

MINUTES
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT
BOARD MEETING
4 APRIL 2012
16:00 – 18:00
BOARDROOM, LEVEL 1, ADMINISTRATION BLOCK
SYDNEY/SYENEY EYE HOSPITAL

A.	MEETING OPENING	
	Item 1	WELCOME
	1.1	Apologies: <ul style="list-style-type: none"> • Dr Harry Harinath
	1.2	Members: <ul style="list-style-type: none"> • The Hon. Morris Iemma (Chair) • Ms Patricia Azarias • Mr Robert Boyd-Boland • Dr Ingrid van Beek • Ms Deborah Cansdell • A/Prof Robert Farnsworth • A/Prof Peter Gonski • Janet McDonald • A/Prof Peter Smerdely • Prof Jeanette Ward In Attendance: <ul style="list-style-type: none"> • Mr Terry Clout – Chief Executive • Mr Peter Hudnall – Chief Financial Officer (present for items 1-8) • Dr Michael McGlynn – Executive Medical Director (present for items 1-8) • Ms Kim Olesen – Director Nursing & Midwifery Services (present for items 1-8) • Prof James Colebatch – Chair Medical Staff Executive Council (present for items 1-8) Secretariat: <ul style="list-style-type: none"> • Ms Emily Janov – Executive Officer to Chief Executive
	Item 2	DECLARATION OF PECUNIARY INTEREST, CONFLICT OF INTEREST AND DIRECTOR RELATED TRANSACTIONS There were no potential conflicts of interests declared by Board members at the meeting.
	Item 3	CONFIRMATION OF MINUTES
	3.1	Minutes of the SESLHD Board meeting held 7 March 2012 The Board endorsed the minutes of the SESLHD Board meeting held 7

	3.2	<p>March 2012 as an accurate record of proceedings.</p> <p>Resolution 104 "That the Board approve the minutes of the SESLHD Board meeting held on 7 March 2012 as an accurate record of proceedings."</p> <p>Moved: R Boyd-Boland Seconded: J Ward Carried</p> <p>Minutes of the joint SESLHD Board and St George Clinical Council meeting held 7 March 2012 The Board endorsed the minutes of the joint SESLHD Board and St George Clinical Council held 7 March 2012 as an accurate record of proceedings.</p> <p>Resolution 105 "That the Board approve the minutes of the joint SESLHD Board and St George Clinical Council meeting held on 7 March 2012 as an accurate record of proceedings."</p> <p>Moved: R Boyd-Boland Seconded: J Ward Carried</p>
	<p>Item 4</p> <p>4.1</p> <p>4.2</p>	<p>ACTIONS ARISING</p> <p>Action Log The Board noted the action log, as at 29 March 2012, for information.</p> <p>Actions Arising from joint SESLHD Board and St George Clinical Council Meeting The Board noted the action log relating to the joint Board and St George Clinical Council meeting, as at 29 March 2012, for information.</p> <p>The Board Chair noted he had met with the Chair of the St George Hospital Surgical Department after the joint meeting to discuss its concerns with the management of activity discussed at the meeting. This item is further addressed in item 6.3.</p> <p>The Chief Executive noted that all local Clinical Councils were being engaged with in the setting of the 2012/13 activity levels, which was currently in process. The timeframe for setting the 2012/13 activity levels is very tight, however if they are to go through the agreed approval process (being local Clinical Councils, District Clinical & Quality Council and the Board) a tight turnaround is required. The Chief Executive had discussed the District's approval process at the March Senior Executive Forum at the Ministry, and the Ministry agreed the approval process was appropriate and hence the approval process may take longer than the currently given timeframe.</p>
	Item 5	<p>PRESENTATION – HEALTH SUPPORT SERVICES AND EHEALTH Mr Mike Rillstone – Chief Executive, Health Support Services (HSS) and Mr Greg Wells – Chief Information Officer, HSS attended the Board meeting to present an overview of the future organisational changes of HSS. The organisational restructure has been a process lead by KPMG including good stakeholder engagement. The results of the review will be published next month.</p>

