

# MINUTES



## South Western Sydney Local Health District Board

Date: Monday 17 December 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	✓		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, 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"> <li>There were nil declarations of interest</li> </ul>	
3. 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 26 November 2012, with the updated tabled action list, be accepted as a true and accurate record of the meeting.</li> </ul>	
<b>4. Business Arising</b>		
4.1 Mental Health Funds	<ul style="list-style-type: none"> <li>A brief and letter regarding the use of Mental Health funds was circulated with the agenda and noted by the Board.</li> <li>This action item was related to concerns that FTE/funding for mental health was utilised outside mental health.</li> <li>It was noted that mental health has been provided a budget through a transparent budget build up process which reviewed all mental health FTE with the Executive of the mental health service.</li> </ul>	
At 3:42pm M Zacka joined the meeting.		

	<ul style="list-style-type: none"> <li>• The mental health budget will be loaded into SMRT system.</li> <li>• It was recommended that the action be closed.</li> </ul>	
4.2 Public/Private partnerships	<ul style="list-style-type: none"> <li>• A brief regarding public/private partnerships was circulated with the agenda and noted by the Board.</li> <li>• There have been a number of proposals from private organisations regarding public/private partnerships.</li> <li>• It was noted that the LHD will be seeking guidance from the Ministry of Health (MoH) regarding future use of public/private partnerships, and this topic has been included in the draft strategic plan.</li> </ul>	
4.3 Pathology Reporting	<ul style="list-style-type: none"> <li>• A brief regarding pathology reporting was circulated with the agenda and noted by the Board.</li> <li>• This brief was in response to a request from the Board for further information with regards to any potential risks with reporting for pathology, similar to radiology.</li> <li>• The process for prioritising reporting was noted; however it was requested that further information be obtained with regards to KPIs for reporting timeframes. It was agreed that this could be managed through the Health Care Quality and Safety Committee.</li> <li>• <b>Action:</b> Request further information on KPIs for pathology reporting timeframes be provided to the Health Care Quality and Safety Committee.</li> <li>• It was noted that General Practitioners (GPs) do not currently have access to the electronic medical record. This access would enable information sharing and eliminate the requirement to send printed reports to GPs.</li> <li>• This process is on the agenda for the Information Management Committee but is a decision to be made in conjunction with Sydney Local Health District given the Information Management and Technology Division is a shared service, hosted by SLHD.</li> </ul>	Chief Executive
At 4:00pm N Merrett left the meeting.		
4.4 Delegations Manual	<ul style="list-style-type: none"> <li>• A brief regarding the delegations manual was circulated with the agenda and noted by the Board.</li> <li>• It was noted that the section relating to Board responsibilities has been updated with comments received at the September 2012 Board Meeting.</li> </ul>	
At 4:05pm N Merrett re-joined the meeting.		
	<ul style="list-style-type: none"> <li>• It was requested that the wording of 'establishing' a system should be altered to read 'ensure a system has been established'.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The CE's delegation level was discussed.</li> <li>• It was noted that the delegation should be up to \$1m and the CE should escalate to the Board anything over \$1m or anything less than \$1m where she believes it should be reviewed by the Board, eg of significant risk/media interest etc</li> <li>• There was some discussion surrounding the level of review the Board has conducted surrounding the CE's delegations. It was noted that the specifics of the delegations manual were discussed at the September 2012 Board Meeting.</li> <li>• It was requested that notification to the Board of any changes to the Executive be included in the delegations manual.</li> <li>• It was agreed that matters that required referral to the Ministry of Health would be referred to the Board prior to the Ministry referral</li> <li>• It was agreed that with the above changes the delegations manual was accepted.</li> <li>• <b>Action:</b> Update the delegations manual with Board responsibilities, CE delegation and reference to changes to the Executive.</li> </ul>	
4.5 Fairfield Hospital On Site Pathology	<ul style="list-style-type: none"> <li>• A brief confirming the Fairfield Hospital on site pathology hours as 0730 – midnight, 7 days per week, was circulated with the agenda and noted by the Board.</li> </ul>	
<b>5. Standing Items</b>		
5.1 LHD Performance		
5.1.1 Comparative Report	<ul style="list-style-type: none"> <li>• The comparative report is due in February 2013.</li> </ul>	
5.1.2 November 2012 – 2012/13 Acute Facilities Performance Management Framework Report	<ul style="list-style-type: none"> <li>• The Performance Report for November 2012/13 was circulated with the agenda and noted by the Board.</li> </ul>	
5.1.3 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> <li>• It was noted that performance against Transfer of Care (TOC) has progressively improved in recent months and the facilities have been working to meet the TOC target.</li> <li>• It was noted that there was negative media coverage regarding the National Emergency Access Target (NEAT) at Liverpool Hospital. The data utilised was 2010/11 data and there has been improvement</li> <li>• It was confirmed that no funding is dependent on meeting the NEAT target; however the target will increase to 74% as at 1 January 2013.</li> <li>• The MoH has implemented a NEAT project team to assist with meeting NEAT across the state.</li> <li>• It was suggested that any tertiary hospitals with high performance be consulted.</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Action:</b> Review tertiary hospital data on NEAT and contact any high performing hospitals for information on how they meet the targets.</li> <li>• It was clarified that reference in performance reports to 'premium staff usage' is related to agency and overtime costs.</li> <li>• It was clarified that in future, the National Elective Surgery Targets (NEST) which review data on a daily basis will be the main indicators against which the LHD's performance in managing elective surgery will be measured.</li> <li>• It is imperative that the LHD meets the category A NEST target by 31 December 2012 by ensuring all surgery for category A patients has been completed within 30 days. There will be financial implications should this not occur; however the LHD is on track to meet the target.</li> <li>• It was noted that processes have been implemented to meet NEST, with the process at Campbelltown outlined as an example.</li> </ul>	Chief Executive
<p>5.1.4 Service Performance Reports</p> <ul style="list-style-type: none"> <li>• Drug Health</li> <li>• Community Health</li> <li>• Oral Health</li> <li>• Mental Health</li> <li>• Population Health</li> <li>• BreastScreen</li> <li>• Child Protection</li> </ul>	<ul style="list-style-type: none"> <li>• A brief regarding the Service Reports was circulated with the agenda and noted by the Board.</li> <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 Child and Family Clinical Services and an organisational chart were circulated with the agenda and noted by the Board.</li> <li>• A service report for Oral Health was circulated with the agenda and noted by the Board.</li> <li>• A service report for Mental 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> <li>• A service report for BreastScreen and an organisational chart was circulated with the agenda and noted by the Board.</li> <li>• The BreastScreen KPI was noted as below target; however the LHD has undertaken significant work to improve participation rates. It is unclear as to why the rates are so low in south west Sydney.</li> <li>• A service report for the Child Protection (Strategic) Unit was circulated with the agenda and noted by the Board.</li> </ul>	

