

# MINUTES



## South Western Sydney Local Health District Board

Date: Monday 24 September 2012

Time: 3.30pm – 6.30pm

Venue: SWSLHD Boardroom, Eastern Campus, Liverpool Hospital

### 1. Present and Apologies

<b>Members</b>	<b>Pres.</b>	<b>Apol.</b>	<b>Members</b>	<b>Pres.</b>	<b>Apol.</b>
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	✓	
<b>Other Attendees</b>					
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	✓	

<b>Agenda Item</b>	<b>Discussion/Decision/Recommendation</b>	<b>Responsible</b>
2. In Camera Session	<ul style="list-style-type: none"> <li>An in camera session was held from 3:30 – 4:05pm.</li> </ul>	
At 4:05pm A Larkin, G Loy, M Zacka and S Neideck joined the meeting.		
3. Declaration of Interests	<ul style="list-style-type: none"> <li>There were nil declarations of interest.</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 C Burlew and seconded by J Gordon that the minutes of the meeting held on 27 August 2012 be accepted as a true and accurate record of the meeting with the following amendment:                             <ul style="list-style-type: none"> <li>In item 3, a motion was moved by <i>N Merrett</i> and seconded by <i>J Gordon</i> that the minutes of the meeting held on 23 July 2012 be accepted as a true and accurate record of the meeting.</li> </ul> </li> <li>The motion was carried.</li> </ul>	
5. Presentation – SWSLHD Research Strategy	<ul style="list-style-type: none"> <li>The Research Strategy was endorsed by the Research and Teaching Committee on 6 September 2012.</li> <li>The Research and Teaching Committee recommended a presentation to the Board.</li> <li>Prof Michael Barton, Director of Research attended the Board Meeting to provide a presentation on the strategy.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Prior to the presentation the Chair congratulated Prof Barton on receiving the Medical Oncology Group of Australia Novartis Oncology Cancer Achievement Award as noted in the SWSLHD newsletter on page 115 of the Board papers.</li> <li>• The following key themes were discussed: <ul style="list-style-type: none"> <li>• Strengthening research and building capacity across the LHD.</li> <li>• Implementation of the previous Research Strategy was significantly complete, including the establishment of the Ingham Institute and securing Medical Research Support Program funding.</li> <li>• The consultation phase of the Strategy included face to face interviews and forums, an online survey and written submissions.</li> <li>• The Strategy aligns with the NSW response to the Wills Report.</li> <li>• It was noted that leadership across the LHD is crucial for the strategic direction of research.</li> <li>• It was noted that Prof Barton is the Director of Research for both the LHD and the Ingham Institute. It was also noted that the Ingham Institute has a separate Board and Chief Executive but is linked to the LHD functionally.</li> <li>• Prof Barton acknowledged the work of Gay Horsburgh and the Chief Executive in the development of the Strategy.</li> <li>• The Ingham Institute has a cooperation agreement with the University of Western Sydney (UWS) and the University of New South Wales (UNWS) which covers intellectual property.</li> </ul> </li> </ul>	
<b>6. Business Arising</b>		
6.1 Service Agreement 2012/13	<ul style="list-style-type: none"> <li>• A brief and letter regarding the final 2012/13 Service Agreement was circulated with the agenda and noted by the Board.</li> <li>• The attached letter outlined the advice from the Ministry of Health regarding the issues raised by the LHD.</li> <li>• It was noted that the signed document had not been altered regarding the issues raised by the LHD; rather it has additional qualifications for clarification.</li> <li>• These included: <ul style="list-style-type: none"> <li>• Supplementation for Revenue</li> <li>• Supplementation for Pathology Services</li> <li>• Funding for the Liverpool and Fairfield Day Hospitals</li> <li>• Turnaround Plan</li> </ul> </li> </ul>	

