meeting with 2 amendments which are additional information noted in italics:

Amendment 1:

Board Discussion: During this closed session a presentation on the RNS Hospital Change Management progress by the Change Manager was made to the Board members for their information. *Also a Commercial-In-Confidence discussion was held regarding commercial opportunities on the RNS campus.*

Amendment 2:

Item 5.3 OESI.... **Action:** To update the Board on the practical issues involved in acquiring outside of MoH an electronic rostering system *and to provide a business case on the cost benefits vs expenses of such an acquisition.*

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

The items in the Action List were discussed and noted.

### 5.1 Chief Executive Summary

Workforce & Litigious Issues referral note was tabled and **noted** by the Board. No questions were raised on this matter.

Trend Report – Incidents SAC1 & SAC2 referral note and supporting document was presented. The Board was comfortable with the process of reviewing and reporting adverse incidents.

The CE updated the Board on the organisational changes occurring within the LHD and in particular the projects being undertaken by the Executive Director Operations (EDoPs).

### 5.2 Finance and Performance Report

The Director Finance & Corporate Services (DF&CS) referred to the tabled reports and these were **noted** by the Board.

The discussion was focused on the monthly results and the details on the Quarter 1 review and reforecast. The DF&CS advised the Board all the adjustments mentioned in the previous Board meeting have been completed. The September 2014 year to date deficit was discussed and detailed in the report on page 2. Major variance for the year to date remains employee related expenses.

The DF&CS commented on certain OESI programs identified as experiencing cost pressures but emphasised these are due to operational pressures and not lack of momentum. A review of the Medical Imaging services has been undertaken which has provided a list of opportunities for efficiencies and will be realised in the second half of this financial year. The MoH has been approached on the funding model of INR testing which is a State based service. Other items were listed by the DF&CS where cost pressures are being investigated. There was discussion regarding the change in forecast results and the DF&CS advised that this is the third month of the quarter were it was scheduled to undertake a re-forecasting which has highlighted the additional cost pressures.

At a recent meeting with the MoH the modelling was discussed and updated on the post Quarter 1 results taking into account OESI projections. The MoH was advised of the re-forecasting projections and the additional savings strategy initiatives to mitigate the current position.

The Proposed Initiative Savings paper was discussed and the DF&CS outlined the work being undertaken to achieve these estimated savings. Of note these savings are in

addition to the forecasted model and outside of the OESI programs. The Board noted their support of these initiatives.

The action items from the last Board meeting were noted in the Finance and Performance Report and are now closed i.e. Investment Review Results, Current Ratio 2012/13 & 2013/14 and the Electronic Rostering System.

**Action:** A business case on the cost benefits vs expenses of an Electronic Rostering System acquisition to be presented at the December Board meeting. It was suggested to include costing of the system separate to the savings of having this system prior to the rollout of the Health Share's rostering system implementation and for this business case to be presented to Finance and Performance Committee prior to presentation to the Board.

The management letter and signed accounts were tabled and **noted** by the Board. Further discussions are being held with the Audit Office and the final version of the management letter will be presented at the December Board meeting. In the Audit & Risk Committee of 17 September 2014 it is noted that approval was given to the CE to sign off the accounts for NSLHD.

**Action:** Final management letter and signed accounts to be presented at the December Board meeting.

VMoney Web Implementation Update information was tabled and **noted** by the Board. The DF&CS in answer to questions from the Board advised that a decision regarding the date paper claims will no longer be accepted is currently under consideration.

### 5.3 OESI Report

The OESI Report was tabled and **noted** by the Board.

The Director Planning, Performance & Innovation (DPP&I) spoke to this report and provided additional information on the initiatives currently underway. It was pleasing to note the improvement with Workforce with the exception of the medical workforce and imaging. The DPP&I is confident that there are no issues that cannot be resolved over the next coming months. Year to date target projection has slipped but considering the additional projects underway, this situation will be redressed.

In answer to a question from the Board, the DPP&I advised that there is engagement and understanding with the staff who understand their accountability on these initiatives.

### 5.4 Audit & Risk Reporting Structure / By-Laws Investigation

This item was in response to a question by a Board member as to whether the Audit & Risk Committee could be expanded. The current three person representation is consistent with the By-Laws. A review of the By-Laws is currently being undertaken by the Ministry of Health, following which membership of Board sub-committees will be revisited.

### 5.5 Representation on Senior and Advisory Committees

The Chair stated that consideration is being made to include other professional groups within NSLHD to have representations on Senior and Advisory Committees.