		<p>The imminent restructure will see all IT items being split from HSS. Corporate IT systems (such as payroll) will be managed by Health Share and clinical infrastructure systems will be managed by eHealth. Local Health Districts will still manage the implementation of local clinical IT systems.</p> <p>NSW Health has a 10 year capital plan of over \$170M for improving clinical IT systems. Once the KPMG recommendations are finalised and the ideal final goal is identified, a strong governance framework will be required for all stakeholders to be able to work collaboratively to reach the desired end goals.</p> <p>The group then discussed the difficulties in managing competing priorities for clinical IT systems including different end-user group priorities, variable starting points within and between Local Health Districts, the need to compromise on local specific systems to meet state-wide system, and variable understanding of IT terminology and specifications amongst individuals. Mr Rillstone noted that part of KPMG's recommendations is the development of Medical IT Officer positions to facilitate discussions relating to IT.</p> <p>As a closing remark, the Board noted that the current corporate systems do not provide appropriate feedback to end users which can draw out simple procurement processes due to misunderstood approval processes.</p> <p>After the presentation, the Board noted that the presentation did not give the Board members an overview of what clinical IT systems were currently in place within the District and NSW Health, which systems were currently being implemented, and which systems were priority systems for the future.</p> <p>Actions: CE to organise SESLHD Chief Information Officer to present to the Board in June on the current, currently implementing and future IT systems used by SESLHD (i.e. the SESLHD IT Plan and how it would help achieve the District's Strategy and Healthcare Services Plan).</p>
Part B	CHAIR & CHIEF'S EXECUTIVE REPORTS	
	Item 6	<p>CHAIR'S REPORT</p> <p>6.1 Council of the Chairs Meeting on 16 March 2012 The Board noted the information provided in the agenda papers relating to the Council of the Chairs' meeting held on 16 March 2012.</p> <p>6.2 Meeting with the Minister for Health on 23 March 2012 The Board Chair noted he had met with the Minister for Health the previous week. The meeting was positive. While the Minister was sensitive to the issues facing SESLHD it was expected that the District would deliver to the agreed level of services and operate within budget. It was noted that while SESLHD is forecasting a result consistent with budget.</p> <p>The Minister extended an offer for the Board Chair, Board members and Chief Executive to contact her directly if they wished to escalate any issues to her.</p>

<p>6.3</p>	<p>The Minister reported that they were making progress in removing the Treasury's capital cap and abolishing the cap on Trust Fund expenditure.</p> <p>The Board discussed how interest on Trust Fund funds was determined. The Chief Financial Officer noted that Trust Fund monies were divided into fixed term deposits and other investments. The total interest earned by all SESLHD Trust Funds was then averaged and divided, proportionally to the amount invested by each Trust Fund, back to each Trust Fund. While this year's interest earned was poor, the Trust Funds have been earning over 7% return up until then.</p> <p>Board Chair meeting with St George Surgery Committee Chair The Chair of the St George Surgery Department, Dr Matthew Horton, had requested a meeting with the Board Chair subsequent to the joint Board and St George Clinical Council meeting last month. While the St George Surgery Department had implemented the agreed actions and would meet the planned activity number, they were unsatisfied with the planned activity numbers. The Department requested that the Board raise the issue of inter District flow and the impact of unplanned surgery at St George Hospital with the Ministry of Health.</p> <p>The Chief Executive noted that this issue had been raised with the Ministry at the March meeting. The Ministry agreed in principle that excessive inter-District flows should be charged back to the residents' Local Health District. These flow principles would be reflected in next year's budget, as well as funding for the estimated patient inflow percentage.</p> <p>However, these principles do not address the issue of inter-state patient flow for state-wide services. In May 2012, SESLHD will need to provide a schedule of state-wide services it provides, highlighting the additional out of state activity which it will seek additional funding for in 2012/13.</p>
<p>Item 7 7.1</p>	<p>CE's REPORT</p> <p>Organisational KPI Report – February 2012 The Board reviewed the SESLHD Organisational KPI report for the period ending February 2012.</p> <p>The facility/service Clinical Councils had implemented the action plans previously provided to the Board to address the management of clinical activity loads for the remainder of the 2011/12 financial year. While the February data does not demonstrate a decrease in activity flows, it is anticipated that the impact of the plans will be demonstrated in the April and May data.</p> <p>The Board received information from the Chief Executive identifying that the outcomes of the implementation of these plans, as expected, has been an increase in waiting times within surgical triage categories. St George Hospital is experiencing some breaches of category 2 and 3 targets.</p> <p>The Board discussed the impact of breaching category 2 and 3 targets. It was noted that until the triple zero targets were implemented a couple of years ago, NSW Health breached the targets regularly on a much larger scale than was currently being experienced at St George Hospital.</p>

