

MINUTES



South Western Sydney Local Health District Board

Date: Monday 22 July 2013

Time: 3:30pm – 6:30pm – Board Meeting

Venue: SWSLHD Boardroom, Eastern Campus, 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	✓	
Dr David Abi-Hanna	✓				
Other Attendees					
Amanda Larkin, Chief Executive SWSLHD	✓		Mark Zacka, Director Clinical Governance, SWSLHD		✓
Graeme Loy, Director Operations, SWSLHD	✓		Dr Nicholas Collins, Medical Staff Executive Council Rep	✓	
Greg King, Director Finance, SWSLHD	✓		Sally Neideck, Acting Board Secretariat, SWSLHD	✓	
Kung Lim, Director Nursing and Midwifery Services, SWSLHD	✓		Suzie Snook, Patient Safety Manager, SWSLHD	✓	
Nel Buttenshaw, SWSLHD	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
2. In Camera Session	<ul style="list-style-type: none"> An in camera session was held between 3:30 and 4:05pm. <ul style="list-style-type: none"> During the in camera session, the Board discussed the CE of SWSLHD's membership of the Board of the Ingham Institute of Applied Medical Research during the period while the Lease, the Service agreement and other agreements between the two organisations are under negotiation. The Board resolved that the CE should withdraw from the Board of the IIAMR whenever the Lease, the Service agreement and other agreements are discussed prior to their being signed by both parties During the in camera session, the Board discussed the timetable for the performance review of the CE. The following timetable and process were agreed to: 	

	<ol style="list-style-type: none"> 1. The CE will forward the completed paperwork for the performance review for 2012/2013 and the proposed performance agreement for 2013/2014 to the members of the Board prior to the August meeting and for discussion during an in camera session at that meeting. 2. The Chair and Deputy Chair will conduct the performance review interview with the CE in early September 3. The Chair and Deputy Chair will report back to the Board with their recommendations during an in camera session of the Board at the September meeting, at which time the recommendation to the Director General will be finalised 4. The signed performance review for 2012/2013 and the performance agreement for 2013/2014 will be submitted to the Ministry by 1st October 2013. 	
At 4:05pm A Larkin, G Loy, G King, N Collins, S Snook, S Neideck and N Buttenshaw joined the meeting.		
3. Declaration of Interests	<ul style="list-style-type: none"> • Nil declarations of interest were made. 	
4. 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 N Berry that the minutes of the meeting held on 26 June 2013, be accepted as a true and accurate record of the meeting. • The motion was carried. 	
5. Business Arising		
5.1 Nil		
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 was received on 26 June 2013 and a copy was provided to the Board via email and with the agenda. • It was noted that an update to Schedule C has since been received and should be circulated to the Board. • Action: Circulate the update to Schedule C of the 2013/14 Service Agreement to the Board. • It was noted that SWSLHD is the only LHD without a transition grant, and the LHD NWAU is below the state NWAU at \$4,355 compared to \$4,671. The lower NWAU for SWSLHD is indicative of the efficiencies seen across the LHD. 	S Neideck
At 4:20pm K Lim joined the meeting.		
	<ul style="list-style-type: none"> • It was noted that as services are transitioned from block funding to ABF (eg Mental Health in 2013/14) the efficient price will change. • An issue was identified with the MoH in relation to the emergency activity level of 2.8% growth indicated in the Service Agreement, which is below what was 	

	<p>projected by the LHD at 3.3%. The reviewed level was not accepted by the SWSLHD.</p> <ul style="list-style-type: none"> • Further analysis will be made on the Service Agreement and provided to the Board Meeting on 22 August 2013. The signed Service Agreement is due to the MoH on 31 August 2013. <p><u>Inter-District Agreements</u></p> <ul style="list-style-type: none"> • Negotiations with Sydney Local Health District regarding the Inter-District Agreements is ongoing. A more detailed update will be provided to the next Board Meeting. • Action: Provide a more detailed update on the Inter-District Agreements to the next Board Meeting. <p><u>General Manager, Campbelltown and Camden Hospitals</u></p> <ul style="list-style-type: none"> • The successful applicant for the position of General Manager, Campbelltown and Camden Hospitals is anticipated to start in the position in early September 2013. <p><u>Electronic Board Papers</u></p> <ul style="list-style-type: none"> • It was recommended that the Board consider utilising tablets for electronic board papers to improve efficiencies and reduce paper. • The Board was supportive of the move to electronic Board Papers, with a paper agenda and any large spreadsheets to be provided as a hard copy at the meeting. • It was suggested that a range of tablet options be considered, including a larger tablet than the iPad, to determine the best option for the Board. • Action: Investigate tablet options for use at the Board Meeting and provide options to the Board for consideration. <p><u>Board Education Session</u></p> <ul style="list-style-type: none"> • It was proposed that a half day Board session be conducted to allow consideration of the way the Board functions and to consider strategic issues that the Board identifies prior to the session. • A date of 31 October 2013 was proposed; however it was requested that an alternate date be proposed. • Action: Propose an alternate date for the Board session in late October 2013, possibly on the same day as the Board meeting. • It was noted that the session content should be discussed and decided by the Board prior to the meeting. 	<p>A Larkin</p> <p>N Buttenshaw</p> <p>N Buttenshaw</p>
<p>At 4:55pm S Muirhead joined the meeting.</p>		
<p>6.2 Presentation on Bowral & District Hospital</p>	<ul style="list-style-type: none"> • A presentation on Bowral & District Hospital was provided by S Muirhead, Capital Insight. • Copies of the presentation and the report by Capital Insight were tabled at the meeting. • The LHD engaged Capital Insight to develop a report on 	

