

MINUTES
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT
BOARD MEETING
8 FEBRUARY 2012
16:00 – 18:30
MULTIPURPOSE FUNCTION ROOM, LEVEL 4
THE SUTHERLAND HOSPITAL

A.	MEETING OPENING	
	Item 1	WELCOME
	1.1	Apologies: <ul style="list-style-type: none"> • Nil
	1.2	Members: <ul style="list-style-type: none"> • The Hon. Morris lemma • Ms Patricia Azarias (present for items 1-5) • Mr Robert Boyd-Boland • Dr Ingrid van Beek • Ms Deborah Cansdell • A/Prof Robert Farnsworth • A/Prof Peter Gonski • Dr Harry Harinath • Janet McDonald • A/Prof Peter Smerdely • Prof Jeanette Ward (by teleconference) <p>In Attendance:</p> <ul style="list-style-type: none"> • Mr Terry Clout – Chief Executive • Mr Peter Hudnall – Chief Financial Officer (present for items 1-7) • Dr Michael McGlynn – Executive Medical Director (present for items 1-7) • Ms Kim Olesen – Director Nursing & Midwifery Services (present for items 1-7) • Prof James Colebatch – Chair Medical Staff Executive Council (present for items 1-7) • Ms Julie Dixon – Director Planning and Population Health (present for item 4) • Dr Victoria Westley-Wise – Medical Epidemiologist (present for item 4) <p>Secretariat:</p> <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 Board members had no items for declaration.

	<p>Item 3</p> <p>3.1</p> <p>3.2</p> <p>3.3</p>	<p>CONFIRMATION OF MINUTES</p> <p>Minutes of the SESLHD Annual General Meeting held 7 December 2011 The Board endorsed the minutes of the SESLHN Annual General Meeting (for the period January to June 2011) held 7 December 2011 as an accurate record of proceedings.</p> <p>Resolution 83 “That the Board approve the minutes of the SESLHN Annual General Meeting held 7 December 2011 as an accurate record of proceedings.”</p> <p>Moved: R Farnsworth Seconded: D Cansdell Carried</p> <p>Minutes of SESLHD Board meeting held 7 December 2011 The Board endorsed the minutes of the SESLHD Board meeting held 7 December 2011 as an accurate record of proceedings.</p> <p>Resolution 84 “That the Board approve the minutes of the SESLHD Board a meeting held on 7 December 2011 as an accurate record of proceedings.”</p> <p>Moved: R Farnsworth Seconded: D Cansdell Carried</p> <p>Minutes of the joint Board and Mental Health Clinical Council meeting held 7 December 2011 The Board endorsed the minutes of the joint Board and Mental Health Clinical Council meeting held on 7 December 2011 as an accurate record or proceedings.</p> <p>Resolution 85 “That the Board approve the minutes of the joint Board and Mental Health Clinical Council meeting held 7 December 2011, as an accurate record of proceedings.”</p> <p>Moved: R Farnsworth Seconded: D Cansdell Carried</p>
<p>Part C. Strategy Workshop</p>		
	<p>Item 4</p> <p>Item 4.1</p>	<p>STRATEGY WORKSHOP</p> <p>Overview of Strategic document review process Dr Michael McGlynn, Medical Executive Director, presented an overview of the process taken to date to review the former SESLHN interim Strategic plan. When the former SESIAHS was split into SESLHD and the Illawarra and Shoalhaven Local Health District (ISLHD), the original SESIAHS strategic plan was respectively amended to create the interim SESLHN Strategic plan. The then SESLHN Governing Council approved the interim plan at its February 2011 meeting, with the proviso that the document would be reviewed and revised where appropriate.</p> <p>The review process has been lead by Dr McGlynn, Ms Julie Dixon, Director Planning and Population Health, and Dr Victoria Westley-Wise, Medical Epidemiologist. Under their leadership, a Reference Group was established consisting of clinicians, a Board member, Clinical Stream Directors, Directors</p>

of Operations, and university, community and stakeholder representatives.

The Strategy document will communicate the organisation's vision, values, purpose, principles on which strategic decisions are based, and the top organisational priorities. The accompanying Healthcare Services Plan will provide more detail on how the District and specific sites will achieve the organisational priorities.

It is planned to get the final version of the Strategy document approved by the Board in April. Following on from this, the draft Healthcare Services Plan will be workshopped by the Board in May, with the final version being put forward to the Board for approval in July.

The aim of the workshop was for the Board to review and provide any feedback on the vision and purpose, values, principles and priorities.

