

## MINUTES - draft

### 1. Present:

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

### Invitees:

Adj Assoc Professor Vicki Taylor	Chief Executive
Mr Lee Gregory	Director Finance
Dr Andrew Montague	Director Operations
Dr Adam Rehak	Chair Medical Staff Council

### In attendance:

Ms Virginia Foley	A/Secretariat
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### Apologies:

Mr Michael Still	Board Member
Ms Judith Hopwood	Board Member

### Conflict of Interest

Nil

### Patient Story

The Board was advised of two letters of compliments from patients receiving care from the Ryde Midwifery Group Practice. The positive feedback addressed the quality of service provided from antenatal visits, the birth of their children and post-natal care.

### 2. Confirmation of Minutes

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

A question was raised regarding the timeframe surrounding the formation of the Research Foundation discussed by the Northern Sydney Local Health District (NSLHD) Research & Innovation Sub-Committee and at the Board on May 27th. The importance of this item was identified and a comment made for this to remain on the agenda for further discussion.

**Action: Information to be provided through the Research and Innovation Committee to the NSLHD Board.**

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### 3. Business Arising from Previous Meetings

#### 3.1 Peak Community Participation Council Periodic Review

The Board noted the information presented in the Referral Note.

There have been positive outcomes achieved by the Peak Community Participation Council (PCPC) outlined in the document. There are 16 current members of the PCPC that participate in more than 50 other committees for the NSLHD and more than 40 state committees. It is through the membership of these various committees that members of the PCPC are able to mobilise and express any concerns and suggestions, particularly but not exclusively regarding safety and quality.

The PCPC has made progress in assisting Medicare Locals improve their engagement with the community. This has involved joint projects being conducted and discussions with key stakeholders to promote community engagement.

A meeting was held with key stakeholders from the Northern Beaches development to address concerns voiced by the community and a variety of useful information pathways were provided.

There was mention of the Aboriginal Health Forum which involved the PCPC and other affiliated services in the planning and promotion of the event. There will be an Ageing Issue Forum held in July which will involve presentations from Associate Professor Sue Kurrle, Board Member, and Dr Terry Finnegan, Director Aged Care Services, North Shore Ryde Health Service. It was suggested advance care directives should be discussed at this forum and presented by Dr Josephine Clayton, a Palliative Care Physician.

The Board noted that the Peak Community Participation Council is held up as the model exemplar in the state and credit given to Ms Betty Johnson AO as Chair of the Committee.

**Action: A letter of appreciation written on behalf of the Board to the PCPC for their ongoing efforts and commitment.**

#### 3.2 Finance and Performance Report Update on OESI/Recovery Plan

The Director Finance presented the Financial Report and Recovery Action Plan to the Board. The 'Northern Sydney Local Health District Director Finance Report year to date 31 May 2013 (Month 11, 2012/13)' Referral Note was tabled and discussed.

Cost saving strategies were highlighted from the report and discussed. The Board discussed the need for sustainable improvements to provide a long term achievable goals and the importance of positive communication in improving patient care outcomes.

The NSLHD vacancy rates were discussed with a focus on high agency related costs. There was an increase in agency related costs due to the need to back-fill employees on leave with agency staff or un-rostered overtime.

There was discussion regarding the impact on the use of surge beds during winter and the financial outcomes during this period. The National Weighted Activity Unit (NWAU) data presented indicated a small percentage of ED presentations are not receiving an NWAU weight..

It was noted that the Director Finance in conjunction with Health Infrastructure and MBM consultants have been working on the Public Private Partnership contract for the next financial year.

The increase in FTE figures for Royal North Shore Hospital (RNSH) was noted. The majority of the increases were across the Nursing and Corporate Staff groups.

With the implementation of Activity Based Funding, private patient revenue targets have been identified as a key area for improvement. The billing procedures for private patients have recently been clarified. It was advised that further analysis will be carried out to ensure the balance of private and public patients achieves optimal access for patients within the budget framework..

An update was provided to the Board on the Operational Efficiency Service Improvement (OESI) Recovery Plan. Clarification has been sort on key action items that are within the amber and red bands. Weekly meetings have been scheduled between the NSLHD Director Finance and Director Operations, and RNSH Executive to update and address the recovery plan whilst maintaining quality and safety. The recommendations for the capacity usage for purchased sub-acute Hammond beds were advised with particular mention of the new referral process which will streamline transfers from RNSH to the external facility.

The Ministry of Health has appointed Ms Karen Roach, to review the OESI Plan..

It was suggested that communications regarding the performance position and need for efficiencies should be provided to the NSLHD employees to ensure a consistent message.. The Health Service Executive Units have been provided updates on the LHD performance and stressed to advise the changes surrounding making improvements to improve patient outcomes.

