

# MINUTES



## South Western Sydney Local Health District Board

Date: Monday 25 November 2013

Time: 3:30pm – 6:30pm – Board Meeting

Venue: Board Room, Old Hospital, Bowral 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	✓	
Dr David Abi-Hanna	✓				
<b>Other Attendees</b>					
Amanda Larkin, Chief Executive SWSLHD	✓		Mark Zacka, Director Clinical Governance, SWSLHD	✓	
Graeme Loy, Director Operations, SWSLHD	✓		Dr Nicholas Collins, Medical Staff Executive Council Representative	✓	
Greg King, Director Finance, SWSLHD	✓		Kung Lim, Director Nursing and Midwifery Services, SWSLHD	✓	
Nel Buttenshaw, A/Manager Executive & Board Secretariat, SWSLHD (minutes)	✓				

<b>Agenda Item</b>	<b>Discussion/Decision/Recommendation</b>	<b>Responsible</b>
<b>2. In Camera Session</b>	<ul style="list-style-type: none"> <li>The Chairman clarified previous discussion that occurred at the July 2013 Board meeting regarding the Chief Executive of SWSLHD's role in negotiations with the Ingham Institute of Applied Medical Research (IIAMR) about the draft service and lease agreements.</li> <li>The Board <b>RESOLVED</b> that the Chief Executive will lead SWSLHD's discussion and negotiation about the service and lease agreements between the two organisations but will withdraw from the IIAMR Board during the time when these matters are considered.</li> </ul>	
<i>At 3.45pm A Larkin, G Loy, G King, M Zacka, K Lim &amp; N Buttenshaw joined the meeting</i>		
<b>3. Declaration of Interests</b>	<ul style="list-style-type: none"> <li>The Chairman invited declarations of interest. No declarations were made.</li> <li>Within Agenda and Minute Item 7.2 – Service Reports – Drug Health, Ms Carriage declared her membership of the Tharawal Board.</li> </ul>	

<p><b>4. Confirmation of the previous minutes and action list</b></p>	<ul style="list-style-type: none"> <li>• <u>MOTION</u>: A motion was moved by Prof Frankum and seconded by Ms Burlew that the Minutes of the Board meeting held on 28 October 2013 be accepted as a true and accurate record of the meeting, subject to a correction to Minute Item 6.1, as follows:  Mr Zacka provided a verbal summary of a recent compliment received at Liverpool Hospital in relation to a patients experience through the Emergency Department to admission in <del>Ward 12 A</del>.</li> <li>• The motion was <u>CARRIED</u>.</li> </ul>	
<p><b>5. Patient Story</b> 5.1 Paediatric Ambulatory Care Service</p>	<ul style="list-style-type: none"> <li>• Mr Zacka presented the story of a 14 year old male who presented to a SWSLHD facility with severe left flank pain, left thigh pain and was unable to walk. Following extensive investigations the child was diagnosed with the unusual condition of left sacroiliac / pelvic osteomyelitis. The diagnosis would usually require a child to be transferred to a tertiary children’s hospital. The treating team developed a treatment plan that involved keeping the care local, using elements of the ‘team around the child’ model of care, developed in the UK.</li> <li>• The model of care is an approach to coordinating interventions for children who have complex needs and require interventions from a number of practitioners and involves the family as a part of the team.</li> <li>• As a result of this treatment approach the child was discharged home to receive IV antibiotics with ongoing support and care provided predominately through the Paediatric Ambulatory Care Unit. Within 3 weeks the child was walking and running around normally. The child and his family have expressed their extreme satisfaction with the care and support they received locally, saving multiple long distance trips and a potential lengthy inpatient stay.</li> </ul>	
<p><b>6. Business Arising</b></p>		
<p>6.1 Patient Story – Copy of the response to the complaint presented to the September 2013 Board meeting.</p>	<ul style="list-style-type: none"> <li>• A copy of the response to a complaint presented to the September 2013 Board meeting was noted.</li> <li>• The Chief Executive clarified KPIs relating to complaints management which requires a written acknowledgment within 5 days of receipt, and a resolution within 35 days. At times, due to complexity of issues raised or staff absences a final resolution is not possible within 35 days, but contact is maintained with complainants to advise of the progress of their matter. In addition most complainants are also contacted by telephone and offered an opportunity to meet with appropriate staff. Complaints are used as opportunities for improvement.</li> <li>• The Board <u>NOTED</u> the response issued to the complainant and the process for managing complaints.</li> </ul>	