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## 6. New Business

### 6.1 Hornsby Ku-ring-gai Clinical Services Plan

The EDoPs advised that further details required follow-up regarding this plan. Therefore consideration of endorsement of this plan will be postponed until these issues are addressed. The plan is to be presented at the next Board meeting and will note the changes arising for the late changes.

**Action:** Hornsby Ku-ring-gai Clinical Services Plan to be represented to the Board noting the changes post those items presented at this Board meeting.

## **6.2 Assignment of Common Seal Documents**

The Board **noted** the list of documents assigned under common seal.

## **6.3 Board Planning Day**

The Chair distributed the agenda for the Board Planning Day to be held Thursday 11 and Friday 12 December 2014. Further papers will be distributed closer to the date.

The CE advised that the opening of the Clinical Services Building (CSB) will be held on the 12 December 2014 prior to the commencement of the Board Planning Day. Due to the size limitations of the foyer of the CSB, the majority of invitees will be assembled in the Kolling foyer which has a larger capacity.

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## **7. Standing Agenda Items**

### **7.1 NSLHD Committee Minutes**

#### **7.1.1 Health Care Quality Committee**

The endorsed minutes from the meeting held 11 September was **noted** by the Board.

#### **7.1.2 Medical and Dental Appointments Advisory Committee (MDAAC)**

The endorsed minutes from the meeting held 3 September 2014 were **noted** by the Board.

#### **7.1.3 Finance and Performance Committee**

The draft minutes from the meeting held 23 September 2014 was **noted** by the Board.

#### **7.1.4 NSLHD Clinical Council**

Nil available. Next meeting 3 November 2014.

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

Nil available. Next meeting 17 November 2014.

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

The endorsed minutes from the meeting held 6 August and the draft minutes from the meeting held 1 October 2014 were **noted** by the Board.

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

The endorsed minutes from the meeting held 9 September 2014 was **noted** by the Board.

#### **7.1.8 Capital Asset Planning Committee**

Nil available. Next meeting 16 December 2014.

#### **7.1.9 Integrated Risk Management Advisory Committee (IRMAC)**

The endorsed minutes from the meeting held 6 August 2014 was **noted** by the Board.

#### **7.1.10 Audit and Risk Management Committee**

The endorsed minutes from the meeting held 18 July and the draft minutes from the meeting held 17 September 2014 were **noted** by the Board.

#### **7.1.11 Education Sub-committee**

The endorsed minutes from the meeting held 19 August 2014 were **noted** by the Board.

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

Nil available. Next meeting 18 November 2014.

### **7.1.13 Aboriginal Health Advisory Committee**

A quarterly update was **noted** by the Board. Ms Betty Johnson spoke to the tabled quarterly report and highlighted the achievements by this committee.

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## **8. Correspondence**

The Board **noted** the following tabled correspondence.

### **8.1 Primary Health Network / Community update**

### **8.2 2015 – Board Member important dates**

The Board **noted** the schedule of Board meetings and the list of important dates for 2015.

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## **9. Items without Notice**

### **9.1 New Horizons 2014**

**Action:** Distribute the New Horizons 2014 information to the Board members.

### **9.2 Community Forum 2014**

Ms Betty Johnson spoke to the Community Forum being held on 12 November at Hornsby RSL Club and invited the Board to attend this forum titled *New Approaches to Integrated Care*.

### **9.3 Ebola Preparedness**

A question from the Board was raised concerning our preparedness should a patient present with Ebola like symptoms. The CE advised that there is a very extensive plan headed by the Manager of NSLHD Counter Disaster Unit and the Health Service Functional Area Coordinator. The MoH has distributed information to all LHDs covering the procedures and in particular patients presenting in Emergency Departments (ED). Further information was relayed on the procedures in place post identification of an Ebola patient.

### **9.4 Asbestos**

The CE updated the Board on recent media coverage of asbestos reported to be located within NSLHD.

### **9.5 IVF Service**

The CE updated the Board on the background of IVF Service which was based at RNS Hospital but ceased in 2005. The Board was advised of the legal advice sought, the potential media coverage and the correspondence to the involved parties.

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## **10. Venue, date and time for next meeting**

Executive Boardroom, Building 51, Royal North Shore Hospital  
Tuesday 2 December, 2014 commencing 3:00pm

**Meeting Closed: 8:30pm**

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## **CERTIFIED A CORRECT RECORD**

**By Professor Carol Pollock, Chair**

**On 9 December 2014**