

MINUTES



South Western Sydney Local Health District Board

Date: Monday 24 June 2013

Time: 2.30pm – tour of the Ingham Institute

3:30pm – 6:30pm – Board Meeting

Venue: Boardroom, Ingham Institute for Applied Medical Research

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	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
2. Declaration of Interests	<ul style="list-style-type: none"> Nil declarations of interest were made. 	
3. Confirmation of the previous minutes and action list	<ul style="list-style-type: none"> Motion: A motion was moved by N Merrett and seconded by B Frankum that the minutes of the meeting held on 27 May 2013, be accepted as a true and accurate record of the meeting with the following amendment: <ul style="list-style-type: none"> Item 6.5.6 word change – It was suggested that clarity be sought from the <i>Minister</i> around any changes to loading for ABF. The motion was carried. The action list was reviewed with the following noted: <ul style="list-style-type: none"> The Chair raised the consultation on the potential name change for Liverpool Hospital with the Minister and reported that the Minister and Director-General are not supportive of the request to undertake a community consultation on the proposed name change. 	
4. Presentation by the Chief Executive		
4.1 Asset Strategic Plan	<ul style="list-style-type: none"> The final draft Asset Strategic Plan was circulated with the agenda. 	

	<ul style="list-style-type: none"> • A presentation was provided to the Board by the Chief Executive on the process for development and priorities of the Asset Strategic Plan. • The Asset Strategic Plan translates service needs into physical requirements and is submitted annually to the Ministry of Health. LHD Asset Strategic Plans are utilised to inform the Total Asset Management Submission to NSW Treasury. • The Asset Strategic Plan includes asset disposal and consolidation. The LHD is currently considering consolidation of a number of properties in Macarthur. Further information will be provided to the Board on any proposals for property consolidation. • A number of assumptions and drivers are considered when nominating the top five priorities for capital works within the LHD. This includes the growth in demand within the LHD, functionality of specific sites and service development for specialties not considered in recent capital works programs. • The top five priorities were noted as: <ol style="list-style-type: none"> 1. Campbelltown Hospital Mental Health Redevelopment 2. Liverpool Hospital Stages 2.2 and 2.3 Redevelopment 3. Campbelltown Hospital Stages 2 and 3 Acute Development 4. Bowral & District Hospital Redevelopment 5. Bankstown-Lidcombe Hospital Redevelopment • It was noted that there are no timeframes for the top five priorities to be completed within, as they are currently unfunded projects. • It was queried whether the projects could be split to attempt the redevelopments in smaller amounts. It was noted that for the top five priorities this would most likely not be possible to ensure integrity of the projects. • A number of other works were discussed including the proposed consolidation of property in Campbelltown and Picton into one property in Browne St, Campbelltown. • The Board approved the submission of the Asset Strategic Plan to the Ministry of Health. 	
5. Business Arising		
5.1 Radiology Accreditation	<ul style="list-style-type: none"> • A brief regarding accreditation for the Radiology Department at Liverpool Hospital was circulated with the agenda and noted by the Board. • This issue was previously raised through the Research and Teaching Committee and it was requested by the Board that the Chief Executive formally seek advice from the Ministry of Health regarding the right of appeal process for College accreditation recommendations. • The Chief Executive has written to the Ministry of Health regarding the right of appeal process. No response has been received to date. • It was noted that the issue raised by the College was in relation to workload and supervision. The College has provided provisional accreditation based on the LHD 	