	<p>the redevelopment options for Bowral & District Hospital.</p> <ul style="list-style-type: none"> • Whilst Bowral & District Hospital is listed as the 4th priority on the Asset Strategic Plan, there are a number of issues associated with the physical buildings that require resolution in the near future. 	
At 5:05pm M Johnson left the meeting.		
	<ul style="list-style-type: none"> • Whilst none of the buildings on site are formally listed as heritage buildings, the original Bowral Hospital building is under consideration for listing by the council. There was discussion surrounding potential community concern should the original hospital building and some of the gardens be demolished as part of a redevelopment. • It was noted that there is sufficient land to enable redevelopment without affecting the potential areas of concern. • A number of options with varying involvement of the private sector have been developed. These were outlined during the presentation and detailed in the Report. • There was a discussion surrounding comparative arrangements within Western Australian (eg Joondalup) and within NSW. • The report on redevelopment options has concluded the following: <ul style="list-style-type: none"> • A redevelopment is required to address asset condition, capacity and clinical services • A private partner is required due to a lack of public capital • A direct approach is required • The major risks relate to approvals and impact for staff and the community • There was discussion surrounding the next steps and it was agreed that the Clinical Council should be consulted and further advice should be sought from the MoH. • The Board approved the recommendations: <ol style="list-style-type: none"> 1. To partner with a private provider for redevelopment of Bowral & District Hospital 2. The preparation of relevant documentation to brief the MoH and Cabinet regarding a potential direct approach. • Action: Consult with the Bowral & District Hospital Clinical Council on the Redevelopment Options Report. • Action: Seek advice from the MoH on the process to undertake a Direct Approach. 	<p>A Larkin</p> <p>A Larkin</p>
At 6:10pm M Gray and S Muirhead left the meeting.		
6.3 Performance		
6.3.1 KPI and Comparative Report	<ul style="list-style-type: none"> • The KPI and Comparative Report was circulated with the agenda and noted by the Board. • It was noted that there has been a recent deterioration to NEAT performance due to increased demand, 	

	particularly at Campbelltown Hospital.	
6.3.2 Service Reports	<ul style="list-style-type: none"> • A brief regarding the Service Reports and a chart outlining the services was circulated with the agenda and noted by the Board. 	
<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 a revised model of care is under review for the inpatient unit at Fairfield. 	
<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 • Acute inpatient length of stay remains high with a number of longer stay patients. The LHD is currently working with the MoH to address housing and guardianship issues. 	
<ul style="list-style-type: none"> • Community Health 	<ul style="list-style-type: none"> • A service report for the Community Health Specialist Services directorate was circulated with the agenda and noted by the Board. • It was noted that there are 31 womens health clinics offered across the District. 	
<ul style="list-style-type: none"> • Population Health 	<ul style="list-style-type: none"> • Service reports for the HIV and Related Programs (HARP) Unit and the Multicultural HIV and Hepatitis Service of Population Health were circulated with the agenda and noted by the Board. • The HARP program has 17 public Needle Syringe Program (NSP) sites; 2 primary; 5 Automatic Dispensing Machines (ADM) and 10 public secondary sites 	
<ul style="list-style-type: none"> • BreastScreen 	<ul style="list-style-type: none"> • A service report for BreastScreen was circulated with the agenda and noted by the Board. • Current participation rate is 46%, slightly below the state. 	
<ul style="list-style-type: none"> • Child Protection (Strategic) Unit 	<ul style="list-style-type: none"> • A service report for the Child Protection (Strategic) Unit was circulated with the agenda and noted by the Board. • Child Abuse indicators and a prompt card for staff to increase awareness are being developed. 	
6.4 Work Safety		
6.4.1 Incident – Bankstown Hospital	<ul style="list-style-type: none"> • A brief concerning a significant incident in the Bankstown Hospital Emergency Department was circulated with the agenda and noted by the Board. • The incident involved significant injury to a staff member caused by a low risk mental health patient. • The Nurses Association and WorkCover NSW have been investigating the case and an internal review is being conducted. 	
	<ul style="list-style-type: none"> • A number of gaps have been identified as part of the internal review process and these gaps are being addressed to reduce risk. It should be noted that these issues would not have prevented this particular incident from occurring as the patient had been risk assessed and had no history of aggressive behaviour. • It was noted that all Emergency Departments should 	

