

MINUTES



South Western Sydney Local Health District Board

Date: Monday 27 May 2013

Time: 2.30pm – presentation by Community Health Executive

3:30pm – 6:30pm – Board Meeting

Venue: Group Room 4, Fairfield Community Health Centre, Carramarr

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	✓				
<i>Other Attendees</i>					
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	✓		Natasha Hallifax, Risk Manager, SWSLHD	✓	
Fiona Rothe, Risk Management Assistant, SWSLHD	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
2. Declaration of Interests	<ul style="list-style-type: none"> The following declaration of a potential conflict of interest was made: <ul style="list-style-type: none"> P Harris – in relation to item 6.1 on the agenda is a current employee within the Cardiology Department of Royal Prince Alfred Hospital. 	
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 C Burlew that the minutes of the meeting held on 22 April 2013, be accepted as a true and accurate record of the meeting. The motion was carried. 	
4. Presentation by the Risk Manager, SWSLHD		
	<ul style="list-style-type: none"> A presentation on Risk Management was provided to the Board by the Risk Manager, SWSLHD. A compendium of information in relation to Risk Management was tabled for the Board. The Board responsibilities under risk management include: <ul style="list-style-type: none"> Understanding the nature of operations of SWSLHD. 	

	<ul style="list-style-type: none"> • Awareness of the risks within SWSLHD. • Awareness of the risk systems, processes and resources. • Support continuous improvement through monitoring and review. • The Health Education and Training Institute (HETI) are currently developing a Board Training program for risk management. 	
4.1 Due Diligence	<ul style="list-style-type: none"> • A table outlining current systems, processes and gaps relating to due diligence for the LHD was circulated with the agenda and noted by the Board. 	
4.2 Risk Register	<ul style="list-style-type: none"> • A brief and the top 30 risks on the SWSLHD Risk Register were circulated with the agenda and noted by the Board. • An additional risk was noted on the Risk Register in relation to the safety of staff. • It was noted by the Chair of the Finance Committee that any changes to risks governed by the Finance Committee will be approved by the Finance Committee prior to changes being confirmed on the Risk Register. • It was noted that this process should be conducted by all governance committees in relation to the risks they govern. • Action: Ensure all governance committees approve changes to risks prior to confirmation of the change on the SWSLHD Risk Register. • SWSLHD has taken a number of actions in relation to implementation of the risk management framework: <ul style="list-style-type: none"> • A review of the Committee structure and draft local policy. • Ongoing review of the SWSLHD Risk Register. • Appointment of a risk owner and governance committee for each risk on the Risk Register for monitoring and review at a District level. • Training material updated for the Centre for Education and Workforce Development. • Risk Management software application sourced and to be implemented. • Review by the Internal Audit Bureau conducted. • A heat map has been introduced to the reporting structure which outlines the number of high, medium and low risks for each category on the risk register which will indicate any changes in risk ratings. • It was requested that Clinical Care and Patient Safety be moved to the top of the heat map. • Action: Ensure Clinical Care and Patient Safety category is at the top of the Risk Register Heat Map. • It was noted that risk management should be noted in all position descriptions across the District. It was queried whether risk management is included in the VMO contracts. • Action: Ensure risk management is covered in all VMO contracts. • A draft reporting dashboard was included in the compendium and discussed by the Board. • Use of the dashboard for future reports to the Board was supported. 	<p>G Loy</p> <p>G Loy</p> <p>A Larkin</p>

	<ul style="list-style-type: none"> • Action: Utilise the proposed dashboard for reporting to the Board. • The difference between crisis management and risk management was clarified for the Board. It was noted that as a result of an incident, corrective change occurs first, with any residual risk reviewed once corrective action has occurred. • It was noted that an implementation plan for the risk management system will be developed and the timeframe for development will be discussed. 	G Loy
At 4:30pm N Halifax and F Rothe left the meeting.		
5. Business Arising		
5.1 Inter-District Agreements	<ul style="list-style-type: none"> • A brief regarding the current split of the Inter-District Agreements was circulated with the agenda. • A number of Inter-District Agreements will remain as a shared service at this point due to a variety of reasons. These services include Out of Home Care, Health Language Services, Information Management and Technology Division and two Cancer Services Agreements. • The Board was advised that the decision to cease an Inter-District Agreement must be approved by the Board. Therefore, recommendations to split Inter-District Agreements will be advised to the Board for their approval. • It was clarified that the Inter-District Agreement for Haematology is in relation to a clinician from Concord Hospital who provides clinical services to Bankstown Hospital. This will cease when the clinician retires at the end of 2013. Plans are being developed for the transfer of the service. 	
6. Standing Items		
6.1 Chief Executive's Report	<ul style="list-style-type: none"> • The Chief Executive's Report was circulated with the agenda and noted by the Board. <p><u>Cardiac Catheter Laboratory</u></p> <ul style="list-style-type: none"> • Further clarification was provided on the proposal for development of a Cardiac Catheter Laboratory at Bankstown Hospital. • Patients requiring treatment in a Cardiac Catheter Laboratory are currently transferred to Royal Prince Alfred Hospital. • A detailed proposal was presented to the MoH for funding and the LHD was advised to explore other funding options. • A number of options were considered however the recommended proposal was to build a dedicated laboratory at Liverpool Hospital for use by Bankstown patients. • The proposal is based on limited physical space at Bankstown Hospital, cost and efficiency/throughput of a unit if built on site. • It was noted that a patient transfer to Liverpool Hospital will result in less travel time for patients and staff/drivers than the current arrangement with RPA. 	

