

NSLHD BOARD

TUESDAY, 19 FEBRUARY 2013 AT 4.30PM
EXECUTIVE UNIT BOARDROOM, BUILDING 51, RNSH



Health
Northern Sydney
Local Health District

Pre-meeting Presentation: Northern Beaches Hospital Public Private Partnership (PPP)

Mr Robert Rust, Health Infrastructure

Mr Rust presented to the Board the strategy around the procurement of the Northern Beaches Hospital, specifically:

1. Procurement Programme
2. Key Procurement & Delivery Dates
3. PPP Government Approval Gates
4. Detailed EoI Programme
5. Project Team Structure

Some discussion followed and Mr Rust responded to questions from the Board. Mr Rust was thanked for providing the presentation to the Board.

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
Ms Judith Hopwood	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
Dr Richard Harris	Chair Medical Staff Executive Council

In attendance:

Ms Kym Worth	Secretariat
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Apologies:

Nil

Conflict of Interest

Nil

The Chair welcomed the members and invitees to the first Northern Sydney Local Health District (NSLHD) Board meeting for 2013. Dr Michele Franks was welcomed to her first Board meeting and Mr Anthony Hollis was welcomed to his first official meeting as a member of the Board.

2. Patient Story

The Board was told of a patient story, regarding a patient with Anorexia Nervosa and other health issues, who has been through a lengthy and complicated journey within the health system and has been treated in both the public and private systems over a period of six years.

A formal complaint has not been received from this patient or family, however with permission, issues of concern will be addressed.

A gap in service delivery around Eating Disorders has been identified by the NSLHD Clinical Council and work is currently being carried out to address this issue further. There are currently very few acute Eating Disorders services in the public system.

3. Confirmation of Minutes

The Board accepted the minutes of the meeting held on 18 December 2012 as a true and accurate record, with the following changes:

At the end of the pre-meeting presentation, include a paragraph: "*The Board resolved to discuss the accreditation process at each Board meeting.*"

Item 7.1: change "*completed* suicide" to "*committed* suicide".

Some discussion was held around the new Integrated Risk Management Advisory Committee (IRMAC) and its reporting requirements. The importance of the Board having a clear oversight as to the risks to the organisation was discussed. The National Safety and Quality Health Service Standards, Governance Standard 1.14.5 states that incidents are reviewed at the highest level of governance of an organisation.

Issues around the relationship and roles of the Audit and Risk Management Committee (A&RMC) and the Integrated Risk Management Committee (IRMAC) were discussed. A&RMC is an external Committee overseeing and monitoring the organisation's governance, risk and control frameworks, and its external accountability requirements, whereas IRMAC will deal with clinical and corporate risks to the organisation.

4 Business Arising from Previous Meetings

4.1 Periodic Review of Board Sub-Committee Portfolios: Finance and Performance Committee – Operational Excellence

The Referral Note on the work of the Finance & Performance Committee was noted. The Director Finance gave a short presentation on the LHD's approach to achieving a sustainable financial position through structural change to costs/revenue and increased efficiency whilst concurrently improving quality of care. Following the presentation, the Director Finance responded to questions from the Board.

The Board noted that the recent Commonwealth/Victorian Government funding dispute will have no effect on the LHDs financial position in 2012/13. However it was acknowledged that the Commonwealth withdrawing funding for the national partnership agreements that end in 2012/13 will have a financial consequence for the LHD and the NSW Health system in 2013/14.

Discussion ensued on achievement of the National Emergency Access Target (NEAT) and it was recognised that performance has improved in this area. The Board noted that RNS is one of seven hospitals across the state taking part in the Ministry of Health's (MoH)'s and Agency

for Clinical Innovation's (ACI)'s 'Whole of Hospital' program aimed at achieving the national NEAT and National Elective Surgical Target (NEST).

The level of activity and the continued elevation in unplanned demand was also discussed. The Board accepted that the significant rise in unplanned demand was observed since quarter 4 of 2011/12 has presented a considerable challenge in meeting the major financial and operational KPIs. Detail was provided on the increase in triage categories 1 and 2 at RNS together with the lack of a slowdown in activity across the holiday period.

