

# MINUTES



## South Western Sydney Local Health District Board

Date: Monday 25 March 2013

Time: 2.30pm – presentation by Campbelltown Hospital Executive

3:30pm – 6:30pm – Board Meeting

Venue: Auditorium, Campbelltown 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	✓		Mark (Jack) Johnson		✓
Christine Carriage	✓		Prof Neil Merrett	✓	
Prof Brad Frankum	✓		Dr Matthew Gray	✓	
Frank Conroy	✓		Nina Berry	✓	
<b>Other Attendees</b>					
Amanda Larkin, Chief Executive SWSLHD	✓		Mark Zacka, Director Clinical Governance, SWSLHD	✓	
Graeme Loy, Director Operations, SWS LHD	✓		Dr Nicholas Collins, Medical Staff Executive Council Rep	✓	
Greg King, Director Finance, SWSLHD	✓		Sally Neideck, Acting Board Secretariat	✓	
Kung Lim, Director Nursing and Midwifery Services, SWSLHD		✓			

<b>Agenda Item</b>	<b>Discussion/Decision/Recommendation</b>	<b>Responsible</b>
	<ul style="list-style-type: none"> <li>The Chair and Board welcomed Dr Nicholas Collins to the meeting as the Chair and representative of the Medical Staff Executive Council.</li> </ul>	
2. Declaration of Interests	<ul style="list-style-type: none"> <li>The following declarations of potential conflicts of interest were made:                             <ul style="list-style-type: none"> <li>A Larkin - Board Member of the Ingham Institute.</li> <li>B Frankum - Board Member of the NSW branch of the Australian Medical Association.</li> <li>J Gordon - member of the Audit Committee for Health Infrastructure.</li> <li>P Harris - member of the Health Share Advisory Board.</li> <li>P Harris - member of a specialist advisory committee of Australian Doctor Magazine, which recently published an article relating to Campbelltown Hospital.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• P Harris - in relation to item 7.1 on the agenda is a current employee of Sydney Local Health District.</li> <li>• These potential conflicts were noted by the Board.</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 N Merrett that the minutes of the meeting held on 25 February 2013, be accepted as a true and accurate record of the meeting.</li> </ul>	
<b>4. Business Arising</b>		
4.1 Medicare Local Statement of Intent	<ul style="list-style-type: none"> <li>• A brief and the draft statement of intent between the South Western Sydney Medicare Local (SWSML) and SWSLHD were circulated with the agenda.</li> <li>• It was requested that the principle noted on the statement be updated to reflect “right patient, right care, right time, right location”.</li> <li>• It was noted that the agreement was drafted by SWSML and SWSLHD and is not based on a Ministry of Health template.</li> <li>• <b>Action:</b> Update the principle on the statement of intent and it was approved for signature.</li> </ul>	S Neideck
4.2 Governance Arrangements with Medicare Local cross appointments	<ul style="list-style-type: none"> <li>• A brief regarding governance arrangements with Medicare Local cross appointments was circulated with the agenda.</li> <li>• The Board noted the brief should read “the Chief Executive, with the agreement of the SWSLHD Board (not Chair) accepted a position on the SWSML Board” to reflect the Board’s agreement to the appointment.</li> <li>• <b>Action:</b> Update the brief to reflect that the agreement for the Chief Executive to be appointed to the SWSML Board was by the Board.</li> <li>• It was noted that cross appointments between the Districts and the Medicare Locals has been encouraged by the Ministry of Health and a number of examples were given where cross appointments of staff and Board Members are in place. This included Central Coast LHD, Sydney LHD and Murrumbidgee LHD.</li> <li>• <b>Motion:</b> A motion was moved by B Frankum and seconded by N Merrett that the Board has full confidence in the Chief Executive to manage any perceived or real conflicts of interest in her role as a Board Member of the SWSML.</li> <li>• The motion was carried.</li> </ul>	S Neideck
4.3 TMF Insurance	<ul style="list-style-type: none"> <li>• A brief and excerpt from the contract for TMF insurance was circulated with the agenda.</li> <li>• It was requested that the contract and indemnity letter be included in the Board Induction Manual.</li> <li>• <b>Action:</b> Include the TMF contract and indemnity letter in the induction manual.</li> </ul>	S Neideck