	<ul style="list-style-type: none"> • Resolution: The Board resolved to support the Chief Executive's proposal for the development of a dedicated Cardiac Catheter Laboratory for Bankstown Hospital patients on site at Liverpool Hospital. <p><u>Affiliated Healthcare Organisations</u></p> <ul style="list-style-type: none"> • SWSLHD currently supports five Affiliated Healthcare Organisations which includes Braeside, Carrington Centennial Care, SCARBA (The Benevolent Society), Karitane and the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). • Each Organisation has a Service Agreement with the LHD, requiring sign off by the Board Chair on behalf of the Board. • It was noted that funding from SWSLHD is not the sole funding for these organisations and the risk for SWSLHD is minimal. • The Service Agreements for 2012/13 were recommended for signature by the Chair. • The Board supported the Chair in signing the Agreements. • Action: Sign the 2012/13 Service Agreements for the Affiliated Healthcare Organisations. • It was noted that no agreement was drafted for Carrington Centennial Care due to the ongoing negotiations with the Ministry of Health on the funding level. <p><u>Bowral & District Hospital</u></p> <ul style="list-style-type: none"> • A workshop will be held on 31 May 2013 with Capital Insight to review options for Bowral & District Hospital. 	P Harris
At 5:00pm M Johnson left the meeting.		
	<ul style="list-style-type: none"> • A recent visit to Western Australia's Joondalup Hospital was informative in advising on the complex contractual arrangements in place. • It was noted that no objections were noted at the recent community consultation for the SWSLHD Strategic Plan in relation to possible public/private partnerships for the Hospital. <p><u>Integrated Primary Care Centre</u></p> <ul style="list-style-type: none"> • The development of the Integrated Primary Care Centre will occur in two phases, with the first phase involving development of primary care services including general practice. • Once further growth occurs within the area other services will be developed which may include minor procedural or surgical services. <p><u>YourSay Survey</u></p> <ul style="list-style-type: none"> • It was noted that the response rate for SWSLHD was 20%, equating to approximately 2,300 staff. This was low compared to other Local Health District's across NSW. • Campbelltown Hospital, Mental Health and Community Health had the lowest response rates. 	

<ul style="list-style-type: none"> • Community Health • Population Health • BreastScreen 	<ul style="list-style-type: none"> • It was noted that there are significant changes required across both services to minimise the risks associated with this incident. • The major recommendation that has arisen out of the Root Cause Analysis investigation was to ensure all drug health and mental health patients are appointed a case manager to track their journey. • It was requested that the paper recently produced by the Commissioner for Mental Health be circulated to the Board for information. • Action: Circulate the paper recently written by the Commissioner for Mental Health to the Board. • A service report for the Community Health Nursing directorate was circulated with the agenda and noted by the Board. • It was noted that 72% of venous leg ulcers are currently being healed within 12 weeks. • Service reports for the Health Promotion Directorate of Population Health was circulated with the agenda and noted by the Board. • It was noted that 224 of our 390 primary schools are registered for the Healthy Children’s Initiative. • In addition, 75% of Public School, 28% of Catholic School and 46% of Independent School teachers have been trained in the initiative. • A service report for BreastScreen was circulated with the agenda and noted by the Board. • Breastscreens did not meet the screening target numbers due to closures and the inability to use the electoral roll to contact the target population. 	<p>S Neideck</p>
<p>6.3 Work Safety</p>	<ul style="list-style-type: none"> • The Work Safety Report is due to the June 2013 meeting. 	
<p>6.4 Risk Management</p>	<ul style="list-style-type: none"> • Risk Management was discussed at item 4.1 	
<p>6.5 Chairman’s Report</p> <p>6.5.1 Minister Attendance at Board Meeting</p> <p>6.5.2 Ministerial Visits to Fairfield, Camden and Wollondilly</p> <p>6.5.3 NSW Health Symposium</p>	<ul style="list-style-type: none"> • A brief regarding the Minister for Health’s attendance at a Board Meeting was circulated with the agenda. • It was agreed that the September meeting will be moved to Tuesday 24 September from 3:30 – 6:30pm to accommodate the Minister. • Action: Confirm the Minister for Health’s attendance at the Board Meeting on Tuesday 24 September. • The Chair provided verbal feedback on the Minister’s visits to Fairfield, Camden and Wollondilly. • It was noted that the Minister was impressed by the improvement against the National Emergency Access Target at Fairfield Hospital. • The Chair and attending Board Members provided feedback on the NSW Health Symposium, held 10 May 2013. • The loading for Activity Based Funding was discussed. 	<p>S Neideck</p>