The Board and LHD need to negotiate strongly with the MoH regarding activity targets and funding as a lack of real terms income growth combined with a continued growth in 'own source' revenue targets the financial position becomes extremely challenging. It was agreed the LHD should consider plans to provide services efficiently and effectively where possible. It was agreed that Medicare Locals have been funded to see patients who present at hospital emergency departments in the lower triage categories.

NSLHD needs to work with Medicare Locals to ensure they achieve their performance targets. Medicare Locals have been conducting surveys to identify gaps in service provision and a major one is a lack of after-hours general practice services. It was noted that community consultation is being carried out by Medicare Locals to meet Commonwealth requirements and seek funding for programs, however these programs are not necessarily in line with the requirements of NSLHD. Ms Brassil will raise issues and opportunities at the NSLHD and Medicare Locals Consultative Council.

There was some discussion around how much flexibility there is for NSLHD to purchase its own utilities, services and consumables.

The Board gave its support to the direction that the LHD is taking in achieving a sustainable financial position, and thanked Mr Still, Mr Gregory and Ms Taylor.

The next review will be Academic Excellence, and Asset Strategic Planning will move to September 2013.

4.2 Capital Planning Updates

4.2.1 RNSH Redevelopment

The Board noted the Referral Note. Of note, the Douglas Building will be linked to the new car park; it will be joined at both ends.

4.2.2 Northern Beaches Redevelopment – Frenchs Forest Update

The Referral Note and the Health Projects International report were discussed. An update on the Northern Beaches development was provided. It was noted there is more work to be done around the provision of community services and Drug and Alcohol at Northern Beaches.

The Chief Executive acknowledged the NSLHD Health Services Planning team for their support and efforts to date.

4.3 IM&T Plan 2012-2016

The updated plan was noted by the Board.

4.4 RNS Master Plan

A meeting with staff representatives and the Consumer Participation Council (CPC) was held on 30 January 2013. Attendance was high. A detailed presentation was given by the architect, and some challenging questions were asked by the CPC representative. Associate Professor Schmiede and Health InfraStructure will meet with the CPC representative tomorrow. Questions were asked about the use of heritage buildings.

There was significant value in holding this meeting after the opening of the Acute Services Building (ASB), as it shows how the space on the campus is being used presently.

The Master Plan will be provided to the MoH as soon as it has been endorsed by the Board.

Demolition of the Brown Building has commenced and is due to be completed by July 2013. Recent problems with the pneumatic tube system at RNSH were caused by issues relating to the demolition. There will be an opportunity for the Brown Building site to be redeveloped.

Associate Professor Schmiede will follow up with Health InfraStructure the availability of results of a study on pedestrian access to the campus.

The Board noted that Carers' accommodation has been lost temporarily. An interim service provision has been established through the use of local commercial accommodation until refurbishment occurs to provide the services on site.

There are no current defect disputes relating to the ASB, there are no major material defects.

4.5 Medicare Local and LHD Planning Workshop Summary Report

This workshop was attended by Ms Kim Field, Director Primary and Community Health. Workshops will be held regularly, Ms Brassil and Ms Field will attend the next one.

Ms Brassil will summarise the information in the report for the benefit of the NSLHD and Medicare Local Consultative Council.

The Board was informed that a tender has gone out by Medicare Locals to have training needs assessed and delivered.

4.6 Service Provider Overview – Care Connect

The information in the Referral Note was noted by the Board. Care Connect provides ComPacks for the LHD. They are a more cost efficient provider and feedback to date has been positive.

Ms Brassil raised concerns about managing relationships with NGOs. A governance arrangement needs to be put around objectives and these relationships need to be standardised.

Item	Issue	Action	Officer	Due Date	Status
4.5	MC Local Workshop	Summarise information in Medicare Local and LHD Planning Workshop Summary Report	Ms Brassil	19 March 2013	

5 New Business

5.1 NSLHD Clinical Council Chair

The Board endorsed the NSLHD Executive recommendation Clinical Professor Greg Fulcher as Chair of the NSLHD Clinical Council.

Clinical Professor Fulcher is Network Director Medicine (Chronic and Complex Care) and was previously a General Practitioner. He was on the Area Health Advisory Council, and is a member of the Medical Staff Council at Royal North Shore Hospital, being a past Chair of this Council. Clinical Professor Fulcher has a good relationship with NSLHD Executive and Hospital Executives, and is highly regarded by his peers.

