

# MINUTES



## South Western Sydney Local Health District Board

Date: Monday 23 July 2012

Time: 3.30pm – 6.30pm

Venue: SWSLHD Boardroom, Eastern Campus, Liverpool Hospital

### 1. Present and Apologies

<i>Members</i>	<i>Pres.</i>	<i>Apol.</i>	<i>Members</i>	<i>Pres.</i>	<i>Apol.</i>
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	✓	
<i>Other Attendees</i>					
Amanda Larkin, Chief Executive SWSLHD	✓		Mark Zacka, Director Clinical Governance, SWSLHD	✓	
Graeme Loy, Director Operations, SWS LHD	✓		Dr Miriam Levy, Medical Staff Executive Council Rep	✓	
Sally Pearce, Director Finance, SWSLHD	✓		Sally Neideck, Acting Board Secretariat	✓	

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
2. In Camera Session	<ul style="list-style-type: none"> <li>An in camera session was held from 3:30 – 4:10pm.</li> <li>When the attendees joined the meeting the Chair on behalf of the Board advised that a working party will be formed to determine what information and data is required by the Board. The working party will consist of C Burlew, J Gordon, B Frankum and F Conroy.</li> <li><b>Action:</b> meeting of the working party to be organised</li> <li>The Chair also advised that the Board would like a summary of the Strategic Plan document that has been completed to date.</li> <li><b>Action:</b> provide a summary of the Strategic Plan document that has been completed to date to the Board.</li> <li>It was noted that the aim is to present the Strategic Plan to the December 2012 Board Meeting.</li> </ul>	<p>Chief Executive</p> <p>Chief Executive</p>
At 4:10pm A Larkin, G Loy, S Pearce, M Zacka, M Levy and S Neideck joined the meeting		

	<ul style="list-style-type: none"> <li>• The Chair acknowledged the recent passing of Mr Bill Little, Chair of the Consumer Community Council.</li> <li>• It was noted that Bill was a strong supporter of community needs and was heavily involved in community participation across the District.</li> <li>• Bill's significant contribution to the District was acknowledged.</li> </ul>	
3. Declaration of Interests	<ul style="list-style-type: none"> <li>• C Burlew – member of the Pharmacy Council. It was noted that the Pharmacy Council has no role in procurement.</li> <li>• B Frankum – Board Member, Australian Medical Association.</li> </ul>	
4. Confirmation of the previous minutes and action list	<ul style="list-style-type: none"> <li>• <b>Motion:</b> A motion was moved by B Frankum and seconded by J Gordon that the minutes of the meeting held on 25 June 2012 be accepted as a true and accurate record of the meeting.</li> <li>• The motion was carried.</li> </ul>	
5. 2012/13 Service Agreement	<ul style="list-style-type: none"> <li>• The 2012/13 Service Agreement was circulated with the agenda with a covering brief and letter from the Director General.</li> <li>• A table outlining questions provided by Board Members prior to the meeting with responses from the SWSLHD Executive was tabled for information.</li> <li>• The Director, Finance outlined each section of the budget (Schedule C) for the Board as follows: <ul style="list-style-type: none"> <li>• The National Weighted Activity Unit (NWAU) has replaced previous measurements of activity known as case weight B for acute activity and weighted presentations for emergency presentations. The NWAU is a single unit to enable comparison.</li> <li>• It was noted that the average ABF cost for the state is \$4,471, whereas the average cost for SWSLHD is \$4,066. The average cost for SWSLHD will increase when Pathology is included.</li> <li>• It was noted that non admitted patient ABF expenditure includes tier 2 clinics and ancillary services including Pathology, Pharmacy dispensing etc. This excludes compensable patients and Privately Referred Non Inpatient (PRNIP) services. It was noted that a tier 2 clinic is considered to refer to a clinic related to an inpatient unit, for example Antenatal Clinics.</li> <li>• It was noted that growth of 5.6% has been applied to all ABF activity. This is the highest growth in the state.</li> <li>• All other activity received a 2.5% increase, including Mental Health.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• It was noted that Sub Acute and Mental Health are in a shadow funding year. The funding for Mental Health is incorrect at \$8m for the full financial year.</li> <li>• New initiative funding in the budget includes funding for additional beds for Liverpool Hospital, election commitments and additional nurses as per Award requirements.</li> </ul>	
<p>At 4:45pm M Johnson joined the meeting.</p>		
	<ul style="list-style-type: none"> <li>• It was noted that if the LHD costs are lower than the average cost, the LHD cost will be funded, which is relevant for SWSLHD. If an LHD cost is higher than the average cost, the average cost will be funded and a transitional payment will be applied. Where LHD average costs remain above the state cost the transitional payment provided to an LHD will reduce each year commencing 2013/14.</li> <li>• The initial budget is \$1,332b; however a labour savings cap of \$8.6m has been applied which reduces the total budget to \$1,324b.</li> <li>• The Labour Savings Cap is applied as dollars rather than FTE savings and therefore savings must be made in Employee Related Expenses (ERE). This can be applied to all staff including contractors and agency staff; however nursing ratios must be maintained.</li> <li>• The savings can be made outside FTE, for example on reduction in overtime or increased salary packaging.</li> <li>• It was noted that agreement was reached with the MoH in June 2012 to reduce the SWSLHD revenue budget by \$13.9m. It will be requested that the Service Agreement be adjusted to reflect this.</li> <li>• The Key Performance Indicators (KPIs) are largely the same as previous years; however the KPIs have been stratified into tiers and tolerance levels have been documented in the Service Agreement.</li> <li>• The challenge in meeting the National Emergency Access Target (NEAT) was acknowledged. Clarification is required regarding whether NEAT will be measured at a facility, LHD or state level.</li> <li>• It was noted that NSW attempted to negotiate a percentage measure for overdue surgical patients; however this was unsuccessful and the KPI is still measured in patient numbers.</li> </ul>	
<p>At 5:05pm C Carriage left the meeting.</p>		