6.2 Work Safety – Review all Emergency Department’s	<ul style="list-style-type: none"> <li>Mr Loy advised that the Report on the Review of LHD Emergency Departments has been deferred to the December Board meeting.</li> <li>The review arises from a significant incident that occurred in the Emergency Department at Bankstown Hospital. The subsequent internal review identified a number of gaps and each Emergency Department is being reviewed against these gaps.</li> </ul>	
6.3 Workforce Plan	<ul style="list-style-type: none"> <li>Ms Larkin advised that the Workforce Plan has been deferred to the December Board meeting, due to a further meeting being required with the consultant.</li> </ul>	
<b>7. Standing Items</b>		
<i>At 4.03pm Prof Frankum left the meeting</i>		
7.1 Chief Executive’s Report	<ul style="list-style-type: none"> <li>The Chief Executive’s Report was circulated with the Agenda.</li> <li>Ms Larkin highlighted the following items from within the Report: <u>Community Health Review</u> <ul style="list-style-type: none"> <li>Price Waterhouse Coopers (PWC) has been engaged to undertake a review of the community health services that are delivered by SWSLHD.</li> <li>A preliminary report is expected by mid-December 2013.</li> <li>It is anticipated that the review’s findings will support the LHD to change models of care, for example, the role and functions of community health nurses compared to practice nurses, and move toward an integrated health care approach during 2014.</li> </ul> </li> </ul>	
<i>At 4.13pm Prof Frankum re-joined the meeting.</i>		
	<u>Low Volume Complex Cancer Surgery</u> <ul style="list-style-type: none"> <li>The Cancer Institute have recently completed a mapping exercise regarding complex cancer surgery to ascertain where the surgery is being undertaken and the volume of surgery being undertaken. Evidence suggested a direct correlation between patient outcomes and the volume of surgery undertaken. As a result the Cancer Institute have encouraged collaboration and in November 2013, in conjunction with ACI, requested advice to inform the purchase of oesophagectomy and pancreatectomy surgery.</li> <li>Illawarra Shoalhaven Local Health District has sought collaboration with SWSLHD. Two meetings have been held to date. The model of care is currently being considered by clinician representatives from both LHDs.</li> </ul>	

	<p><u>BHI Report</u></p> <ul style="list-style-type: none"> <li>On 5 December 2013 the Bureau of Health Information (BHI) plans to release two reports on 30-day mortality.</li> <li>The 2<sup>nd</sup> report will outline the results on 30 day mortality for acute myocardial infarction, ischemic and hemorrhagic stroke, hip fracture and pneumonia at the New South Wales level as well as at hospital-level. This report will contain an analysis of the results for NSW, variation across the states as well as profiles for individual hospitals on each of the five conditions.</li> <li>The only facility within SWSLHD which shows any significant variation was Bowral District Hospital for myocardial infarction.</li> <li>The Board <u>NOTED</u> the Chief Executive Officer's Report for October 2013.</li> </ul>	
<b>7.2 Performance</b>		
7.2.1 KPI and Comparative Report	<ul style="list-style-type: none"> <li>The KPI and Comparative Report was circulated with the Agenda.</li> </ul>	
<i>Safety &amp; Quality</i>	<ul style="list-style-type: none"> <li>Mr Zacka highlighted the following items from within the Report: <ul style="list-style-type: none"> <li>Performance (both YTD at 52.07% and for the month of September at 52.02%) regarding the '<i>mental health acute post-discharge community care – follow up within 7 days</i>' target of <math>\geq 70.00\%</math> has been raised with respective services.</li> <li>Performance (both YTD and for the month of September) regarding '<i>unplanned readmissions within 28 days of separation</i>' for 'all persons' and 'Aboriginal persons' have been raised with respective facilities.</li> </ul> </li> <li>Mr Zacka reported that Fairfield Hospital, the first facility within the SWSLHD to do so, undertook an Organisational-wide Survey against the National Safety and Quality Health Service (NSQHS) Standards during the week commencing 18 November 2013. No high priority recommendations were received and the Surveyors indicated that it is likely a merit may be received for standards relating to patient centred care.</li> <li>The Board <u>NOTED</u> the Safety &amp; Quality Report.</li> </ul>	
<i>Service Access &amp; Patient Flow</i>	<ul style="list-style-type: none"> <li>Mr Loy highlighted the following items from within the Report: <ul style="list-style-type: none"> <li>NEAT performance for October at Liverpool and Bankstown Hospitals has improved in comparison to performance in September by 20% and 10% respectively.</li> </ul> <p><b>Action:</b> Confirm the accuracy of the NEAT variance data for the previous month as reported.</p> </li> </ul>	Mr Loy

