



Minutes of the Hunter New England Local Health Network

Governing Council

First Meeting

Wednesday 9th February 2011

Network Headquarters

PRESENT

Associate Professor Lyn Fragar, Ms Felicity Barr, Mr Paul Henry, Mr Ken White, Mrs Janelle Speed, Dr Bruce Bastian, Dr Helen Belcher, Ms Helen Staines, Professor Trevor Waring

IN ATTENDANCE

Dr Kim Hill (Acting Chief Executive), Professor Nik Bogduk (Medical Staff Executive Council), Ms Desiree Chymiak

APOLOGIES

Dr Ian Kamerman. Mr Michael DiRienzo

Order of Business: 1-3; 5; 4; 6-13.

1. WELCOME AND APOLOGIES, ACKNOWLEDGEMENT OF COUNTRY

The Chair, Associate Professor Lyn Fragar, opened the Governing Council meeting at 9.30am and welcomed those present.

The Chair acknowledged the traditional owners and custodians of the country on which the meeting was being held.

The Council ACCEPTED the apologies of Dr Ian Kamerman and Mr Michael DIRienzo.

2. INTRODUCTIONS

2.1 Governing Council Members

Individual Governing Council members introduced themselves to each other and to members of the Network Executive, providing a brief professional and personal background.

2.2 Executive Medical Staff Council Chair

Professor Nik Bogduk, representing the Medical Staff Executive Council, similarly introduced himself.

2.3 Acting Chief Executive and Network Executive Team

The Network Executive Team introduced themselves to the Governing Council, indicating their professional background and their role in the former Hunter New England Area Health Service.

2.4 HNE Health Organisational Profile

The Governing Council NOTED the information provided by Hunter New England Area Health Service as part of its Pre-Survey submission to the Australian Council on Healthcare Standards for Corporate Office Survey, which will occur from 21-25 February 2011, and commended the detail in the information provided.

3. CONFLICT OF INTEREST DECLARATION AND REGISTER

Members reviewed the paper detailing a process for declarations of potential conflicts of interest in the performance of their duties as members of the Governing Council.

The following process was ADOPTED:

- A Conflict of Interest Register for Governing Council members is being set up. The Chief Executive and attending Chair of the Medical Staff Executive Council will complete this at time of appointment, and at any time that relevant circumstances change. The Register will be maintained by the Governing Council Secretariat.
- In addition, there will be a call for declarations of conflict of interest by any meeting participant at the beginning of each meeting, after consideration of the proposed agenda.
- All declarations will be considered by the Governing Council, and the Governing Council will agree on how such conflicts will be managed.

Members were provided with a conflict of interest declaration form that will be circulated electronically to members. Members AGREED to complete and return their form to the Governing Council Secretariat.

ACTION: Conflict of Interest forms to be circulated to members, who will complete forms and return to Secretariat. Declarations will be registered, for consideration at the next meeting.

ACTION BY: Secretariat; All members

4. ORIENTATION TO HUNTER NEW ENGLAND LOCAL HEALTH NETWORK

4.1 Population, Local Government Areas, Service Configurations

The Council NOTED summary information describing the Network, the population served and health service types. Members were encouraged to contact the Chief Executive for clarification of any items.

4.2 Organisational Structure and Tier 2 Interim Arrangements

The Hunter New England Area Health Service Tier 2 management organisation chart was NOTED. Members were encouraged to contact the Chief Executive for clarification of any items.

4.3 Strategic Plan and 2010/2011 Operational Plan

The Governing Council received:

- The Hunter New England Health Service Strategic Plan(2007-2010);
- The Annual operational Plan 2010-2011; and
- A presentation on the priorities in the 2010/2011 operational Plan for Hunter New England Health.

The Council NOTED the advice of the Chairman and Acting Chief Executive that during the period January to June 2011 the HNE Health Local Health Network will continue to operate in accordance with the current strategic directions framework, and focus on the current priorities.

The Governing Council will work with the Chief Executive to develop Its Strategic Plan in July 2011.

4.4 Local Health Network Transitional Service and Performance Agreement

Members of the Governing Council had been circulated with a copy of a proposed Transitional Service and Performance Agreement for the period 1 January 2011 to 30 June 2011, sent from the NSW Department of Health. A presentation of the background information was made by Kim Brown.