	<p>7.2</p> <p>7.3</p>	<p>Resolution 106 "That the SESLHD Board approve the SESLHD Organisational KPI report for the periods ending February 2012."</p> <p>Moved: P Smerdely Seconded: P Azarias Carried</p> <p>Aboriginal Health Awards The Board noted the brief outlining SESLHD's staff success at the Aboriginal Health Awards on 22 March 2012.</p> <p>Minister's Visit to Royal Hospital for Women The Board noted for information that the Minister for Health and Minister for Medical Research had visited the Royal Hospital for Women on 29 March 2012.</p>
Part C	SUBCOMMITTEE REPORTS/COMPLIANCE ISSUES/PAPERS FOR INFORMATION	
	<p>Item 8</p> <p>8.1</p> <p>8.1.1</p> <p>8.1.2</p> <p>8.2</p> <p>8.2.1</p> <p>8.2.2</p>	<p>SESLHN COMMITTEE REPORTS</p> <p>Clinical & Quality Council</p> <p>Clinical & Quality Council Minutes The minutes of the SESLHN Clinical & Quality Council meeting held on 21 March were noted by the Board for information.</p> <p>Medical Imaging Service Specifications The Board noted for information that the SESLHD Clinical & Quality Council had approved a set of service specifications for Medical Imaging at its meeting on 21 March 2012. The purpose of the specifications is to allow the facilities and District Medical Imaging Units to work towards an agreed level of service provision. Similar service specifications would be developed for pathology services.</p> <p>Finance & Performance Committee</p> <p>Finance & Performance Committee Minutes The minutes of the SESLHD Finance & Performance Committee meeting held on 7 March were noted by the Board for information.</p> <p>Resolution 107 "That the Board note for information items 8.1.1, 8.1.2 and 8.2.1."</p> <p>Moved: J Ward Seconded: P Gonski Carried</p>

Confidential Item

8.3 Audit & Risk Management Committee

8.3.1 Audit & Risk Management Committee Minutes

The Board noted the minutes of the Audit & Risk Management Committee meeting held on 28 February 2012.

8.4 Community Advisory Committee

An update was provided regarding the first meeting of the Community Advisory Committee in 2012. The Committee's membership has been extended to include the Chairs of the facility/service Community Advisory Groups. The Committee will be meeting three times per year and hold two community consultation forums per year to assist in the facilitation of community engagement.

8.5 Sydney Metropolitan Aboriginal Health Partnerships Agreement

The minutes of the first Sydney Metropolitan Aboriginal Health Partnerships Agreement meeting, held in February, were not available at the time of the meeting and would be included in future agenda papers when available.

8.6 Medical Staff Executive Council Minutes

The minutes of the Medical Staff Executive Council held on 28 March 2012 were not available at the time of the meeting and would be included in future agenda papers when available.

Resolution 110

"That the SESLHD Board note for information agenda items 8.3 – 8.6."

Moved: J McDonald **Seconded:** R Farnsworth **Carried**

Part D	Board Administrative Matters	
	Item 9	<p>BOARD ADMINISTRATIVE MATTERS</p> <p>9.1 Update of Board Governance Committee The Board noted that the Board Governance Committee had held its first meeting on 29 March 2012. A revised agenda would be submitted to the Board for endorsement in the May agenda. The Committee was also developing a work plan to assist with managing the Committee and Board's deliverables.</p> <p>9.2 Healthcare Services Plan Workshop The Board noted that the revised Healthcare Services Plan was currently being revised by the Reference Group which was facilitating the stakeholder engagement process. The revised Plan would be presented to the Board at its May meeting. To allow adequate time for review of the Plan, it was recommended that the May Board meeting start at 3:30pm.</p> <p>Resolution 111 "That the SESLHD Board approve an earlier starting time of 3:30pm for its May meeting." Moved: P Azarias Seconded: R Boyd-Boland Carried</p> <p>Action: E Janov to coordinate earlier starting time of 3:30pm for May Board meeting.</p> <p>9.3 Feedback from Governance Officers' Forum The Board noted for information the explanatory brief provided regarding the Governance Officers' Forum held on 21 March 2012.</p> <p>9.4 ABF Workshop on 16 May 2012 The Board noted for information the correspondence included in the agenda papers inviting interested Board members to a Ministry sponsored ABF Workshop on 16 May 2012.</p>
Part E	CORRESPONDANCE	
	Item 10	<p>CORRESPONDENCE RECEIVED The Board noted for information the correspondence received register, as updated on 28 March 2012.</p>
Part F	MEETING CLOSE	
	Item 10	<p>NOTING OF CONFIDENTIAL ITEMS Item 8.2.2 was noted by the Board as being confidential for the purposes of distributing the minutes of the Board meeting.</p> <p>Resolution 112 "That the SESLHD Board note item 8.2.2 of its March meeting as a confidential item." Moved: R Boyd-Boland Seconded: J Ward Carried</p>

**SESLHD Board
Minutes
Meeting held Wednesday 4 April 2012**



Health
South Eastern Sydney
Local Health District

Meeting closed at: 6:20pm

HON. MORRIS YEMMA
Name

Morris Yemma
Signature

8 MAY 2012
Date