

MINUTES



South Western Sydney Local Health District Board

Date: Monday 25 June 2012

Time: 3.30pm – 6.30pm

Venue: Training Room, Mental Health Unit, Liverpool Hospital

1. Present and Apologies

Members	Pres.	Apol.	Members	Pres.	Apol.
Prof Phillip Harris (Chair)	✓		John Gordon	✓	
Carolyn Burlew	✓		Prof Margot Kearns		✓
Christine Carriage		✓	Mark (Jack) Johnson	✓	
Prof Brad Frankum	✓		Dr Kathy Gibson	✓	
Frank Conroy	✓		Prof Neil Merrett	✓	
Other Attendees					
Amanda Larkin, Chief Executive SWSLHD	✓		Mark Zacka, Director Clinical Governance, SWSLHD	✓	
Graeme Loy, Director Operations, SWS LHD	✓		Amanda Walker, Medical Staff Executive Council Rep		✓
Sally Pearce, Director Finance, SWSLHD	✓		Sally Neideck, Acting Board Secretariat	✓	

Agenda Item	Discussion/Decision/Recommendation	Responsible
2. Declaration of Interests	<ul style="list-style-type: none"> Nil declarations of interest were made. 	
3. Confirmation of the previous minutes and action list	<ul style="list-style-type: none"> Motion: A motion was moved by B Frankum and seconded by J Gordon that the minutes of the meeting held on 28 May 2012 be accepted as a true and accurate record of the meeting with the following amendments; <ul style="list-style-type: none"> Item 4 (page 2) – There has been an increase in mental health referrals <i>per week</i> from ED at Liverpool (65 in 2008/09 to 66 in 2011/12), Campbelltown (48 in 2008/09 to 63 in 2011/12) and Bankstown Hospitals (32 in 2009/10 to 38 in 2011/12) in recent years. Item 4 (page 2) – there are <i>limitations</i> to reducing this due <i>to the time taken for pharmacological agents to work</i>. The motion was carried. 	

<p>4. Presentation, Karen Luxford, Director Patient Based Care, Clinical Excellence Commission</p>	<ul style="list-style-type: none"> • Karen Luxford, Director Patient Based Care, Clinical Excellence Commission provided a presentation to the Board on patient based care. • The following key themes were discussed: <ul style="list-style-type: none"> • Patient based care is linked to clinical outcomes as well as patient satisfaction. • The importance of ensuring staff satisfaction was also noted as this directly affects staff interaction with patients. • It was noted that communication is critical, and that patients rate teamwork highly amongst their care team. 	
<p>At 3:50pm G Loy left the meeting.</p>		
	<ul style="list-style-type: none"> • The focus of patient based care should be from the Board to the ward, focusing on governance through to quality of frontline care. • Patient and family activated escalation is an important program that has been piloted across 7 facilities in NSW. This encourages patients and families to engage with their care team. 	
<p>At 3:58pm A Larkin left the meeting and G Loy re-joined the meeting.</p>		
	<ul style="list-style-type: none"> • The SWSLHD Board was invited to accept the patient based care challenge. Should the Board wish to accept the challenge areas for improvement will need to be identified. • It was queried how the District can identify how patient based its care is. It was recommended that the District should evaluate responses to the patient survey. 	
<p>At 4:02pm A Larkin re-joined the meeting.</p>		
	<ul style="list-style-type: none"> • It was noted that strategies need to be implemented to empower patients to question their care. • It was noted that strategies to improve patient based care will assist the District in meeting the Australian Commission on Safety and Quality in Health Care (ACSQHC) standards. • Action: Provide information on all ACSQHC standards to the next Board Meeting. • Action: Patient Based Care challenge to be an agenda item at the next Board Meeting. • K Luxford was thanked for her presentation to the Board. 	<p>M Zacka S Neideck</p>
<p>At 4:10pm K Luxford left the meeting.</p>		
<p>5. Business Arising</p>		
<p>5.1. Update on backlog of X-Rays in SWSLHD</p>	<ul style="list-style-type: none"> • An updated brief on the backlog of x-rays in SWSLHD was circulated with the agenda. 	