6.2 Risk Register	<ul style="list-style-type: none"> <li>• A brief regarding the SWSLHD Risk Register was circulated with the agenda identifying the top 25 risks.</li> <li>• An updated brief with additional comments from J Gordon was tabled for information.</li> <li>• The board noted the progress made by the LHD in the development of the risk register.</li> <li>• It was noted that each facility has their own risk register, and that the LHD document identifies the high level risks for the LHD.</li> <li>• It was noted that a gap analysis will need to be conducted against the Enterprise Risk Toolkit that was recently released by the Ministry of Health.</li> <li>• It was noted that the risks will be separated and allocated to each of the Sub-Committees to monitor.</li> <li>• <b>Action:</b> Separate the risks into key areas for each Sub-Committee.</li> <li>• It was requested that a report be provided by each Sub-Committee on a quarterly basis on risks assigned to them and the top 25 risks.</li> <li>• <b>Action:</b> Provide a quarterly report to the Board on the top 25 risks.</li> </ul>	<p style="text-align: center;">G Loy</p> <p style="text-align: center;">G Loy</p>
<b>7. Standing Items</b>		
7.1 LHD Performance	<ul style="list-style-type: none"> <li>• The comparative report is due in November 2012.</li> </ul>	
7.1.1 Comparative Report  7.1.2 August 2012 – 2012/13 Acute Facilities Performance Management Framework Report	<ul style="list-style-type: none"> <li>• The Performance Report for August 2012/13 was circulated with the agenda and noted by the Board.</li> <li>• It was noted that some data was identical to the last report as the Ministry of Health has not released a July 2012 report.</li> <li>• It was noted that advice has been received informally that the LHD will remain on level 1 and will not be escalated to a level 2 as a result of the last performance review in August 2012.</li> <li>• It was noted that if performance does not improve by the next review the Ministry of Health will likely review the LHD's level.</li> <li>• Clarification was given regarding the surgical KPI's: <ul style="list-style-type: none"> <li>• <i>Booked surgical patients &gt; x days</i> is reflective of the NSW KPI to achieve 0,0,0 (0 patients overdue on the waiting list per category). This KPI has been monitored for a long period of time across NSW.</li> <li>• <i>% Elective Surgery patients admitted within 30 days, 90 days and 365 days</i> is reflective of the National Elective Surgery Targets (NEST). This KPI was recently introduced.</li> </ul> </li> <li>• Concerns were raised regarding the availability of outpatient clinics, in particular for orthopaedic patients at Liverpool Hospital.</li> </ul>	

	<ul style="list-style-type: none"> <li>• It was noted that there is currently no orthopaedic follow up clinic at Liverpool. Patients are advised to seek follow up treatment from the doctor's private rooms, or alternatively they re-present to the Emergency Department for follow up treatment.</li> <li>• It was noted that there are numerous barriers to running outpatient clinics including the concerns of the Visiting Medical officers (VMOs) that the number of patients they see in their private rooms if they increase public outpatient clinics would reduce.</li> <li>• Further clarification on the information given to Orthopaedic patients at Liverpool ED surrounding follow up care was requested.</li> <li>• <b>Action:</b> Provide clarification on what information is provided to orthopaedic patients in Liverpool ED surrounding options for follow up care</li> <li>• Further information on the complexities surrounding outpatient orthopaedic services was requested.</li> <li>• <b>Action:</b> Provide further information to the Board on the complexities surrounding outpatient orthopaedic services.</li> <li>• Concerns were raised surrounding the impact Activity Based Funding (ABF) will have on outpatient services.</li> </ul>	<p>Chief Executive</p> <p>Chief Executive</p>
7.1.3 Detailed KPI Analysis Report	<ul style="list-style-type: none"> <li>• A detailed report on tier 1 KPIs was circulated with the agenda and noted by the Board.</li> </ul>	
7.1.4 Service Performance Reports	<ul style="list-style-type: none"> <li>• A brief regarding the Service Reports was circulated with the agenda and noted by the Board.</li> </ul>	
At 5:02pm M Johnson left the meeting		
<ul style="list-style-type: none"> <li>• Drug Health</li> <li>• Community Health</li> </ul>	<ul style="list-style-type: none"> <li>• A service report for Drug Health and an organisational chart were circulated with the agenda and noted by the Board.</li> <li>• A service report for Community Health Specialist Services and an organisational chart were circulated with the agenda and noted by the Board.</li> <li>• It was noted that the Youth Health Service has significantly changed its focus to youth in out of home care.</li> <li>• The KPIs on page 41 relating to contact made with Macarthur and Bowral Children were queried.</li> <li>• <b>Action:</b> Clarify the KPI for contact made with Macarthur and Bowral children.</li> <li>• As previously requested by the Board, it was confirmed that all children referred to foster homes receive a health check.</li> </ul>	<p>Chief Executive</p>