	<p>recruiting an additional 3FTE staff specialists.</p> <ul style="list-style-type: none"> • It was noted that the recruitment of additional staff specialists was already planned for the LHD and as such an additional 2FTE are in the process of being finalised. • The ability of the College to downgrade accreditation was questioned by the Board and it was noted that the Ministry of Health’s response to the Chief Executive should outline what action the LHD is able to take. 	
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>Service Agreement</u></p> <ul style="list-style-type: none"> • The 2013/14 Service Agreement has not yet been received by the LHD. It is expected that a short timeframe will be provided for the Board to sign the Service Agreement. The Chair requested that an extension be sought to ensure the Board is able to review the agreement. • Action: Request an extension on the timeframe for signing the service agreement if it does not allow for the Board to review the document. <p><u>Bankstown Hospital Emergency Department</u></p> <ul style="list-style-type: none"> • The Chief Executive noted significant concern in relation to the management of Cardiology patients within the Bankstown Hospital Emergency Department after a number of incidents have been reported in the past 18 months. • A review of the incidents has identified a number of issues including supervision of junior staff, systems issues and a failure to adhere to the Chest Pain Pathway. • A range of strategies have been implemented but there are indications that there is a remaining cultural issue within the department. • It was noted that there is no indication that an on-site Cardiac Catheter Laboratory would have changed the outcome of the incidents. • The Director of the Emergency Department has been asked to review the investigation report and provide a response. • It was noted that there is documentation to clearly demonstrate the response by the LHD to the issues identified. • The Health Care Quality and Safety Committee will continue to receive reports on the issue and will escalate any issues of note to the Board. <p><u>General Manager, Campbelltown and Camden Hospitals</u></p> <ul style="list-style-type: none"> • Interviews were held for the General Manager, Campbelltown and Camden Hospitals and reference checks are currently being conducted. • Should the preferred applicant be appointed it is likely that a start date will be early August 2013. <p><u>Neurosurgery Department, Liverpool Hospital</u></p> <ul style="list-style-type: none"> • The Board noted the negotiations with the Neurosurgery Department in relation to the number of Visiting Medical Officer (VMO) appointments for the department. 	Chief Executive

	<ul style="list-style-type: none"> It was noted that the Australian Medical Association met with the Chief Executive in relation to this matter. 	
6.2 LHD Performance		
6.2.1 Comparative Report	<ul style="list-style-type: none"> The comparative report was circulated with the agenda and noted by the Board. 	
6.2.2 May 2013 – 2012/13 Acute Facilities Performance Management Framework (PMF) Report	<ul style="list-style-type: none"> The Performance Report for 2012/13 year to May 2013 was circulated with the agenda. The LHD has maintained performance against NEAT and it was noted that the KPI for NEAT has reduced from 76% to 71% for this calendar year. The focus for NEAT is to improve quality of care by transferring or discharging patients from the Emergency Department (ED) within 4 hours; however if there are unresolved issues that are better managed within the ED, patients are breaching the 4 hour timeframe. It was noted that in these circumstances this is appropriate. 	
6.2.3 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. 	
6.2.4 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. 	
<ul style="list-style-type: none"> Drug Health 	<ul style="list-style-type: none"> A service report for Drug Health was circulated with the agenda and noted by the Board. It was noted that patient registration on the MERIT program exceeded the target for this quarter. 	
<ul style="list-style-type: none"> Mental Health 	<ul style="list-style-type: none"> A service report for Mental Health was circulated with the agenda and noted by the Board 	
At 4:54pm C Burllew left the meeting.		
<ul style="list-style-type: none"> Community Health 	<ul style="list-style-type: none"> A service report for the Community Health Child and Family Clinical Services directorate was circulated with the agenda and noted by the Board. The Green Valley Domestic Violence Service achieved 100% performance for all clients referred by the service seen within 48 hours. Of 36 referrals to Out of home Care, only 18 were received within the benchmark time. It was requested that clarification be sought on the KPI for the StEPS program and Speech Pathology service. Action: Seek clarification on the KPIs reported for StEPS and Community Health Speech Pathology and provide feedback to the Board. 	Chief Executive
At 4:57pm C Burllew re-joined the meeting.		
<ul style="list-style-type: none"> Population Health 	<ul style="list-style-type: none"> Service reports for the Public Health Unit of Population Health was circulated with the agenda and noted by the Board. A major issue related to Listeria at Campbelltown Hospital was noted and has been linked to food provided by HealthShare. 	

