

MINUTES



South Western Sydney Local Health District Board

Date: Monday 26 November 2012

Time: 3.30pm – 5.30pm

Venue: Seminar Room 6, Thomas and Rachel Moore Education Centre, 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	✓		Prof Neil Merrett	✓	
Frank Conroy	✓				
<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	✓	
Greg King, A/Director Finance, SWSLHD	✓		Sally Neideck, Acting Board Secretariat	✓	
Kung Lim, Director Nursing and Midwifery Services, SWSLHD	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
2. Declaration of Interests	<ul style="list-style-type: none"> In the interests of full disclosure, P Harris advised the Board that he has been appointed to the Health Share Advisory Board. 	
At 3:35pm F Conroy joined the meeting.		
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 22 October 2012, with the updated tabled action list, be accepted as a true and accurate record of the meeting. 	
4. Business Arising		
4.1 Nil		
5. Standing Items		
5.1 LHD Performance 5.1.1 Comparative Report	<ul style="list-style-type: none"> The comparative report was circulated with the agenda and noted by the Board. The increase in performance against Transfer of Care and the National Emergency Access Targets were noted by the Board. 	

<p>5.1.2 October 2012 – 2012/13 Acute Facilities Performance Management Framework Report</p>	<ul style="list-style-type: none"> • The Performance Report for October 2012/13 was circulated with the agenda. • Continued improvements against service access and patient flow KPIs have been noted and were acknowledged by the Board. 	
<p>5.1.3 Detailed KPI Analysis Report</p>	<ul style="list-style-type: none"> • A detailed report on tier 1 KPIs was circulated with the agenda and noted by the Board. • It was advised that the LHD has little control over ambulance arrivals; ambulances are allocated based on the ambulance matrix. However the LHD can approve appropriate transfers to each facility. • It was noted that there has been an improvement against NEAT overall but particular improvement has been noted in admissions to ward. There has not been evidence of a significant increase in admitted patients as a result of NEAT. • It was noted that NEAT is a Commonwealth initiative. 	
<p>At 3:50pm M Johnson joined the meeting.</p>		
	<ul style="list-style-type: none"> • Fairfield noted an issue with time taken for bloods to reach Pathology. It was confirmed that Fairfield do not have a 24 hour on site pathology service and it was queried what the hours of operation are. • Action: Advise the Board of the hours of operation for Fairfield on site pathology. 	<p>G Loy</p>
<p>5.1.4 Service Performance Reports</p> <ul style="list-style-type: none"> • Drug Health • Community Health • Oral Health • Mental Health 	<ul style="list-style-type: none"> • A brief regarding the Service Reports was circulated with the agenda and noted by the Board. • A service report for Drug Health and an organisational chart were circulated with the agenda and noted by the Board. • A service report for Community Health Child and Family Clinical Services and an organisational chart were circulated with the agenda and noted by the Board. • A service report for Oral Health was circulated with the agenda and noted by the Board. • A service report for Mental Health was circulated with the agenda and noted by the Board. • It was noted that Emergency Access Performance for Mental Health patients is low and it was queried whether the LHD will be performance managed against this target given the limited capacity for mental health. • It was noted that the Executive met with the Mental Health, Drug and Alcohol Office (MHDAO) to discuss further options for improving capacity in the interim. 	

