

MINUTES



South Western Sydney Local Health District Board

Date: Monday 27 August 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. Declaration of Interests	<ul style="list-style-type: none"> There were nil declarations of interest 	
3. Confirmation of the previous minutes and action list	<ul style="list-style-type: none"> Motion: A motion was moved by N Merrett and seconded by J Gordon that the minutes of the meeting held on 23 July 2012 be accepted as a true and accurate record of the meeting The motion was carried. 	
4. Business Arising		
4.1. Direction from the Minister to act	<ul style="list-style-type: none"> A brief regarding the direction from the Minister to act in relation to the backlog of x-rays within SWSLHD was circulated with the agenda and noted by the Board. It was noted that the direction to act came as a verbal directive from the Director-General. It was requested that this be received in writing, discussed by the Board and the resolution minuted. Action: Request directive in writing from the Director-General. It was noted that further clarification should be sought in relation to directives and the role of the Board. 	Chief Executive

	<ul style="list-style-type: none"> • Action: Raise the issue of direction to act at the Council of Chairs meeting. 	Chair
4.2. Risk Register	<ul style="list-style-type: none"> • A brief regarding the SWSLHD Risk Register was circulated with the agenda and noted by the committee. • A larger copy of the Risk Register was tabled at the meeting. • The review process of the risk register was noted, with each of the sub committees having reviewed the register. • The register will be a live document with risks able to be added at any time; however a formal annual review will also occur to ensure the register is current. • It was noted that the Audit and Risk Management Committee should receive updates on all risks, and the Board should receive updates by exception. It was further noted that each sub-committee should take responsibility for relevant sections of the Risk Register. • Action: Review agenda of sub-committees to ensure review of risks. • It was requested that the Risk Register be provided to the Board, stratified by risk rating, with the top 25 risks highlighted. • Action: Provide the Risk Register, stratified by risk rating, to the Board. • It was requested that comments on the Risk Register be provided prior to the next Board Meeting. • Action: Provide comments on the Risk Register to S Neideck prior to the next Board Meeting. 	<p>Chief Executive</p> <p>G Loy</p> <p>All members</p>
5. Standing Items		
5.1 LHD Performance	<ul style="list-style-type: none"> • A brief outlining the performance reports was circulated with the agenda and noted by the board. 	
5.1.1. Comparative Report	<ul style="list-style-type: none"> • A summary comparative report was circulated with the agenda. • The comparative report with additional comments was tabled. • The District is currently working on improving access targets including the NEAT target for Emergency Department (ED) patients admitted, referred or discharged within 4 hours of presenting to the ED. • There are a number of issues affecting the ability to meet these KPIs including increased presentations, higher acuity patients, increased Ambulance presentations and emergency surgery • Review of hospital avoidance strategies are ongoing to reduce the impact on the EDs. 	

	<ul style="list-style-type: none"> • Negotiations are ongoing to manage surgical demand, including reallocation of theatre time. • It was noted that comparative data for safety and quality is positive for SWSLHD. • It was requested that year to date data be provided for the report for all tier 1 KPIs as a quarterly report. • Action: Provide YTD data for the quarterly reports for tier 1 KPIs where data is available. 	G Loy
5.1.2. July 2012 – 2012/13 Acute Facilities Performance Management Framework Report	<ul style="list-style-type: none"> • The Performance Report for July 2012/13 financial year was circulated with the agenda and noted by the Board. 	
5.1.3. Detailed KPI Analysis Report	<ul style="list-style-type: none"> • A detailed report on priority KPIs (below target) was circulated with the agenda and noted by the Board. • It was noted that Campbelltown Hospital has had a significant increase in patients staying in ED greater than 24 hours. This is in relation to a change in practice for Campbelltown Hospital, with patients being admitted based on urgency and acuity rather than time spent in ED. • It was noted that Mental Health patients in ED greater than 24 hours remains an issue for the LHD. The Chair advised that he and the CE had met with the CE and Chris Patterson, Member for Camden regarding the lack of Mental Health beds in Campbelltown. In addition to this, a meeting will be held with the Minister for Health as soon as possible regarding Mental Health. 	
5.1.4. Service Performance Reports	<ul style="list-style-type: none"> • A brief and service report schedule for the Service Reports was circulated with the agenda and noted by the Board. 	
<ul style="list-style-type: none"> • Drug Health 	<ul style="list-style-type: none"> • A service report for Drug Health and an organisational chart was circulated with the agenda and noted by the Board. • It was noted that the Fairfield Enhanced Care Team in conjunction with General Practitioners exceeded their target in the delivery of community based opioid treatments. 	
<ul style="list-style-type: none"> • Community Health 	<ul style="list-style-type: none"> • A service report for Community Health Nursing and an organisational chart was circulated with the agenda and noted by the Board. • It was noted that further work needs to occur for the Out of Home Care service to improve the number of children who have had a health assessment within 30 days of referral. • Clarification was sought on whether all children referred to foster homes receive a health check. 	

