

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
Professor Sue Kurrle	Board Member
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	Executive Director Operations, NSLHD
Mr Lee Gregory	Director Finance & Corporate Services
Ms Maree Hynes	Director Planning, Performance & Innovation
Mr John Hunter	Chair, Audit & Risk Management Committee
Ms Judith Hogan-Wright	Secretariat

Apologies:

Dr Adam Rehak	Chair Medical Staff Executive Council
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Board Discussion

The Board members met in closed session prior to commencement of the meeting and discussions covering the sale by the Royal Bank of Scotland (RBS) of the RNS Hospital Private Public Partnership (PPP) and the RNS Master Plan.

1. Presentations:

1.1 Annual Review – Audit & Risk

Presented by Mr John Hunter, Chair Audit & Risk Management Committee.

Mr Hunter distributed a report titled *Report to the Board on Audit & Risk Management* to the Board members. Mr Hunter expanded on the financial statement process of the last financial year.

The Audit & Risk restructure post the separation from Central Coast LHD was discussed. The process of recruitment for the seven positions was underway with only one position currently unfilled.

A draft audit plan will be considered at the Audit & Risk Committee meeting to be scheduled 3 December 2014. The Board Chair suggested the inclusion of quality and safety within the draft audit plan although it was mentioned that this was covered in the accreditation process and the quality and safety processes that are already in place.

Mr Hunter reported on the improvements by all 30 entities that report their financial statements to the MoH.

The Board Chair acknowledged the work by the NSLHD Finance team and asked the Director Finance and Corporate Services (DF&CS) to pass on thanks to his team.

The Board commented on the rigorous process of the finalisation and sign off of the Financial Statements. The Board added that the open and transparent process gave comfort to the Board members.

The Board Chair thanked Mr Hunter and all the Audit and Risk Management Committee members for their contribution.

2. Patient Story

The CE pre-empted the Patient Story by mentioning the decant from the Douglas Building to the Clinical Services Building (CSB) of the Neonatal Intensive Care Unit (NICU). In readiness for the opening of the CSB, a media plan was created with various news organisations to promote the opening of this new building by granting access to film the decant and the first baby born at the CSB.

The CE referred to a previously distributed media release and the photo of Alfred who was only a few days old when his photo was taken by renowned photographer Anne Geddes to be used around the work to publicise premature births. This photo taken at Royal North Shore Hospital was used to promote World Prematurity Day for the charity *March of Dimes*. Alfred is progressing well.

3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance and apologies were noted.

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

4. Confirmation of Minutes

The Board accepted the minutes of the meeting held on 4 November 2014 as a true and accurate record of this meeting once minor changes have been undertaken.

5. Ongoing Business (in conjunction with Action List)

The items in the Action List were discussed and **noted**.

5.1 Chief Executive Summary

Attachmate update - The CE noted that this issue is in relation to a software licencing and usage dispute which affects a number of LHDs across NSW. Information was relayed from the Director IM&T to update the Board that the status of this issue has not changed.

5.2 Finance and Performance Report

The DF&CS referred to the tabled report and this was **noted** by the Board. On page 2 of this report was noted the in-month result and the year to date forecast and that a complete review of the forecast financial position will be done post the Quarter 2 results. There was detailed discussion regarding the target and forecast deficit. It was agreed the DF&CS will discuss the presentation of these graphs with Ms Schmiede and Mr Marples who represent the Board on the Finance and Performance Committee.

The DF&CS directed the attention of the Board to activity levels particularly in the RNS, Hornsby and Mona Vale Emergency Departments (EDs) for the month of November which has dropped from a spike experienced during September and October.

The increased Length of Stay (LoS) has been referred to the OESI LoS program. The Executive Director Operations, NSLHD (EDoPs) provided more information on the work being undertaken at RNS Hospital on the investigation of LoS.

There was discussion over the Year to Date Average Actual FTE's and the continuing issue of employee related costs above budget. There was further discussion regarding this KPI and its relationship to actual staffing costs. The DF&CS advised the Board that this reporting figure is a KPI requirement from the MoH. The Director Planning, Performance & Innovation (DPP&I) commented that the reporting staff lines within the OESI program is broken down into medical cost, nurse cost per patient day and it provides indicative trending.

The benefits of an Electronic Rostering System (ERS) were noted in the report. It was reiterated that the LHD has no delegation to source an ERS outside of the present MoH process and that MoH implementation of Health Roster (The NWS Health ERS) is underway. The DF&CS articulated the LHD strategy given the limitations on LHD delegation; this being continuation of working towards rostering best practise, completion of the Stafflink project (a critical component to a successful ERS) and to be in the pilot for the NSW Health ERS module for Medical Staff Rostering. The Board also noted the DF&CS comment that Health Roster does not have an extract from Nurse Hours to Patient Day tool but this will be remedied prior to rollout of this system due in October 2015.

Robust discussion was held on the Board's direction concerning the strategy concerning ERS. In conclusion the Board decided not to diverge from the current plan as outlined above.

Action: A one page report from the DF&CS to be distributed on Health Roster (ERS system via MoH).

The DF&CS sought advice concerning the *Final NSLHD Management Letter from the Audit Office* which was noted. In answer to the question it was stated that the action items listed have been commenced. The CE relayed the improvements achieved and acknowledged the work by the Finance team to achieve these pleasing results. The letter from NSLHD to the Audit Office was **noted** by the Board.

5.3 OESI Report

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

The Director Planning, Performance & Innovation (DPP&I) noted some slippage and hence key target areas are medical workforce and imaging. With the improved performance from revenue other targets have been adjusted accordingly. The Contract Management initiative has realised improved savings and again other targets have been adjusted to compensate for these improvements.

