

**NORTHERN SYDNEY CENTRAL COAST HEALTH
AREA HEALTH ADVISORY COUNCIL
MINUTES**

**THURSDAY, 6 SEPTEMBER 2007 AT 8.00AM-12.00PM
VENUE: EXECUTIVE BOARDROOM, HORNSBY HOSPITAL**

1 Present:

Professor C Pollock (Chair)
Ms Georgia Sidiropoulos
Mr Paul Tonkin
Dr Greg Fulcher
Ms Di Spragg
Mr Darren Bowd
Prof Margaret McMillian

In Attendance:

Mr Terry Clout (Acting Chief Executive)
Mr Chris Fleming
Ms J Hartley-Jones
Ms C Treharne
Ms C Brown

Apologies:

Dr Magda Campbell
Mr Paolo Totaro
Dr Scott Whyte – letter tabled with resignation effective immediately

2. Confirmation of Minutes

The Committee resolved to accept the minutes of the meeting held on as a true and accurate record. Resolved

Welcome to the Acting Chief Executive Terry Clout

3. Review of action items from the previous meeting

- 3.1. J Hartley Jones presentation current agenda item.
- 3.2. Prof Pollock & C Fleming to draft letter to combined councils of Lower North Shore Sydney re engagement model linking councils GP's and AHS. Dr M Campbell to provide input re GP engagement.
- 3.3. Palliative Care review presentation by K Filocamo an agenda item for September meeting.
- 3.4. Tobacco and Obesity presentation by D Tutt an agenda item for September meeting.
- 3.5. Review of the Health Care Advisory Council (HCAC) papers re Prevention and Early Intervention for oral health, obesity, risk drinking, illicit drugs, smoking, funding strategies to support achievements of State Plan targets and NSW Health's response to Aboriginal Child Sexual

Assault prompted much discussion and strategic comments from members to be included in a report and forwarded to the HCAC by Prof Pollock.

- 3.6. After much discussion by AHAC members re issues of adult obesity as distinct from childhood / adolescent obesity, it was resolved that T Clout would raise adult obesity at next Clinical Council meeting.
- 3.7. Clinical Service Redesign presentation by C Walsh an agenda item for upcoming September meeting.
- 3.8. Draft Governance model to be included in September meeting papers for review by the AHAC.
- 3.9. Prof C Pollock reports the AHAC Workplan is still waiting for Operational Plan before it can be endorsed. Members agreed to submit to DoH previous workplan with notation that new one is in process and will be forwarded on completion and requesting acceptance of this. Workplan is to be at DoH by 30 September 2007.
- 3.11 Annual Performance Review already done – Prof Pollock to confirm with DoH that what was completed 3 weeks ago is acceptable.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none"> • Prof Pollock & C Fleming to draft letter to combined councils of Lower North Shore Sydney re engagement model linking councils, G P's and AHS. Dr M Campbell to provide input re GP engagement 	C Fleming Prof Pollock C Dr Campbell M	27 Sept 07
<ul style="list-style-type: none"> • Palliative Care review K Filocamo agenda item September meeting 	C Fleming	27 Sept 07
<ul style="list-style-type: none"> • Tobacco and Obesity presentation by D Tutt an agenda item for September meeting. 	C Fleming	27 Sept 07
<ul style="list-style-type: none"> • Falls Prevention presentation by M Armstrong to be tabled for October meeting 	C Fleming	27 Sept 07
<ul style="list-style-type: none"> • HCAC papers ; comments from members to be included in a report and forwarded to the HCAC by Prof Pollock. 	Prof Pollock C	27 Sept 07
<ul style="list-style-type: none"> • Adult obesity as distinct from childhood / adolescent obesity, to be raised by T Clout at next Clinical Council meeting. 	T Clout	27 Sept 07
<ul style="list-style-type: none"> • Clinical Service Redesign presentation by C Walsh an agenda item for September meeting. 	C Fleming	27 Sept 07
<ul style="list-style-type: none"> • Draft Governance model to be included in September meeting papers for review by the AHAC. 	T Clout	27 Sept 07

4 Chief Executive Report

T Clout confirmed announcement that Matthew Daly will take over as Chief Executive from 24 September. T Clout will be finishing at NSCCH on 21 September and commencing at SESIHS on 2 October.

