

Minutes of the Hunter New England Local Health District

Board

First Meeting

27th July 2011

Venue: District Headquarters

PRESENT

Associate Professor Lyn Fragar, Mr Ken White, Dr Bruce Bastian, Dr Helen Belcher, Dr Felicity Barr, Ms Helen Staines, Professor Trevor Waring , and Dr Ian Kameron

IN ATTENDANCE

Mr Michael DiRienzo, Professor Nik Bogduk , Ms Desiree Chymiak, Ms Kath Schelling, Mr Mark Jeffrey and Professor Trish Davidson

APOLOGIES

Mr Paul Henry, Mrs Janelle Speed and Mr Fergus Fitzsimons

Order of business: 1- 7, 11, 8-10, 12-13

BUSINESS OF THE MEETING

1. WELCOME AND APOLOGIES, ACKNOWLEDGEMENT OF COUNTRY

The Chair, Associate Professor Lyn Fragar, opened the Board meeting at 9.00am, welcomed those present and congratulated those appointed as members of the Board.

The Chair ACKNOWLEDGED the traditional owners of the country on which the meeting was held, and elders past and present.

The Board ACCEPTED the apologies of Mr Paul Henry, Mrs Janelle Speed and Mr Fergus Fitzsimons.

2. CONFLICT OF INTEREST DECLARATIONS

2.1 Conflict of Interest Relating to this Meeting's Agenda

The Board NOTED that Dr Felicity Barr has accepted the appointment to the Joint Audit and Risk Management Committee for Northern NSW and Mid North Coast Local Health District.

It was AGREED that this would not conflict with Dr Felicity Barr's appointment as a member of the Hunter New England Local Health District Board.

Professor Trish Davidson reported that she is a member of the Board of Sydney Children's Hospitals.

3. MINUTES OF THE PREVIOUS MEETING

3.1 Adoption of Minutes of Meeting Held on 31st May 2011

The minutes from the meeting held on the 22nd June 2011 had been circulated. The minutes were ADOPTED by the Board as a true and correct record.

The minutes in full will be published on the Board section of the Hunter New England Health Network website

ACTION BY: Secretariat

4. BUSINESS ARISING FROM THE PREVIOUS MEETING

4.1 Action Sheet – Report on Progress on actions not included in the agenda

The Board NOTED progress with action agreed to be taken at previous meetings.

5. UPDATE OF NSW STATE-WIDE DEVELOPMENTS

5.1 Report from Chief Executive and Chair

The Chief Executive provided a brief to the Board on progress in relation to Health Reform as it affects Hunter New England Local Health District.

Following announcements by the Minister for Health and the Director General with respect to the future of Health Services in NSW there has been strategic planning focus on NSW Health Structure, including the Garling Pillars, Health Support Services and Clusters.

On the 29th June 2011, the Director General presented the current thinking regarding the outcome of the taskforce review of Health Service structure to the District Chief Executives for their information.

The Department of Health will be realigned to provide a new role and responsibility. There would be four distinct roles.

1. Department of State – to support the Minister in statutory functions
2. Regulatory Agency – to administer compliance to legislation
3. Public Health Agency – to provide surveillance and prevention function
4. System Manager – to purchase Health Care Services through a range of Performance Agreements

The four Garling Pillars would be strengthened with enhanced clarification of role and responsibilities. The Pillars are:

1. The Agency for Clinical Innovation
2. The Clinical Excellence Commission
3. The Clinical Education and Training Institute
4. The Bureau of Health Information

The Board NOTED this information.

5.2 Performance Management Framework

A letter from the Director General had been received requesting the Board to consider the Draft Performance Management Framework for New South Wales Local Health Districts and Health Services for the period 1 July 2011 to 30 June 2012. District Chief Executives had provided input into the draft.

Each year, NSW Health provides an updated Performance Management Framework which sets out the performance expectations of each public Health Service within NSW. The Framework also sets out the performance improvement approaches, responses to performance concerns and management processes that support the achievement of these outcomes in accordance with Government policy. The Framework forms an integral part of the business planning cycle that establishes the annual Service and Performance Agreements between NSW Health and each Health Service.