<ul style="list-style-type: none"> • Population Health • BreastScreen 	<ul style="list-style-type: none"> • A service report for Health Promotion and an organisational chart was circulated with the agenda and noted by the Board. • It was queried whether surgery for obesity patients should be considered to coincide with the Metabolic Clinic at Campbelltown Hospital. This should be raised as part of the strategic planning process. • A service report for BreastScreen and an organisational chart was circulated with the agenda and noted by the Board. 	
<p>5.2 Chairman's Report 5.2.1 Board Calendar for 2013</p>	<ul style="list-style-type: none"> • The revised Board Calendar for 2013 was circulated with the agenda and noted by the Board. 	
<p>5.2.2 Other</p>	<p>Complaint</p> <ul style="list-style-type: none"> • The Chair advised the Board of a series of complaints received from a patient of the LHD. The patient has made allegations about the conduct of the LHD with respect to the management of the complaints. • The Board was advised the matter has been self reported to ICAC. • The Board requested a copy of the investigation report once completed. <p>Liverpool Clinical Council</p> <ul style="list-style-type: none"> • The Chair advised he attended Liverpool Clinical Council last week and advised the Board that the Clinical Council is well represented by clinicians and working well. • It was confirmed that all facilities have a Clinical Council, with minutes submitted to the Health Care Quality and Safety Committee. <p>Medicare Local</p> <ul style="list-style-type: none"> • The Chair advised that a meeting was held with the Chief Executive and Board Chairman of the Medicare Local. • The LHD and Medicare Local are intending to develop a document to describe common interests and values. • It was noted that this relationship will be beneficial in improving communication between acute and non acute services in order to provide a more seamless transition between services for patients. <p>Annual Public Meeting</p> <ul style="list-style-type: none"> • The Annual Public Meeting (APM) will be held on Friday 7 December at 3pm at Campbelltown Hospital, following the Campbelltown Hospital Open Day. 	

	<ul style="list-style-type: none"> The Chair urged all Board Members to attend the APM, although an issue was raised with regards to the date coinciding with the UWS graduation. 	
5.3 Work Safety Report	<ul style="list-style-type: none"> The Work Safety Report is due in December 2012. 	
5.4 Strategic Planning Process	<ul style="list-style-type: none"> The Board was advised that the Strategic Planning Steering Committee met on Friday 23 November 2012 to review the draft plan. The draft plan will be reviewed by the Clinical & Quality Council and then will be submitted to the December Board Meeting with an Executive Summary. Action: Executive Summary of Strategic Plan to be submitted with draft plan. The Board will hold a meeting with the Clinical Directors in February to review the draft plan. It was suggested that this half day session be held on the same day as the Board Meeting due to leave of Board Members earlier in February. Action: Check whether the planning session can be held on 25 February 2012 and confirm date and time with the Board and Clinical Directors. It was queried whether the surgical planning has been incorporated into the strategic plan. 	Chief Executive
5.4.1 NSW State Health Plan	<ul style="list-style-type: none"> A brief and memo regarding the NSW State Health Plan were circulated with the agenda and noted by the Board. It was noted that the MoH has requested a copy of our Strategic Plan to inform the NSW State Health Plan. 	S Neideck
6. Committees of the Council		
6.1 Finance Committee 6.1.1 Minutes	<ul style="list-style-type: none"> The minutes of the Finance Committee held 19 October 2012 were circulated with the agenda and noted by the Board. The minutes of the Finance Committee held 16 November 2012 were tabled. 	
6.1.2 Finance Report – October 2012	<ul style="list-style-type: none"> The Finance Report for October 2012 was circulated with the agenda and noted by the Board. A brief regarding the current financial status of the LHD was tabled and discussed. The result for October is a \$9.23m deficit; however it was noted that this was as a result of a number of accruals in October from previous months. 	
At 4:42pm M Johnson left the meeting.		
	<ul style="list-style-type: none"> The end of financial year forecast is anticipated at a deficit of \$3m. It is anticipated that a reduction in costs will be seen during the summer months and this seasonal adjustment in costs will be taken into account for the 2013/14 budget. 	