	<ul style="list-style-type: none"> <li>It was noted that the contract is not an insurance policy, rather a fund. The contract notes that Board Members are covered if they act in good faith, with the exception of criminal liability.</li> </ul>	
4.4 NEAT Performance (identify a high performer to seek advice on strategies)	<ul style="list-style-type: none"> <li>A brief regarding the National Emergency Access Target (NEAT) performance across NSW was circulated with the agenda.</li> <li>Whilst the data is from 2012 it was noted that no tertiary facilities were performing above the target at the time.</li> </ul>	
At 4:10pm C Burlew joined the meeting		
	<ul style="list-style-type: none"> <li>The background to NEAT was discussed, with patient safety noted as the main rationale for reducing the time spent in the Emergency Department (ED).</li> <li>A variety of management techniques to reduce time spent in ED were discussed, including transferring patients to an Emergency Short Stay Unit (ESSU) or other short stay units.</li> </ul>	
4.5 Remuneration process	<ul style="list-style-type: none"> <li>A brief and the MoH Information Bulletin regarding Board Member remuneration was circulated with the agenda.</li> <li>It was noted that there are two inconsistent statements in relation payment when Board meetings have not been attended.</li> <li>It was confirmed that full payment is at the Chairman's discretion.</li> <li>All payments must be made via the payroll unit and therefore all Board Members who are eligible for payment are required to submit a tax file number form.</li> <li><b>Action:</b> Submit the tax file number form to S Neideck for processing.</li> <li>It was requested that further clarification be sought concerning superannuation and the process for remuneration via the payroll system.</li> <li><b>Action:</b> Seek clarification concerning superannuation requirements and advise Board Members.</li> </ul>	<p>Board Members</p> <p>S Neideck</p>
<b>5. Standing Items</b>		
5.1 LHD Performance	<ul style="list-style-type: none"> <li>A brief outlining the performance reports was circulated with the agenda.</li> </ul>	
5.1.1 Comparative Report	<ul style="list-style-type: none"> <li>The comparative report is due to the May 2013 meeting.</li> </ul>	
5.1.2 February 2013 – 2012/13 Acute Facilities Performance Management Framework Report	<ul style="list-style-type: none"> <li>The Performance Report for 2012/13 year to February was circulated with the agenda and noted by the Board.</li> <li>The report has been updated to include all targets, with 'no target' listed if none was identified in the LHD's service agreement.</li> </ul>	



<ul style="list-style-type: none"> <li>• Oral Health</li> <li>• Population Health</li> <li>• BreastScreen</li> </ul>	<ul style="list-style-type: none"> <li>• Universal home visiting rates remain overall consistent with 2 week and 4 week visits not meeting KPIs. Occupational therapy visits did not meet assessment KPIs due to waitlists,</li> <li>• Domestic violence (Liverpool) – all referrals by police contacted in 48 hours.</li> <li>• A service report for Oral Health was circulated with the agenda and noted by the Board.</li> <li>• It was noted that the National Partnership Agreement was signed, with a funding allocation for SWSLHD and SLHD of \$5.3m.</li> <li>• A service report for the Centre for Research, Evidence Management and Surveillance (REMS) and the Centre for Health Equity Training, Research and Evaluation (CHETRE) were circulated with the agenda and noted by the Board.</li> <li>• REMS involved is in 8 research projects around the built urban environment.</li> <li>• Report of the Health Impact Assessment of the Villawood Estate Masterplan presented to Housing NSW</li> <li>• A service report for BreastScreen was circulated with the agenda and noted by the Board.</li> <li>• Participation rates still remain below target with a range of strategies being implemented to address</li> <li>• Screening KPIs were exceeded.</li> </ul>	
<p>5.2 Chairman’s Report</p> <p>5.2.1. Feedback on the Council of Chairs Meeting – 8 March 2013</p> <p>5.2.2. COAG Funding (National Partnership Agreement)</p>	<ul style="list-style-type: none"> <li>• The Chair provided verbal feedback on the Council of Chairs Meeting held 8 March 2013.</li> <li>• The Council of Chairs received a presentation on the new national standards.</li> <li>• The Commonwealth has not renewed the National Partnership Agreement which could result in a potential loss of \$358m for NSW.</li> <li>• The potential reduction in the funding for SWSLHD was discussed at the Finance Committee (see item 6.1.2).</li> </ul>	
<p>5.3 Work Safety Report</p> <p>5.3.1. Due Diligence Report</p>	<ul style="list-style-type: none"> <li>• The Work Safety Report was circulated with the agenda and noted by the Board.</li> <li>• There were a number of critical incidents noted in the report – all except the PABX issue for Bankstown have been resolved or are in the process of being resolved.</li> <li>• The report on due diligence is currently being finalised and will be submitted to the May 2013 meeting.</li> </ul>	