<ul style="list-style-type: none"> <li>• Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>• A service report for Mental Health and an organisational chart were circulated with the agenda and noted by the Board.</li> <li>• It was noted that there are issues recruiting medical practitioners for Mental Health.</li> <li>• It was noted that the 20 bed sub acute unit for Liverpool will be completed by March 2013</li> <li>• In the meantime 12 beds will be opened at Liverpool Hospital in a temporary location and 8 beds will be opened at Campbelltown Private Hospital. This arrangement begins on Friday 28 September 2012.</li> <li>• It was noted that the Chair and Chief Executive are meeting with the three local Macarthur MPs on 5 October 2012 to discuss Mental Health.</li> </ul>	
<p>At 5:05pm M Johnson re-joined the meeting</p>		
<ul style="list-style-type: none"> <li>• Oral Health</li> <li>• Population Health</li> </ul>	<ul style="list-style-type: none"> <li>• A service report for Oral Health was circulated with the agenda and noted by the Board.</li> <li>• The announcement by the Federal Minister for Health regarding changes to the dental program for children from 2014 was noted by the Board.</li> <li>• A service report for the Centre for Research, Evidence Management and Surveillance (REMS) and an organisational chart were circulated with the agenda and noted by the Board.</li> </ul>	
<p>7.2 Chairman's Report</p> <p>7.2.1 Progress on Board re-appointment process</p>	<ul style="list-style-type: none"> <li>• A brief regarding the progress on Board re-appointments was circulated with the agenda and noted by the Board.</li> <li>• Expressions of Interest for all LHDs across NSW have been advertised and distributed. To date the Ministry has advised that 340 applications have been received across the state.</li> <li>• It was noted that the Executive Medical Staff Council will be providing five nominations for the peer nominated clinician representative to the Chief Executive for submission to the Ministry.</li> <li>• The Minister for Health will then choose one of the five nominated clinicians to join the Board.</li> </ul>	
<p>7.2.2 NSW Health Awards</p>	<ul style="list-style-type: none"> <li>• A brief regarding the NSW Health Awards was circulated with the agenda and noted by the Board.</li> <li>• It was noted that SWSLHD has been nominated as a finalist for six projects which is the most nominations of any LHD.</li> <li>• The Awards will be held on 19 October 2012 and Board Members will be invited to the event.</li> </ul>	
<p>7.2.3 Minister for Health attendance at Annual Public Meeting</p>	<ul style="list-style-type: none"> <li>• A brief regarding the Annual Public Meeting (APM) was circulated with the agenda and noted by the Board.</li> <li>• It was noted that the Minister for Health will be in attendance.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The APM will coincide with an open day for Campbelltown Hospital.</li> <li>• Presentations at the APM will be from Cancer Services and one of the University of Western Sydney medical students currently working in the LHD.</li> </ul>	
7.2.4 Summary of changes to Board papers	<ul style="list-style-type: none"> <li>• A brief regarding the changes to the Board papers was circulated with the agenda and noted by the Board.</li> <li>• The Chair apologised for not including B Frankum in the meeting to discuss the Board papers.</li> <li>• It was noted that the current Board paper includes the majority of changes requested.</li> </ul>	
7.2.5 Minister for Health Community Forum – 26 September 2012	<ul style="list-style-type: none"> <li>• A brief regarding the Minister for Health’s Community Forum was circulated with the agenda and noted by the Board.</li> <li>• It was noted that Liverpool Hospital will be providing a presentation at the Community Forum on the LivSab project which relates to Staphylococcus Aureus infections.</li> </ul>	
7.2.6 Other	<ul style="list-style-type: none"> <li>• The Chair provided feedback from the Council of Chairs meeting: <ul style="list-style-type: none"> <li>• There was a presentation on reducing clinical variation and improving models of care</li> <li>• There was discussion on the capacity of integrated models such as Hospital in the Home and Silverchain and initiatives with the private sector to reduce the demands on the State budget.</li> <li>• In response to a question it was noted that there are a number of female Chairs as well as Chairs with clinical backgrounds across the state.</li> <li>• The Chair reported that one of the LHD Boards had received a legal opinion that Board Members are officers of the organisation and are therefore liable for the criminal sanctions contained in the WH&amp;S legislation. The Ministry is going to prepare a response to this opinion.</li> <li>• The Board expressed concerns with regards to the above but noted that insurance is provided through TMF. Although it was noted that TMF does not cover criminal matters.</li> <li>• It was requested that the letter advising that the Board is covered by TMF be sought for confirmation.</li> </ul> </li> <li>• <b>Action:</b> Seek a copy of the letter stating the Board are covered by TMF.</li> </ul>	Chief Executive
7.3 Work Safety Report	<ul style="list-style-type: none"> <li>• The Work Safety Report was circulated with the agenda and noted by the Board.</li> </ul>	