	<ul style="list-style-type: none"> • It was noted that case weights differ across the facilities mainly due to the types of surgical cases that are done at each facility. • The facilities were acknowledged for their hard work in meeting the KPIs 	
<p>6.1.3. Service Performance Reports</p> <ul style="list-style-type: none"> • Drug Health • Community Health • Mental Health • Oral Health • Population Health 	<ul style="list-style-type: none"> • It was requested that acronyms be fully explained in all reports, or a glossary be provided. • Action: Ensure all reports include explanation for acronyms. • A service report for Drug Health and an organisational chart was circulated with the agenda and noted by the Board. • The court diversion program was clarified for the Board as a program for people who are prepared to undergo voluntary drug treatment as a condition of bail. • A service report for Community Health’s Specialist Services Directorate and an organisational chart was circulated with the agenda and noted by the Board. • It was noted that the sexual health service is a major provider, with priority one referrals often referred through the Department of Community Services (DoCS). • JIRT was clarified as the Joint Intervention Response Team. • A service report for Mental Health and an organisational chart was circulated with the agenda and noted by the Board. • It was noted that length of stay in inpatient facilities is still fairly high. • A service report for Oral Health and an organisational chart was circulated with the agenda and noted by the Board. • A service report for Population Health and an organisational chart was circulated with the agenda and noted by the Board. • It was noted that a number of programs are externally project funded. • The enrolment rates for some programs are quite low due to the difficulty engaging with target populations, i.e Aboriginal. • It was noted that a paper on the Healthy Beginnings program is being published in the British Medical Journal (BMJ). 	<p>S Neideck</p>

<p>6.2 Chairman's Report</p> <p>6.2.1 Board Member training session 22 June 2012</p>	<ul style="list-style-type: none"> • It was noted that the Board evaluations would be discussed at a 30 minute in camera session at the next Board Meeting. • Feedback on the Board Member training session included that the session was useful and could occur every six months. • It was suggested that if the MoH session is run annually, it may be worthwhile to hold a session for the SWSLHD Board in the alternate six month period. • Action: Consider a Board training session external to the MoH run training in alternate six month period. 	<p>Board Members</p>
<p>6.2.2 New Board Member</p>	<ul style="list-style-type: none"> • The Board welcomed Professor Neil Merrett as a new Board Member. 	
<p>6.3 Work Safety Report</p>	<ul style="list-style-type: none"> • The Work Safety Report for the period ending June 2012 was circulated with the agenda and noted by the Board. • It was noted that every major facility has an annual audit for asbestos, and all buildings have now been inspected. • It was noted that data on affected staff could be ascertained through Workers Compensation records; however there is generally a large gap between exposure and legal claims. • It was noted that staff affected by asbestos register through dust surveillance and a notification is placed on their SWSLHD Human Resources file. 	
<p>7. Committees of the Council</p>		
<p>7.1 Finance Committee</p> <p>7.1.1 Minutes</p>	<ul style="list-style-type: none"> • The draft minutes of the Finance Committee held 21 June 2012 were tabled and noted by the Board. 	
<p>7.1.2 Finance Report – May 2012</p>	<ul style="list-style-type: none"> • The Finance Report for May 2012 was circulated with the agenda and noted by the Board. • A projection has been completed which indicates an over run of \$30m by the end of June 2012. The increase in over-run is due to a \$9m charge for workers compensation. • The MoH has completed a review of the revenue budget and found the SWSLHD revenue budget was \$13m too high. Depending on comments from Sydney Local Health District this may result in a decrease in the revenue budget by \$13m. • There has been a submission made for a one off adjustment of \$10m to reflect previous accounting practices. 	
<p>7.1.3 Budget 2012-13</p>	<ul style="list-style-type: none"> • A brief regarding the 2012/13 budget announcement was circulated with the agenda and noted by the Board. 	

