

Minutes

Area Health Advisory Council Meeting of 16 February 2006 Held in Executive Boardroom Hornsby Hospital

Attendees: Professor Carol Pollock (Chair)
Dr Magda Campbell
Dr Margaret McMillan
Ms Georgia Sidiropolous
Mr Tom Limburg
Ms Nancy Ma
Ms Di Spragg
Dr Greg Fulcher
Dr Scott Whyte
Dr Antonio Carrozzi
Dr Paolo Totaro AM
Mr Paul Tonkin
Mr Darren Bowd

In Attendance: Dr Paul Douglas
Mr James Wilson
Stephen Christley

By Invitation: Wes Gault (presenting Item 3)

Apologies:

Agenda topics

1 Minutes

Discussion:

The minutes of the meeting of 25th January were endorsed as true and accurate record.

The allocation of responsibilities to AHAC members was briefly reviewed noting that sub committee or working party groups will best handle most issues. Delegation of responsibilities was based on the feed back from members nominating their particular areas of interest, experience and expertise. The content of this document was endorsed by members.

Confirmation on the format of meeting minutes will be sought following which these records (commencing January 2006), will be made available for release on both the Department and the Area website.

Action items:

- Confirmation of Minutes format

Person responsible:

C. Pollock

Deadline:

30/3/06

2 Monitoring and Governance Process P. Douglas

A fundamental mission of the Area's governance structure is to ensure key deliverables such as appropriate and adequate clinical care and access for the community to these health care services. As such it is essential that the peak governance body possess a profile of accountability, responsibility and fundamental knowledge. These principles ensure not only authority but also operational expertise and ownership of decisions.

The formation of the Management Board, comprising the Chief Executive, Directors of Area

portfolios and senior executive staff and leaders from the Clinical Operations Portfolio represent the Area's peak authorising and governance body reflecting the principles noted above.

The key monitoring body is the Finance and Performance Committee whose representation includes the CE together with the Area Senior Executive and the Manager, Area Performance. The inclusion of a clinician on this committee was discussed with the view to ameliorate the many issues driven by clinical and financial needs/requirements. It was noted that at the same time this would give clinicians a broader perspective of the Area's financial position and strategies. The relevancy of this suggestion will be reviewed and considered by the senior executive.

Action		
<ul style="list-style-type: none"> • Consideration of the inclusion of a senior clinician on the Finance & Performance C'ttee. 	CE	30/3/06

3 RNSH Redevelopment

Mr Wes Gault, Project Director for the Royal North Shore Hospital Redevelopment presented the "masterplan" of work to date on this project.

The proposal identifies that while retaining some of the existing infrastructure such as the Main ("brown") building and the Douglas building the redevelopment will add to this the clinical elements to realise a new acute hospital facility. This combined with other elements of the plan will create a "stand alone development site" thus fulfilling the two principles on the project team's agenda;

- to build a leading acute hospital facility meeting the AHS's projected needs and requirements
- release available land for further development (urban planning team)

The primary new clinical facilities will be linked to the retained buildings and reflect a modular compatibility to accommodate future growth and development. Construction will be staged to allow for a decanting process from outer buildings (those being demolished) to interim facilities probably within the brown building. The hospital component of the development will also feature a key physical link to St Leonards train station with wheel chair access and the preservation of a cluster of heritage listed buildings in a green sector.

Procurement of this hospital redevelopment would likely be invited from Public/Private Partnership (PPP) Developers who would tender for the project. In such an agreement the Area Health Service retains ownership of the land and would provide the clinical plant, all staff and services, while the developer owns the building and is responsible for its maintenance and upkeep.

A mix of commercial and residential facilities on the site is envisaged which will bring additional developers on board who will include car parking and other amenities that the hospital will not undertake. While the plan retains some existing outlooks (harbour bridge from Reserve Rd) and develops others, the skyline of the campus will change with buildings from 6 to 20 storeys high. An estimated 50% of the land could be allocated to commercial/residential development, either freehold or long term lease agreements.

One member expressed his concern at the potential loss of public land if developers were able to buy freehold and noted that while ultimately this was a State authority decision he hoped that more long-term lease agreements would be considered.

Sydney University have indicated an willingness to invest in the research facility.

It was noted that the Metropolitan Planning Strategic authority have identified the Royal North Shore Hospital site as a "major site", and that development here will seed further development throughout the area. It was agreed that throughout the process the long-term flexibility of the site must be maintained.

A timeline for the redevelopment was briefly mentioned, with financial close estimated in 15-16 months, Stage 1 completed 2009/10 and Stage 2 completed in 2014.

4 Research and Education Funding Prof. C Pollock		
<p>The papers circulated in the pack were briefly reviewed and recommended to members for background reading. The Northern Medical Research Foundation has engaged the expertise of a consultant to oversee financial modelling since the amalgamation of the Area. Research Committee structure within the Area was discussed and the role of the Area Health Ethics Committee, the overseeing authority for research activity within NSCCH.</p> <p>Community representation on the Research Committee was sought and one member confirmed to this position.</p>		
5 Correspondence Prof. C Pollock		
<p>Members were briefed on a letter received from Mr Brian Holden of "Healthwatch". After some discussion and review of the AHAC Charter all concurred that the issue raised in this correspondence was not relevant to be considered by AHAC. Legal advice had been sought in regard to the content of Mr Holden's letter and a reply confirming the Area Health Advisory Council's role and function will be issued. It was agreed that the AHAC Chair take up this matter with the Department.</p>		
Action		
<ul style="list-style-type: none"> Chair to raise this issue with the Department. 	C. Pollock	30/3/06
6 Document Review		
<p>The documents included in the pack will be instrumental in the development of the AHAC Workplan and were recommended to members for background reading and reference. The Futures Planning Document (detailed on the agenda) will not be released until March, similarly the Community Forums Report was unavailable for distribution with the pack but will be circulated to members before the next meeting</p>		
Action		
<ul style="list-style-type: none"> Finalise and circulate the Community Forums Report. 	J Wilson	30/3/06
7 Future Agenda Items		
Noted		
8 Other Business		
<p>Two documents tabled at the recent Health Care Advisory Council will be circulated for member's review and future discussion.</p> <p>The HCAC reviewed planning for the delivery of Maternity Services, for which the Clinical Council has endorsed the models of care. It was highlighted that these are very much community based and align well with the model put forward for Northern Sydney Central Coast Health.</p> <p>Mention was made of a Department of Health Workshop to look at models of care and to which NSCCH have been chosen to participate. Representation from AHAC will be requested as more detail becomes available. strategies</p> <p>Current staffing and industrial issues were discussed - these matters are ongoing.</p>		
Action		
<ul style="list-style-type: none"> Circulate the two HCAC documents 	B. Lee	20/2/06
Next Meeting	<p>Wednesday 30th March 2006, commencing at 8.00am Hornsby Hospital Executive Boardroom – Lumby Building</p>	