	<ul style="list-style-type: none"> <li>• No Provisional Improvement Notices (PIN) were received this quarter.</li> <li>• Three incidents were noted: <ul style="list-style-type: none"> <li>• Gas leak at Liverpool Hospital relating to construction of the Ingham Institute. It was noted that the other facilities assisted with Ambulance diversions.</li> <li>• Crush injury at the Liverpool Hospital gymnasium. It was noted that this was not deemed a workplace injury.</li> <li>• Power failure at Banks House Mental Health Unit at Bankstown Hospital.</li> </ul> </li> </ul>	
At 5:42pm M Zacka left the meeting.		
7.4 Strategic Planning Process 7.4.1 Meeting with Clinical Directors – 26 September 2012	<ul style="list-style-type: none"> <li>• A brief regarding the progress on the Strategic Plan was circulated with the agenda and noted by the Board.</li> </ul>	
<b>8. Committees of the Council</b>		
8.1 Finance Committee 8.1.1 Minutes  8.1.2 Finance Report – August 2012  8.1.3 Facility and Service budget letters	<ul style="list-style-type: none"> <li>• The minutes of the Finance Committee held 20 September 2012 were tabled and noted by the Board.</li> <li>• It was noted that N Merrett will join the Committee as of October 2012.</li> <li>• The Finance Report for August 2012 was tabled and noted by the Board.</li> <li>• The net cost of service at the end of August 2012 is an overrun of \$9.4m which does not include a number of adjustments that when made will result in an overrun of \$2.8m.</li> <li>• It was noted that the budget is allocated by the number of days per month and does not take into account cyclical changes.</li> <li>• It was noted that facility reporting will begin next month once facility budgets have been finalised.</li> <li>• Budgets will be assigned to approximately 1500 cost centres across the LHD. Cost centre managers will only be able to spend based on delegation level.</li> <li>• It was noted that an improvement in salary packaging will assist in meeting the labour savings cap as the benefits of salary packaging are shared between the employee and employer. This results in a reduction in payroll expenditure.</li> <li>• A sample copy of the Bankstown-Lidcombe Hospital budget letter was circulated with the agenda and noted by the Board.</li> <li>• The allocation letter includes the budget, FTE profile, labour savings cap, information on ABF and other items specific to each facility.</li> </ul>	