	<ul style="list-style-type: none"> <li>• A number of anomalies within the Service Agreement will need to be altered including the turnaround plan, revenue budget and mental health budget.</li> <li>• The Board resolved that once the anomalies within the Service Agreement are fixed, the Service Agreement should be signed.</li> </ul>	
<p>At 5:10pm C Carriage re-joined the meeting.</p>		
	<ul style="list-style-type: none"> <li>• The 2011/12 results were noted as \$3m over budget.</li> <li>• The Board acknowledged the LHD Executive and Chair on their efforts in resolving the 2011/12 budget.</li> </ul>	
<p><b>6. Business Arising</b></p>		
<p>6.1. Update on backlog of x-rays in SWSLHD</p>	<ul style="list-style-type: none"> <li>• A brief regarding the update on backlog of x-rays within SWSLHD was circulated with the agenda and noted by the Board.</li> <li>• Comments from the SWSLHD Clinical Director, Medical Imaging have been included in the brief.</li> <li>• It was noted that the six week look back is now complete at Fairfield, Liverpool and Campbelltown Hospitals. Bankstown Hospital has less than 700 films left to report and has taken more time due to the hospital not having PACS (picture archiving and communication system) implemented at the time of the backlog.</li> <li>• Prospective x-rays are now being reported within an appropriate timeframe.</li> <li>• The remainder of the backlog has been prioritised and it is anticipated that approximately 50,000 x-rays will need to be reported based on the advice of the Clinical Excellence Commission's Expert Panel.</li> <li>• It was noted that the Clinical Director, Medical Imaging has recommended that the additional backlog not be read; however the District is heeding the advice of the Expert Panel and the MoH and will be completing the additional prioritised backlog. It was noted that this will be completed at a cost of approximately \$1m.</li> <li>• There was some discussion around the nature of the directive to the District to complete this work. It was requested that clarification be sought on the nature of the directive given. In particular whether it was a directive under the Health Services Act.</li> <li>• <b>Action:</b> Seek clarification on the nature of the directive given to complete the additional backlog.</li> <li>• It was noted that the completion of the additional backlog is value adding in terms of patient safety.</li> </ul>	<p>Chief Executive</p>