	<ul style="list-style-type: none"> <li>• <i>NEST</i> targets for the LHD were achieved for the month of October. Strategies are being progressed to ensure that both ENT and Orthopaedic specialties meet the new targets that will apply from 31 December 2013.</li> <li>• Liverpool Hospital improved performance for October (at 16) in comparison to September (at 71) for '<i>patients in the Emergency Department greater than 24 hours</i>'.</li> <li>• The <i>unplanned readmission</i> performance of 7.1% YTD in comparison to the 6.1% target is a potential financial impact under activity based funding.</li> <li>• The LHDs performance regarding the number of '<i>overdue elective surgery patients (category 3) &gt; 365 days</i>' has deteriorated to 88, compared to the target of zero.</li> <li>• The Board <u>NOTED</u> the Service Access &amp; Patient Flow Report.</li> </ul>	
<p><i>People &amp; Culture</i></p>	<ul style="list-style-type: none"> <li>• '<i>Workplace injury</i>' performance YTD at 4.7% (percentage of total staff) is less than for the same period last year (at 7.5%). The workers compensation hindsight adjustment has been received which is approximately \$1.6M less than the accrued amount. The adjustment reflects the improved performance.</li> <li>• Mr Loy clarified that each facility has a target and is implementing localised strategies to improve performance regarding '<i>Aboriginal workforce as a proportion of total workforce</i>'. YTD 1.12% of the total SWSLHD workforce is identified as ATSI, compared to the 2.60% target. The LHD is working with UWS to identify potential graduates for employment in ATSI specific and general vacancies.</li> <li>• Ms Lim clarified that '<i>medical premium staff usage</i>' incorporates agency staff, over-time and casual staff.</li> <li>• The Board <u>NOTED</u> the People &amp; Culture Report.</li> </ul>	
<p><i>Finance &amp; Activity</i></p>	<ul style="list-style-type: none"> <li>• Mr King highlighted the following items from within the Report: <ul style="list-style-type: none"> <li>• YTD the LHD is \$300K unfavourable to budget (general fund).</li> <li>• Outstanding budget supplementations were received during the month, including the workers compensation hindsight penalty adjustment and for the Office of Preventative Health (a State-wide service located within the District).</li> <li>• All facilities are unfavourable YTD, which is offset by all Services being favourable YTD. Some facilities have been placed on a turn-around plan.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• FTEs are under target.</li> <li>• During October a wage escalation was paid and a \$3.7M accounting adjustment was reversed.</li> <li>• The LHD is forecasting to come in on budget for 2013/14.</li> <li>• The Board <u>NOTED</u> the Finance &amp; Activity Report.</li> </ul>	
7.2.2 Service Reports	<ul style="list-style-type: none"> <li>• Reports for the following services were circulated with the Agenda: <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Community Health</li> <li>• Drug Health</li> <li>• Population Health</li> <li>• Oral Health</li> <li>• Child Protection</li> <li>• Breast Screen</li> </ul> </li> <li>• Ms Larkin advised that one service report, on a rotating basis, will be addressed at each Board meeting. The Breast Screen Service Report will be finalised into the new dashboard format and further refinements will be made to the Oral Health target data for the December Board meeting.</li> <li>• Ms Larkin highlighted the following items from the Mental Health Service Report: <ul style="list-style-type: none"> <li>• A recent review of budgeted FTEs and vacancies has been undertaken. Of the 80 reported vacancies a large proportion relate to new graduate nursing positions, which will be recruited to in January 2014.</li> <li>• A self-assessment against the EQUIP accreditation standards occurred in mid-November.</li> <li>• Negotiations continue with Ramsay Healthcare regarding a pay-for-use model utilising up to 10 beds in the private hospital. Discussions have been focussed on the agreed model of care, funding and staffing arrangements.</li> <li>• Despite progress with recruitment efforts the established psychiatrist profile in Campbelltown remains lower than required for current and projected population.</li> </ul> </li> <li>• Ms Carriage declared her membership of the Tharawal Board in respect of the Drug Health Service Report (Refer also Agenda and Minute Item 3).</li> <li>• The Board <u>NOTED</u> the Service Reports.</li> </ul>	