5.2 Tobacco Legislation Amendment Act 2012

A letter has been received from the MoH outlining changes to the Tobacco Legislation. The amendment allows the LHD to regulate/prohibit smoking on site and NSLHD's opinion is being sought as to how this will be implemented and enforced.

Discussion was held around different programs to reduce smoking rates. Currently most smokers walk off campus to smoke in metropolitan areas. Playing music in areas where smoking is prohibited has been shown to be effective in moving smokers from those areas.

There is a group of consumers who refuse to attend hospitals for care as they know they will not be able to smoke on campus. Ms Johnson will communicate further with Dr Montague regarding engaging this group and getting their perspective.

5.3 Patient Based Care Challenge – Audit of Board Time

NSLHD has signed up to the Patient Based Care Challenge with the Clinical Excellence Commission (CEC), and focus has been on having a patient story at the start of each Board meeting. The CEC has asked that the amount of time spent on quality and safety at Board meetings is audited.

The Board considered that the intent of all Board discussions are related to patient safety. The Referral Note appears to confuse the role of the Board vs. operations. An audit of Board time was not considered to improve patient care.

This issue was discussed in some detail, and the Board resolved not to audit Board time spent discussing agenda items that articulate issues about patient safety and experience of care and clinical care quality. The Chief Executive will give feedback to the Director Clinical Governance. The Chair will communicate to the Chair of the CEC, the reasons for not agreeing to the audit.

There will be an opportunity in the middle of the year during the annual review of strategic priorities, to look at the Board’s own governance. Ms Flecknoe-Brown will discuss further with the Chief Executive, the issue of auditing the Board.

Some discussion was held around the Mid Staffordshire Report. There are now 14 more UK trusts under investigation and criminal charges may be laid. The focus appears to have been taken off the core business of delivering patient care. There was not just one failure but a system failure. Around 300 recommendations have been made in the recently released report. The report will be further considered by the Board.

5.4 Australia Day Awards

The Board noted that Australia Day Awards were received by several people within NSLHD and the Kolling, and congratulated those people on this achievement:

- Professor Jonathan Morris AM,
- Associate Professor Stuart Boland AM, Visiting Surgeon Mona Vale and Hornsby Ku-ring-gai Hospitals
- Mr Hugh Lee OAM, Member NSLHD Peak Community Participation Council

Item	Issue	Action	Officer	Due Date	Status
5.2	Tobacco Legislation	Consultation with community	Dr Montague /Ms Johnson	19/3/13	
5.3	Auditing of Board	Ms Flecknoe-Brown to discuss with Adj. A/Prof Taylor	Ms Flecknoe-Brown / Adj A/Prof Taylor	19/3/13	

6 Standing Agenda Items

6.1 Chief Executive Report

The Chief Executive Report was noted by the Board.

The Pink Ladies have concerns about their location within the ASB. They have made these concerns clear to the Minister and Premier. Zouki is attempting to assist in good faith where

possible and the General Manager North Shore Ryde Health Service is meeting with the Pink Ladies. When the Clinical Services Building (CSB) is built, the Pink Ladies will be at the junction of the two busiest buildings on the campus.

6.2 Finance and Performance Report

The Finance and Performance report was discussed and noted by the Board.

The financial pressures on the LHD remain the same regarding own source revenue, unplanned/emergency demand and the commissioning of the new RNS Hospital. It was noted that the pressure of increased unplanned demand has partially been offset by a decreased length of stay across all hospitals in the LHD. In addition it was recognised that the length of stay of private patients was also falling resulting in some reduced income.

Some discussion ensued around the reason for the increase in activity, in the context of Service Agreement activity volumes, and acute inpatient and emergency presentations. In addition, the issue was raised of the absolute increase in ED presentations and admissions being significantly greater than the variance to target against Service Agreement activity targets.

The Board noted that currently NWAU data can only be provided by the MoH and LHDs will not be able to provide local data until April 2013.

The increase in ED activity volumes is now being reflected in the LHD available bed base, which increased by 9 in January 2013 which is in contradiction to the position of January 2012, when the available bed base was able to be reduced.