	<ul style="list-style-type: none"> The Service Agreement should be received shortly. It is unclear what the timeframe will be to respond to the service agreement. 	
7.1.4 ABF Letter 2012-13	<ul style="list-style-type: none"> A letter regarding the 2012/13 service agreement and activity levels was circulated with the agenda and noted by the Board. It was noted that the MoH is using an average price based on costing data, rather than an efficient price. 	
7.2 Audit and Risk 7.2.1 Minutes	<ul style="list-style-type: none"> No meeting has been held of the Audit and Risk Management Committee. It was noted that nothing has been received in writing regarding the status of the Chief Executive on this committee. 	
7.3 Health Care Quality and Safety 7.3.1 Minutes	<ul style="list-style-type: none"> The minutes of the Health Care Quality and Safety Committee held 6 June 2012 were circulated with the agenda and noted by the Board. It was noted that the agenda should identify the Chairperson as the spokesperson. Action: Update the Board Meeting agenda to note the speaker for this item is the HCQSC Chairperson. The Chairman recommended that N Merrett be appointed as Chairperson of the HCQSC. The Board accepted the recommendation. 	S Neideck
7.4 Research and Teaching 7.4.1 Minutes	<ul style="list-style-type: none"> The minutes of the Research and Teaching Committee held 7 June 2012 were circulated with the agenda and noted by the Board. The Board was advised that a presentation from the Chief Executive of Health Education Training Institute (HETI) was given to the Research and Teaching Committee. The Research and Teaching Committee was advised that HETI is currently focused on executive leadership and evaluation. The split of responsibilities for all the pillars regarding executive leadership is unclear. It was requested that further information be provided. Action: Provide further information on the split of responsibilities for executive leadership between the pillars to the next Board Meeting. The Chair, Research and Teaching Committee requested permission to appoint a non Board member as acting Chair for the August meeting due to his leave. The Board accepted this recommendation. It was noted that further discussion will be required regarding the attendance and membership at this committee. 	Chief Executive

<p>7.5 Community Engagement</p> <p>7.5.1 Consumer Community Council Minutes</p> <p>7.5.2 Consumer Community Council Minutes</p>	<p>Note: This item was discussed after item 8.6</p> <ul style="list-style-type: none"> The minutes of the Community Consumer Council held 4 May 2012 were circulated with the agenda and noted by the Board. The minutes of the Community Consumer Council held 1 June 2012 were circulated with the agenda and noted by the Board. 	
<p>8. New Business</p>		
<p>8.1 Dissolution of the Health Reform Transitional Organisation</p>	<ul style="list-style-type: none"> A brief regarding the dissolution of the Health Reform Transitional Organisation (HRTO) was circulated with the agenda and noted by the Board. It was noted that legislation has been enacted to transfer any assets from the HRTO to a parent organisation, which has been identified by the MoH as Sydney LHD. It is unclear at this point what the assets are that would be transferred but it is anticipated that they are low value items. It was requested that information regarding the items to be transferred from the HRTO to SLHD be sought from the MoH. Action: Request information from the MoH regarding items to be transferred from the HRTO to SLHD. It was noted that a review is currently occurring regarding Trust funds that were held in the HRTO. 	<p>Chief Executive</p>
<p>8.2 Inter-District Agreements</p>	<ul style="list-style-type: none"> A brief outlining the process for review of the Inter-District Agreements was circulated with the agenda and noted by the Board. Further information will be provided to the Board once initial reviews have taken place. 	
<p>8.3 Health Support Services</p>	<ul style="list-style-type: none"> A brief regarding Health Support Services was circulated with the agenda and noted by the Board. It was noted that the District holds the budget for shared services and HSS provides an invoice for payment. 	
<p>8.4 Social Media</p>	<ul style="list-style-type: none"> A brief regarding social media was circulated with the agenda and noted by the Board. It was noted that the Facebook page is monitored by Media and Communications. It was requested that the links for the Facebook page and the YouTube channel be distributed for information. Action: Distribute links for the Facebook page and the YouTube channel to the Board. 	<p>S Neideck</p>
<p>8.5 Update on Strategic Planning process</p>	<ul style="list-style-type: none"> The minutes of the Strategic Plan Steering Committee meetings held on 13 June 2012 and 15 June 2012 were circulated with the agenda and noted by the Board. It was noted that there has been a lot of debate surrounding the summary from the Strategic 	