6.2. Patient Based Care Challenge	<ul style="list-style-type: none"> <li>• A brief and pamphlet regarding the Patient Based Care Challenge was circulated with the agenda and noted by the Board.</li> <li>• The Board resolved to implement the Patient Based Care Challenge and that a project plan will be prepared for HCQSC.</li> </ul>	
6.3. ACSQHC Standards	<ul style="list-style-type: none"> <li>• A brief regarding the National Safety and Quality Health Service Standards was circulated with the agenda and noted by the Board.</li> <li>• It was noted that the Clinical Excellence Commission has established an accreditation network to assist in implementing the new standards across the State.</li> <li>• The Quality Managers in each facility are all working towards ensuring the facilities meet the standards. All facilities will be required to be accredited against the standards from 1 January 2013. Karitane, Community Health and Fairfield Hospital will all undergo surveys in 2013.</li> <li>• Campbelltown Hospital elected to be judged against the new standards as part of their accreditation in 2012 and met 6 of the 10 standards. The remaining 4 standards require minimal work to meet.</li> </ul>	
6.4. NEAT Strategies	<ul style="list-style-type: none"> <li>• A brief regarding strategies to address the National Emergency Access Targets was circulated with the agenda and noted by the Board.</li> <li>• The LHD has implemented a NEAT Working Party chaired by the Clinical Director, Critical Care and Clinical Director, Complex Care and Internal Medicine.</li> <li>• The Working Party has implemented a number of strategies to date including the NEAT Dashboard, Admission Policy, turn around times for diagnostics and discharge processes.</li> </ul>	
6.5. Medicare Local	<ul style="list-style-type: none"> <li>• A brief regarding the South Western Sydney Medicare Local (SWSML) and the SWSML Constitution was circulated with the agenda and noted by the Board.</li> <li>• It was noted that A Larkin was appointed as a Board Member under the constitution in an individual capacity, not as a representative for SWSLHD.</li> <li>• The Chair recommended that Matthew Gray, Chair of the SWSML Board and a local General Practitioner be recommended to the Minister for Health to join the SWSLHD Board.</li> <li>• A Larkin declared a potential conflict of interest as a member of the SWSML Board in the discussion surrounding the recommendation of Matthew Gray to join the SWSLHD Board.</li> </ul>	
At 5:45pm M Johnson left the meeting.		

	<ul style="list-style-type: none"> <li>B Frankum also declared a potential conflict of interest as his wife is a member of the SWSML Board.</li> </ul>	
At 5:47pm M Johnson re-joined the meeting.		
	<ul style="list-style-type: none"> <li>The decision whether to recommend Matthew Gray as a member of the SWSLHD Board was held over to a future Board Meeting.</li> <li><b>Action:</b> Consider recommendation of Matthew Gray to join the SWSLHD Board at a future Board Meeting.</li> <li>It was noted that other LHDs have appointed members of Medicare Locals to their Boards.</li> </ul>	Board Members
6.6. Campbelltown Beds	<ul style="list-style-type: none"> <li>A brief regarding the purchase of beds at Campbelltown Private Hospital was circulated with the agenda and noted by the Board.</li> <li>It was noted that activity will be attributed to SWSLHD and that care for these patients will be provided by clinicians of Campbelltown Hospital, including registrars where applicable.</li> <li>It was noted that the proposal will only cover the period from late July 2012 to September 2012 and the proposal will include details on clinical governance.</li> </ul>	
<b>7. Standing Items</b>		
7.1 LHD Performance		
7.1.1. Comparative Report	<ul style="list-style-type: none"> <li>A brief outlining the proposed schedule for the provision of comparative data to the Board was circulated with the agenda and noted by the Board.</li> <li>The comparative report is provided by the MoH on a monthly basis and can be provided to the Board monthly if required.</li> <li><b>Action:</b> Advise on how frequently the Board requires the comparative report.</li> </ul>	P Harris
7.1.2. June 2012 – 2011?12 Acute Facilities Performance Management Framework Report	<ul style="list-style-type: none"> <li>The Performance Report for 2011/12 financial year was circulated with the agenda and noted by the Board.</li> <li>It was noted that comments have been removed from this report, and KPIs of concern have been reported in the Detailed KPI Analysis Report (item 7.1.3).</li> </ul>	
7.1.3. Detailed KPI Analysis Report	<ul style="list-style-type: none"> <li>A detailed report on priority KPIs (below target) was circulated with the agenda and noted by the Board.</li> <li>Unplanned readmission rates are a concern, particularly for Bankstown and Liverpool Hospitals.</li> <li>It was noted that this KPI includes some planned readmissions through inter-hospital transfers. Strategies have been introduced at the facilities to address this, including a weekly Respiratory Clinic</li> </ul>	