A corner has been turned in ED and the team is focused on robust performance now the escalation processes are in place. There are key KPI's and they need to achieve and build community confidence.

Investigative feedback over past 9 weeks from senior clinicians highlights in the past they have been involved in many planning session /surveys which are perceived not to have gone anywhere. There is a need to have action following planning and effective communication. Senior clinicians want to see reasonable feedback over a clear timeframe. There needs to be a measurable progress over a reasonable time.

The senior team needs to be clear throughout the journey, needs to prioritise to deliver within the timetables. Task for the team going forward is for them to convince others that they can deliver priorities in stated timeframes.

Budget: activity/KPI's, what/how we do things. It will take 3 years before the AHS is financially robust. Signoff 'in principle' from the DG for the budget has occurred and this will be worked through with the Area Executive Team next week. Activity/services/KPI's must be linked to budget and they must be balanced.

A Senior Clinicians and Senior Managers forum held last week, with 140 people in attendance. Forum looked at the complexity and differences in the services – not about jeopardising quality of patient safety. We need to know what it costs to do things – i.e. HKH at aggregate level operates at a cost level a little lower than its peer groups. While Ryde operates at \$1,100 case weighted per separation, RNS at aggregated level is \$400-\$500 higher per case weight per separation. By mid October we will be more certain about the robustness of figure. We have to have a process to ensure information is robust, we have to engage with lower levels to work out where the differences are and changes can be made. Significant strategies have been identified that managers say can be delivered. During all of this we cannot compromise patient safety or level of service.

The DG has commented on the Northern Beaches Strategy and the redevelopment of RNS. Demographics have to drive where reinvestment is. First reinvestment will be in the Central Coast.

Budget allocation letters are going out today to all Area Executive and Senior Managers. It was suggested that all department heads should be able to see all others allocation letters, T Clout said that this would be occurring.

T Clout has been attending meetings with the groups throughout the AHS. He met with Division of Surgery at RNS and Clinical Council at HKH. There is the need to reinvigorate the Medical Staff Executive Council.

Northern Beaches Strategy – meeting with the Minister and DG, SSP needs to go out.

Research and Education Building – great movements in that area and more information will be released next week.

Public Relations and Communication have been very busy keeping the public informed on happenings within the AHS.

An external review has been instigated by DoH on ED across the Area. The AHS response to the review and what is to be put into place to address the recommendations is attached in today's papers.

Bullying and harassment issues at RNS have been in the media recently and a review team is in place and proceeding with a report due back to Terry Clout by end of September. The team have been interviewing people re culture and indications of inappropriate behaviours. The consultation across all staff aims to identify the essential elements of behaviours people want/expect. There was an acceptable behaviour climate survey completed 03/04, as to the question of doing it again or reviewing that data, T Clout is of the view these climate surveys need to be instigated every 3 years or when a sentinel event occurs which is currently what is happening.

With regards to funding management issues, the AHS needs to identify what we can change and how we can make a difference. Things can't be changed at State level, however we need to concentrate on what we can change. This needs to be a collective and consultative process amongst managers and clinicians to drive the change. The teams, managers and clinicians are capable of doing this. T Clout indicated that that the Resource Allocation Formula needs to be brought to the AHAC to provide members with further clarification re funding processes.