There was a request for the External Auditor to meet with the Board to discuss the process of the audit and the utility of current LHD systems. It was suggested the External Auditor could provide detailed recommendations for the Board and LHD to consider.

It was noted that given the current performance position NSLHD have an opportunity to make sustainable change with the support of the Board.

The Board thanked the NSLHD Chief Executive and Executive Team for their hard work and commitment to improved performance.

### **Actions**

- 1. Director Finance to provide Board the charges per National Weighted Activity Unit and the total deficit related to this.**
- 2. Mr Peter Young to provide Ms Diane Flecknoe-Brown with documentation to follow up with External Auditor.**
- 3. Ms Diane Flecknoe-Brown to request the External Auditor to attend the Board Meeting.**

### **3.2.1 RNSH Clinician Reference Group TOR/Minutes**

The Board was advised of the purpose of the RNSH Clinician Reference Group (CRG) . The meeting incorporates a multi-disciplinary clinical group from RNSH who will identify opportunities for improving financial performance.

The Terms of Reference (TOR) required revisiting as the accountability is not clearly defined. There was also reference made to the minutes and importance to separate action items as a mechanism of tracking and accountability. The outcome pathway from the CRG was discussed with a reporting arm to the Board. The Director Operations will attend all future CRG meetings on behalf of the NSLHD Executive and Board.

There was a suggestion to provide a clear message in writing from the Board, through Executive, to the CRG that they have been empowered to recommend and enforce changes. The Board Chair suggested as this is a Clinical Reference Group whether there should be a swap in Chair

and Co-Chair as Dr Adam Rehak, Chair Medical Staff Council, could send a greater message of clinical engagement to the clinicians.

### **Actions**

- 1. Director Operations to attend CRG meeting as an Executive representative and on behalf of the Board to provide a strong message of the importance of the role of this group in identifying issues and strategies and follow up.**
- 2. Dr Adam Rehak to arrange meeting with Director Operations to update the Clinical Reference Group Terms of Reference.**

### **3.3 Infrashore/ISS Arrangements**

The Board was updated on the InfraShore/ISS arrangements. InfraShore Pty Ltd have advised NSLHD and Health Infrastructure of proposed changes within its Governance structure scheduled to be completed by 30 June 2013.

### **3.4 CEC Report Sepsis Kills Data**

The CEC Sepsis Kills Report was skewed due to the small numbers of patients in the data provided by the NSLHD. It was noted there are challenges faced in the data entry aspect as this takes resources from the Emergency Departments. There was advice that this information should be provided to the auditors to include in their reports.

The relevance of multiple auditing tools was discussed.

### **3.5 Capital Planning Updates - Capital Redevelopments**

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

The Board noted and discussed the Referral Note provided for information. There was discussion regarding the Retail items raised in the report. The Board requested clarification of the retail space for the Pink Ladies Fundraising in the Clinical Services Building to be provided.

There was a meeting with the Minister of Health and Medical Research regarding the Royal North Shore Master Plan. This was endorsed by the Minister as a commercially viable plan and NSLHD and Health Infrastructure were requested to commence the next phase of the plan.

**Action: Clarification of the retail space for the Pink Ladies Fundraising in the Clinical Services Building to be provided to the Board.**

#### **3.5.2 Hornsby**

The Board noted the Referral Note regarding Hornsby Ku-Ring-Gai Hospital.

#### **3.5.3 Hornsby Mental Health**

The Board noted and discussed the Referral Note regarding Hornsby Mental Health.

#### **3.5.4 Graythwaite**

The Board noted the Referral Note regarding Graythwaite.

### **3.5.5 Northern Beaches Redevelopment - Frenchs Forest Update**

The Board noted the Referral note regarding Northern Beaches Redevelopment. The Expression of Interests (EOI) were discussed following their release to the market after the formal announcement by the Minister of Health on 2 May 2013. There are 7 Hospital Operators who requested the EOI documents with closing date of 11 July 2013. The Board has requested to be updated and involved in the progress of the EOI's.

The Northern Beaches Project Office will implement the RiskIT framework, which will identify risks within the project. These will be channelled to the NSLHD Integrated Risk Management Advisory Committee for discussion.

**Action: An update to be provided to the Board regarding the progress of the EOI's for the Northern Beaches Redevelopment.**

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## **4. New Business**

### **4.1 Probity Plan- Conflict of Interest Forms**

The Board members were requested to read and sign the Conflict of Interest forms.

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## **5. Venue and time for next meeting**

**Additional Meeting 2 July 2013 at 6.00pm-7.30 pm, Building 51, RNSH**

**Meeting Closed: 7:00pm**

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**CERTIFIED A CORRECT RECORD**

**By Professor Carol Pollock Board Chair  
On 2 July 2013**