5.4 Risk Management	<ul style="list-style-type: none"> <li>The risk management report is due to the May Board Meeting.</li> </ul>	
5.5 Strategic Planning Process	<ul style="list-style-type: none"> <li>The consultation with staff and the community will commence shortly. Further details will be provided to the Board once they are available.</li> </ul>	
<b>6. Committees of the Council</b>		
6.1 Finance Committee 6.1.1 Minutes – February 2013	<ul style="list-style-type: none"> <li>The minutes of the Finance Committee held 15 February 2013 were circulated with the agenda and noted by the Committee.</li> <li>It was requested that the briefing on the Bowral Hospital options paper be distributed to the Board.</li> <li><b>Action:</b> Distribute the briefing on the Bowral Hospital options paper to the Board.</li> </ul>	S Neideck
6.1.2 Key Finance Issues – March 2013	<ul style="list-style-type: none"> <li>Verbal feedback from the Finance Committee held 22 March 2013 was provided to the Board.</li> <li>The issue regarding the National Partnership Agreement funding (COAG) was discussed. This will affect \$8.7m of current funding.</li> <li>The LHD held a meeting with the General Managers and Senior Clinicians surrounding the COAG funded services and it was agreed that the majority would close. The LHD has agreed to recommend to the MoH that projects (Geriatrician for Macarthur, Rehabilitation staff specialist for Bowral, Community Palliative Care Nurse, 10 inpatient rehabilitation beds and the palliative care liaison service) totalling \$2.9m be retained. This will depend on State/Commonwealth funding.</li> <li>A reduction in contingency funding by \$6m for the Campbelltown Hospital redevelopment was noted at the Finance Committee meeting.</li> <li>It was noted that the reduction in contingency was not discussed with the LHD and the funding will not be available for reinvestment within SWSLHD.</li> <li>It was noted that the scope for the project was originally reduced to meet the funding commitment and the reduction in funding is an issue.</li> <li>It was requested that concerns be noted formally with Health Infrastructure.</li> <li><b>Action:</b> Formally raise concerns regarding the reduction in contingency funding for Campbelltown Hospital redevelopment with Health Infrastructure.</li> </ul>	Chief Executive
6.1.3 Director Finance Report – February 2013	<ul style="list-style-type: none"> <li>The Finance Report for February 2013 was circulated with the agenda and noted by the Board.</li> <li>The general fund net cost of service for YTD February 2013 was noted as \$1.6m unfavourable.</li> <li>Contingency funding for the District is currently \$10m, with \$4.5m to be utilised for the Liverpool</li> </ul>	