	<ul style="list-style-type: none"> <li>• It was noted that the correction to the Bankstown Hospital letter in the opening line was made prior to sending.</li> <li>• It was noted that comprehensive reviews have occurred with each facility and service regarding their FTE and budget which has resulted in budgets being built from the ground up.</li> </ul>	
8.1.4 Distribution of Assets	<ul style="list-style-type: none"> <li>• A brief and letter regarding the distribution of assets from the former Health Reform Transitional Organisation was circulated with the agenda and noted by the Board.</li> <li>• The Board questioned the decision being made on the grounds that Sydney LHD is 'demographically and financially larger'.</li> <li>• It was requested that a list of the assets and liability be sought for information.</li> <li>• <b>Action:</b> Provide a response to the letter questioning the validity of the claim that Sydney LHD is demographically and financially larger than SWSLHD and requesting a list of the assets and liabilities.</li> </ul>	Chief Executive
8.2 Audit and Risk	<ul style="list-style-type: none"> <li>• The next Audit and Risk Management Committee meeting will be held 27 September 2012.</li> </ul>	
8.3 Health Care Quality and Safety 8.3.1 Minutes  8.3.2 Terms of Reference	<ul style="list-style-type: none"> <li>• The minutes of the Health Care Quality and Safety Committee held 5 September 2012 were circulated with the agenda and noted by the Board.</li> <li>• It was noted that after review of the Terms of Reference the last meeting did have a quorum so the meeting notes will be altered and reflected as minutes.</li> <li>• It was noted that the Agency for Clinical Innovation has recommended that all unread x-rays should be read. However the LHD has taken the advice of the expert reference panel and will complete the original request and then evaluate the risks.</li> <li>• It was noted that the reference in section 6.3 to 11 coronial inquests spans a number of years and is not relating to 11 new cases.</li> <li>• A brief regarding the Health Care Quality and Safety Committee Terms of Reference was circulated with the agenda and noted by the Board.</li> <li>• There was discussion surrounding the membership of the HCQSC.</li> <li>• It was noted that only Board Members should be considered as members of the Committee and all others should be considered attendees.</li> <li>• The quorum for the meeting will therefore be 50% (2 of the 4 Board Members on the committee).</li> <li>• <b>Action:</b> Revise the Terms of Reference for the Committee outlining the change to quorum calculation and membership.</li> </ul>	Chief Executive

<p>8.3.3 Health Care Quality and Safety Report</p>	<ul style="list-style-type: none"> <li>• The Health Care Quality and Safety Report was tabled and noted by the Board.</li> <li>• The following themes were noted: <ul style="list-style-type: none"> <li>• 10 national standards will become mandatory in January 2013. A gap analysis is currently being performed against these standards across the LHD.</li> <li>• A workshop is being conducted on 18 October 2012 by the Australian Commission on Quality and Safety in Health Care.</li> <li>• The Quality Systems Assessment program is a program that identified areas for improvement in relation to quality systems.</li> <li>• QSA involves self assessment, onsite verification, recommendations and implementation of action plans in response to recommendations.</li> </ul> </li> <li>• The second annual Patient Safety Seminar was held on 30 August 2012 with approximately 200 attendees.</li> </ul>	
<p>8.4 Research and Teaching 8.4.1 Minutes</p> <p>8.4.2 Radiology Accreditation</p>	<ul style="list-style-type: none"> <li>• The minutes of the Research and Teaching Committee held 6 September 2012 were circulated with the agenda and noted by the Board.</li> <li>• The Research and Teaching Committee recommended the presentation on the Research Strategy given in item 5.</li> <li>• It was noted that the Chief Executive has signed the Memorandum of Understanding for the Academic Health Sciences Network which is a network between St George, St Vincent's and SWSLHD as well as a number of Universities including the University of New South Wales.</li> <li>• It was noted that there is no financial outlay involved in this network but it is anticipated the network will be beneficial in further developing research within the LHD.</li> <li>• It was noted that the membership of the Research and Teaching Committee should be reviewed and that only Board Members should be considered members of the committee.</li> <li>• <b>Action:</b> Review the membership of the Research and Teaching Committee.</li> <li>• A brief and letter regarding Radiology Accreditation at Liverpool Hospital was circulated with the agenda and noted by the Board.</li> <li>• It was noted that the accreditation is for registrar training and if not accredited the position will not count as formal training.</li> <li>• It was noted that there was no consultation with the LHD before the College made their decision to provisionally accredit Liverpool Hospital.</li> </ul>	<p>Chair, Research and Teaching Committee</p>

