

MINUTES



South Western Sydney Local Health District Board

Date: Monday 25 February 2013

Time: 2.30pm – 5.30pm

Venue: Seminar Room 2, Thomas and Rachel Moore Education Centre, Liverpool Hospital

1. Present and Apologies

Members	Pres.	Apol.	Members	Pres.	Apol.
Prof Phillip Harris (Chair)	✓		John Gordon	✓	
Carolyn Burlew	✓		Mark (Jack) Johnson	✓	
Christine Carriage	✓		Prof Neil Merrett	✓	
Prof Brad Frankum	✓		Dr Matthew Gray	✓	
Frank Conroy	✓		Nina Berry	✓	
Other Attendees					
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	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
2. Declaration of Interests	<ul style="list-style-type: none"> The following declarations of interest were noted: <ul style="list-style-type: none"> On 12 February 2013 M Johnson declared via email to the Board that in his role as an Executive Officer for Gandangara there is a contract being developed between Gandangara and SWSLHD for the provision of health services by Gandangara on SWSLHD property. M Johnson confirmed in his email that there is no exchange of money as part of this agreement. This conflict was noted by the Board. M Gray declared his interest as Chair of the South Western Sydney Medical Local. M Gray also declared his interest as Deputy Chair of the Royal Australian College of General Practitioners NSW and ACT Faculty Board. These conflicts were both noted by the Board. 	

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 17 December 2012, be accepted as a true and accurate record of the meeting. 	
4. Business Arising		
4.1 Strategic Plan – resolution of issues that may arise in workshop	<ul style="list-style-type: none"> • It was noted that there were minimal additional areas raised at the workshop for consideration as additional strategic directions including environmental sustainability. • The Strategic Plan will be considered and refined further by the Planning Unit based on the feedback from the workshop. The refined document will then be used for consultation with the community. • Action: Consider process for further refinement and community consultation and advise the Board on the process. 	Chief Executive
At 2:42pm M Johnson left the meeting.		
	<ul style="list-style-type: none"> • It was noted that the facilities and services have not had this level of planning for a number of years. The process, once the Strategic Plan is completed, would be for the facilities and services to create their business plans based on the final Strategic Plan. 	
At 2:43pm M Johnson re-joined the meeting.		
	<ul style="list-style-type: none"> • The process for creating business plans will start to occur within the next financial year. 	
At 2:46pm M Levy joined the meeting.		
4.2 Subsidy for Carrington Centennial Care	<ul style="list-style-type: none"> • A brief regarding the subsidy for Carrington Centennial Care was circulated with the agenda and noted by the Board. • The negotiations regarding the reduction in subsidy are currently being conducted between the Ministry of Health and Carrington. • It is anticipated the reduction in subsidy will not occur during the 2012/13 financial year. • It was requested that further clarification be sought regarding the transfer of licences for CCC. • Action: Request further clarification regarding the transfer of licences for CCC and how this will be recorded financially. 	G King
4.3 Board Member Remuneration	<ul style="list-style-type: none"> • It was noted that since the advice had been received regarding the changes to remuneration no further advice has been received regarding the process for remuneration. • Motion: A motion was moved by F Conroy and seconded by C Burlew that remuneration should occur quarterly with \$5,000 paid each quarter to Board Members eligible for remuneration. • The motion was carried. 	