Some members of the Board had considered the Performance Management Framework at a dinner meeting on the previous evening, and the outcomes of that discussion were NOTED:

- Performance is monitored and reviewed by the Department of Health, in accordance with the Performance Management Framework
- Hunter New England Health has achieved excellence in the past
- The District must ensure that there are internal processes for reviewing key performance indicators.
- A summary of improvements required should be provided to the Board, a recovery plan/solution can then be provided to the Department of Health.
- The District will want to ensure that performance is maintained so that meetings with the Department of Health only occur quarterly.

The Board AGREED that:

1. There should be 2 Board members present at performance meetings with the Department of Health. The Chair should participate where possible.

2. The Chief Executive will prepare a document that describes the performance management framework for the District, with scheduled time frames for monthly performance review in association with Board and committee meetings.

ACTION: Chief Executive

5.3 Service Agreement

The Director General had written to the Chair of the Board providing a provisional 2011/12 Service Agreement for consideration by the Board and the Executive Team.

The Service Agreement is provisional as, due to the March election, the State Budget is later this year and will be handed down on the 6th September 2011. The Service Agreement will be adjusted after the State Budget to reflect the Budget and the outcomes of devolution of the Health Reform Transition Office (Cluster) services to Local Health Districts.

The Agreement has been developed in the context of the Government's health policies, the State Plan, key national health priorities and the key goals of the NSW public health system. The Agreement will also operate in the context of COAG and National Partnership Agreements between the NSW and Commonwealth Governments.

The Board were joined by Ms Jenny Jennings Manager Performance Unit who provided a presentation on the Service Agreement and each of the proposed schedules were CONSIDERED by the Board. It was AGREED that the Strategic Priorities, including Local Health District Priorities in Schedule A should incorporate the planned activities that were included in the 2 submission to the Minister made by the Governing Council. This may require an additional section in Schedule A to be titled Active Community and Consumer Partnerships.

It was AGREED that Ms Jenny Jennings would complete the work on the schedules and then circulate the final draft to the Board for their further input and endorsement prior to sending to the Department of Health.

ACTION: Jenny Jennings, and all Board members

6. CHIEF EXECUTIVE REPORT

The Chief Executive report had been circulated to members in the business papers. The Board NOTED the report that summarised key current issues for the Local Health District.

- Executive Team
- Allocation of devolved cluster clinical services/functions
- Health Minister's Visits
- Mental Health Commission
- Hunter Water Land (near Mater Hospital)
- Health Workforce Australia Simulated Learning Environment Funding
- 2010/11 Performance Agreement

The Board NOTED the resignation of Dr Kim Hill and acknowledged her contribution to Hunter New England Local Health District as Director Clinical Governance.

7. DIRECTORS' REPORTS

Directors' reports had been circulated in business papers to members.

7.1 Mental Health Services

The report provided by Dr Dinesh Arya included information relating to:

- A brief update on items reported in the previous month's report

- Information on Hunter New England Mental Health Service – to provide some background information on the Mental Health Service to the Board

The report was NOTED by the Board.

7.2 Acute Networks

The report provided by Mr Todd McEwan included information relating to:

- The Maitland Hospital inpatient bed surge capacity
- Tamworth Rural Referral Hospital redevelopment stage 1 and stage 2
- Tamworth Rural Referral Hospital – maternity unit
- Belmont District Hospital – subacute beds and fire safety audit

The report was NOTED by the Board.

7.3 Nursing and Midwifery

The report provided by Ms Karen Kelly included information relating to:

- New nursing award – conversion to nursing hours wards
- Balanced rostering rollback/staffing service changes
- City to Surf Health response

The report was NOTED by the Board.

7.4 Communication and Stakeholder Engagement

The report provided by Ms Lauren Cruz included information relating to:

- Staff achievement awards.
The invitation to Board members was NOTED.
- Community and consumer partnerships survey
- Parliamentary Secretary to open Quirindi Health One, Merriwa MPS facilities on 31 August.
The Chair and/or other Board member/s will represent the Board

The report was NOTED by the Board.