<ul style="list-style-type: none"> BreastScreen 	<ul style="list-style-type: none"> The LHD will be conducting a Root Cause Analysis (RCA) on this and has recommended that HealthShare undertake a similar process. It was noted that the Public Health Unit supports the LHD as well as the private sector, for example in auditing the sale of cigarettes to minors. A service report for BreastScreen was circulated with the agenda and noted by the Board. Breastscreen did not meet the screening target numbers due to closures and the inability to use the electoral roll to contact the target population. 	
At 4:59pm J Johnson and C Carriage left the meeting.		
6.3 Work Safety	<ul style="list-style-type: none"> The Work Safety Report was circulated with the agenda and noted by the Board. The Report now includes a section on incidents for staff and contractors that have resulted in time off work (falls/manual handling). 	
6.4 Risk Management	<ul style="list-style-type: none"> The Risk Management Report is due to the August 2013 meeting. 	
6.5 Chairman's Report 6.5.1 Feedback on Board Conference on 21 June 2013 6.5.2 Other	<ul style="list-style-type: none"> General feedback on the conference was positive, particularly in relation to the NOUS session. The Board were appreciative of the Minister's attendance all day at the Board Conference. At the recent Council of Chairs Meeting there was discussion surrounding clinical and patient related matters at Board Meetings. The Chair recommended that the list of RCAs be provided to the Board each month to ensure there is a focus on clinical and patient related matters. Action: Include the RCA summary report to the Board on a monthly basis. There was discussion surrounding the use of information provided to Board Members, for example patient concerns/complaints that are provided to the Board Members in their capacity as a community member or General Practitioner. It was noted that the current process of referring the patient to the Patient Liaison Officer or in the case of Aboriginal issues to the Aboriginal Liaison Officer is appropriate, unless there are particular systems concerns which should be raised with the Chief Executive. 	S Neideck
7. Committees of the Council		
7.1 Finance Committee 7.1.1 Minutes – 24 May 2013	<ul style="list-style-type: none"> The minutes of the Finance Committee held 24 May 2013 were circulated with the agenda and noted by the Committee. 	
7.1.2 Minutes – 20 June 2013	<ul style="list-style-type: none"> The minutes of the Finance Committee held 20 June 2013 were tabled for information. The Finance Committee commended the Director, Finance for his performance throughout the 2012/13 financial year. The Board reiterated this commendation. A community representative for the Finance Committee has been identified and will meet with the Chair and Mrs Berry in relation to attending the Finance Committee. 	

<p>7.1.3 Finance Report – May 2013</p>	<ul style="list-style-type: none"> • The process to review the Ingham Institute documentation is in progress. Further information will be provided to the Finance Committee and Board once the documentation has been finalised. • The Finance Report for May 2013 was circulated with the agenda and noted by the Board. • For the month of May 2013 there was an unfavourable result of \$4.4m for Net Cost of Service. • There was a risk relating to the outstanding supplementations; however the LHD has received notification that these supplementations will be paid by the Ministry of Health. • Cash is currently short due to the recoument of \$6m workers compensation hindsight penalty which has resulted in a reduction of cash receipts from the MOH. It is also suspected that the recent introduction of the new revenue system (PBRC) has resulted in a temporary slow down in patient revenue billings and receipts. • The interim management letter has been received and an improvement was noted, with only seven issues identified for 2012/13, compared with 22 for 2011/12. In addition, a meeting was held with the Audit Office who advised satisfaction with the LHD’s relationship with the office, quality and timeliness of documentation and availability of information. The Board commended the Finance Team for their efforts. • It is projected that the LHD will be on budget as at 30 June 2013. • The State Budget was released on 18 June 2013 and it was requested that a copy be provided to the Board for information. • Action: Provide a copy of the State Budget papers to the Board for information. • It was noted that no new projects were confirmed as part of the State Budget. 	<p>S Neideck</p>
<p>7.2 Audit and Risk</p>	<ul style="list-style-type: none"> • The Audit and Risk Committee will convene on 25 June 2013. 	
<p>7.3 Health Care Quality and Safety</p> <p>7.3.1 Minutes</p>	<ul style="list-style-type: none"> • It was recommended that to ensure a focus for the Board on patient safety and quality the Health Care Quality and Safety section of the Board Papers be listed as item 7.1 in future. This was supported by the Board. • Action: List Health Care Quality and Safety as item 7.1 for future Board Meeting agendas. • The minutes of the Health Care Quality and Safety Committee held on 5 June 2013 were circulated with the agenda and noted by the Board. • The Health Care Quality and Safety Committee (HCQSC) has requested detailed information on the 5 cases with the longest length of stay in the Emergency Department to the next meeting. • It was noted at the meeting that there are currently 122 open Medicolegal cases for SWSLHD totalling \$94m. It was noted that these cases date back to 2007. • The HCQSC will be receiving further information on the cases relating to Obstetrics to ensure no concerns are identified. 	<p>S Neideck</p>