	<ul style="list-style-type: none"> • Action: implement remuneration process to ensure Board Members receive payment quarterly. 	S Neideck
4.4 General Manager Positions	<ul style="list-style-type: none"> • An update was provided on the recruitment to General Manager positions across the LHD: <ul style="list-style-type: none"> • Fairfield Hospital – Mr Arnold Tammekand has been appointed with a starting date of 11 March 2013. • Bowral Hospital – advertising for the position closed on Friday 22 February 2013. Interviews will be conducted shortly. • Campbelltown/Camden Hospitals – advertising for the position closed on Sunday 24 February 2013. Interviews will be conducted shortly. 	
4.5 Medicare Local	<ul style="list-style-type: none"> • M Johnson raised concerns about the conflicts that would arise from the Chief Executive being a member of the South Western Sydney Medicare Local (SWSML) Board. • This issue was raised at the June 2012 Board Meeting, but M Johnson advised that he considered the issue was unresolved. • The minutes from June 2012 in relation to this issue were read aloud and it was noted that the majority of the Board were satisfied with A Larkin's membership on the SWSML Board as long as conflicts were disclosed and managed appropriately. • A Larkin advised that when matters concerning SWSLHD are discussed at the SWSML Board, she removes herself from the discussion. This occurred during discussions about the joint planning initiative between SWSLHD and SWSML. • It was noted that the working relationship between the LHD and SWSML is being considered in a statement of intent between the two organisations. • The Statement of Intent will be considered by the SWSLHD Board prior to the Chair signing the statement. • The Board, with the exception of M Johnson, confirmed that the current arrangements are satisfactory but requested further information on the planning arrangements between the two organisations and the process for management of conflicts. • Action: Provide information to the Board on the planning arrangements between SWSLHD and the Medicare Local and the process for management of conflicts of interest for the Chief Executive. 	Chief Executive
5. Standing Items		
5.1 LHD Performance	<ul style="list-style-type: none"> • A brief outlining the performance reports was circulated with the agenda. 	

5.1.1 Comparative Report	<ul style="list-style-type: none"> • It was noted that the LHD will remain on a level 1 performance review due to performance against the National Emergency Access Target (NEAT). • The comparative report was circulated with the agenda and noted by the Board. It was requested that the comparative report contain data for 3 months. It was also requested that the KPI data for the triple 0 surgical target be removed in order to focus on the NEST targets. • Action: Update the comparative report to ensure it includes 3 months of data and remove reference to the triple 0 target for surgery. • It was noted that differentials between overdue numbers for category 2 and category 3 surgical patients are due to a number of reasons including surgeon availability and specialty. • A range of strategies are utilised to manage the waitlist, including weekly waitlist meetings, allocation of surgery date upon submission of the referral for admission, reallocation of theatre time and transfers between facilities. 	G Loy
At 3:30pm C Burlew re-joined the meeting.		
5.1.2 December 2012 – 2012/13 Acute Facilities Performance Management Framework Report	<ul style="list-style-type: none"> • The Performance Report for 2012/13 year to December was circulated with the agenda and noted by the Board. • There has been an increase in the number of patients remaining in the Emergency Department greater than 24 hours. • The KPI on theatre utilisation was clarified and it was noted that the percentage is based on the amount of allocated theatre session time used. Issues that affect utilisation percentage include the time lapse between patients and the remaining time at the end of a session. • It was requested that all the KPIs in the PMF report include targets. • Action: Update the PMF report to ensure targets are listed for all KPIs. 	G Loy
5.1.3 Detailed KPI Analysis Report	<ul style="list-style-type: none"> • A detailed report on tier 1 KPIs was circulated with the agenda and noted by the Board. 	
5.1.4 Service Performance Reports	<ul style="list-style-type: none"> • A brief regarding the Service Reports was circulated with the agenda and noted by the Board. • A chart outlining all the services providing a report to the Board was circulated with the agenda and noted by the Board. It was requested that this be included in the papers each month. • Action: Include the overall service organisational chart in the papers for the Board Meeting each month. 	S Neideck

<ul style="list-style-type: none"> • Drug Health • Oral Health • Population Health • BreastScreen 	<ul style="list-style-type: none"> • A service report for Drug Health was 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 the Multicultural HIV and Hepatitis Service and the HIV/AIDS and Related Programs Unit were circulated with the agenda and noted by the Board. • A service report for BreastScreen was circulated with the agenda and noted by the Board. • Whilst there has been an increase of 1.9% for screened women, the difficulties meeting the target were noted, particularly within culturally and linguistically diverse (CALD) populations. 	
<p>5.2 Chairman's Report</p> <p>5.2.1. Deputy Chairperson</p> <p>5.2.2. Committee Membership</p>	<ul style="list-style-type: none"> • A brief regarding the Expression of Interest process for the Deputy Chairperson position was circulated with the agenda. • The Chair advised that one Expression of Interest had been received from C Burlew for the Deputy Chairperson position. • The Board supported the nomination of Ms Burlew as Deputy Chair. • Action: Forward the instrument of appointment for C Burlew as Deputy Chair to the Minister. • A brief regarding the proposed committee memberships was circulated with the agenda and noted by the Board. • It was requested that further references to the sub-committees be as 'committees' only. • It was noted that J Gordon's attendance at the Audit and Risk Management Committee is as an attendee only. • The recommended appointments to the committees were noted and confirmed as follows: <ul style="list-style-type: none"> • Mrs N Berry – appointed to the Health Care Quality and Safety Committee, Research and Teaching Committee, Finance Committee and Consumer Community Council • Mr F Conroy – appointed to the Health Care Quality and Safety Committee • Dr Matthew Gray – appointed to the Health Care Quality and Safety Committee • All other current membership arrangements remain in place. • It was noted that community representatives are attendees at Board Committees, not members. 	<p>S Neideck</p>