	<ul style="list-style-type: none"> • There was some discussion surrounding unwarranted clinical variation and it was noted that the Chief Executive is a member of the state wide committee run by the Agency for Clinical Innovation (ACI). • It was requested that a summary of the ACI's work on Unwarranted Clinical Variation be provided to the Health Care Quality and Safety Committee. • Action: Provide a summary of the ACI's work on Unwarranted Clinical Variation to the Health Care Quality and Safety Committee. 	M Zacka
6.5.4 Board Conference – 21 June 2013	<ul style="list-style-type: none"> • The Board was reminded of the Board Conference scheduled for 21 June 2013, although an agenda has yet to be distributed. 	
6.5.5 NOUS Training	<ul style="list-style-type: none"> • A brief regarding NOUS Board Training scheduled for 2 June 2013 at Liverpool Hospital was circulated with the agenda. • It was noted that this training session has been cancelled due to lack of registrations from Board Members across NSW. • It was confirmed that each Board Member is able to attend any of the training offered by NOUS based on their training requirements. • A two day training session is being offered on 19-20 June and 19-20 August which covers all topics. It was suggested that members consider attending one of these sessions. • It was requested that the training dates be circulated to Board Members. • Action: Circulate the NOUS training dates to Board Members. • Action: Consider attending NOUS training sessions and submit an Expression of Interest form to S Neideck to register for sessions of interest. 	S Neideck Board Members
6.5.6 Letter from the Minister of Health and LHD Response	<ul style="list-style-type: none"> • The letter of response to the Minister for Health was discussed by the Board. 	
At 5:53pm A Larkin left the meeting.		
	<ul style="list-style-type: none"> • It was suggested that clarity be sought from the around any changes to loading for ABF. • Action: Clarify changes to loading for ABF with the Minister for Health when she attends September Board Meeting 	P Harris
At 5:58pm A Larkin rejoined the meeting.		
7. Committees of the Council		
7.1 Finance Committee 7.1.1 Minutes – 19 April 2013	<ul style="list-style-type: none"> • The minutes of the Finance Committee held 19 April 2013 were circulated with the agenda and noted by the Committee. 	
7.1.2 Minutes – 24 May 2013	<ul style="list-style-type: none"> • The minutes of the Finance Committee held 24 May 2013 were tabled for information. • Three meetings have been held of the Finance Committee and Board Chair with the Ministry of Health and LHD Executive to review the documentation for contractual arrangements with the Ingham Institute for Applied Medical Research. 	

	<ul style="list-style-type: none"> The review of documentation raised a number of queries which require resolution. Work is currently being completed by the Ministry of Health to resolve the queries raised and independent legal advice will be sought to confirm the documentation. 	
7.1.3 Finance Report – April 2013	<ul style="list-style-type: none"> The Finance Report for April 2013 was circulated with the agenda and noted by the Board. For the month of April 2013 there was an unfavourable result of \$6m for General and Special Purposes and Trust funds. It was noted that the main reason for the month’s unfavourability was a workers compensation hindsight penalty of \$6m for the year, with \$5m taken up to April 2013 and another \$1m by 30 June 2013. It was clarified that hindsight premiums relate to workers compensation claims from 3 and 5 years prior. Any improvement in management of workers compensation will not be noted in these premiums for 3-5 years. It is projected that the LHD will be on budget as at 30 June 2013 	
At 6:00pm C Burlew and K Lim left the meeting.		
	<ul style="list-style-type: none"> A risk to the on budget result is the amount of outstanding supplementations which totalled \$39m. The LHD is awaiting advice from the MoH as to whether these will be approved. 	
At 6:02pm C Burlew and K Lim rejoined the meeting.		
	<ul style="list-style-type: none"> The Board commended the LHD on reducing the time taken to pay creditors from 45 to 35 days. Revaluations of building and equipment have previously been completed once every 3-5 years and will now be completed in sections on a rolling three year basis which is in accordance with the accounting policy. 	
7.2 Audit and Risk	<ul style="list-style-type: none"> The Audit and Risk Committee was not held this month. 	
7.3 Health Care Quality and Safety 7.3.1 Minutes	<ul style="list-style-type: none"> 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. The Health Care Quality and Safety Committee is currently reviewing readmission rates for LHD facilities as this KPI is of concern at a number of facilities. It was noted that there was an issue in the calculation of data for Immunisation Rates for Aboriginal Children. The LHD is performing above the state average in this area. 	
7.3.2 For Information – Mid Staffordshire Report Presentation	<ul style="list-style-type: none"> Presentation slides on the Mid Staffordshire Report were circulated with the agenda. It was noted that there were a number of factors evident in the Mid Staffordshire Trust that are not evident in SWSLHD, including the low proportion of registered nursing staff and lack of medical staffing. It was requested that the Health Care Quality and Safety Committee review the last two slides in the presentation in relation to actions for SWSLHD. Action: Review possible actions for SWSLHD in relation to the report into the Mid Staffordshire Trust at the next Health Care Quality and Safety Committee. 	N Merrett

