

# MINUTES



## South Western Sydney Local Health District Board

Date: Monday 22 April 2013

Time: 2.30pm – presentation by Bankstown Hospital Executive

3:30pm – 6:30pm – Board Meeting

Venue: Auditorium, Bankstown 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	✓		Mark (Jack) Johnson		✓
Christine Carriage	✓		Prof Neil Merrett	✓	
Prof Brad Frankum	✓		Dr Matthew Gray	✓	
Frank Conroy	✓		Nina Berry	✓	
Dr David Abi-Hanna	✓				
<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	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
2. In Camera Session	<ul style="list-style-type: none"> <li>Feedback from the in camera session indicated that the Board noted the letter from the Independent Commission Against Corruption (ICAC) regarding the matter of alleged corrupt behaviour of the Chief Executive and Director, Operations.</li> <li>The Board expressed strong support for the Chief Executive.</li> <li>The Board noted it may be appropriate to involve a mediator for a strict three month period in an attempt to resolve the complaint.</li> <li><b>Action:</b> Consider involving a mediator in relation to the alleged corrupt behaviour of the Chief Executive and Director, Operations in an attempt to resolve the complaint.</li> </ul>	Chief Executive
At 4:15pm A Larkin, G King, N Collins, K Lim, M Zacka and S Neideck joined the meeting.		
3. Declaration of Interests	<ul style="list-style-type: none"> <li>The following declaration of a potential conflict of interest was made:                             <ul style="list-style-type: none"> <li>P Harris – in relation to item 5.6 on the agenda is a current employee of Sydney Local Health District.</li> </ul> </li> </ul>	

<p>4. Confirmation of the previous minutes and action list</p>	<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 25 March 2013, be accepted as a true and accurate record of the meeting with the following amendments: <ul style="list-style-type: none"> <li>• Item 6.1.3 – item should read ‘concerns were raised by <i>the Board</i> surrounding the level of detail in the narrative required by the Ministry of Health’.</li> <li>• Item 6.3.3 – item should refer to ‘death <i>review</i> committees’.</li> <li>• Item 7.1 – item should include a point that ‘C Burlew chaired the discussion in relation to the Inter-District Agreements due to the Chair excusing himself from discussions’.</li> <li>• Item 7.1 – at the end of the discussions regarding the Inter-District Agreements reference should be made to P Harris rejoining the meeting at 6:25pm.</li> </ul> </li> </ul>	
<p><b>5. Business Arising</b></p>		
<p>5.1 Audit Charters</p>	<ul style="list-style-type: none"> <li>• A brief regarding the Audit Charters was circulated with the agenda. It was noted that the date in the brief should be listed as 23 April 2012.</li> <li>• It was requested that the action relating to this item remain open on the action list.</li> <li>• <b>Action:</b> Ensure action relating to the audit charters remains open on the action list.</li> <li>• It was noted that clarification has been sought from the Ministry of Health on a number of occasions surrounding the discrepancy in the Charter.</li> <li>• It is recommended that a brief be prepared for the board regarding a change in the By-Laws concerning the membership of the Audit and Risk Management Committee.</li> <li>• It is recommended that the Chief Executive be removed as a member and that J Gordon be appointed as a member of the Audit and Risk Management Committee.</li> <li>• <b>Action:</b> Make recommended changes and submit to the Board for approval.</li> <li>• <b>Action:</b> Submit revised By-Laws to the Board for consideration.</li> <li>• Further that the Audit Charters be revised and updated for the Audit and Risk Management Committees approval.</li> <li>• <b>Action:</b> Update the Audit Charters be revised and updated for the Audit and Risk Management Committee for consideration out of session.</li> </ul>	<p>S Neideck</p> <p>Chief Executive</p> <p>Chief Executive</p> <p>Chief Executive</p>
<p>5.2 Campbelltown Mental Health</p>	<ul style="list-style-type: none"> <li>• A brief regarding interim arrangements for mental health services in Campbelltown was circulated with the agenda. It was noted that the brief should read <i>Macarthur</i> Private Hospital.</li> <li>• Two options are currently being considered for mental health service delivery: <ol style="list-style-type: none"> <li>1. Maintain the current 12 sub-acute mental health beds open at Liverpool Hospital once the 20 bed sub-acute unit at Liverpool Hospital opens in May.</li> </ol> </li> </ul>	