Vision and Purpose

- It was noted that the vision stated in the draft document was in line with the NSW Health legislation and the vision set by the Ministry of Health. It is not a requirement that all NSW Health organisations have the same vision. However, the Board agreed that the essence of the Ministry's vision should align with the SESLHD vision.
- The Board agreed that the concept of managing operations within allocated budget should be included in the final version of the principles.
- The Board also noted that the concept of serving the community was important to be reflected in the Strategy document.

Principles

- It was noted that the use of the wording 'centralised services' may be misunderstood as regionalising, but was the appropriate terminology for the document.
- The Board agreed that an addition was required to ensure the organisation would provide easily understood information about its services and performance.
- It was agreed that simple English terms should be used throughout the document (i.e. replacing 'triple mission' with 'clinical care, teaching and research').

Priorities

- Ms Dixon provided an A3 sheet of the 34 principles listed in the draft Strategy document.
- The Board agreed that the following principles could be amalgamated: #4 and 5, #16 and 18, #31 and 31.
- It was agreed that principle #25 should be shortened to finish after the words 'information technology'.
- Priority #14 should read 'ensuring our residents' rather than the use of the work 'patients'.
- The Board discussed the use of the word 'ensuring' listed in the priorities. It was confirmed that legislation requires LHDs to 'ensure' services are provided and therefore, the use of the word in the principles was appropriate.
- The Board also discussed that with the principles relating to health screening, it should be made clear that the LHD works in conjunction with Medicare Locals and other affiliated organisations to provide

		<p>these services.</p> <ul style="list-style-type: none"> • The Board noted that as it currently stood, principle #14 ensured the routine screening for health risks. The use of the term 'routine screening for health risks', rather than 'risks and diseases', was discussed. It was pointed out that the term 'screening' is used for a whole of population approach. The Board concluded that the Reference Group be requested to re-word priority #14 and consult with Dr van Beek and Professor Ward on the revised terminology. • The Board noted that the specific priorities identifying community groups, that 'socio-economic disadvantaged' groups should also be included. • The Board requested that in priority #13, the actual names of the affiliated Medicare Locals should be stated. • The Board discussed whether a priority should be included which identified 'disinvesting in ineffective services'. However, the Board concluded that by including principles focused on best practice and efficiency that disinvestment in ineffective services was implied. <p>Outcomes</p> <ul style="list-style-type: none"> • The Board agreed with the outcomes stated in the Strategy document and that further detail would follow in the Healthcare Services Plan document. <p>Board members were requested to provide any further comments or recommended changes directly to Ms Dixon within 2 weeks.</p> <p>Resolution 86 "That the SESLHD Board approve the Strategy document, with: a) the changes discussed being completed; b) the revised document being circulated to the Board members."</p> <p>Moved: D Cansdell Seconded: J McDonald Carried</p> <p>The Board acknowledged the exhaustive work conducted by the Reference Group in the review of the Strategy document, especially the work of Dr McGlynn, Ms Dixon and Dr Westley-Wise.</p>
<p>Part C</p>	<p>CHAIR & CHIEF'S EXECUTIVE REPORTS</p>	<p>Item 5 CHAIR'S REPORT</p> <p>5.1 SESLHD Performance Level 1 The Chair reported that he had met with the Minister for Health the previous week. At the meeting, the Minister noted the outstanding performance of SESLHD, acknowledging the ongoing issues regarding the management of surgery waiting lists and the challenges in emergency access performance.</p> <p>The Minister has recently returned from a visit to Western Australia and should shortly be communicating lessons learnt from the visit which would be suitable for adoption in NSW.</p> <p>The Minister also noted that the development of Medicare Locals would include a challenging transition phase, considering the political sensitivity surrounding the selection process.</p> <p>The Minister noted that comments made by Chairs of other LHDs indicated</p>