The meeting NOTED:

- The advice of the Acting Chief Executive, that the Network Executive Team is currently undertaking a detailed review. Some of the deliverables, measures and targets carry forward from the previous Performance Agreements signed by the Chief Executive, however there are some new ones that are still be considered.
- The processes for setting targets to date, and the importance of agreement on the relevance of targets by clinicians, and all stakeholders
- The apparent dependence on the Transition Authority for achievement and reporting of targets.

The Governing Council RESOLVED to authorise the Chair and Chief Executive to:

1. Negotiate relevant amendments to the Agreement with the Department of Health ; and
2. To sign the amended agreement, after circulating the amended Agreement to Governing Council members.

ACTION: Revisions to be made and negotiated with Department of Health. Amended Agreement to be circulated to members. Chair and Chief Executive to sign Agreement.

ACTION BY: Chair and Chief Executive

4.5 Year to Date Performance

4.5.1 Performance Against Strategic Priorities

Governing Council members had been circulated with:

1. The HNE Health section of the Health System Performance Report to 30 November 2010, and
2. The HNE Health Balanced Scorecard Performance Report July-December 2010.

A brief presentation was provided to members on HNE Health performance to 30/12/2010.

The meeting NOTED the performance reports, and the key areas for action to improve performance that are being addressed by the Health Network. These include:

Focus area: Communities and patients

- Aboriginal health, including maternal and child health
- Preventive care and health promotion
- Surgical waiting time
- Timely coding of medical records

Focus area: Internal working and Processes

- Complaints acknowledgement
- Managing falls risks in our hospitals
- Managing nicotine dependent patients
- Encouraging breast-feeding through to six months
- Taking action on Root Cause Analysis recommendations on time

Focus area: Resource accountability

- Continue to closely manage expenditure to budget

Focus area: Our people, culture and capability

- Aboriginal employment strategy

4.5.2 Budget

The Governing Council NOTED the information that had been circulated showing the overall financial performance of Hunter New England Area Health Service to 31 December 2010.

The Network is working on the previously allocated budget pending adjustments that are to be made with establishment and maintenance of the Clinical Support Cluster.

The Local Health Network is starting from a reasonable financial position. However, the meeting AGREED that a focus on financial performance should remain a high priority for the Network.

The Governing Council ADVISED the Chief Executive to withhold allocation of \$1m from the HNE Health reserve pending advice as to the basis for the allocation level.

4.6 Previous Stakeholder Consultation Process

The Governing Council NOTED the previous Governance and Stakeholder Engagement Map that was in place to provide advice to the Chief Executive of the Hunter New England Area Health Service.

A key action of the Chief Executive and governing Council will be to review ALL committees.

4.7 Recommendations of the Previous Area Health Advisory Council

Area Health Advisory Councils had been established under previous legislation to ensure clinician and community participation in decision- making of the area health service. At the final meeting of the Advisory Council, its key achievements were identified, and recommendations were made for consideration of the Governing Council of the Hunter New England Local Health Network.

The Governing Council NOTED:

- That action should be taken to ensure local community confidence and trust that their views can be carried to the highest levels of decision making;
- The focus for local community engagement should be by strengthening the Local Health Advisory Committees, empowering them to provide relevant advice that is seen to be the subject of action;
- That the Director General had written to all Local Health Advisory Committees in late 2010, advising them that they will be maintained and supported as Area Health services move into the Local Health Network arrangements; and
- The value of local visits, area forums, active feedback, and actions that demonstrate response to local issues in generating and maintaining confidence.
- That establishment of Medicare Locals may offer opportunity for more significant local community views to be heard for their health.

It was AGREED that an early review of Local Health Advisory Committees should be undertaken, and include improved appointment processes, processes to capture community views and provide feedback to communities.

5. HUNTER NEW ENGLAND LOCAL HEALTH NETWORK IN THE CONTEXT OF NSW HEALTH

5.1 National and NSW State Reform Program

The Governing Council NOTED, with no further discussion, the information that had been circulated describing the NSW response to the National Health Reform program. Members were encouraged to contact the Chief Executive for clarification of any items.