	<p>2. A partnership with a private provider for utilisation of Macarthur Private Hospital for 20 public beds and a number of private beds.</p> <ul style="list-style-type: none"> <li>• These proposals have both been verbally submitted to the Ministry of Health for consideration.</li> <li>• Should either of these proposals be pursued further, a detailed proposal will be provided to the Board for consideration.</li> <li>• It was also noted that these strategies would complement any capital redevelopment.</li> </ul>	
5.3 Carrington Centennial Care Transfer of Licences	<ul style="list-style-type: none"> <li>• A brief regarding the transfer of licences for Carrington Centennial Care was circulated with the agenda and noted by the Board in response to a previous query.</li> </ul>	
5.4 Name Change – Liverpool Hospital	<ul style="list-style-type: none"> <li>• A brief regarding the proposed consultation on a potential name change for Liverpool Hospital was circulated with the agenda and noted by the Board.</li> <li>• It was noted that the Minister’s Office has requested the consultation not proceed.</li> <li>• It was noted that the importance of a potential name change relates to branding and ensuring the significant role of the Hospital is understood by the local community and across the health system.</li> <li>• It was agreed that the Chair should raise the issue with the Minister for Health and advise the Minister that the Board would like to discuss the matter further.</li> <li>• <b>Action:</b> Raise the proposed consultation on the Liverpool Hospital name change with the Minister for Health.</li> <li>• <b>Action:</b> Proposed name change for Liverpool Hospital to be discussed with the Minister for Health at a Board Meeting. An invitation will be extended to the Minister inviting her to attend a Board Meeting.</li> </ul>	<p>P Harris</p> <p>Chief Executive</p>
5.5 General Manager Positions	<ul style="list-style-type: none"> <li>• A brief outlining General Manager position grading across key hospitals in NSW was circulated with the agenda and noted by the Board.</li> <li>• It was noted that the Director General approves appointment of Health Executive Service positions</li> <li>• An executive search firm has been approved by the MoH to identify candidates for the Campbelltown/Camden Hospital General Manager position.</li> </ul>	
5.6 Inter-District Agreements	<ul style="list-style-type: none"> <li>• A brief regarding the Inter-District Agreements was circulated with the agenda.</li> </ul>	
At 5:00pm C Carriage left the meeting.		
	<ul style="list-style-type: none"> <li>• A meeting has been held with the Chief Executive, Sydney Local Health District and the MoH.</li> <li>• A preliminary list of services that should be split as part of the process has been submitted to the Ministry of Health. It was noted that there are a number of units that may benefit from other governance arrangements.</li> </ul>	
At 5:05pm C Carriage re-joined the meeting.		
	<ul style="list-style-type: none"> <li>• The current IDA for Mental Health is valid until 30 June 2014. It is likely this will be brought forward but will require further work regarding the management structure in order to be feasible.</li> </ul>	