<ul style="list-style-type: none"> • Mental Health • Oral Health • Population Health 	<ul style="list-style-type: none"> • Action: Clarify whether all children referred to foster homes receive a health check. • It was noted that Universal Home Visiting rates have improved by 8%. • Held over. • A service report for Oral Health and an organisational chart was circulated with the agenda and noted by the Board. • A service report for the Multicultural HIV and Hepatitis Service and an organisational chart was circulated with the agenda and noted by the Board. • It was noted that the African Community Development Project has succeeded in engaging faith based organisations in HIV initiatives. 	Chief Executive
<p>5.2. Chairman's Report</p> <p>5.2.1 Attestation Statement</p>	<ul style="list-style-type: none"> • A brief and audit regarding the Corporate Governance Attestation Statement was circulated with the agenda and noted by the Board. • The draft statement was reviewed by the Audit and Risk Management Committee prior to the Board meeting. • It was noted that reports to ICAC occur through the Audit and Risk Management Committee, unless the issue is of material fraud which should be escalated to the Board. • SWSLHD is notified through the Ministry of Health of any legislative changes and an internal process exists to notify relevant staff of legislative changes. • J Gordon advised there were a small number of minor changes relating to wording that should be made prior to sign off. • The Board resolved to sign the Corporate Governance Attestation Statement with the minor wording changes. • Action: Provide comments on minor wording changes to S Neideck for inclusion in the Attestation Statement. • Action: Update the Attestation Statement with minor changes. • Action: Sign the Attestation Statement on behalf of the Board. 	<p>J Gordon</p> <p>S Neideck</p> <p>Chair</p>
<p>5.2.2 Board Members Attendance Record</p>	<ul style="list-style-type: none"> • The attendance record of the Board members was circulated with the agenda and noted by the Board. • The attendance record was requested by the Ministry of Health to assist in the Board re-appointment process. 	