<p>5.2.3. Board Conference – 21 June 2013</p> <p>5.2.4. Board Self Evaluation</p>	<ul style="list-style-type: none"> • Action: Update Committee Membership • A brief regarding the Board Conference to be held on 21 June 2013 was circulated with the agenda and noted by the Board. • A brief regarding the Board self evaluation process was circulated with the agenda and noted by the Board. • The attached templates were approved for use in the evaluation. • Action: Circulate the templates for Board evaluation with instruction for completion by 30 March 2013. 	<p>S Neideck</p> <p>S Neideck</p>
<p>5.3 Work Safety Report</p>	<ul style="list-style-type: none"> • A brief regarding the Prohibition/Improvement Notice (PIN) about the use of Cyclophosphomide in the Cancer Therapy Centre at Liverpool Hospital was circulated with the agenda and noted by the Board. • A response had been provided to Work Cover indicating that SWSLHD believes the systems are already in place for monitoring the use of Cyclophosphomide. • Work Cover has since withdrawn the PIN. 	
<p>5.4 Risk Management</p>	<ul style="list-style-type: none"> • The top 30 risks from the SWSLHD Risk Register were circulated with the agenda and noted by the Board. • The risk register was reviewed recently with a number of additional columns added to improve monitoring of the risks, eg governance committee, status. • It was requested that any changes to the register be highlighted when presented to the Board. • Action: Highlight any changes to the register prior to presenting to the Board each quarter. • Clarification was sought as to where risks relating to the Campbelltown Hospital redevelopment are noted. • It was noted that the redevelopment has a specific risk register that is reported on monthly at the executive meetings relating to the project. The biggest risk noted in relation to this is the lack of bed base throughout the redevelopment. 	<p>G Loy</p>
<p>5.5 Strategic Planning Process</p>	<ul style="list-style-type: none"> • See item 4.1 	
<p>6. Committees of the Council</p>		
<p>6.1 Finance Committee</p> <p>6.1.1 Minutes – January 2013</p>	<ul style="list-style-type: none"> • The minutes of the Finance Committee held 25 January 2013 were circulated with the agenda and noted by the Committee. 	
<p>6.1.2 Minutes – February 2013</p>	<ul style="list-style-type: none"> • The minutes of the Finance Committee held 15 February 2013 will be circulated for the next Board Meeting. 	