<p>5.2 Chairman's Report</p>	<ul style="list-style-type: none"> <li>• The Chair advised that the Board re-appointment process had been completed with two additional Board Members appointed: <ul style="list-style-type: none"> <li>○ Nina Berry, community</li> <li>○ Matthew Gray, GP in the Macarthur area and Chair of the Medicare Local</li> </ul> </li> <li>• In addition, M Johnson, F Conroy and C Carriage were reappointed.</li> </ul>	
<p>5.2.1. Direction to Act</p>	<ul style="list-style-type: none"> <li>• The Chair advised that there is recognition at the MoH that the devolution process is still evolving.</li> <li>• It was noted that a working party has been setup at the MoH to address these issues.</li> </ul>	
<p>5.2.2. Work Health Safety</p>	<ul style="list-style-type: none"> <li>• A brief and information circular regarding Work Health Safety was circulated with the agenda and noted by the Board.</li> <li>• It was confirmed that Board Members are officers of the organisation and therefore liable for criminal sanctions.</li> <li>• It was noted that the change to legislation has moved it away from an automatic assumption of culpability . The defence against culpability is that the Board has displayed due diligence and acted in good faith.</li> <li>• There was discussion surrounding the level of detail required by the Board to ensure due diligence.</li> <li>• There was also discussion about how the Board could best exercise its responsibility for ensuring appropriate risk assessment and risk management procedures are in place.</li> <li>• It was noted that some obligations are met through the Risk Register.</li> <li>• It was requested that the Board review pages 71-73 of the papers with regards to how the Board can ensure due diligence and provide any comments to S Neideck.</li> <li>• <b>Action:</b> Review pages 71-73 of the Board Papers and provide any comments to S Neideck.</li> <li>• It was requested that the LHD review how each aspect of the legislation is met.</li> <li>• <b>Acton:</b> Provide a report to the Board on how the LHD meets the requirements of the WHS legislation.</li> </ul>	<p style="text-align: center;">Board Members</p> <p style="text-align: center;">Chief Executive</p>
<p>5.2.3. Council of Chairs</p>	<ul style="list-style-type: none"> <li>• A brief regarding the Council of Chairs meeting held on Friday 30 November 2012 was circulated with the agenda and noted by the Board.</li> <li>• Topics covered at the Council of Chairs meeting included:</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Demand – all LHDs reported issues with meeting demand and a focus on connecting care to manage demand</li> <li>○ Palliative Care – discussion surrounding a State level enhancement to palliative care to assist more patients to receive end of life care at home.</li> <li>○ E-health – a presentation was given by the Chief Executive of HealthShare and the Chief Information Officer.</li> </ul>	
5.2.4. Board Member Remuneration	<ul style="list-style-type: none"> <li>● A brief regarding changes to Board Member remuneration was circulated with the agenda and noted by the Board.</li> <li>● Board Members will now be remunerated at a rate of \$35,000 per annum for Chairs and \$20,000 for members, excluding any members who are employees of the NSW Health system.</li> <li>● The process for receiving remuneration is unclear at this point.</li> </ul>	
5.2.5. Meeting with Medicare Local	<ul style="list-style-type: none"> <li>● A brief regarding a meeting between the Chair and Chief Executive and the Chair and Chief Executive of South Western Sydney Medicare Local was circulated with the agenda and noted by the Board.</li> <li>● It was noted that GPs do not have to be a member of the Medicare Local. The Medicare Local covers GPs, nursing and allied health staff involved in primary care. It is estimated that approximately 1300 GPs are engaged with the Medicare Local.</li> <li>● It is imperative that SWSLHD and SWSML have a strong relationship in order to maximise the patient journey.</li> <li>● As such, SWSLHD and SWSML have documented a draft statement of intent which will be provided to the Board for endorsement.</li> </ul>	
5.2.6. Board Training Feedback	<ul style="list-style-type: none"> <li>● A brief regarding the Board Training held on 26 November 2012 was circulated with the agenda and noted by the Board.</li> <li>● It was confirmed that a number of improvements could be made in the content of the training. These improvements were noted in the evaluation forms completed and returned to the NOUS Group.</li> </ul>	
5.3 Work Safety Report	<ul style="list-style-type: none"> <li>● The Work Safety Report for November 2012 was circulated with the agenda and noted by the Board.</li> <li>● A Prohibition/Improvement Notice was issued regarding the use of Cyclophosphamide in Cancer Therapy Centre at Liverpool Hospital.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Further information was requested regarding these concerns.</li> <li>• <b>Action:</b> Provide further information about concerns regarding the use of Cyclophosphomide in the Cancer Therapy Centre at Liverpool Hospital.</li> </ul>	G Loy
5.4 Strategic Planning Process 5.4.1. Draft Strategic Plan	<ul style="list-style-type: none"> <li>• A brief regarding the draft strategic plan was circulated with the agenda and noted by the Board.</li> <li>• The draft Clinical Services Plan and Corporate Plan and a comments template were tabled at the meeting.</li> <li>• The plans give a very comprehensive overview of the population, burden of disease and facilities and priorities of the LHD. The document will form the basis of discussion for the Board Workshop on 25 February 2013.</li> <li>• The Board was requested to consider <ul style="list-style-type: none"> <li>• The revised vision, mission and principles for the District</li> <li>• Critical issues, eg strategising public/private partnerships and the 'third paediatric hospital'</li> <li>• Priorities for infrastructure enhancement and capital investment</li> <li>• Potential opportunities and partnerships in new models of care and ways of working</li> <li>• Role/function of facilities</li> </ul> </li> <li>• A template was provided for completion and it was requested that this template be completed and returned in January 2013.</li> <li>• <b>Action:</b> Complete the strategic plan template and return to S Neideck in January 2013.</li> </ul>	All Board Members
5.4.2. Board Workshop	<ul style="list-style-type: none"> <li>• A brief regarding the Board Workshop to be held on 25 February 2013 was circulated with the agenda and noted by the Board.</li> <li>• The timetable of events and membership was noted.</li> <li>• There was some discussion surrounding the level of input from the staff in attendance and it was confirmed that the facilitator will ensure the discussion remains on track.</li> <li>• It was noted that the Board Meeting will follow the workshop and will require significant time on the agenda for resolution of any issues that may arise.</li> </ul>	
<b>6. Committees of the Council</b>		
6.1 Finance Committee 6.1.1 Minutes	<ul style="list-style-type: none"> <li>• The minutes of the Finance Committee held 14 December 2012 will be circulated to the Board out of session.</li> </ul>	