	<ul style="list-style-type: none"> It was noted that P Harris should be listed as Chair and Member, and C Burlew should be listed as Deputy Chair and Member. Action: Update the attendance record and submit to the Ministry of Health. Review of the orientation and education program will be undertaken for the new members. It was noted that a consultant is currently looking at an education program and the Board agreed to undertake this program if piloted. 	S Neideck
5.3. Work Safety Report	<ul style="list-style-type: none"> Work Safety Report due September 2012 	
6. Committees of the Council		
6.1. Finance Committee 6.1.1. Minutes 6.1.2. Finance Report – July 2012	<ul style="list-style-type: none"> The minutes of the Finance Committee held 16 August 2012 were tabled and noted by the Board. The Finance Report for July 2012 was tabled and noted by the Board. The result for July 2012 is \$500k unfavourable. It was noted that the budget is allocated by the number of days per month, rather than relating to high activity months. The process is fairly accurate as there are a large number of public holidays in the summer periods, which increases expenditure. 	
At 5:15pm M Johnson left the meeting		
6.1.3. Budget 2012/13	<ul style="list-style-type: none"> A brief regarding the 2012/13 budget was circulated with the agenda and noted by the Board. The 2012/13 budget including facility budgets were tabled at the meeting. It was noted that the Executive have met with each facility and service regarding the budget process. 	
At 5:17pm M Johnson re-joined the meeting		
	<ul style="list-style-type: none"> The 2012/13 financial year will be managed differently to previous years, with a much smaller reserve held within the District. SWSLHD will maintain \$40m of the initial budget at the District level. \$13m of this reserve is already committed to specific areas, eg new beds at Liverpool Hospital, additional theatre nurses etc. Historically there was a much larger reserve held and applied late in the financial year. Therefore General Managers could rely on additional funding late in the financial year. General Managers will now be fully responsible for their budgets and will be required to report on budget and FTEs. The allocation of budgets to facilities is based on historic costing which will need to be reviewed prior to the next budget allocation for 2013/14. SWSLHD is required to publish the facility budgets within four weeks of receiving the budget. 	

6.1.4. Asset Plan	<ul style="list-style-type: none"> • The Board approved the publishing of the facility budgets on the intranet. • Action: Publish the facility budgets on the intranet. • A brief regarding the top five Capital Planning Investment Priorities based on the Asset Strategic Plan and the executive summary of the Asset Strategic Plan were circulated with the agenda and noted by the Board. • It was noted that the initial Asset Strategic Plan was submitted to the Ministry of Health in June 2012, but the final document will be dependent on the SWSLHD Strategic Plan which will be finalised in late 2012. • It was noted that the Campbelltown and Liverpool projects have been on the agenda for a number of years and as such are listed as the higher priorities. • It was noted that there are a number of small projects that could be undertaken should a small amount of funding become available. 	Chief Executive
At 6:00pm J Gordon left the meeting.		
6.1.5. Carrington Nursing Home	<ul style="list-style-type: none"> • It was noted that support needs to be sought for these projects. Further meetings with local members will be occurring shortly which may assist in driving the Campbelltown Mental Health project. • The Board approved the top five priorities for Capital Works. • It was requested that the summary be provided to the Clinical Quality Council. • Action: Provide the summary Asset Plan to the Clinical Quality Council. • A brief regarding the subsidy provided to Carrington Centennial Nursing Home (CCNH) was circulated with the agenda and noted by the Board. 	Chief Executive
At 6:03pm G Loy left the meeting.		
	<ul style="list-style-type: none"> • A review was recently conducted regarding the subsidy provided to CCNH. • The review recommended a reduction in the subsidy provided to CCNH. It was noted that this payment is made out of salaries and wages. • The Board resolved to support the recommendation by the Ministry of Health to reduce the subsidy. • Action: Respond to the Ministry of Health in support of the proposal. 	A Larkin
At 6:04pm J Gordon re-joined the meeting.		
6.2. Audit and Risk 6.2.1 Minutes	<ul style="list-style-type: none"> • The minutes of the Audit and Risk Management Committee meeting held Friday 28 June 2012 were circulated with the agenda and noted by the Board. 	