<b>6. Standing Items</b>		
6.1 LHD Performance	<ul style="list-style-type: none"> <li>• A brief outlining the performance reports was circulated with the agenda.</li> </ul>	
6.1.1 Comparative Report	<ul style="list-style-type: none"> <li>• The comparative report is due to the May 2013 meeting.</li> </ul>	
6.1.2 March 2013 – 2012/13 Acute Facilities Performance Management Framework (PMF) Report	<ul style="list-style-type: none"> <li>• The Performance Report for 2012/13 year to March was circulated with the agenda and noted by the Board.</li> <li>• Improvement in SABS infections, transfer of care and surgery targets was noted specifically by the Board.</li> </ul>	
At 5:10pm M Zacka left the meeting.		
	<ul style="list-style-type: none"> <li>• On 4 April 2013 the LHD underwent a regular performance review with the Ministry of Health, whereby the improved performance was noted.</li> <li>• At the Performance Review it was stated that the District would probably be reduced to a performance level 0.</li> <li>• Marked improvement in most KPIs listed in the PMF report was noted by the Board. Seasonal aspects have assisted with improved performance but there has also been increased activity so the facilities should be commended on their performance.</li> </ul>	
At 5:13pm M Zacka re-joined the meeting.		
6.1.3 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>• The trial of patients admitted under intensivists at Campbelltown Hospital was discussed. Further information was offered to Board Members should they wish to learn more about the trial.</li> </ul>	
6.1.4 LHD Comparison Report	<ul style="list-style-type: none"> <li>• A table outlining KPIs for all Districts across NSW was circulated with the agenda.</li> <li>• It was noted that the main KPI of concern when compared across NSW is unplanned readmissions.</li> <li>• A number of factors were noted that can affect unplanned readmissions. This is being reviewed by the Health Care Quality and Safety Committee.</li> </ul>	
6.1.5 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> <li>• A chart outlining all the services providing a report to the Board was circulated with the agenda and noted by the Board.</li> </ul>	
<ul style="list-style-type: none"> <li>• Drug Health</li> </ul>	<ul style="list-style-type: none"> <li>• A service report for Drug Health was circulated with the agenda and noted by the Board.</li> <li>• The Opioid Treatment Program has exceeded the target for patients on the program by 64 patients.</li> </ul>	
<ul style="list-style-type: none"> <li>• Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>• A service report for Mental Health was circulated with the agenda and noted by the Board.</li> <li>• Medical staffing remains a significant challenge for mental health. A range of strategies are being applied to address the situation.</li> </ul>	

<ul style="list-style-type: none"> <li>• Community Health</li>   <li>• Population Health</li>   <li>• BreastScreen</li>   <li>• Child Protection (Strategic) Unit</li> </ul>	<ul style="list-style-type: none"> <li>• A service report for the Community Health Specialist Services directorate was circulated with the agenda and noted by the Board.</li> <li>• The operations of The Hub at Miller were outlined to the Board including activities to encourage social connections and community engagement.</li> <li>• Miller was noted as a disadvantaged area of the District. The Chief Executive advised a report on suggested actions within Miller would be provided to the Board.</li> <li>• <b>Action:</b> Provide a report to the Board on suggested actions in relation to addressing disadvantage in the Miller area.</li>   <li>• Service reports for the Population Health Directorate and the NSW Refugee Health Service were circulated with the agenda and noted by the Board.</li> <li>• Input into local government through the “Healthy Urban Development Checklist” and other Urban Planning Work was noted by the Board.</li> <li>• The GP Refugee Health Assessment clinics and related health nursing programs were noted.</li>   <li>• A service report for BreastScreen was circulated with the agenda and noted by the Board.</li> <li>• The participation rate for BreastScreen remains marginally under the KPI of 47%, at 45.6%.</li>   <li>• A service report for the Child Protection (Strategic) Unit was circulated with the agenda and noted by the Board.</li> <li>• It was noted that 649 staff received mandatory training between January and March 2013.</li> </ul>	<p>Chief Executive</p>
<p>6.2 Chairman’s Report</p> <p>6.2.1 Meeting Dates</p> <p>6.2.2 Minister and DDG Attendance at Board Meeting</p> <p>6.2.3 Declarations of Interest Form</p>	<ul style="list-style-type: none"> <li>• A brief outlining future Board event dates was tabled for information.</li> <li>• It was clarified that the NSW Health Symposium is scheduled for 10 May 2013.</li> <li>• A number of Board Members have already indicated that they will attend.</li>   <li>• The Chair advised that the Minister for Health and the Deputy Director General (DDG), System Purchasing and Performance have both separately requested to attend a Board Meeting.</li> <li>• These requests were accepted, on the basis that confidentiality be maintained, that the DDG provide a presentation to the Board.</li> <li>• <b>Action:</b> Formally invite the Minister for Health and the Deputy Director General to attend a Board Meeting.</li>   <li>• A declarations of interest form drafted by C Burlew was tabled for discussion.</li> <li>• It was suggested that the form be utilised annually for declarations of interest.</li> <li>• It was requested that the form be updated with a section to indicate relevant personal relationships.</li> </ul>	<p>Chief Executive</p>