7.5 Workforce Development

The report provided by Ms Glenda Dingwall included information relating to:

- Indigenous Employment Program Contract
- Laundry allowance retrospective payment
- Human Resource Information System
- Balanced Rostering
- Staff services

The report was NOTED by the Board.

7.6 Primary and Community Networks

The report provided by Mr Scott McLachlan was NOTED by the Board. The following were DISCUSSED:

1. Medicare Locals establishment. Two Medicare Locals (Hunter Urban, and New England) have been successful in their bid for establishment in the first tranche, and are moving to establish their structure and processes. The Medicare Locals are envisaged to be key partners with the District Health Service under the National Health Reform agenda. Moves to establish collaboration processes are to be made at state as well as District levels.
2. Telehealth strategy and Medicare tele-ambulatory care. The Board requested a presentation on the telehealth strategy at a future meeting.

3. Referrals to Drug and Alcohol Opiate Treatment program from Justice Health. The Board SUPPORTED the approach being taken to ensure equity of access to the program, and awaits reports of further negotiation.
4. Suspension of GP/VMO – Dungog Community Hospital

7.7 Allied Health

The report provided by Mr Kim Nguyen provided further information relating to the Home Enteral Nutrition (HEN) program that moved from the local Program of Appliances for Disabled People (PADP) to the administration of EnableNSW.

The report was NOTED by the Board, and it was RESOLVED that:

1. Hunter New England Health continue to work with EnableNSW to address ongoing concerns for the District post transition.
2. EnableNSW be requested to:
 - a. Review their guidelines for assessment and supply of products to ensure patients have a safe level of support for HNE consumables.
 - b. Lobby manufacturers of HEN consumables to produce re-usable HEN supplies.

ACTION: District executive

7.8 Clinical Governance

The report provide by Dr Kim Hill included information relating to:

- Clinical practice improvement
- Evaluation of safety and quality – undertaking lookback for quality and safety
- Collaboration, capacity and knowledge for quality and safety – organizational resources to support capacity and partnerships
- Creating the best environment

The report was NOTED by the Board, and requested that Board members routinely receive a copy of *Quality Matters* newsletter.

ACTION: Director Clinical Governance

7.9 Children Young People and Families

The report provided by Professor Trish Davidson included information relating to:

- Medical Staff to meet with the Health Minister 12 July 2011
- HNE Children, Young People and Family Services Planning Meeting
- Garry Edwards, MP for Swansea, visit to John Hunter Children’s Hospital
- Meeting with the Western Australian Health Executive Director of Child and Adolescent Community Health, Mr Mark Morrissey
- Child Health Network Forum - 22 July 2011
- Kaleidoscope Ambulatory Care Project – Website Launch
- Aboriginal Patient Journey Project

The report was NOTED by the Board.

7.10 Finance

A summary of Financial Performance for the 12 months ending 30th June 2011 was provided to the Board.

The Local Health District achieved budget outcomes that were consistent with forecast which was a good achievement. The report provided by Mr Mark Jeffrey included information relating to:

- The LHD's financial position in terms of cash is still considered reasonable
- Increased focus has been applied to controlling levels of Full Time Equivalent staff levels. This is important to ensure we start 2011/12 at an affordable level.
- Creditor issues have been resolved for 30th June 2011, although it is noted that Health Support Services has again started to accumulate a backlog in July 2011.
- The 2011/12 budget process is underway, pending advice from the Department of Health regarding additional funding or actions required by the District to achieve savings. This advice is not expected until 6th September 2011. There are risks around the unknowns that could arise from this advice.
- A high level assessment around the forecast for 2011/12 is provided as per the information at hand.

The report was NOTED by the Board.

7.11 Balanced Scorecard Report – year to date performance

The Health System Performance Report for May 2011 was provided to the Board for information and discussion.

The report was NOTED by the Board.