	<ul style="list-style-type: none"> It was clarified that reference made to the Medical Assessment Unit not operating effectively (p.120) were in relation to length of stay for patients being outside 48 hours. 	
6.2.2 Membership	<ul style="list-style-type: none"> A letter from the Deputy Director-General, Governance, Workforce and Corporate regarding the membership of the Audit and Risk Management Committee was circulated with the agenda and noted by the Board. It was noted that the Chief Executive is able to remain a member of the committee according to the letter. 	
6.3. Health Care Quality and Safety 6.3.1. Minutes 6.3.2. Patient Experience Survey	<ul style="list-style-type: none"> The meeting notes of the Health Care Quality and Safety Committee held 1 August 2012 were circulated with the agenda and noted by the Board. It was noted that Board Members and other attendees are considered in the calculation of the quorum, therefore there was a quorum at the meeting on 1 August 2012. It was noted that the Terms of Reference require review. A brief regarding the Patient Experience Survey results for October to December 2011 was circulated with the agenda. Significant improvement has been made since the previous results; however continued improvement is required to reach the state average. It was noted that future surveys will have different questions and therefore will not be comparable to the current results. 	
6.4. Research and Teaching 6.4.1. Minutes	<ul style="list-style-type: none"> The minutes of the Research and Teaching Committee held 2 August 2012 were circulated with the agenda and noted by the Board. 	
6.5. Community Engagement 6.5.1. Consumer Community Council Minutes	<ul style="list-style-type: none"> The minutes of the Community Consumer Council held 3 August 2012 were circulated with the agenda and noted by the Board. 	
7. New Business		
7.1. Delegations of Authority Policy Statement	<ul style="list-style-type: none"> A brief regarding the draft Delegations of Authority Policy Statement and comments received by Board Members were circulated with the agenda and noted by the Board. The Board approved the comments to be submitted to the Ministry of Health. Action: Submit comments regarding the draft Delegations of Authority Policy Statement to the Ministry of Health. It was also noted that the SWSLHD Delegations Manual is currently under review and will be submitted to a future Board Meeting for approval. 	Chief Executive

7.2. Strategic Plan	<ul style="list-style-type: none"> • A brief regarding the Strategic Planning Process was circulated with the agenda and noted by the Board. • This item should be a standing item on the agenda. • Action: List Strategic Plan as a standing item. • It was requested that clarification be sought on the community consultation on the Strategic Plan. • Action: Seek clarification on the community consultation on the Strategic Plan. 	S Neideck Chief Executive
8. Other Business Without Notice		
8.1. WESROC Report	<ul style="list-style-type: none"> • The WESROC (Western Suburbs Regional Organisation of Councils) report was released recently which outlines the issues for health services in Western Sydney. • General issues raised in the report were the lack of GPs and Psychiatrists in Western Sydney. • The Board requested a copy of the report. • Action: Provide a copy of the WESROC report to the Board. 	Chief Executive
9. Items for Information		
9.1 Public Relations	<ul style="list-style-type: none"> • A brief regarding Public Relations matters was circulated with the agenda and noted. 	
9.1.1. Upcoming Events	<ul style="list-style-type: none"> • Two upcoming events were noted: <ul style="list-style-type: none"> • New x-ray machine at Fairfield Hospital – date TBA • Dry July cheque handover – date TBC 	
9.1.2. July 2012 Newsletter	<ul style="list-style-type: none"> • A copy of the July 2012 newsletter was circulated with the agenda 	
9.1.3. Board Calendar	<ul style="list-style-type: none"> • A copy of the Board Calendar was circulated with the agenda. 	
9.1.4. LHD Clinical Council Minutes	<ul style="list-style-type: none"> • Draft minutes of the SWSLHD Clinical Council Meeting held 1 August 2012 were circulated with the agenda and noted by the Board. 	
9.1.5. Facility Clinical Council Minutes	<ul style="list-style-type: none"> • Minutes of the facility Clinical Council meetings were circulated with the agenda and noted by the Board. • Comments surrounding the accreditation process at Liverpool Hospital were highlighted on page 199, with excellent results noted by the Board. • M Levy advised that the comments from clinicians at Liverpool Hospital are now very positive, with clinicians generally feeling they are understood. 	
9.2 Meetings with Interested Parties 9.2.1 Chief Executive, Clinical Excellence Commission	<ul style="list-style-type: none"> • The Chief Executive met with Nigel Lyons, Chief Executive, Clinical Excellence Commission on 8 August 2012. 	
10. Next Meeting	Monday 24 September 2012 3:30 – 6:30pm Venue TBA	

Meeting closed at 6.40pm.