	<p>at Fairfield Hospital.</p> <ul style="list-style-type: none"> <li>• Difficulty in offloading ambulances was noted at the facilities due to a number of differing issues including lack of available beds, junior staff after hours and minimal discharges.</li> </ul>	
At 6:10pm K Gibson left the meeting.		
	<ul style="list-style-type: none"> <li>• It was noted that the difference between the same day separations at Campbelltown Hospital that was noted at the last Board Meeting was mostly due to the changes in reporting dialysis patients. Previously all SWSLHD dialysis patients were reported against Liverpool Hospital but as of July 2011 the reporting was updated to report against each individual facility.</li> </ul>	
At 6:13pm K Gibson re-joined the meeting.		
<p>7.1.4. Service Performance Reports</p> <ul style="list-style-type: none"> <li>• Drug Health</li> <li>• Community Health</li> <li>• Mental Health</li> <li>• Oral Health</li> <li>• Population Health</li> </ul>	<ul style="list-style-type: none"> <li>• It was requested that a schedule of service reports be provided to the Board.</li> <li>• <b>Action:</b> Provide a schedule of service reports to the Board.</li> <li>• A service report for Drug Health and an organisational chart was circulated with the agenda and noted by the Board.</li> <li>• A service report for Community Health Nursing and an organisational chart was circulated with the agenda and noted by the Board.</li> <li>• Held over.</li> <li>• A service report for Oral Health and an organisational chart was circulated with the agenda and noted by the Board.</li> <li>• A service report for the Public Health Unit and an organisational chart was circulated with the agenda and noted by the Board.</li> </ul>	Chief Executive
<p>7.2. Chairman's Report</p> <p>7.2.1 Board Member Resignation and Reappointment Process</p>	<ul style="list-style-type: none"> <li>• The Chair advised that Debbie Roberts had tendered her resignation from the Board.</li> <li>• An Expression of Interest will be distributed amongst the Consumer Community Council and facility community networks for a list of potential nominees to be forwarded to the Ministry of Health for consideration.</li> </ul>	Chief Executive
7.3. Work Safety Report	<ul style="list-style-type: none"> <li>• Work Safety Report due September 2012</li> <li>• It was noted that there have been no PINs reported since the last Board Meeting.</li> <li>• It was requested that information on workers compensation be provided to the Board including the tail claims, hindsight adjustment and premiums.</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Action:</b> Provide information to the Board on workers compensation including tail claims, hindsight adjustment and premiums.</li> </ul>	Chief Executive
<b>8. Committees of the Council</b>		
8.1. Finance Committee 8.1.1. Minutes  8.1.2. Finance Report – June 2012	<ul style="list-style-type: none"> <li>• The draft minutes of the Finance Committee held 19 July 2012 were tabled and noted by the Board.</li> <li>• The Finance Report for June 2012 was tabled and noted by the Board.</li> <li>• The result for the 2011/12 financial year was \$2.89m unfavourable.</li> <li>• A number of events in June 2012 significantly contributed to this result including the transfer of Pathology, the HRTO closing and a hindsight adjustment for Workers Compensation.</li> <li>• It was noted that provisions of \$4.5m were raised in doubtful debts, and \$3m was written off in assets.</li> <li>• It was noted that an additional \$8m cash was provided to the LHD in 2011/12 with no loan to be carried forward into the 2012/2013 year.</li> <li>• The financial statements were reviewed by the Audit and Risk Management Committee on Friday 20 June 2012 and are formally due to the Audit Office on 26 June 2012.</li> </ul>	
8.2. Audit and Risk 8.2.1 Minutes	<ul style="list-style-type: none"> <li>• The Audit and Risk Management Committee met on Friday 20 July 2012 to review the financial statements. The statements were approved by the Committee to be submitted to the Audit Office.</li> </ul>	
8.3. Health Care Quality and Safety 8.3.1. Minutes  8.3.2. Patient Experience Survey	<ul style="list-style-type: none"> <li>• The draft minutes of the Health Care Quality and Safety Committee held 4 July 2012 were circulated with the agenda and noted by the Board.</li> <li>• A brief regarding the Patient Experience Survey results for July to September 2011 was circulated with the agenda.</li> <li>• This item is held over to the August Board Meeting.</li> </ul>	Chief Executive
8.4. Research and Teaching 8.4.1. Minutes	<ul style="list-style-type: none"> <li>• The minutes of the Research and Teaching Committee held 5 July 2012 were circulated with the agenda and noted by the Board.</li> </ul>	
8.4.2. Academic Health Sciences Network	<ul style="list-style-type: none"> <li>• The draft Memorandum of Understanding for the Academic Health Sciences Network was circulated with the agenda.</li> <li>• This item is held over to the August Board Meeting.</li> </ul>	
8.5. Community Engagement 8.5.1. Consumer Community Council Minutes	<ul style="list-style-type: none"> <li>• The minutes of the Community Consumer Council held 6 July 2012 were circulated with the agenda and noted by the Board.</li> </ul>	