	<p>Intents paper that will require further work. This will likely alter the schedule for the Strategic Plan by approximately one month.</p> <ul style="list-style-type: none"> It was noted that feedback from the surgical planning process will link in to inform the Strategic Plan. 	
8.6 Medicare Local	<ul style="list-style-type: none"> A brief regarding the South West Sydney Medicare Local (SWSML) was circulated with the agenda and noted by the Board. It was noted that the SWSML will be in place from 1 July 2012. It was noted that A Larkin has accepted an invitation to join the SWSML Board. The appointment of the Chief Executive (operational) as opposed to a SWSLHD Board Member onto the SWSML Board was questioned. It was clarified that A Larkin was invited onto the SWSML Board due to her knowledge and expertise across the healthcare sector and is a Board Member as an individual, not as the Chief Executive of SWSLHD. It was noted that A Larkin declared her potential conflict of interest as the Chief Executive of SWSLHD to the Board prior to appointment. It was requested that the CE provide a report to the Board about the SWSML Governance Structure. Action: Provide a report on the SWSML Governance Structure to the Board. It was noted that there was originally a position on the SWSLHD Board for a Medicare Local representative. A recommendation will need to be made about the best way of creating a link between the Medicare Local and the SWSLHD Board. It was noted that the appointment of a SWSML representative on the SWSLHD Board will provide a dual member on both Boards. 	Chief Executive
At 6:25 M Zacka left the meeting.		
	<ul style="list-style-type: none"> Action: provide a discussion paper surrounding a potential SWSML representative on the SWSLHD Board. 	Chief Executive
At 6:30pm J Gordon left the meeting.		
	<ul style="list-style-type: none"> It was noted that the Board will discuss further actions at the next Board Meeting. This will then inform a discussion between the Chairs of both Boards. 	
At 6:35pm J Gordon re-joined the meeting.		
9. Other Business Without Notice		
9.1 Respecting the Difference	<ul style="list-style-type: none"> The Board were reminded of their agreement to complete the Respecting the Difference training at the Board Meeting on 28 May 2012. 	

At 6:38pm M Zacka re-joined the meeting.		
10. Items for Information		
10.1 Public Relations	<ul style="list-style-type: none"> • A brief regarding Public Relations matters was circulated with the agenda and noted. 	
10.1.1 Upcoming Events	<ul style="list-style-type: none"> • Nil upcoming events were noted. 	
10.1.2 May 2012 Newsletter	<ul style="list-style-type: none"> • A copy of the May 2012 newsletter was circulated with the agenda 	
10.1.3 Board Calendar	<ul style="list-style-type: none"> • A copy of the Board Calendar was circulated with the agenda. 	
10.1.4 LHD Clinical Council Minutes	<ul style="list-style-type: none"> • Minutes of the SWSLHD Clinical Council Meeting held 6 June 2012 were circulated with the agenda and noted by the Board. 	
10.1.5 Facility Clinical Council Minutes	<ul style="list-style-type: none"> • Minutes of the facility Clinical Council meetings with the exception of Fairfield Hospital were circulated with the agenda and noted by the Board. 	
10.2 Meetings with Interested Parties		
10.2.1 Minister for Mental Health, Healthy Lifestyles and Western NSW	<ul style="list-style-type: none"> • The Chief Executive met with Kevin Humphries, Minister for Mental Health, Healthy Lifestyles and Western NSW on 30 May 2012 to discuss mental health in the District. 	
11. Next Meeting	Monday 23 July 2012 SWSLHD Boardroom Eastern Campus, Liverpool Hospital	

Meeting closed at 6.40pm.