	<ul style="list-style-type: none"> <li>• An error associated with the accounting entry for \$7m for the Liverpool Hospital Car Park was noted. This resulted in the March result being \$7m more favourable than it should have been. This will be reversed and corrected in the April result.</li> <li>• The net result of these two changes was an improvement of \$1.8m.</li> <li>• The financial statements were reviewed by the Audit and Risk Management Committee on Friday 19 April 2013. As a result of this review, a number of issues were identified and will be resolved.</li> <li>•</li> </ul>	
7.1.4 Ingham Institute	<ul style="list-style-type: none"> <li>• The brief provided to the Finance Committee was circulated with the agenda.</li> <li>• The brief outlined the history of the Ingham Institute, its relationship to the District and the Commonwealth funding provided for the construction of the Institute, the clinical skills laboratory and the MRI-Linac bunker.</li> <li>• There are a number of critical contractual and financial matters that need to be negotiated with the Ingham Institute.</li> <li>• It was noted that the Health Administration Corporation (HAC) owns the land that the Ingham Institute was built on; however the Ingham Institute owns the building.</li> <li>• Under legislation this effectively means that the HAC owns the building and therefore an agreement is required for lease of the building to the Ingham Institute.</li> <li>• A draft SLA and draft lease document have been prepared in discussion with the Ingham Institute, the Ministry of Health and SWSLHD in preparation for the discussion.</li> <li>• It is acknowledged by SWSLHD that as the Ingham Institute is an emerging entity with limited financial resources, a transition arrangement needs to be incorporated into the lease agreement to ensure the financial viability of the Institute.</li> <li>• An Interim Licence to occupy signed by both parties acknowledges this status of the IIAMR and the requirement for a transition arrangement, which will include the provision of outgoings by SWSLHD during the interim period.</li> <li>• The final transition arrangement will be for a limited period of time (proposed to be 5 years) and is included in the draft Lease and SLA.</li> <li>• It was recommended that a small group of Board Members be convened to review the documentation.</li> <li>• After some discussion it was agreed that the Finance Committee with the inclusion of the Board Chair should convene to review the documentation and the Board should receive a formal briefing on the matter once the review has occurred.</li> <li>• <b>Action:</b> Convene a meeting of the Finance Committee to review the Ingham Institute documentation.</li> <li>• <b>Action:</b> Once the documentation for the Ingham Institute is reviewed, provide a briefing to the Board on the arrangements.</li> </ul>	<p>Chief Executive</p> <p>Chief Executive</p>

7.1.5 Bowral Hospital Project	<ul style="list-style-type: none"> <li>It was noted that a visit to Joondalup Hospital in Western Australia will be conducted to review options in relation to Bowral Hospital.</li> </ul>	
7.2 Audit and Risk	<ul style="list-style-type: none"> <li>Draft minutes of the Audit and Risk Management Committee meeting held 26 March 2013 were circulated with the agenda and noted by the Board.</li> <li>A number of items were noted by the Committee where audit reports were unsatisfactory.</li> <li>The reference to the customer survey in the minutes relates to a survey conducted by Internal Audit and provided to facilities to respond. The survey is not related to external consumers or patients.</li> <li>It was noted that there is currently no clinical risk in relation to the Campbelltown surgeon as the investigation is about fraud, not clinical capacity.</li> <li>It was clarified that the audit in relation to toner cartridges was in response to a staff member giving away a large number of unused cartridges.</li> <li>The Audit and Risk Management Committee met on Friday 19 April 2013 to review the financial statements.</li> <li>The Committee congratulated the finance team including the Director, Finance on their preparation of the financial statements.</li> </ul>	
7.3 Health Care Quality and Safety 7.3.1 Minutes	<ul style="list-style-type: none"> <li>The minutes of the Health Care Quality and Safety Committee held on 3 April 2013 were circulated with the agenda and noted by the Board.</li> <li>An analysis of readmission rates will be conducted and provided to the Committee.</li> <li>The increase in Staphylococcus Aureus infection rates at Liverpool Hospital in January 2013 have been thoroughly investigated with no explanation found. It was noted in item 6.1.2 that the rate has reduced significantly since January 2013.</li> <li>Aboriginal Health indicators are noted as poor for SWSLHD. A report will be provided later in 2013 regarding this. It was recommended that the Director, Aboriginal Health be invited as an attendee onto the Committee.</li> <li><b>Action:</b> The Director, Aboriginal Health be invited as an attendee to the Health Care Quality and Safety Committee.</li> <li>The Board were reminded to complete the Respecting the Difference online training module.</li> <li><b>Action:</b> Complete the Respecting the Difference online training module.</li> <li>On 20 April 2013 a fatal incident occurred at Liverpool Hospital involving a Villawood detainee. Details of the incident were outlined for the Board.</li> <li>It was noted that an RCA will be conducted into the incident to determine any issues in relation to the management of the case.</li> <li>A Schembri, General Manager, Liverpool Hospital and K Lim, District Executive on Call were commended for their efforts in managing the situation.</li> </ul>	<p>N Merrett</p> <p>All Board Members</p>
7.3.2 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.</li> <li>The report outlined the gap analysis for the new National Standards.</li> </ul>	



