

| West Moreton DG PERFORMANCE REVIEW Meeting |   | Action Minutes |
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| <b>Date / Time / Location</b>              | Friday 1 February 2013/ 3:00pm – 4:00pm / Level 5 Conference Room 2, Queensland Health Building   |                |
| <b>Present</b>                             | <p><b>Department of Health</b><br/>Tony O'Connell (Director-General), Michael Cleary (Deputy Director-General, Health Services &amp; Clinical Innovation), Nick Steele, Executive Director, Healthcare Purchasing, Funding and Performance Management), Tony Hendry (Chief Financial Officer)</p> <p><b>Hospital and Health Service</b><br/>Mary Corbett (Board Chair), Lesley Dwyer (Chief Executive), Ian Wright (A/Chief Financial Officer), Linda Hardy (Executive Director Performance Strategy and Planning)</p> <p><b>In Attendance</b><br/>Rob Gilbert (Paxton Partners), Julian Maiolo (Paxton Partners), Carolyn James (minutes)</p> <p><b>Apologies</b> - Susan Middleditch (Deputy Director-General, System Support Services)</p> |                |

|           | DISCUSSION / POINTS OF NOTE  | ACTION | RESPONSIBILITY |
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| <b>2.</b> | <b>PRESENTATION OF West Moreton Current Position and projection for remainder of financial year</b>  |        |                |
|           | <p>HHS gave a presentation outlining strategies and achievements in meeting targets and projected performance in the key areas of NEAT, NEST, finance and MOHRI FTE.</p> <p>Activity Review was conducted at a service level and DRG level. HHS noted it was problematic setting targets at DRG level as it is interrelated to the review on medical staff and the FTE providing the services.</p>   |        |                |
| <b>4.</b> | <b>PROGRESS REPORTING: ESCALATION KEY PERFORMANCE INDICATORS</b>   |        |                |
|           | <p><b>Efficiency and Financial Performance</b></p> <p>Adjusted operating position (\$0.16M deficit) did not include SPP (Specific Purpose Payments) reduction (\$4.3M). However strategies currently in place had contingencies built in so HHS is able to absorb the SPP reduction and propose a projected end of year position of \$0.1M surplus.</p> <p>It was acknowledge that this would be an excellent result for the HHS given its starting point for 2012/13.</p> <p>Contestability was noted to be a complex issue as there are a number of inter-dependent stakeholders. Services under consideration include: security at The Park, HACC, and pathology services. DG cautioned that pathology has a statewide perspective and is cross subsidised through being a centralised service. If a HHS were to source pathology from outside QH it has the potential to impact on costs for other HHSs. It was noted that it is important to understand the current costs of delivering a service to be able to get good value when undergoing the contestability process. Contestability unit (CU) in QH can provide support. HHS to set up meeting with CU to discuss what they are doing and</p> |        |                |

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| <p>to ensure no duplication. Paxtons are also working in collaboration with the CU to share costs and information.</p> <p>Financial capability review by Paxtons has 18 recommendations. HHS is undertaking an audit on revenue, looking at end of month and associated processing with an internal auditor. Audits have been initiated to prepare the HHS up for an external audit later in the year.</p> <p>CFO noted the impact of the SPP reduction as outlined in the plan and that overtime had dropped 28% YTD.</p> <p><b>MOHRI</b><br/>MOHRI reduction has increased to 66. Another 44 are due to come through in the next pay cycle. HHS has tight control over FTE. Areas of growth are to be recognised but they expect to meet the March 31 target. Noted there was an overlap for medical staff during the handover week which accounts for the increase in FTE in December.</p> <p><b>NEAT</b><br/>Maintaining targets. MEDAI maintained since 5 November. Thresholds for performance have been set and are monitored. HHS is working closely with QAS strategically and operationally.</p> <p><b>Outpatients Categorisation</b><br/>Continues to do well. One extra clinic has been added.</p> <p><b>NEST</b><br/>Category 1 is being managed well. Noted that all elective surgery was cancelled on Monday 28 due to flooding.</p> <p>DG noted achievable maximum waiting time if treated in order for a number of specialities was less than 12 months. If the HHS treated the suggested % in order they could do less or have capacity to do more as 1 year is recommended max waiting time.</p> <p>Achievements to date were outlined in the presentation and include: Use of NSW categorisation and Surgery connect referrals, Improving referral guidelines. It was observed that improving categorisation has decreased category 2 and increased category 3.</p> <p>Long waits for orthopaedics are significantly higher than other specialities. HHS stated there is a robust project plan to address orthopaedic issues. HHS will brief DG separate to this meeting regarding the strategies.<br/>Board are considering implementing a policy on access and consequences if policy is not followed. HHS has set end of March deadline to show improvements.<br/>HHS raised the need to work with CARU to understand the level of referrals as they believe it is disproportionately high compared to other HHSs.</p> |        |                |

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|           | <p>Board Chair raised the resistance by surgeons not to take on board percentage treat-in-time strategy. DDG HSCI suggested the Surgical Advisory Committee, which occurs in the following week may be an opportunity for him to discuss roll-out of strategies across the state and have an informal discussion about the issues in the HHS.</p> <p>HHS Mental Health Service review is going well. Framework is in place for reduction in FTE. Reduction of 50 FTE to occur strategically across the HHS and excessive overtime is being addressed. HHS has support from QNU for changing the skill mix at The Park.</p>  | DDG HSCI and CE HHS to discuss strategies to address surgical issues                         | DDG HSCI / CE HHS                         |
| <b>5.</b> | <b>ANY OTHER BUSINESS</b>   |  |   |
|           | <p><b>Safety and Quality</b><br/>HHS looking at quality of care. Pleased with monitoring and reporting and are undertaking a GAP analysis. Robust clinical governance system is in place.</p> <p><b>Access indicators</b><br/>0 complaints for ED in past few months. Patient opinion survey implemented in ED. HHS noted that patient story telling has worked well to engage staff.</p> <p><b>Activity</b><br/>Activity was noted to be 8.7% above target. HHS suggested this shows they are becoming more efficient. Mid-year review to occur to check efficiency. It was also noted that ED activity has increased 8% due to increasing demand.</p> <p>HHS is still in turnaround mode but acknowledged that it can't sustain it. Next stage is to get stability and then sustainability. A Lead Clinicians group has been established, which will assist to maintain the current high level of engagement that is occurring with clinicians.</p> <p><b>Paxton financial Report</b> –has been finalised. CFO has provided feedback. Noted that the report is to part of the re-evaluation process.</p> <p><b>Re-evaluation process</b><br/>Noted that NEAT is fine, finance will be reviewed by CFO and ED HPFP, and NEST is the main issue. HHS suggested they would like to be single dimension underperformer.</p> | <p>Final Paxton Report to be sent to DG</p> <p>Finance to be reviewed by CFO and ED HPFP</p> | <p>Paxtons/CFO</p> <p>CFO and ED HPFP</p> |