6.1.2 Finance Report – October 2012	<ul style="list-style-type: none"> <li>• The Finance Report for November 2012 was circulated with the agenda and noted by the Board.</li> <li>• It was noted that the LHD was unfavourable for November 2012 by \$14,000; however remains at a YTD deficit of \$9m.</li> <li>• It is anticipated that costs will reduce over the December/January period as services and demand reduce.</li> <li>• An improvement in salary packaging was noted , with the target identified as 65%.</li> </ul>	
6.2 Audit and Risk	<ul style="list-style-type: none"> <li>• The minutes for the Audit and Risk Committee meeting held 30 November 2012 will be provided to the February 2013 Board meeting.</li> </ul>	
6.3 Health Care Quality and Safety 6.3.1 Minutes	<ul style="list-style-type: none"> <li>• No meeting was held of the Health Care Quality and Safety Committee in December 2012 due to lack of quorum.</li> </ul>	
At 6:25pm F Gordon left the meeting.		
6.3.2 Health Care Quality and Safety Report	<ul style="list-style-type: none"> <li>• The Health Care Quality and Safety Report was circulated with the agenda and noted by the Board. A further report was tabled.</li> <li>• The Collaborating Hospitals’ Audit or Surgical Mortality (CHASM) program was discussed, with participating surgeon rates identified as requiring improvement. It was suggested that this be discussed further at the Clinical and Quality Council.</li> <li>• <b>Action:</b> Discuss the participating surgeon rate for CHASM at the Clinical and Quality Council.</li> <li>• The Clinical Governance Framework will be developed in 2013 to assure that high standards of health care are provided.</li> <li>• It was noted that the most recent patient survey showed an improvement on the survey from early 2011. Further surveys will be managed through the Bureau of Health Information.</li> </ul>	Chief Executive
At 6:33pm J Gordon re-joined the meeting.		
6.3.3 Patient Based Care Challenge	<ul style="list-style-type: none"> <li>• It was suggested the Patient Based Care Challenge be referred to the Health Care Quality and Safety Committee for implementation.</li> <li>• <b>Action:</b> Place the Patient Based Care Challenge on the agenda for discussion at the Health Care Quality and Safety Committee</li> </ul>	Chief Executive
6.4 Research and Teaching 6.4.1 Minutes	<ul style="list-style-type: none"> <li>• The minutes of the Research and Teaching Committee held 6 December 2012 were circulated with the agenda and noted by the Board.</li> <li>• The Ingham Institute has invited the Board to hold a Board Meeting at the Institute and undertake a tour of the facilities.</li> </ul>	