	<ul style="list-style-type: none"> <li>• There are a number of areas that require further work to ensure standards are met. These areas include antimicrobial stewardship, recruitment to the Haemovigilance Clinical Nurse Consultant position and the patient experience survey.</li> <li>• It was requested that information be sought on whether any facilities across the state have undergone accreditation using the National Standards yet and what the outcomes have been.</li> <li>• <b>Action:</b> Obtain information on whether any facilities have undergone accreditation using the National Standards and what the outcome of the survey(s) have been.</li> </ul>	M Zacka
7.4 Research and Teaching 7.4.1 Minutes	<ul style="list-style-type: none"> <li>• The minutes of the Research and Teaching Committee held 4 April 2013 were circulated with the agenda and noted by the Board.</li> <li>• It was noted that formal documentation has not been received regarding the approval as a Lead Ethics Committee.</li> </ul>	
7.5 Community Engagement 7.5.1 Consumer Community Council Minutes	<ul style="list-style-type: none"> <li>• The minutes of the Community Consumer Council (CCC) held 5 April 2013 were circulated with the agenda and noted by the Board.</li> <li>• The CCC have noted concerns regarding the changes to COAG funding. No further information will be available until after the federal budget announcement in May 2013.</li> </ul>	
<b>8. New Business</b>		
8.1 Nil		
<b>9. Other Business Without Notice</b>		
9.1 Nil		
<b>10. Items for Information</b>		
10.1 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>	
10.1.1 Upcoming Events	<ul style="list-style-type: none"> <li>• The following upcoming events were noted: <ul style="list-style-type: none"> <li>• Liverpool Hospital ANZAC Day Commemorations – 24 April 2013</li> <li>• International Nurses and Midwives Day – celebrations in early May 2013</li> <li>• Minister to visit Fairfield Hospital – date to be advised.</li> </ul> </li> </ul>	
10.1.2 April 2013 Newsletter	<ul style="list-style-type: none"> <li>• Copies of the April 2013 newsletter was circulated with the agenda.</li> </ul>	
10.1.3 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>• The Annual Public Meeting will be held on Thursday 5 December at Liverpool Hospital.</li> </ul> </li> </ul>	
10.2 Meetings with Interested Parties 10.2.1 11 April 2013 – Director-General Visit	<ul style="list-style-type: none"> <li>• The Director General visited the LHD on 11 April 2013 and was provided with a presentation on four clinical innovation projects currently being undertaken by the District.</li> </ul>	

<p>10.2.2 17 April 2013 – Consultation on State Health Plan</p>	<ul style="list-style-type: none"> <li>• A consultation session on the State Health Plan was held at Cabra-Vale Diggers Club on 17 April 2013 with representatives from the LHD, Board, NGO's, Private Sector and other government agencies. The session was chaired by the Deputy Director General.</li> </ul>	
<p><b>10. Next Meeting</b></p>	<p>Monday 27 May 2013 1430 – 1530 – Presentation and Afternoon Tea 1530 – 1830 – Board Meeting The agenda noted the next meeting will be held at Fairfield Hospital however it was agreed that the meeting should instead be held at a Community Health Centre.</p>	

Meeting closed at 6:55pm