	<ul style="list-style-type: none"> • A new reporting framework will be created for the 2013/14 financial year based on feedback from the Finance Committee. • The significant increase in the cost of implementation of the cyclotron was noted. • Use of the University of Wollongong funds by December 2013 to perform minor capital works at Bowral Hospital was noted. • It was recommended that a presentation by the Performance Manager on National Weighted Activity Units (NWAUs) be provided to the Board. • Action: Organise a presentation on NWAUs to the Board. 	Chief Executive
6.1.3 Finance Report – January 2013	<ul style="list-style-type: none"> • The Finance Report for January 2013 was circulated with the agenda and noted by the Board. • The general fund net cost of service for YTD January 2013 was noted as \$2.7m unfavourable. • The growth initiatives for Liverpool Hospital will be rolled out in coming months utilising the enhancement funding. • The Director Finance provided feedback that the facilities are working well with the LHD to manage their own budgets. • It was noted that general funds for 2012/13 will not roll over into the next financial year should the LHD have a favourable result at the end of the financial year. 	
6.2 Audit and Risk	<ul style="list-style-type: none"> • The draft minutes of the Audit and Risk Committee meeting held 30 November 2012 were circulated with the agenda and noted by the Board. • The recommendations in the management letter are currently being addressed. It is anticipated that recommendations will be addressed with the exception of long term VMO claims. • It was recommended that the SWSLHD Risk Manager provide a presentation to the Board on risk. • Action: Organise a presentation from the LHD Risk Manager to the Board. 	Chief Executive
At 4:40pm M levy left the meeting.		
	<ul style="list-style-type: none"> • A report has been produced on fraud in the NSW State Public Sector. It was suggested that a fraud diagnostic be conducted for SWSLHD. This will be discussed at the next ARMC meeting. • Action: Circulate the report on fraud in the NSW State Public Sector to the Board for information. 	C Burlew/ S Neideck
At 4:48pm M Levy re-joined the meeting.		
	<ul style="list-style-type: none"> • It is anticipated the ARMC will review the financial statements in September and then make a recommendation to the Chief Executive to sign. 	

	The Ministry of Health does not require the Board Chair to sign the financial statements, however a process has been implemented to ensure the Board are able to review and approve the financial statements prior to signature of the Chief Executive.	
6.3 Health Care Quality and Safety 6.3.1 Minutes	<ul style="list-style-type: none"> No meeting was held of the Health Care Quality and Safety Committee in February 2013 due to lack of quorum. 	
6.3.2 Health Care Quality and Safety Report	<ul style="list-style-type: none"> The Health Care Quality and Safety Report was circulated with the agenda and noted by the Board. A further report on the Quality Systems Assessment (QSA) Program was tabled. 	
At 4:50pm N Berry left the meeting.		
	<ul style="list-style-type: none"> The QSA program was outlined and it was noted that SWSLHD has returned the strongest response rate across the state. 	
At 4:55pm N Berry re-joined the meeting.		
	<ul style="list-style-type: none"> An onsite verification process occurs annually, with every facility visited over a five year period at least once. This verification identifies that the submitted responses are approximately 98% accurate, with responses submitted individually and not vetted by management. The results indicate that patient safety culture has improved markedly on the previous two years and the actions of senior facility management demonstrate patient safety is a top priority. The report into the Mid Staffordshire Trust in the United Kingdom was discussed and it was noted that the report will be discussed at the next Health Care Quality and Safety Committee. It was requested that the executive summary be distributed for information. Action: Distribute the executive summary of the Report into the Mid Staffordshire Trust to the Board. 	S Neideck
6.4 Research and Teaching 6.4.1 Minutes	<ul style="list-style-type: none"> The minutes of the Research and Teaching Committee held 7 February 2013 were circulated with the agenda and noted by the Board. A Graduate Teaching and Education Forum will be held in place of the June Research and Teaching Committee Meeting. The purpose of the forum is for the committee to hear from students regarding education within the LHD. An issue was raised by the Director of Population Health regarding the need for ethics to be a principle for all work completed within the LHD rather than a process to be overcome. 	