7.3.3 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. • The report focused on the summation of the unreported plain film x-ray project. • It was noted that the project has been finalised and there were no adverse clinical outcomes identified as a result of the delay in reporting. • There was discussion surrounding the requirement for all x-rays to be reported by a Radiologist • All x-rays within SWSLHD are now being reported within a clinically appropriate timeframe. 	
At 6:30pm C Carriage left the meeting.		
7.4 Research and Teaching 7.4.1 Nil meeting held	<ul style="list-style-type: none"> • The Research and Teaching Committee scheduled for 2 May 2013 was not held due to the Nursing Symposium. • The next Research and Teaching Committee will be held as a Teaching Forum with speakers from nursing, allied health and medical backgrounds presenting on teaching in their field. • The Chair of the Research and Teaching Committee invited all Board Members to attend the Teaching Forum on 6 June from 8:00 – 10:00am. 	
7.5 Community Engagement 7.5.1 Consumer Community Council Minutes	<ul style="list-style-type: none"> • The minutes of the Community Consumer Council (CCC) held 3 May 2013 were circulated with the agenda and noted by the Board. • A letter has been distributed to the Community Participation Networks outlining the vacant positions on LHD and facility committees for community representatives. • It was noted that Bowral & District Hospital have requested an Aboriginal Liaison Officer be appointed. This will be included as part of the budget process for the hospital. • The CCC is working through the arrangements for community involvement with the Medicare Local to reduce duplication with the LHD representation. 	
At 6:33pm C Carriage rejoined the meeting.		
	<ul style="list-style-type: none"> • It was queried whether the LHD is aware of the work currently undertaken by Non-Government Organisations within the local area. • It was noted that Community Health and other directorates work closely with a range of Non Government Organisations across the District. • It was also confirmed that the LHD currently funds 22 Non Government Organisations as part of the NGO Program. 	
8. New Business		
8.1 Nil		
9. Other Business Without Notice		
9.1 Leave of Absence	<ul style="list-style-type: none"> • F Conroy requested a leave of absence for the Board Meeting on 24 June 2013. 	
10. Items for Information		
10.1 Public Relations	<ul style="list-style-type: none"> • A brief regarding Public Relations matters was circulated with the agenda and noted by the Board. 	

	<ul style="list-style-type: none"> • The Premier of NSW will be attending the launch of the Liverpool Hospital Clinical Skills and Simulation Centre Launch on 11 June 2013. It was requested that Board Members attend the launch if possible. • Action: Advise the Board Members of the time of the launch of the Liverpool Hospital Clinical Skills and Simulation Centre. 	S Neideck
10.1.1 Upcoming Events	<ul style="list-style-type: none"> • The following upcoming events were noted: <ul style="list-style-type: none"> • 28 May 2013 – Sorry Day/Reconciliation Week at Fairfield Hospital • 16 – 22 June – Refugee Health Nurse Program Launch • 3 July 2013 – Anophysiology Lab opening by the Minister for Health at Bankstown Hospital • Date to be confirmed – Liverpool Hospital Mental Health Unit South opening 	
10.1.2 April 2013 Newsletter	<ul style="list-style-type: none"> • Copies of the May 2013 newsletter were circulated with the agenda. 	
10.1.3 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. 	
10.2 Meetings with Interested Parties		
10.2.1 15 May 2013 – Deputy Director General visit to Liverpool Hospital	<ul style="list-style-type: none"> • The Deputy Director General visited Liverpool Hospital on 15 May 2013 to tour wards currently involved in the Essentials of Care Program • Feedback from the Deputy Director General in relation to the implementation of Essentials of Care at Liverpool Hospital was positive. 	
10. Next Meeting	Monday 24 June 2013 1430 – 1530 – Presentation and Afternoon Tea 1530 – 1830 – Board Meeting Ingham Institute for Applied Medical Research	

Meeting closed at 6:40pm