	<ul style="list-style-type: none"> <li>• <b>Action:</b> Consider holding a Board Meeting at the Ingham Institute.</li> <li>• There have been some issues noted with regards to clinical trials funds. This is currently being investigated by the Chief Executive.</li> </ul>	Chief Executive
6.5 Community Engagement 6.5.1 Consumer Community Council Minutes	<ul style="list-style-type: none"> <li>• The minutes of the Community Consumer Council held 2 November 2012 were circulated with the agenda and noted by the Board.</li> </ul>	
<b>7. New Business</b>		
7.1 Nil		
<b>8. Other Business Without Notice</b>		
8.1 Resignation of General Manager, Campbelltown/Camden Hospitals	<ul style="list-style-type: none"> <li>• Leisa Rathborne has resigned as General Manager, Campbelltown/Camden Hospitals to take up a position at the Royal Women's Hospital.</li> <li>• The position will be advertised in late January 2013.</li> <li>• Anna Chapman will act as GM from 17 January 2013 until recruitment is finalised.</li> </ul>	
8.2 Recruitment – General Manager, Fairfield Hospital	<ul style="list-style-type: none"> <li>• 8 applications have been received for the General Manager, Fairfield Hospital position. The interviews will be held in January 2013.</li> </ul>	
8.3 Director, Finance	<ul style="list-style-type: none"> <li>• Greg King has been appointed as the Director, Finance SWSLHD.</li> </ul>	
8.4 2012 Year in Review	<ul style="list-style-type: none"> <li>• The Chair thanked the Chief Executive and Executive Team for their outstanding work throughout 2012.</li> <li>• The Chair also thanked the Board for their hard work and support throughout 2012.</li> <li>• The Chair wished all Board Members and attendees Merry Christmas.</li> </ul>	
<b>9. Items for Information</b>		
9.1 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> </ul>	
9.1.1 Upcoming Events	<ul style="list-style-type: none"> <li>• Nil following upcoming events were noted.</li> </ul>	
9.1.2 November 2012 Newsletter	<ul style="list-style-type: none"> <li>• A copy of the December 2012 newsletter was circulated with the agenda.</li> </ul>	
9.1.3 Board Calendar	<ul style="list-style-type: none"> <li>• A copy of the 2013 Board Calendar was circulated with the agenda and noted by the Board.</li> </ul>	
9.2 Meetings with Interested Parties 9.2.1 Nil		
<b>10. Next Meeting</b>	<p>Monday 25 February 2012  0900 – 0930 – Pre-meeting of the Board  0930 – 1330 – Planning Session  1330 – 1430 – Lunch  1430 – 1730 – Board Meeting  Venue TBA</p>	

Meeting closed at 6:55pm