		<p>that there were similar concerns throughout the system relating to board governance and the need for further guidance from the Ministry.</p> <p>It was also noted that SESLHD had received confirmation from the Ministry of Health that due to SESLHD's satisfactory performance, the Ministry of Health classified SESLHD in the Performance Level 1 (described in the Performance Framework 2011/12 on page 11). This performance level only requiring quarterly performance meetings between the Ministry and the District Executive.</p>
	<p>Item 6</p> <p>6.1</p> <p>Item 6.2</p>	<p>CE's REPORT</p> <p>Organisational KPI Report – November/December 2011 The Board reviewed the SESLHD Organisational KPI reports for the periods ending November and December 2011.</p> <p>The Chief Executive reported that SESLHD was currently projecting an overrun of \$8.6M (0.7% of the total SESLHD budget) by the end of the financial year, if current trends continue. However, the facilities are doing excessive activity to the worth of \$12M. Therefore, the facilities are providing services at an efficient price.</p> <p>It was noted that the creditor repayments were currently in control.</p> <p>The Board concluded that the most significant issue for the remainder of the financial year will be managing activity back to the agreed activity targets. This may increase planned surgery waiting list times within Category 3 and mean that patients will be discharged with a greater degree of risk. An emphasis will also be placed on having senior staff rostered in emergency departments to ensure that patients are accurately triaged.</p> <p>The Boards expectations are that the facility/service Clinical Councils and Executive Managers will take the appropriate and necessary actions to ensure activity targets are met for the end of financial year 2011/12, within the allocated budget.</p> <p>Resolution 87 "That the SESLHD Board approve the SESLHD Organisational KPI report for the periods ending November and December 2012."</p> <p>Moved: D Cansdell Seconded: P Smerdely Carried</p> <p>Medical Imaging Structure The Chief Executive presented the recommended organisational structure for the SESLHD Medical Imaging services. The District services will be split into two departments, one in the Northern Sector managed by Dr John Pereira and one in the Southern Sector managed by Dr Derek Glenn. Each Department will have a management committee which will include representation from each of the facilities. The proposal also included the establishment of the Medical Imaging Clinical Stream. The organisational structure was supported by the Medical Imaging Departments, and each of the facility/service Clinical Councils and SESLHD Clinical & Quality Council.</p>

	<p>Item 6.3</p>	<p>Resolution 88 "That the Board approve the recommended structure of Medical Imaging Services within SESLHD."</p> <p>Moved: D Cansdell Seconded: R Farnsworth Carried</p> <p>Chief Executive Leave The Chief Executive reported that the Board Chair had approved the Chief Executive request for leave from 10 March - 25 March. The Director of Operations of Prince of Wales and Sydney/Sydney Eye Hospitals and Health Services will act as Chief Executive during this period. The Board noted the information provided.</p>
<p>Part D</p>	<p>SUBCOMMITTEE REPORTS/COMPLIANCE ISSUES/PAPERS FOR INFORMATION</p>	
	<p>Item 7</p> <p>7.1</p> <p>7.1.1</p> <p>7.2</p> <p>7.2.1</p> <p>7.2.2</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 25 January were noted by the Board for information.</p> <p>Finance & Performance Committee</p> <p>Finance & Performance Committee Minutes The minutes of the SESLHD Finance & Performance Committee meeting held on 7 December 2011 were noted by the Board for information.</p> <p>SESLHD Financial Narrative The SESLHD financial narratives for the period ending November and December 2011 were noted and approved by the Board. The Chair of the Finance and Performance Committee, Mr Robert Boyd-Boland, reported on the District's financial status. An additional \$11.6M funding was unallocated from the transitional funds. \$3.69M was allocated to the District's Activity Based Funding (ABF) activity. The Committee endorsed the recommended action of the Chief Executive to utilise the funding to pay for the predicted shortfall of medical activity targets and funding. The remaining \$7.9M was costed to excessive annual leave funds and to balance out the Treasury fund.</p> <p>A query was raised regarding the District's creditor situation. It was reported that as at the end of December 2011, the District did not have any creditors over the 45 day overdue indicator. However, the introduction of the electronic requisitioning process, oracle, was creating a ten day delay. It was also noted that the communication between the Ministry of Health, Health Support Services and the District was very poor. The Board sought the Chief Executive to write to the Ministry of Health to raise these concerns to their attention.</p> <p>Resolution 89</p>