<p>7.3.2 For Information – Hindsight Newsletter</p> <p>7.3.3 Health Care Quality and Safety Report</p>	<ul style="list-style-type: none"> • Action: Further review of cases relating to Obstetrics incidents and escalate any concerns to the Board. • It was requested that an education package be developed for the Board relating to the Root Cause Analysis process and Medicolegal process. • Action: Develop an educational package in relation to the processes for Root Cause Analysis investigations and the Medicolegal process. • Issue 2 of the Hindsight Newsletter was circulated with the agenda and noted by the Board. • The Health Care Quality and Safety Report was circulated with the agenda and noted by the Board. • The report focused on the Agency for Clinical Innovation (ACI) project on Unwarranted Clinical Variation and the ANZICS report. • The ACI is currently reviewing unwarranted clinical variation in four areas: <ol style="list-style-type: none"> 1. Stroke 2. Acute Myocardial Infarction 3. Fractured Neck of Femur (hip) 4. Low volume cancer surgery • It was noted that there is some concern within the health system about the use of the word ‘unwarranted’. • Prof Merrett declared a potential conflict in relation to his work as part of the expression of interest process for low volume cancer surgery. • There was discussion surrounding the rationalisation of low volume cancer surgery and it was noted that some facilities within SWSLHD have the potential to become sites for specific cancer surgeries, for example pancreatic and oesophageal cancers. • The ANZICS report was discussed and it was noted that the report provides standardised mortality data for Intensive Care Units. • A number of issues were noted in relation to the Liverpool Hospital Intensive Care Unit including the high occupancy rate, high after hours discharge rate and issues with nursing and medical staffing. • There is currently a redesign project working through issues identified within the department. In addition, the nursing vacancies have improved and an additional team will be implemented shortly for MET call support which will alleviate workload on the intensivists. 	<p>HCQSC</p> <p>Chief Executive</p>
<p>At 6:13pm K Lim left the meeting.</p>		
	<ul style="list-style-type: none"> • The 29th Intensive Care Bed was recently opened at Liverpool hospital which should assist with occupancy. In addition, the LHD will receive additional funding to open a 30th bed in the 2013/14 financial year according to the State Budget. 	
<p>At 6:20pm K Lim re-joined the meeting.</p>		
<p>7.3.4 RCA Summary</p>	<ul style="list-style-type: none"> • The RCA Summary and brief were circulated with the agenda and noted by the Board. • It was noted that RCAs are mandatory under the legislation for any SAC1 incident. 	

	<ul style="list-style-type: none"> • The LHD on occasion also conducts RCAs for SAC2 incidents if it is felt that systems issues could be identified through the process. • It was noted that any wrong patient/wrong site incidents are immediately a SAC1 incident, for example an x-ray on the wrong arm. 	
7.4 Research and Teaching 7.4.1 6 June 2013	<ul style="list-style-type: none"> • The Research and Teaching Committee held a Teaching Forum on 6 June 2013. • Feedback from the Teaching Forum was that it provided great insight into teaching and research within the LHD. • Presentations were provided by nursing, allied health and medical staff and an underlying theme that was mentioned was the ability of clinicians to be involved in research within the LHD. 	
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 7 June 2013 were circulated with the agenda and noted by the Board. • The Medicare Local and the LHD are currently working towards an integrated model of community participation to reduce duplication. • It was noted that the CCC highly values the attendance of the Chair at the meeting. 	
8. New Business		
8.1 Nil		
9. Other Business Without Notice		
9.1 Nil		
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. 	
10.1.1 Legionella Outbreak	<ul style="list-style-type: none"> • A brief regarding the legionella outbreak in a Queensland Hospital and subsequent management of hot water systems within SWSLHD was circulated with the agenda and noted by the Board. 	
10.1.2 Upcoming Events	<ul style="list-style-type: none"> • The following upcoming events were noted: <ul style="list-style-type: none"> • 26 June 2013 – Refugee Health Nurse Program Launch • 3 July 2013 – opening of the Anophysiology Laboratory at Bankstown Hospital 	
10.1.3 June 2013 Newsletter	<ul style="list-style-type: none"> • Copies of the June 2013 newsletter were circulated with the agenda. 	
10.1.4 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 14 June 2013 – Mental Health Commissioner	<ul style="list-style-type: none"> • The NSW Mental Health Commissioner visited the LHD on 14 May 2013. • The Mental Health Commission is currently in the process of completing a strategic plan. 	
10. Next Meeting	Monday 22 July 2013 1530 – 1830 – Board Meeting Boardroom, SWSLHD Offices Eastern Campus Liverpool Hospital	

Meeting closed at 6:40pm