5.2 Health Transitional Organisations

The Governing Council meeting had been circulated with a paper prepared by Mr Peter Reay, Project Leader for the Hunter New England Transition Team that described the interim management arrangements with the Northern Support Cluster, established as one of three

Clusters in NSW to ensure continuity of service networks across and between newly established Health Networks.

The meeting was joined by Dr Nigel Lyons, Chief Operating Officer, Northern Transition Organisation, who provided a presentation on Clinical Support Clusters, and the transition arrangements.

In discussion, the Governing Council NOTED:

- The role of Clinical Support Clusters, and the services that are likely to remain with Local Health Networks, and those that will be delivered by the Cluster;
- Processes and time frames for appointment of Tier 2 positions and the Cluster and Health Network.
- Concerns that key senior personnel would be drawn to the Northern Clinical Support Cluster from the Hunter New England Health Network;
- Potential for confusion and duplication relating to community and clinical input into population health and health promotion programs;
- The need for clear processes for development of Key Performance Indicators for services to be supplied to the Network from the Clinical Support Cluster.
- The lack of information to date regarding the financial allocation from Networks to Cluster budgets.
- The advisability of the Cluster establishing Governance arrangements that would ensure representation of participating Networks in development of strategies and policies over what and how shared services are established and maintained.
- The need to examine how intellectual property generated and held by HNE Health will be handled in the new arrangements.

The Governing Council RESOLVED that a letter be sent to Dr Lyons, thanking him for his attendance, inviting him to return to report progress, and suggesting establishment of a governance arrangement that would involve participating Networks in future planning and governance of the shared services.

ACTION: A letter to be sent to Dr Lyons with invitation to attend future meetings to report progress.

ACTION BY: Chair

6. THE GOVERNING COUNCIL

6.1 Role and Relationship with Chief Executive

Members NOTED the section in the Members Manual (circulated by the NSW Department of Health) pertaining to the Health Services Amendment (local Health Networks) Regulation 2010.

There was preliminary discussion, where the issues of remuneration and lack of parity with remuneration of members of the Audit and Risk Management Committee were noted.

It was recognised that the Local Health Network is transitioning from an organisation where the governance, management and administration responsibility was vested in its Chief Executive Officer, who was directly accountable to the Director General.

It was AGREED that this discussion will be continued at the next meeting when the Chief Executive Michael DiRienzo, will be present.

6.2 Secretariat Services

The Secretariat arrangements for the Governing Council, that had been circulated, were NOTED.

6.3 Communication

The Interim Media Protocol distributed by the NSW Department of Health was ADOPTED as the protocol to be used pending further discussion and revision.

It was AGREED that the Director Communication and Stakeholder Engagement will provide further information for consideration at the next meeting.

ACTION BY: Chief Executive

7. BY-LAWS AND COMMITTEES

7.1 Adoption of Interim By-Laws

Members NOTED the Local Health Network Interim Model By-laws provided in the Members' Manual (P37). The Governing Council ADOPTED the Model By-laws as the by-laws under which the Network will operate until amended, as amended by Schedule 2,

7.2 Current Committees of the Governing Council

The Governing Council NOTED the requirement under the adopted by-laws terms to established the following committees:

- Audit and Risk Management Committee
- Finance and Performance Committee
- Health Care Quality Committee
- Clinical Councils and Hospital Clinical Councils
- Medical Staff Councils and Medical Staff Executive Council
- Medical and Dental Appointments Committee
- Clinical Privileges Sub-Committee

Members had been provided with the Terms of Reference for the relevant committees of the Hunter New England Area Health Service to December 2010. The meeting NOTED that a review of the committees is required in order for the committees to conform with the by-laws.

It was AGREED that the Chair Lyn Fragar and Member Felicity Barr will meet with the Chief Executive Michael DiRienzo to review the committees, and report to the next meeting.

ACTION: Review of the Committees is to be undertaken and recommendations made to the Governing Council.