	<ul style="list-style-type: none"> • Detailed discussion occurred on sources of accruals with plans to manage the process in future to ensure similar problems do not arise. Plan include filling vacancies and the cross training of staff. • It was noted that the majority of enhancements have not been implemented yet, and funding for these has been allocated in coming months to account for this. • It was noted that Liverpool Hospital has implemented a turnaround plan and has already shown a reduction in costs. • All facilities are meeting monthly with the Executive regarding their budgets. 	
6.2 Audit and Risk	<ul style="list-style-type: none"> • The next meeting of the Audit and Risk Committee is scheduled for Friday 30 November 2012. 	
6.3 Health Care Quality and Safety 6.3.1 Minutes 6.3.2 Health Care Quality and Safety Report	<ul style="list-style-type: none"> • The minutes of the Health Care Quality and Safety Committee held 7 November 2012 were circulated with the agenda and noted by the Board. <p>This item was discussed after item 6.4.2</p> <ul style="list-style-type: none"> • The Health Care Quality and Safety Report was circulated with the agenda and noted by the Board. • An overview was provided of the Between the Flags Program and the Antimicrobial Stewardship Program. 	
6.4 Research and Teaching 6.4.1 Minutes 6.4.2 Terms of Reference and Board Representation	<ul style="list-style-type: none"> • The minutes of the Research and Teaching Committee held 1 November 2012 were circulated with the agenda and noted by the Board. • It was noted that the application for lead ethics status was considered in early November. It is anticipated that this will be approved in early 2013 based on a small number of actions required. • There is currently federal funding available for additional Junior Medical Officers (JMOs); however the State is required to match the funding. It is unknown whether this will come to fruition for NSW at this point, but it is noted that the LHD should have a plan in place should it need to find additional placements at short notice. It was noted that these additional placements should be planned for areas where JMO overtime could be reduced. • The updated Research and Teaching Committee Terms of Reference was circulated with the agenda and accepted by the Board with the following change: <ul style="list-style-type: none"> • Reference should be made to ‘attendees’ rather than ‘members’ for the attendance section. 	

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 2 November 2012 were not available for the meeting and will be submitted to the December Board Meeting. 	
6.5.2 Letter to Minister Humphries	<ul style="list-style-type: none"> A letter from the Consumer Community Council to Minister Humphries regarding the redevelopment of Campbelltown Hospital Mental Health facilities was circulated with the agenda and noted by the Board. 	
7. New Business		
7.1 Proposed MDAAC Chair – Hugh Dickson	<ul style="list-style-type: none"> A brief regarding the proposed chair of the Medical and Dental Appointments Advisory Committee (MDAAC) was circulated with the agenda. The Board approved the appointment of Hugh Dickson as the Chair of MDAAC. Action: provide appointment letter as Chair of MDAAC to Professor Dickson 	Chief Executive
7.2 Annual Reporting	<ul style="list-style-type: none"> A brief regarding annual reporting requirements was circulated with the agenda and noted by the Board. 	
At 5:25pm M Levy left the meeting.		
8. Other Business Without Notice		
8.1 Nil		
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 by the Board. 	
9.1.1 Upcoming Events	<ul style="list-style-type: none"> The following upcoming events were noted: <ul style="list-style-type: none"> Campbelltown Hospital Open Day and SWSLHD Annual Public Meeting – 7 December 2012 Opening of Domestic Violence Garden – 14 December 2012 Fairfield digital x-ray machine – date TBC 	
9.1.2 November 2012 Newsletter	<ul style="list-style-type: none"> A copy of the November 2012 newsletter was circulated with the agenda. 	
9.1.3 Board Calendar	<ul style="list-style-type: none"> A copy of the 2012 Board Calendar was circulated with the agenda and noted by the Board. 	
9.2 Meetings with Interested Parties		
9.2.1 Glenn Brookes MP and others – 18 October 2012	<ul style="list-style-type: none"> The Chief Executive met with Glenn Brookes MP regarding the development of a Cardiac Catheter Laboratory at Bankstown-Lidcombe Hospital. 	
9.2.2 Minister for Health – 24 October 2012	<ul style="list-style-type: none"> The Chair and Chief Executive met with the Minister for Health and a local MP on 24 October 2012 regarding mental health in Macarthur. 	

	<ul style="list-style-type: none"> • Feedback indicated that the mental health redevelopment is not going to occur in the near future. 	
9.2.3 Meeting to discuss Carrington Subsidy – 2 November 2012	<ul style="list-style-type: none"> • A meeting to discuss the Carrington subsidy was held on 2 November 2012 at the Ministry of Health. 	
10. Next Meeting	Monday 17 December 2012 3:30 – 6:30pm SWSLHD Boardroom, Liverpool Hospital Followed by Christmas Dinner	

Meeting closed at 5:35pm