T Clout reinforced the changes that need to occur in this AHS are "very do-able", however the discipline around implementation and engagement needs to be done differently.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none">Resource Allocation Formula to be made available to the AHAC	T Clout	27-9-07

5 New Business

5.1 Emergency Access Performance

Julie Hartley Jones reported there had been an increase over winter in activity, length of stay, respiratory illnesses and ED attendance to admission. This was much the same of whole of State. J Hartley Jones outlined KPI's and the opportunity to deliver care differently. New target of 98% discharged or admitted within 4 hours. Emergency access performance, area performance where highlighted. Weekend discharge, length of stay and access blocks discussed. Need to consider the eventuality of discharging patients prior to 12pm (midday) rather than later in afternoon. By doing this it will free up beds area wide. Next step is working on 'how can chronic care performance be enhanced'. Much discussion followed on how best to achieve these targets. Community based care was suggested along with increase in Community Nursing usage and earlier discharges i.e. discharge prior to 12pm (midday) rather than the now late afternoon discharges would free up beds area wide for use by ED patients requiring admission, thereby easing the pressure on the ED.

The AHAC thanked J Hartley Jones informing that what was happening was a step in the right direction and can see positive outcomes.

5.2 Financial Recovery Plan

T Clout provided a brief report to this in the Chief Executives Report.

5.3 Healthcare / Clinical Service Planning Framework

Chris Fleming gave an introduction to various plans, the cascading of plans, purpose of the flow, a matrix of the NSCCH plans, the current status of the Clinical Services Plan, historical challenges with planning and the accountability of the framework. Principles for Service Plans are that there is an underlying need to check prior plans are included in current document.

All planning should assume that whole service availability is taken into account. Our role is to supplement what is provided. All plans should be produced on a standard template with the same text in front of every plan. Challenge for all is that AHS is still within allocation roles. Need to look at investment/disinvestment and appropriate models of care. Need to identify the large and small (Queen Mary and jetskis) and deal with the urgency of the small in the midst of the large. It is the responsibility of Senior Executives and not just managers; AHAC needs to have these issues in their 'kit bag' all the time.

There is advice that the Community Representation needs to be prominent as this advice is always useful.

Need to look at the impact of health technologies on services and on service development in the public sector. The need is to have a plan and acceptance with deliverables. Need to have a process in place for the development of clinical services plans and a standard template that has standard words that makes up the front of every plan. Enabling plans need to have a timeframe and a number of these reports will need to go to DoH for formal approval.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none"> • Change GM sponsor to Executive Sponsor. • Need community impact inserted. • HPSG delete and insert CF DPPP • Single page document showing all plans to be completed and where in the cycle they fit 	C Fleming C Fleming C Fleming C Fleming	27 Sept

5.4 HCAC Report Feedback

Prof C Pollock had nothing to report for HCAC. There are trauma implications for planning Northern Sydney Advisory Group. St Vincent's is not functioning as a trauma centre and RNS has felt weight of this.

Action Items:	Person responsible:	Deadline:

6 Business Arising

HCAC Papers for information

These have been circulated with lengthy discussions following. Prof C Pollock has captured a range of comments that will be included in a report to HCAC.

Prevention and Early Intervention – Population Health Strategies

Obesity is tabled in the State Plan which flows down into the Area Health Plan. “Stop Growth in Childhood Obesity” is lead by State Health and we have to address it and resource it. Treatment of adult obesity is also a problem. There should be one plan from birth to death. Childhood obesity and its prevention is our directive but do we want to go one step further?

Recommendation that the Clinical Council take on “Stop Growth in Childhood Obesity” and incorporate it into their workplan for the next twelve months. Need to look at hotspots/demographics where prevention/treatment becomes critical.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none"> • The Clinical Council take on childhood obesity as a project. 	Prof C Pollock	25 Oct 07

Funding Strategies

There is no capital allocation for Northern Beaches. Episode funding tool is to guide/test equity between communities and relative costs. There are always complex timing issues around episode funding.

7 Other Business

Prof C Pollock took the opportunity to thank T Clout on behalf of the AHAC for his commitment and guidance of the NSCCAHS and the AHAC during the number of weeks he has been Acting Chief Executive, and wished him well in his new posting and future endeavours.

Action Items:	Person responsible:	Deadline:

Venue and Time for Next Meeting

The next meeting will be held on 27 September 2007 in Executive Boardroom Hornsby Hospital.