	<ul style="list-style-type: none"> <li>The Board queried the basis for the College's ability to remove accreditation and noted that it must be part of legislation.</li> <li><b>Action:</b> Seek information on the basis for the College's ability to remove/alter accreditation and whether the rights of appeal of its decisions exist.</li> </ul>	Chief Executive
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 7 September 2012 were circulated with the agenda and noted by the Board.</li> </ul>	
8.5.2 Community Participation Forum – 28 September 2012	<ul style="list-style-type: none"> <li>A brief regarding the Community Participation Forum was circulated with the agenda and noted by the Board.</li> </ul>	
<b>9. New Business</b>		
9.1 Delegations Manual	<ul style="list-style-type: none"> <li>A brief and the draft Delegations Manual was circulated with the agenda and noted by the Board.</li> <li>It was noted that the delegations manual is reflective of the current status of the organisation.</li> <li>It was requested that the Board provide comments on the delegations manual to S Neideck for discussion at the next Board Meeting.</li> <li><b>Action:</b> Provide a template for comments on the Delegations Manual to the Board.</li> <li><b>Action:</b> Provide comments to S Neideck on the delegations manual</li> <li><b>Action:</b> Provide a presentation to the next Board Meeting on the delegations manual.</li> </ul>	S Neideck All members Chief Executive
<b>10. Other Business Without Notice</b>		
10.1 Nil		
<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 by the Board.</li> <li>It was noted that an open day for Bankstown Hospital was held recently which was enormously successful.</li> </ul>	
11.1.1 Upcoming Events	<ul style="list-style-type: none"> <li>The following upcoming events were noted: <ul style="list-style-type: none"> <li>Liverpool BreastScreen opening – 22 October</li> <li>Liverpool Hospital Tomotherapy Machine – date TBC</li> <li>Karitane Toddler Behavioural Clinic – date TBC</li> <li>Fairfield Digital x-ray machine – date TBC</li> </ul> </li> </ul>	
11.1.2 August 2012 Newsletter	<ul style="list-style-type: none"> <li>A copy of the August 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>	
11.2 Meetings with Interested Parties		
11.2.1 Kerry Chikarovski – 21 August 2012	<ul style="list-style-type: none"> <li>The Chief Executive met with Kerry Chikarovski on behalf of Genesis on 21 August 2012.</li> </ul>	

	<ul style="list-style-type: none"> <li>• It was noted that Genesis owns land in close proximity to Bankstown Hospital and is interested in a public/private partnership with Bankstown Hospital.</li> <li>• It was noted that the MoH have advised Genesis that they are able to submit an unsolicited bid.</li> <li>• The MoH is developing a scoping paper to review how to manage this form of bid.</li> </ul>	
11.2.2 Landcom – 10 September 2012	<ul style="list-style-type: none"> <li>• The Chief Executive met with Landcom on 10 September 2012 regarding the development of an Integrated Primary Care Centre at Oran Park.</li> </ul>	
11.2.3 Pru Goward – 7 September 2012	<ul style="list-style-type: none"> <li>• The Chief Executive met with Pru Goward, MP on 7 September 2012 regarding the developments in the Wingecarribee Shire.</li> </ul>	
<b>10. Next Meeting</b>	Monday 22 October 2012 3:30 – 6:30pm Venue TBA	

Meeting closed at 6.55pm.