8. COMMITTEE REPORTS

At its meeting on 9 February 2011, the Governing Council had adopted the current committees, pending a review of the core committees, including committee charters. The Board is currently receiving monthly progress reports on implementation of the governance committees.

The following matters were reported as of July 2011:

1. Audit and Risk Management Committee

HNE Health is still awaiting further advice from NSW Health regarding the *NSW Health Options Paper on Structuring Audit and Risk Management Committees* since the last meeting of the Governing Council.

2. Health Care Quality Committee

A review of subcommittees of the Health Care Quality Committee will be undertaken over the next few months.

3. Finance and Resources Committee

No new issues have been raised

4. Clinical Council

The forum to discuss the agreed purpose of the Clinical Council, the proposed membership, and the way in which the Council will conduct its meetings was held on 29 June 2011. This was a successful meeting with positive and collaborative discussion. The summary points are being collated and a further report will be provided.

There has been no further advice from NSW Health about selection of peer-selected members (in allied health, junior medical and nursing) for Clinical Councils. This process will

also involve current hospital/facility based clinical councils. Further advice from NSW Health is pending.

5. Medical and Dental Appointments Advisory Committee

No new issues have been raised

6. Progress with Implementation Action Plan

The Chief Executive has now formally written to the respective Executive Sponsors about the need to review procedures, subcommittees and reporting relationships for each of the governance committees.

Following the Executive Planning Day of 5 July 2011, work has commenced on preparing organisational charts, Committee Charters and other relevant procedures, with a view to these being progressively published on the HNE Health intranet as the proper source for all staff to access.

There have also been some discussions about other potential governance committees, in addition to those set out under the Interim ByLaws. In addition to the work currently being undertaken on community engagement, where a committee reporting to the Governing Council is being considered, it is likely that a recommendation about a governance committee for Research Governance will be proposed. A report on progress with this and any other potential committees will be provided to the next meeting of the Governing Board.

The Board NOTED the progress made on committee structures and governance for the Board.

8.1 Medical and Dental Appointments Advisory Committee

The minutes of the Medical and Dental Appointments Advisory Committee meeting held on 28 June 2011 were NOTED and planned action ENDORSED by the Board.

8.2 Audit and Risk Management Committee

The draft Minutes of the meeting of the Audit and Risk Management Committee meeting held on 28 June 2011 were NOTED and planned action ENDORSED by the Board.

8.3 Finance and Resource Committee

Minutes of the meetings held on 17 June 2011 had been distributed to the Board with the business papers and were NOTED and planned action ENDORSED by the Board.

A briefing paper following the meeting of the Finance and Resource Committee held on 21 July 2011 had been circulated to members from the Chair, Paul Henry. The report was received and NOTED.

9. CORRESPONDENCE

The Board were circulated the correspondence for the period June-July 2011 with the business papers. The correspondence was NOTED by the Board.

10. CURRENT ISSUES

10.1 Chief Executive

There were no further issues to report that had not been addressed earlier in the meeting.

10.2 Medical Staff Executive Council

There was no report for this meeting.

10.3 Chair

There were no further issues to report that had not been addressed earlier in the meeting.

10.3 Members

Dr Ian Kamerman reported that he had attended the Cultural Respect training and highly recommended to training to other members of the Board. It was AGREED that Scott McLachlan be requested to provide a presentation on Aboriginal Health Strategies to the next Board meeting.

ACTION: Scott McLachlan

Dr Helen Belcher raised the issues of:

1. Smoke free health facilities and the Board's responsibility to enforce smoke free environment at our facilities.
The Chief Executive advised that it is the responsibility of our security staff to enforce smoke free environment at our facilities.
It was AGREED that no further action needs to be taken at this point.
2. Name badges now need to be updated for Board members.

11.0 PRESENTATIONS

11.1 Agency for Clinical Innovation

The Chair welcomed to the meeting Associate Professor Brian McCaughan (Chair), Dr Hunter Watt (Chief Executive) and Sally McCarthy who made a presentation on their current projects. The presentation included information relating to:

- Sustainable projects spreading best practice
- System-wide best practice models in pipeline
- Collaboration with pillars and other agencies
- Agency for Clinical Innovation model of care development

The Board NOTED the presentation and it was AGREED that close working relationships between the District and the Agency for Clinical Innovation will be essential to ensure improved patient care.