	<p>be reviewed to ensure issues identified are not occurring at other facilities.</p> <ul style="list-style-type: none"> • Action: Clarify gaps of the risk management process and develop an action plan to address issues identified. • The issue of reporting low acuity incident patterns not being captured was identified. • Action: Review all Emergency Departments to ensure processes are in place and provide a report back to the Board. 	<p>G Loy</p> <p>G Loy</p>
6.5 Risk Management 6.5.1 Due Diligence	<ul style="list-style-type: none"> • This item was held over to the August 2013 Board Meeting. 	
6.6 Chairman's Report 6.6.1 Mental Health Forum 6.6.2 Attendance at CCC 6.6.3 Minister Attendance – September 2013	<ul style="list-style-type: none"> • This item was held over to the August 2013 Board Meeting. • The Chair advised that at the recent meeting of the Consumer Community Council he had requested a list of the top five proposals to ensure that care is more patient centred. This list will be based on feedback within the community networks. • The Minister for Health has advised that she will be unable to attend the Board Meeting in September 2013. • It was confirmed that the meeting will therefore be moved back to its original date and time, Monday 23 September from 3:30 – 6:30pm. • It was also noted that the Deputy Director-General, Ken Whelan should be invited to the next Board Meeting. • Action: Invite Ken Whelan, Deputy Director-General to the next Board Meeting. 	<p>A Larkin</p>
7. Committees of the Council		
7.1 Health Care Quality and Safety 7.1.1 Patient Story	<ul style="list-style-type: none"> • A patient story provided by the Complex Care and Internal Medicine Clinical Stream was outlined to the Board. • The patient story was about a stroke patient who was transferred to a facility within the LHD. The patient had been critically ill but underwent treatment which stabilised their condition and allowed transfer back in a stable condition. • Feedback has been received from a relative who was appreciative of the staff and wrote his thanks to the 'extraordinary hospital made up of extraordinary people'. 	
7.1.2 Minutes – 3 July 2013	<ul style="list-style-type: none"> • The minutes of the Health Care Quality and Safety Committee meeting held on 3 July 2013 were circulated with the agenda and noted by the Committee. • An audit tool for unplanned readmissions is being utilised to analyse the data. • The long stay Emergency Department presentations were analysed and it was noted that of the 5 longest 	

	staying patients, none of the patients were classified as Mental Health patients.	
At 6:35pm B Frankum left the meeting.		
	<ul style="list-style-type: none"> • A presentation on the Aboriginal Health Service at Miller had been provided to the Committee. It was noted that development of the site requires further discussion. 	
7.1.3 Health Care Quality and Safety Report	<ul style="list-style-type: none"> • This item was held over until the August 2013 Board Meeting. 	
7.1.4 RCA Summary	<ul style="list-style-type: none"> • A brief and table summarising the recent Root Cause Analysis investigations was circulated with the agenda and noted by the Board. 	
At 6:40pm B Frankum re-joined the meeting.		
	<ul style="list-style-type: none"> • There were two RCAs relating to deteriorating patients which is an increase on recent months as the Between the Flags project had previously reduced these incidents. • There was discussion surrounding a child protection incident and it was noted that there were a number of issues identified as part of the investigation. • There were a number of incidents relating to falls risks. It was requested that further information be provided on actions being undertaken to reduce falls risks. • Action: Provide a report on the actions being undertaken to reduce falls risks. • An update was provided on the management of concerns surrounding cardiology patients within Bankstown Hospital Emergency Department. It was noted that there has been a change to senior staffing within the Emergency Department. • A review will be conducted in relation to the incidents and the management of the department and feedback will be provided in due course. 	S Snook/ M Zacka
7.2 Finance Committee		
7.2.1 Minutes – 20 June 2013	<ul style="list-style-type: none"> • The minutes of the meeting held 20 June 2013 were circulated with the agenda and noted by the Board. 	
7.2.2 Minutes – 19 July 2013	<ul style="list-style-type: none"> • A verbal report was provided on the meeting held 19 July 2013. Minutes will be circulated with the August 2013 Board Papers. 	
7.2.3 Finance Report – June 2013	<ul style="list-style-type: none"> • The Finance Report for June 2013 was tabled at the meeting. 	
	<ul style="list-style-type: none"> • The net cost of services result for the general fund was \$0.228M favourable for the year. • Liquidity has improved and creditors are currently being paid within the 30 day timeframe. This is a significant achievement for the LHD and was commended by the Board. • The financial statements were discussed at the Audit and Risk Management Committee (ARMC) and the Finance Committee on 19 July 2013. • The Board congratulated the Director, Finance and the Finance Team for achieving a favourable result and providing quality documentation to the ARMC and 	