		<p>“That the SESLHD Board approve the SESLHD financial narrative reports for the periods ending November and December 2011.”</p> <p>Moved: P Gonski Seconded: R Farnsworth Carried</p> <p>Resolution 90 “That the SESLHD Board seek the Chief Executive to write to the Ministry of Health on its behalf to raise the District’s concern regarding the delays and poor communication caused by the implementation of the electronic oracle purchase ordering system.”</p> <p>Moved: J McDonald Seconded: P Gonski Carried</p>
	7.3	Audit & Risk Management Committee
	7.3.1	<p>Audit & Risk Management Committee Minutes The Audit & Risk Management Committee minutes from the 20 December ad 30 November 2011 were noted for information.</p>
	7.4	<p>Community Advisory Committee There was no further update provided regarding the Community Advisory Committee.</p>
	7.5	<p>Sydney Metropolitan Aboriginal Health Partnerships Agreement Dr Greg Stewart, Director of Operations – Primary and Ambulatory Health Care, had provided the Board with a written update on the Sydney Metropolitan Aboriginal Health Partnerships Agreement. The Boar noted the background brief in the agenda papers.</p>
	7.6	<p>Medical Staff Executive Council Minutes The Medical Staff Executive Council minutes of the meeting held 18 January 2012 were noted for information.</p> <p>Resolution 91 “That the SESLHD Board note for information agenda items 7.1.1-7.6.1.”</p> <p>Moved: D Cansdell Seconded: R Farnsworth Carried</p>
Part E	Board Administrative Matters	
	Item 8	BOARD ADMINISTRATIVE MATTERS
	8.1	<p>Deputy Chair and Board Sub-Committee nominations for 2012 At the request of the Chair, nominations were sought for Board members for the appointment of Deputy Chair, alternate Deputy Chair and membership on Board subcommittees for 2012.</p>

		<p>Nominations were received in January. Due to the nominations received, no elections were required. All nominees were contacted out of sessions to seek confirmation that they would be willing to accept the applicable roles.</p> <p>The Board accepted the SESLHD Board Chair would be an exoficio member of all Board subcommittees.</p> <p>Janet McDonald commented that she had not been contacted by the Chair to discuss the nomination process and would have appreciated this.</p> <p>The Board agreed to endorse the nominees as stated in the explanatory beif in the agenda papers.</p> <p>Resolution 92 "That the SESLHD Board approve the following appointments of SESLHD Board members for 2012:</p> <ul style="list-style-type: none"> ○ Deputy Chair <ul style="list-style-type: none"> ▪ A/Prof Peter Gonski; ○ Alternate Deputy Chair <ul style="list-style-type: none"> ▪ Mr Robert Boyd-Boland; ○ Audit & Risk Management <ul style="list-style-type: none"> ▪ Ms Patricia Azarias; ○ Finance & Performance <ul style="list-style-type: none"> ▪ Mr Robert Boyd-Boland (as Chair), ▪ Ms Patricia Azarias, and ▪ Prof Jeanette Ward; ○ Clinical & Quality Council <ul style="list-style-type: none"> ▪ Ms Deb Cansdell (as Co-Chair); ▪ A/Prof Peter Gonski; ▪ A/Prof Peter Smerdely; ▪ A/Prof Robert Farnsworth; ▪ Dr Ingrid van Beek ○ Community Advisory Committee <ul style="list-style-type: none"> ▪ Janet McDonald (as Chair); ▪ A/Prof Robert Farnsworth; ▪ Dr Gorur Harinath ○ SESLHD Board Governance Committee <ul style="list-style-type: none"> ▪ Deputy Chair – A/Prof Peter Gonski (as Chair); ▪ Alternate Deputy Chair – Mr Robert Boyd-Boland; ▪ Member on Audit & Risk Management Committee – Ms Patricia Azarias; ▪ A/Prof Peter Smerdely" <p>Moved: D Cansdell Seconded: I van Beek Carried</p>
	<p>Item 9 Item 9.1</p>	<p>ACTIONS ARISING</p> <p>Board Action Log The Board noted the Board action log. The Chief Executive noted that the item relating to measuring the success of the removal of the DCO role in improving local decision making would be brought back to the Board in April 2012.</p>

Part F	CORRESPONDANCE	
	Item 10	CORRESPONDENCE RECEIVED The Board noted for information the correspondence received register, as updated on 3 February 2012.
Part G	MEETING CLOSE	
	Item 11	BUSINESS WITHOUT NOTICE
	Item 11.1	Facility/Service Clinical Council Ownership in Activity Setting The Board queried the facility/service Clinical Councils' ownership in activity target setting and managing activity to the agreed targets. Activity targets are approved by facility/service Clinical Councils prior to being signed off. The Board agreed that this should be raised verbally with facility/service Clinical Councils and the joint meetings throughout the year.
	Item 12	NOTING OF CONFIDENTIAL ITEMS No agenda items were identified as being confidential.
Meeting closed at: 6:35pm		
<p><i>AL PROF PETER GONSKI</i> Name</p> <p><i>[Signature]</i> Signature</p> <p><i>7/03/2012</i> Date</p>		