11.2 Activity Based Funding

The Board was joined by Mr Grantly Hunt who made a presentation on activity based funding. The presentation outlined Hunter New England District's strategy for transitioning to Activity Based Funding. There was useful discussion.

The Board NOTED the presentation.

12. NEXT MEETING

The next Board meeting is scheduled for the 24th August 2011 and will be held at Gloucester. The Chair advised that the subject of Board Evaluation will be included in this agenda.

12.1 Meeting schedule 2012

The Chair will circulate members with options for meeting dates in 2012.

ACTION: Chair

13. MEETING EVALUATION

Members were requested to complete the meeting evaluation form for the current meeting and return these to the Chair.

The meeting closed at 4.00pm.

Professor Lyn Fragar
Chair

Date _____

ACRONYMS

CE	Chief Executive
LHD	Local Health District
HSS	Health Services Support
DOH	Department of Health
HNE	Hunter New England
HSS	Health Support Service
ACI	Agency for Clinical Innovation

**Hunter New England Health Network Governing Council
Action List as at July 2011**

Date of Meeting	Item Number	Action	Responsibility	Status as at July 2011
09.02.11	9	Review current delegations and report back to the District Board.	Chief Executive	November 2011
28.03.11	9.5	Development of Local Health District strategic plan	Chief Executive and Chair	Pending
06.05.11		Present aged care strategic plan to District Board.	Chief Executive	November
31.05.11	6	District Board to meet with representatives of the Calvary Newcastle Mater to discuss key strategic issues. The Board would like to be updated on the following: <ul style="list-style-type: none"> • Services being provided • How the Mater is organised • Management and representatives to discuss together regarding improvements, going forward strategically in the future. 	Chief Executive	Pending – The Chief Executive to discuss the practicality of meeting the Little Company of Mary Board or Calvary Mater Newcastle Senior Executive with Little Company of Mary Director of Public Hospitals Walter Kmet.
31.05.11	8	Presentation to the District Board on Hunter New England's Clinical Streams and Networks.	Chief Executive	Trish Davidson Director Children Young People and Families at the September meeting.
22.06.11	7.3	Presentation to the District Board on the Patient Flow Portal and Patient Flow Strategies	Chief Executive	Karen Kelly to present at the November Board Meeting.
22.06.11	7.1	Planning for Mental Health Inpatient beds in Hunter New England. A final plan for future needs of inpatient mental health beds will be ready for consideration by the District Board.	Chief Executive	Dinesh Arya to present to the District Board at the September meeting.
22.06.11	7.6	COAG Section 19(2) Exemption Initiative – Better Access to Primary Care Services in Rural Areas. An update will be provided to the September meeting.	Chief Executive	Scott McLachlan to provide an update at the September meeting.
22.06.11	11	Executive Team to review the current health services plan (facility/services profile) and provide a report/recommendations	Chief Executive	Chief Executive to provide a report at the November meeting.

		to the Board regarding health services role delineation and capabilities		
27.07.11	5.2	Performance Management Framework – The Chief Executive to prepare a document that describes the performance management framework for the District, with scheduled timeframes for monthly performance review in association with Board and committee meetings.	Chief Executive	Pending
27.07.11	5.3	Service Agreement – Jenny Jennings to complete the work on the schedules and then circulate the final draft to the Board for their further input and endorsement prior to sending to the Department of Health	Jenny Jennings	08.08.11
27.07.11	7.7	EnableNSW be requested to: <ul style="list-style-type: none"> • Review their guidelines for assessment and supply of products to ensure patients have a safe level of support for HNE consumables. • Lobby manufacturers of HEN consumables to produce re-usable HEN supplies. 	Executive	
27.07.11	10.3	Scott McLachlan be requested to provide a presentation on Aboriginal Health Strategies to the next Board meeting.	Scott McLachlan	August Board Meeting