	Hospital enhancements.	
At 5:40pm C Carriage left the meeting.		
	<ul style="list-style-type: none"> <li>Concerns were noted by the Board surrounding the level of detail in the narrative required by the Ministry of Health.</li> <li>It was noted that the labour savings cap is a three year initiative, however details of the cost savings for 2013/14 and 2017/15 have not been released.</li> </ul>	
6.2 Audit and Risk	<ul style="list-style-type: none"> <li>The Audit and Risk Committee meeting is scheduled for 26 March 2013.</li> </ul>	
6.3 Health Care Quality and Safety 6.3.1 Minutes	<ul style="list-style-type: none"> <li>The minutes of the Health Care Quality and Safety Committee held on 6 March 2013 were circulated with the agenda and noted by the Board.</li> <li>The impact of the loss of private mental health beds at Campbelltown was noted as an issue for the LHD.</li> </ul>	
6.3.2 Terms of Reference	<ul style="list-style-type: none"> <li>The updated terms of reference for the Health Care Quality and Safety Committee were circulated with the agenda and noted by the Board.</li> <li>It was noted that the community representatives are covered by a code of conduct which includes privacy and confidentiality.</li> </ul>	
At 5:45pm C Carriage re-joined the meeting.		
6.3.3 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.</li> <li>The Patient Safety Seminar will be held on 29 August 2013 and the Board were invited to attend.</li> <li>There was discussion surrounding minimum age requirements for paediatric surgery at Bankstown, Campbelltown and Liverpool Hospitals, with Campbelltown and Bankstown operating on children over 6, and Liverpool operating on children over 12.</li> <li>It was noted that paediatric surgery is an issue state wide and LHDs were asked to negotiate with clinicians surrounding local policies on surgery including minimum ages.</li> <li><b>Action:</b> That paediatric surgery is discussed at the Health Care Quality and Safety Committee.</li> <li>The Chair requested that information surrounding death review committees at each of the facilities be tabled at the Health Care Quality and Safety Committee.</li> <li><b>Action:</b> Compile information from each facility on the Death Review Committees and relevant data and provide a report for discussion at the Health Care Quality and Safety Committee.</li> </ul>	<p>N Merrett</p> <p>M Zacka</p>

<p>6.4 Research and Teaching 6.4.1 Minutes</p>	<ul style="list-style-type: none"> <li>• The minutes of the Research and Teaching Committee held 7 March 2013 were circulated with the agenda and noted by the Board.</li> <li>• The LHD has not received final confirmation of approval as a Lead Ethics Committee but informal advice indicates the accreditation is pending approval with the National Health and Medical Research Council.</li> <li>• It was noted that N Berry will no longer be attending the committee.</li> </ul>	
<p>At 6:10pm G Loy left the meeting.</p>		
<p>6.5 Community Engagement 6.5.1 Consumer Community Council Minutes  6.5.2 Business Plan</p>	<ul style="list-style-type: none"> <li>• The minutes of the Community Consumer Council (CCC) held 8 March 2013 were circulated with the agenda and noted by the Board.</li> <li>• It was noted that the CCC discussed at the Mid-Staffordshire report at the last meeting.</li> <li>• The Consumer Community Council Business Plan was circulated with the agenda and noted by the Board.</li> </ul>	
<p><b>7. New Business</b></p>		
<p>7.1 Inter-District Agreements</p>	<ul style="list-style-type: none"> <li>• Due to the conflict of interest noted in item 2, P Harris did not participate in this item.</li> </ul>	
<p>At 6:10pm P Harris left the meeting.</p>		
	<ul style="list-style-type: none"> <li>• C Burlew chaired the discussion in relation to the Inter-District Agreements due to the Chair excusing himself from discussion.</li> <li>• A brief regarding the Inter-District Agreements (IDAs) was circulated with the agenda and noted by the Board.</li> <li>• On 5 March 2013 a letter was received from the Chief Executive, Sydney Local Health District (SLHD) advising that SLHD is requesting to split the majority of IDAs.</li> </ul>	
<p>At 6:11pm G Loy re-joined the meeting.</p>		
	<ul style="list-style-type: none"> <li>• An independent arbitrator, Wendy Hughes, Relationship Manager, Systems Purchasing and Performance has been engaged to negotiate the split of the IDAs. A meeting will be held with Ms Hughes and the Chief Executives on 28 March.</li> <li>• A request for information was distributed to the services that are to be split, with responses due back in April 2013.</li> <li>• The negotiations will continue this financial year, with SLHD requesting the split occur as of 1 July 2013. It is not apparent whether this timeframe will be met at this time.</li> <li>• It is anticipated that further information will be brought to the May or June 2013 Board Meeting.</li> </ul>	