The Board questioned why the targets were adjusted for those areas experiencing slippage and it was noted that it was a recommendation from last year's Internal Audit Review of OESI and from knowledge of situational changes. The DPP&I stated these target adjustments are not only reducing but also increasing in line with achievements. The DF&CS commented that these adjustments are not taken lightly and in depth conversations are held with those departments concerning these adjustments.

It was stated that the Medical Imaging Review initiatives include the focus on labour management, revenue collection, identification of public /private patients and other action items. The DPP&I provided an overview of the current situation: Quarter 1 and 2 has resulted in lower than anticipated performance due to a number of factors and the savings realisation is targeted to occur in Quarter 3 and 4.

5.4 Hornsby Clinical Services Plan

The EDoPs noted the endorsement of the Hornsby Clinical Services Plan by the NSLHD Clinical Council being 20 out of 21. The one member was on vacation and was not able to be contacted for endorsement.

The majority of Board members endorsed the plan on the proviso that this plan will be reviewed in relation to the NSLHD Clinical Services Plan.

The CE relayed the process for the progression of a Clinical Services Plan post endorsement by the NSLHD Clinical Council and NSLHD Board through to the MoH and back to NSLHD.

The CE updated the Board on the NSLHD Clinical Council meeting and the presented papers and discussion on the NSLHD Clinical Services Plan and the Clinical Network Review.

Action: The NSLHD Clinical Services Plan 2015 – 2022 is currently being revised and will be presented at the February 2015 Board meeting.

6. Capital Planning Update

6.1 Hornsby Ku-ring-gai Hospital Redevelopment

The Board **noted** the two reports covering Stage 1 and Stage 2 redevelopment.

6.2 Royal North Shore Developments / CSB

The Board **noted** the report. The CE advised the Board the decant of patients from the Douglas Building to the CSB is progressing well with excellent staff participation to ensure a smooth transition. The official opening of the CSB is scheduled for Friday 12 December 2014 and all is in readiness.

6.3 Northern Beaches Redevelopment – Frenchs Forest update

The Board **noted** the report. The CE advised that the signing of the contract for provider for the Northern Beaches Hospital is planned for Thursday 11 December 2014.

The Board commented positively on the two Community Health Centres to be built at Brookvale and Mona Vale.

7. New Business

7.1 Northern Beaches Sub Committee and Terms of Reference

The Sub Committee is ensuring that the roles and responsibilities of this committee and its relationship to the NSLHD Board, Audit & Risk Management Committee, Finance and Performance Committee etc. are finalised prior to commencement.

The Board Chair outlined the timelines for the Northern Beaches contract signing and the appointment of the Project Manager and advised that post these dates clearer detail will be provided regarding reporting and governance responsibilities.

Action: 1. The Board to provide feedback to Mr Marples on the roles and responsibilities for this committee following on from the information provided in the tabled Charter and discussion at the Board meeting.

Action: 2. The secretariat to distribute the flyer with contact details for any communication received by Board members concerning the NBH. Also note any communication can also be directed to Sounding Board email: NSLHD-SoundingBoard@health.nsw.gov.au from which NSLHD can address any questions.

7.2 Community Forum 2014

Ms Betty Johnson updated the Board on the Community Forum held on 12 November 2014.

Ms Johnson as Chair of Peak Community & Consumer Participation Committee relayed information on a successful and productive Community Forum which was centred on Integrated Care. Numerous speakers presented and it was mentioned the presentation by Professor Jonathan Morris, Chair Research and Innovation, was very well received. Once the report has been received covering this Forum it will be distributed to the Board

Action: 1. The Community Forum report and the recommendations from the PCCPC meeting will be distributed to the Board members for their information.
2. Obtain the PCCPC 12 month planner and incorporate as appropriate into the Board calendar.

8. Standing Agenda Items

8.1 NSLHD Committee Minutes

8.1.1 Health Care Quality Committee

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

8.1.2 Medical and Dental Appointments Advisory Committee (MDAAC)

The endorsed minutes from the meeting held 15 October 2014 were **noted** by the Board.

8.1.3 Finance and Performance Committee

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

8.1.4 NSLHD Clinical Council

The draft minutes from the meeting held 3 November 2014 was **noted** by the Board.

8.1.5 Medical Staff Executive Council (MSEC)

Nil available. Next meeting will be held in 2015.

8.1.6 Peak Community and Consumer Participation Council (PCCPC)

Nil available. Next meeting will be held 3 December 2015.

8.1.7 NSLHD and Medicare Locals Consultative Council

Nil available. Next meeting will be held 9 December 2015.

8.1.8 Capital Asset Planning Committee

Meetings will now be held quarterly; next meeting will be held 15 December 2015.

8.1.9 Integrated Risk Management Advisory Committee (IRMAC)

The endorsed minutes from the meeting held 2 October 2014 was **noted** by the Board.

8.1.10 Audit and Risk Management Committee

Nil available. Next meeting will be held 3 December 2014.

8.1.11 Education Sub-committee

Meetings will now be held bi-monthly. The draft minutes from the meeting held 14 October 2014 was **noted** by the Board.

8.1.12 Research and Innovation Sub-committee

Nil available. Next meeting 24 November 2014.

8.1.13 Aboriginal Health Advisory Committee

Next quarterly update due in March 2015.

8.1.14 Northern Beaches Hospital Project Sub-committee

Awaiting initial meeting.

9. Correspondence

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

9.1 CSB Invitation

9.2 Reply to the Chair, MSEC & MSC

The Board **noted** the letter in reply to the address to Board members at the Board meeting held 4 November 2014.

10. Venue, date and time for next meeting

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

Meeting Closed: 7:30pm

CERTIFIED A CORRECT RECORD

By Professor Carol Pollock, Chair

On 10 February 2015