<p>8.1.1 Minutes – 6 November 2013</p>	<ul style="list-style-type: none"> <li>The Minutes of the Health Care Quality and Safety Committee meeting held on 6 November 2013 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<p>8.2 Finance Committee 8.2.1 Minutes – 15 November 2013 8.2.2 Minutes – 13 November 2013</p>	<ul style="list-style-type: none"> <li>Mr Gordon reported that two meetings of the Finance Committee occurred during November 2013. One meeting was convened to specifically consider the draft service and lease agreements between the SWSLHD and the Ingham Institute for Applied Medical Research.</li> <li>The Minutes of the Finance Committee meeting held on 15 November 2013 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Mr King clarified that the write offs and refunds for each month are provided in detail to the Committee.</li> <li>The Minutes of the extraordinary Finance Committee meeting to discuss the draft agreements between the SWSLHD and the Ingham Institute of Applied Medical Research held on 13 November 2013 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Mr Gordon reported that the draft service, lease, Information Technology and license agreements are being updated and will include a preamble to enable a discussion with the Ingham Institute.</li> </ul>	
<p>8.3 Audit and Risk Management Committee 8.3.1 Minutes – 24 September 2013</p>	<ul style="list-style-type: none"> <li>The Minutes of the Audit &amp; Risk Management Committee meeting held on 24 September 2013 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<p>8.4 Research and Teaching Committee 8.4.1 Minutes – 07 November 2013</p>	<ul style="list-style-type: none"> <li>Prof Frankum highlighted the following Minute Items: <ul style="list-style-type: none"> <li>Item 6.1 – As reported to the November Board Workshop the Committee agreed to reduce the frequency of meetings from monthly to bi-monthly in 2014 in reflection of the nature of the Committee’s business.</li> <li>Item 10 – Dr Tony Penna, Director, Office of Health &amp; Medical Research, Ministry of Health attended the November meeting. The Committee has requested that Dr Penna’s office establish a State-wide policy for the management of allegations of scientific misconduct. The SWSLHD has an interim draft policy.</li> </ul> </li> <li>Ms Larkin reported that the SWSLHD will contribute to the Sydney Alliance for Healthcare Research (SAHRT). The financial contribution is to be negotiated.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Minutes of the Research &amp; Teaching Committee meeting held on 7 November 2013 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<p>8.5 Community Engagement</p> <p>8.5.1 CCC Minutes – 1 November 2013</p>	<ul style="list-style-type: none"> <li>The Minutes of the Consumer Community Council meeting held on 1 November 2013 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<b>9. New Business</b>		
<p>9.1 SWSLHD Service Agreements with Affiliated Health Organisations</p> <ul style="list-style-type: none"> <li>The Benevolent Society</li> <li>STARTTS</li> <li>Karitane</li> </ul>	<ul style="list-style-type: none"> <li>Ms Larkin reported that in July 2013 the Ministry of Health provided a template to renew expired affiliated health service agreements. Negotiations with STARTTS, Karitane and the Benevolent Society in the new agreement have been finalised. The new agreements are based on historical budgeting arrangements but include a more rigorous reporting process against agreed KPIs. The SWSLHD is not the sole financier of the organisations.</li> <li>Negotiations continue with the remaining two 3<sup>rd</sup> Schedule affiliated health organisations, Carrington and Hammond Care (Braeside).</li> <li><b>Action:</b> Provide advice regarding obligations of the Board regarding 3<sup>rd</sup> Schedule facilities.</li> <li>The Board <u>APPROVED</u> the 2013 Service Agreements between the SWSLHD and the following affiliated health organisations: <ul style="list-style-type: none"> <li>NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)</li> <li>Karitane</li> <li>Benevolent Society</li> </ul> </li> <li><b>Action:</b> Execute the Service Agreements.</li> </ul>	<p>Ms Larkin</p> <p>Ms Larkin</p>
<p>9.2 Surgical &amp; Procedural Care in SWS – Service Development Directions to 2021</p>	<ul style="list-style-type: none"> <li>A referral note regarding the plan <i>Surgical &amp; Procedural Care in South West Sydney – Service Development Directions to 2021</i> was circulated with the Agenda.</li> <li>The Chief Executive advised that the plan was drafted in 2012 and comprises twenty six service development directions. The more significant service developments have been incorporated within the Strategic Plan.</li> <li>The Plan articulates managerial organisation changes, new and enhanced models of care, new clinical services proposed for individual facilities and realignment of service provision across surgical and procedural care networks, for example the transfer of hand surgery from Liverpool to Fairfield Hospital.</li> <li><b>Action:</b> Further outline the District’s approach to Bariatric Surgery at the next Board meeting.</li> </ul>	<p>Ms Larkin</p>