	<p>Finance Committee. The financial statements were provided to the Audit Office. Final statements will be tabled in September and will need to be endorsed by the Board via email due to tight timeframes. It was noted that the statements require signature by the Chief Executive.</p> <ul style="list-style-type: none"> • Service and Facility management of local budgets varied across the District. • It was reiterated that the 2013/14 financial year may be difficult as the ability to utilise enhancement funding across the financial year will not be available. 	
<p>7.3 Audit and Risk Management 7.3.1 Minutes – 25 June 2013</p> <p>7.3.2 Draft Audit and Risk Management Charter</p>	<ul style="list-style-type: none"> • The draft minutes from the Audit and Risk Management Committee meeting held 25 June 2013 were circulated with the agenda and noted by the Board. • It was noted that any unsatisfactory audit reports have management strategies in place. • A meeting of the Audit and Risk Management Committee was held on 19 July 2013 to review the financial statements. The financial statements were endorsed for submission to the Finance Committee. • The draft Audit and Risk Management Charter was tabled at the Audit and Risk Management Committee. • The major change to the charter involved replacing the appointments of the Chief Executive to the committee with the appointment of another member of the Board. • It was requested that any comments in relation to the charter be submitted to C Burlew. • Action: Provide feedback on the changes to the Audit and Risk Management Charter to C Burlew. • Changes have also been recommended to the By-Laws to ensure consistency. These recommended changes will be reviewed by the Medical Staff Executive Council in August 2013 and submitted to the Board for endorsement. • Action: Submit the revised By-Laws and the updated Audit and Risk Management Charter to the Board for consideration once all consultation has occurred. 	<p>All members</p> <p>A Larkin</p>
<p>7.4 Research and Teaching 7.4.1 Minutes – 4 July 2013</p>	<ul style="list-style-type: none"> • The Research and Teaching Committee held a Teaching Forum on 6 June 2013. • B Frankum will be unable to attend the meeting on 1 August 2013. It was confirmed that C Carriage will chair the meeting in his absence. 	
<p>7.5 Community Engagement 7.5.1 CCC Minutes – 5 July 2013</p>	<ul style="list-style-type: none"> • The minutes of the Consumer Community Council meeting held 5 July 2013 were circulated with the agenda and noted by the Board. • It was noted that community engagement within south western Sydney is very strong and the structure of community participation is fairly unique to the LHD. Many other LHDs do not have the robust structure that is currently in place within SWSLHD. 	
8. New Business		
<p>8.1 National Disability Insurance Scheme</p>	<ul style="list-style-type: none"> • A brief regarding the National Disability Insurance Scheme was circulated with the agenda and noted by the Board. 	

	<ul style="list-style-type: none"> • Action: Further discussion on this item will occur at the next Board Meeting. 	N Buttenshaw
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"> • Nil upcoming events were noted in the brief. 	
9.1.2 July 2013 Newsletter	<ul style="list-style-type: none"> • Copies of the July 2013 newsletter 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. 	
9.2. Meetings with Interested Parties		
9.2.1. P Harris and K Chikarovski	<ul style="list-style-type: none"> • The Chair advised he had recently met with K Chikarovski who is currently working for Genesis. • Genesis had previously made an unsolicited bid to develop a hospital within the Bankstown area but was not approved by Cabinet. 	
10. Other Business without Notice		
10.1. Cancer Care Centre	<ul style="list-style-type: none"> • The Clinical Director, Cancer Services has written to the Prime Minister regarding the development of a Cancer Care Centre within Liverpool. • There was discussion surrounding the appropriateness of this action and it was noted that the discussion should be held. 	
10.2. Cardiac Catheter Laboratory	<ul style="list-style-type: none"> • The Bankstown Cardiologists recently wrote to a range of stakeholders, including the Minister of Health, regarding the decision to not develop a Cardiac Catheter Laboratory at Bankstown. The MoH has requested an updated brief with a discussion to be held with the Minister's Office. 	
11. Next Meeting	Monday 26 August 2013 1430 – 1530 – Tour and Afternoon Tea 1530 – 1830 – Board Meeting Liverpool Hospital	

Meeting closed at 7:30pm