	<ul style="list-style-type: none"> <li>• It was noted that the Cancer Services and Mental Health IDAs will not be split as part of these negotiations. It is anticipated that these services will remain shared until 2014.</li> <li>• Splitting the Information Management and Technology Division (IMTD) IDA is problematic due to the high cost, server locations and infrastructure. This IDA will require further discussion.</li> <li>• It was requested that a presentation from the Chief Information Officer be provided to the Board once the final draft IMTD strategic plan is finalised.</li> <li>• <b>Action:</b> Request a presentation from the Chief Information Officer once the final draft of the IMTD Strategic Plan is complete.</li> </ul>	Chief Executive
--	---	-----------------

At 6:25 P Harris re-joined the meeting.

**8. Other Business Without Notice**

8.1 General Manager Positions	<p>NOTE: This item was discussed after item 3</p> <ul style="list-style-type: none"> <li>• The Chief Executive advised that there is a recommended applicant for the Bowral Hospital General Manager position.</li> <li>• Interviews were held for the Campbelltown/Camden Hospital General Manager position, with no successful applicant identified. The position will be readvertised through an Executive Search Firm.</li> <li>• It was queried whether the remuneration for Campbelltown/Camden General Manager is appropriate.</li> <li>• It was noted the remuneration level is determined by the Ministry of Health and is a Health Executive Service (HES) Level 3. Comparatively, Liverpool Hospital is a HES 4 and Bankstown Hospital is a HES 2.</li> <li>• It is considered that the factors impacting on attracting applicants include the distance from the CBD combined with the demand and redevelopment challenges.</li> <li>• It was requested that a comparison be conducted for hospitals outside the District.</li> <li>• <b>Action:</b> Provide comparative data on HES levels for General Managers of hospitals outside the District.</li> </ul>	Chief Executive
-------------------------------	---	-----------------

**9. Items for Information**

At 6:25pm J Gordon left the meeting.

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>• The following upcoming events were noted: <ul style="list-style-type: none"> <li>• Close the Gap Day at Campbelltown Hospital – 26 March</li> </ul> </li> </ul>	

9.1.2	March 2013 Newsletter	<ul style="list-style-type: none"> <li>• Copies of the March 2013 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> <li>• The following dates were noted by the Board: <ul style="list-style-type: none"> <li>• June Board Meeting will be held at the Ingham Institute.</li> <li>• The Annual Public Meeting will be held on Thursday 5 December at Liverpool Hospital.</li> </ul> </li> </ul>	
9.2	Meetings with Interested Parties		
9.2.1	1 March 2013 – Minister for Health	<ul style="list-style-type: none"> <li>• The Minister for Health visited Liverpool Hospital for the opening of the Museum and the launch of the 200 year anniversary of Liverpool Hospital.</li> </ul>	
9.2.2	5 March 2013 – Minister for Mental Health	<ul style="list-style-type: none"> <li>• The Minister for Mental Health visited Waratah House at Campbelltown.</li> <li>• On 20 March the NSW Premier, Minister for Health and local MPs visited Campbelltown Hospital for the official sod turning to mark early works for the redevelopment.</li> </ul>	
<b>10.</b>	<b>Next Meeting</b>	Monday 22 April 2013 1430 – 1530 – Presentation and Afternoon Tea 1530 – 1830 – Board Meeting <b>Bankstown Hospital</b>	

Meeting closed at 6:30pm