The Director Finance will provide an analysis for the Board of the increase in activity in relation to the LHD's Service Agreement activity volumes.

6.3 NSLHD Committee Minutes

6.3.1 Health Care Quality Committee

The minutes from the meeting held 15 November 2012 were endorsed by the Board.

The Ageing forum held recently in Hornsby was well received with over 150 people in attendance. The forum was chaired by Ms Hopwood and Associate Professor Kurrle gave a brilliant presentation. A lot of the audience was attracted through NGOs. Many relevant questions were asked, mostly relating to out of hospital care. Two main themes were how to get services where these services are, and multicultural aspects of food. Issues raised may be discussed further with Medicare Locals when the data from the forum is analysed.

Ms Johnson was congratulated on her work in achieving this outcome.

The next community forum will be a Carers Forum on 8 April. Following that a forum for Aboriginal people will be held. A forum on disabilities will be held at the Northern Beaches.

The benefit of having records of forums on the LHD website was discussed. The community is being engaged in research, and research requirements and focus. Focus groups are to be held.

6.3.2 Audit and Risk Management Committee

The minutes from the meeting held 21 September 2012 were endorsed by the Board.

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

The bank reconciliation problem has been addressed.

The splitting of Internal Audit between NSLHD and Central Coast LHD was not targeted to occur until 2013/14.

Ms Carol Holley has tendered her resignation and the meeting this week will be her last. She has been very effective and done a wonderful job as Chair. A new Chair will need to be appointed. The Chief Executive and Board to forward a letter of thanks and appreciation to Ms Holley.

6.3.3 Medical and Dental Appointments Advisory Committee (MADAAC)

The minutes from the meeting held 5 December 2012 and 20 December 2012 were endorsed by the Board.

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

6.3.4 Finance and Performance Committee

The minutes from the meeting held 27 November 2012 were endorsed by the Board.

The minutes from the meeting held 18 December 2012 were noted by the Board.

6.3.5 LHD Clinical Council

The minutes from the meeting held 3 December 2012 were endorsed by the Board.

The minutes from the meeting held 4 February 2013 were noted by the Board.

6.3.6 Education Sub-committee

The minutes from the meeting held 4 December 2012 were endorsed by the Board.

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

6.3.7 Research and Innovation Sub-committee

No new minutes were available.

6.3.8 Peak Community Participation Council (PCPC)

No new minutes were available.

6.3.9 Medical Staff Executive Council (MSEC)

The minutes from the meeting held 19 November 2012 were noted by the Board.

A positive meeting was held last night, where issues around NEAT targets and budget were discussed. The committee was engaged and there was a sense of collectiveness. The new RNS Medical Staff Council (MSC) Chair is Dr Adam Rehak.

Dr Richard Harris is stepping down as MSEC Chair. The Board congratulated Dr Harris on his leadership of MSEC and the functionality of the committee under his lead and his contribution as an invitee to the Board. A letter of thanks is to be forwarded to Dr Harris from the Chief Executive and Board.

6.3.10 NSLHD and Medicare Locals Consultative Council

The minutes from the meeting held 9 October 2012 were endorsed by the Board.

The minutes from the meeting held 11 December 2012 were noted by the Board.

Item	Issue	Action	Officer	Due Date	Status
6.2	Service Agreement Activity Volumes	Analysis for Board	Mr Gregory	18/3/2013	
6.3.2	Outgoing Chair of A&RMC	Letter of thanks for chairing Audit and Risk Management Committee	Secretariat to draft	ASAP	
6.3.9	Outgoing MSEC Chair	Letter of thanks to Dr Richard Harris for his role as MSEC Chair	Secretariat to draft	ASAP	

7. Correspondence

7.1 Common Seal – Request for Verification of Medical Credentials

The documents were noted by the Board.

8. General Business

8.1 Board Member Remuneration

Official advice has not yet been received from the Ministry of Health. The issue will be raised by the Chair at the Council of Board Chairs meeting. Payments will be reconciled.

9. Meeting Closed: 20:15

9. Venue and time for next meeting

Tuesday 19 March 2013 at 4.30pm.

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

CERTIFIED A CORRECT RECORD

**By Professor Carol Pollock, Board Chair
on 21 March 2013**