<b>9. New Business</b>		
9.1. Campbelltown Hospital Mental Health Redevelopment	<ul style="list-style-type: none"> <li>• A brief regarding the Campbelltown Hospital Mental Health Redevelopment was circulated with the agenda and noted by the Board.</li> <li>• At the Executive Steering Committee it was felt that the redevelopment would not be considered in the 2013/14 budget.</li> <li>• It was recommended that advice be sought from local members, while other options for service delivery be pursued for the interim period.</li> <li>• <b>Action:</b> Discuss issue with the Member of Camden at the upcoming meeting and seek guidance from other local MPs.</li> <li>• <b>Action:</b> Consider other options for managing service delivery in the interim period.</li> <li>• It was noted that occupancy for acute Mental Health beds in Sydney LHD is also high and SWSLHD is able to access beds at Concord where possible.</li> </ul>	Chief Executive  Chief Executive
<b>10. Other Business Without Notice</b>		
9.1 Annual Public Meeting	<ul style="list-style-type: none"> <li>• The Annual Public Meeting is currently proposed for Friday 7 December at 3:00pm at Campbelltown Hospital.</li> <li>• It was proposed that the meeting coincide with a Board Meeting to ensure availability of the Board at the Annual Public Meeting.</li> <li>• Due to the Board Meeting being scheduled on 17 December 2012 it was felt this was too late for the Annual Public Meeting.</li> <li>• It was requested that the Minister for Health's availability be sought to enable a decision to be made regarding the date.</li> <li>• <b>Action:</b> Seek the availability of the Minister for Health to attend the Annual Public Meeting and recommend a date based on availability.</li> </ul>	Chief Executive
<b>11. Items for Information</b>		
11.1 Public Relations	<ul style="list-style-type: none"> <li>• A brief regarding Public Relations matters was circulated with the agenda and noted.</li> </ul>	
11.1.1. Upcoming Events	<ul style="list-style-type: none"> <li>• Nil upcoming events were noted.</li> </ul>	
11.1.2. May 2012 Newsletter	<ul style="list-style-type: none"> <li>• A copy of the June 2012 newsletter was circulated with the agenda</li> </ul>	
11.1.3. Board Calendar	<ul style="list-style-type: none"> <li>• A copy of the Board Calendar was circulated with the agenda.</li> </ul>	
11.1.4. LHD Clinical Council Minutes	<ul style="list-style-type: none"> <li>• Draft minutes of the SWSLHD Clinical Council Meeting held 4 July 2012 were circulated with the agenda and noted by the Board.</li> </ul>	

<p>11.1.5. Facility Clinical Council Minutes</p> <p>11.2 Meetings with Interested Parties</p> <p>11.2.1 Chief Executive, Agency for Clinical Innovation</p>	<ul style="list-style-type: none"> <li>• Minutes of the facility Clinical Council meetings were circulated with the agenda and noted by the Board.</li> <li>• The Chief Executive met with Nigel Lyons, Chief Executive, Agency for Clinical Innovation on 5 July 2012.</li> </ul>	
<p><b>12. Next Meeting</b></p>	<p>Monday 27 August 2012  SWSLHD Boardroom  Eastern Campus, Liverpool Hospital</p>	

Meeting closed at 6.40pm.