	<ul style="list-style-type: none"> The importance of this was recognised by the Board. 	
At 5:02pm J Gordon left the meeting.		
	<ul style="list-style-type: none"> It was noted that feedback from the Human Research Ethics Committee indicates staff see the HREC process as prohibitive to their research. However some submissions are not of the appropriate quality to be approved by HREC and clarification often needs to be sought. 	
At 5:05 J Gordon re-joined the meeting.		
	<ul style="list-style-type: none"> It was noted that Ethics and Research Governance has been improved considerably since the LHD began in 2011. It was confirmed that the Director of Research has made a submission in relation to the Biobanking proposal. 	
6.5 Community Engagement 6.5.1 Consumer Community Council Minutes	<ul style="list-style-type: none"> The minutes of the Community Consumer Council (CCC) held 1 February 2013 were circulated with the agenda and noted by the Board. It was noted that there is considerable difficulty engaging the culturally and linguistically diverse (CALD) community in community participation. A number of strategies are currently being implemented to increase participation from these communities. 	
7. New Business		
7.1 Medical and Dental Appointments Advisory Committee	<ul style="list-style-type: none"> A brief requesting temporary appointment of Professor Patrick McNeil to the Medical and Dental Appointments Advisory Committee (MDAAC) was circulated with the agenda and noted by the Board. The Board approved the appointment of Professor McNeil to MDAAC from 4 March 2013 to 18 June 2013. Action: Provide confirmation to Professor McNeil regarding his appointment to MDAAC from 4 March 2013 to 18 June 2013. 	Chief Executive
7.2 Unsolicited Proposal – Genesis	<ul style="list-style-type: none"> A brief outlining a recent unsolicited bid from Genesis Healthcare was circulated with the agenda. An assessment panel convened by NSW Treasury with Ministry and LHD representatives has convened and prepared a report for Treasury. The final outcome is awaited. It was noted that should the bid be accepted an in depth proposal would need to be submitted by Genesis for consideration. 	
7.3 AGL proposal – Coal Seam Gas	<ul style="list-style-type: none"> A brief and media articles regarding the recent media attention given to Coal Seam Gas drilling in Camden was circulated with the agenda and noted by the Board. 	

	<ul style="list-style-type: none"> • An additional media article relating to the issue was tabled for information. • It was noted that the LHD was requested to comment on a number of development proposals and the response in relation to this proposal was that AGL consider the health impacts of the proposal. • The subsequent media attention and reference to the Chief Executive was not foreseen and once known was communicated to the Chair. • It was noted that AGL have since withdrawn the development request. 	
7.4 Proposed Name Change – Liverpool Hospital	<ul style="list-style-type: none"> • A brief regarding a proposal to consult on a name change for Liverpool Hospital was circulated with the agenda. • Liverpool Hospital is seeking approval from the Board to consult with the CCC, senior clinicians and the community. • Whilst there were some concerns about the name change among members of the Board, it was agreed that consultation with the CCC and senior clinicians should occur to gauge the level of interest in changing the name of the hospital. • It was also noted that the Ministry of Health would be notified of the consultation process. • Action: Advise the Ministry of Health of the proposal to consult about the proposed name change of Liverpool Hospital. • Action: Prepare a consultation plan and consult with the CCC and senior clinicians at Liverpool Hospital regarding the proposed name change. 	Chief Executive Chief Executive
8. Other Business Without Notice		
8.1 Medical Staff Executive Council	<ul style="list-style-type: none"> • M Levy advised that this would be her last meeting as the Medical Staff Executive Council (MSEC) representative as a new Chair of the MSEC has been elected. • Dr Nick Collins, Director Ambulatory Care, Campbelltown Hospital has been appointed as Chair of the MSEC and will be attending the Board Meetings. 	
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"> • Wednesday 27 February 2013 – Launch of DonateLife Week at Liverpool Hospital. • Friday 1 March 2013 – Liverpool Hospital launch of Hospital Museum and 200 year anniversary celebrations. • 20 March 2013 – Close the Gap Day 	

	<ul style="list-style-type: none"> • It was requested that the date for the Annual Public Meeting be set and communicated to the Board Members. • Action: Organise the date for the 2013 Annual Public Meeting. 	S Neideck
9.1.2 November 2012 Newsletter	<ul style="list-style-type: none"> • Copies of the January and February 2013 newsletters were circulated with the agenda. 	
9.1.3 Board Calendar	<ul style="list-style-type: none"> • A copy of the 2013 Board Calendar was circulated with the agenda and noted by the Board. 	
9.1.4 Bowral Hospital – Additional Beds	<ul style="list-style-type: none"> • A brief regarding recent media attention to the perceived need for additional beds at Bowral Hospital was circulated with the agenda and noted by the Board. • An additional media article relating to the matter was tabled for information. 	
9.2 Meetings with Interested Parties		
9.2.1 21 February – Meeting with Ken Whelan, Deputy Director General	<ul style="list-style-type: none"> • This meeting was noted on the agenda. 	
10. Next Meeting	Monday 25 March 2013 1430 – 1530 – Presentation and Afternoon Tea 1530 – 1830 – Board Meeting Campbelltown Hospital	

Meeting closed at 6:40pm