	<ul style="list-style-type: none"> <li>The Board <u>ENDORSED</u> the plan <i>Surgical &amp; Procedural Care in South West Sydney – Service Development Directions to 2021</i>.</li> </ul>	
9.3 Proposed Board Protocol – Appointment of a Consumer / Community Representative to a Board Committee	<ul style="list-style-type: none"> <li>The Board <u>ENDORSED</u> the Board Protocol – <i>Appointment of a Consumer / Community Representative to a Board Committee</i>, subject to minor comments to be sent by Mr Gordon and the following amendment: <ul style="list-style-type: none"> <li><i>Appointment of a Consumer / Community Representative to attend a Board Committee.</i></li> </ul> </li> <li><b>Action:</b> Re-distribute the Code of Conduct to the Board.</li> </ul>	Ms Buttenshaw
9.4 Medical and Dental Appointments Advisory Committee – Liverpool Hospital Representative	<ul style="list-style-type: none"> <li>The Board received the request from the General Manager of Liverpool Hospital to nominate Dr Russ Schedlich as the Liverpool Hospital representative on the Medical and Dental Appointments Advisory Committee (MDAAC), replacing Dr McNeil and resolved to <u>APPROVE</u> the request.</li> <li><b>Action:</b> Convey the Board’s approval of Dr Schedlich’s nomination to the MDAAC to the General Manager, Liverpool Hospital.</li> </ul>	Ms Buttenshaw
<b>10. Items for Information</b>		
10.1 Public Relations	<ul style="list-style-type: none"> <li>A referral note regarding public relations matters for October 2013 was circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Ms Larkin highlighted the social media item.</li> </ul>	
10.1.1 Newsletter	<ul style="list-style-type: none"> <li>The November 2013 newsletter was circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
10.2 Hind Sight, October 2013	<ul style="list-style-type: none"> <li>The October 2013 edition of <i>Hind Sight</i>, published by the SWSLHD Clinical Governance Unit was circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
10.3 Standing Reports 10.3.1 NHPA Report on Length of Stay in Public Hospitals	<ul style="list-style-type: none"> <li>On 7 November 2013 the National Health Performance Authority (NHPA) published a Report on the length of stay in public hospitals.</li> <li>The Report includes comparative results of an analysis of length of stay for hip replacements at selected hospitals, which indicated that the average length of stay (ALoS) for hip replacement at Campbelltown Hospital was 15 days, compared to averages of 7 to 9 days at most other hospitals in the study.</li> <li>The ALoS of hip replacement patients at Campbelltown Hospital as shown in the Report (at 15 days) was confirmed and all cases were emergency admissions.</li> <li><b>Action:</b> Clarify the total number of hip replacements at Bowral Hospital.</li> </ul>	Ms Larkin

10.4 Meetings with Interested Parties	<ul style="list-style-type: none"> <li>The NSW Minister for Health undertook visits to Campbelltown and Bankstown Hospitals on Friday 22 November 2013.</li> </ul>	
<b>11 Other Business without Notice</b>		
11.1 Annual Public Meeting	<ul style="list-style-type: none"> <li>The Chairman reaffirmed arrangements for the Annual Public Meeting to be held on Thursday 5 December 2013, 2pm at Liverpool.</li> </ul>	
<b>12. Next Meeting</b>	Monday 16 December 2013 1530 – 1830 – Board Meeting SWSLHD Board Room, Eastern Campus, Liverpool Hospital	

Meeting closed at 6:21pm