ACTION BY: Lyn Fragar, Felicity Barr, and Chief Executive

8. PEER SELECTION PROCESS FOR SELECTION OF NOMINATIONS FROM PROFESSIONAL GROUPINGS FOR APPOINTMENT TO CLINICAL COUNCILS AND GOVERNING COUNCIL

The Governing Council NOTED the requirement in the Members' Manual to establish peer selection processes for appointment of professionals to Clinical Council and the Governing Council. The Manual lays down the processes to be incorporated into procedures for Hunter New England Local Health Network (P43-44), and suggests a deadline of 31 March 2011.

The Meeting AGREED to request the Chief Executive to establish a procedure for appointment to Clinical Councils of Hunter New England Local Health Network, taking into account the peer selection procedures outlined in the model by-laws.

ACTION: Establish procedures for appointment to clinical Councils.

ACTION BY: Chief Executive

9. DELEGATIONS

The Governing Council NOTED that as part of the establishment of the Local Health Network, the delegations of the previous Hunter New England Area Health Service should be adopted on a transitional basis until such time as new internal delegations are agreed. The Delegations Manual had been reviewed in late 2010.

It was RESOLVED:

1. That Delegations as described in the tabled Hunter New England Area Health Service Delegations Manual be adopted as those of the Hunter new England Health Network pending review.
2. To request the Chief Executive to consider any variation and bring to a future meeting of the Governing Council.

ACTION: Review current delegations and report to future meeting of Governing Council.

ACTION BY: Chief Executive

10. REPORTS FOR INFORMATION

10.1 Caring Together report on progress

The Governing Council NOTED the summary report on this priority program and AGREED to receive a fuller briefing at following meetings.

ACTION BY: Chief Executive

11. CURRENT ISSUES

11.1 Chief Executive

The Acting Chief Executive reported on a number of key current issues being addressed by the Executive. These included:

- Local Health Network Transitional Services
- Corporate Office Survey by Australian Council on Health Care Standards
- Nursing dispute
- Finance and budget
- Cancer services at Calvary Mater Newcastle and response to current media attention

The report was NOTED.

11.2 Medical Staff Executive Council

The Governing Council NOTED a report provided by Dr Michael Pollock, with further comment by Professor Nik Bogduk.

12. MEETING SCHEDULE

The Governing Council ADOPTED the proposed meeting schedule for 2011 that had been developed taking into account individual members' availability.

Wed 9 February	Network Headquarters
Early March	1-2 hour teleconference?
Mon 28 Mar	John Hunter Hospital
Fri 6 May	Muswellbrook Health Service
Tue 31 May	Network Headquarters
Wed 22 Jun	Tamworth Hospital
Wed 27 Jul	Network Headquarters
Wed 24 Aug	Network Headquarters
Wed 26 Oct	Manilla Multipurpose service
Wed 23 Nov	Network Headquarters
Wed 14 Dec	Maitland Hospital

13. MEETING EVALUATION

Members AGREED to complete the meeting evaluation forms at the end of the meeting and provide these to the Chair.

14. CORRESPONDENCE

The Chair tabled a list of correspondence received from November 2010 to February 2011.

The meeting closed at 4.55pm

Professor Lyn Fragar
Chair

Date _____

ACRONYMS

CE	Chief Executive
LHN	Local Health Network
COO	Chief Operating Officer

Hunter New England Health Network Governing Council

Action List

Date of Meeting	Item Number	Action	Responsibility	Status as at
09.02.11	3	Conflict of Interest forms to be circulated to members, who will complete forms and return to Secretariat. Declarations to be registered and considered at the next meeting.	Secretariat All members	
09.02.11	4.4	Revisions to be made to proposed Transitional Service and Performance Agreement and negotiated with NSW Health. Amended Agreement to be circulated to members. Chair and Chief Executive to sign Agreement.	Chair Chief Executive	
09.02.11	5.2	A letter to be sent to Dr Lyons with invitation to attend future meetings to report progress.	Chair	
09.02.11	6.3	Media Protocol to be updated and presented to Council	Chief Executive	
09.02.11	7.2	Review of the Committees to be undertaken and recommendations made to the Governing Council.	Lyn Fragar Felicity Barr Chief Executive	
09.02.11	8	Establish procedures for appointment to clinical Councils.	Chief Executive	
09.02.11	9	Review current delegations and report to future meeting of Governing Council.	Chief Executive	
09.02.11	10.1	Full briefing on Caring Together to be provided to Governing Council	Chief Executive	