

MINUTES



South Western Sydney Local Health District Board

Date: Wednesday 30 July 2014

Time: 3:30pm

Venue: The Auditorium, Campbelltown Hospital, Thierry Road, Campbelltown

1. Present and Apologies

Members	Pres.	Apol.	Members	Pres.	Apol.
Prof Phillip Harris (Chair)	✓		John Gordon	✓	
Carolyn Burlew	✓		Mark (Jack) Johnson		Absent
Christine Carriage		✓	Prof Neil Merrett	✓	
Prof Brad Frankum <i>(from 5.33pm)</i>	✓		Dr Matthew Gray		✓
Frank Conroy	✓		Nina Berry	✓	
Dr David Abi-Hanna	✓				
Invited Guests					
The Hon. Jillian Skinner MP, Minister for Health & Minister for Medical Research <i>(until 4.58pm)</i>	✓		The Hon. Jai Rowell MP, Minister for Mental Health & Assistant Minister for Health <i>(until 4.33pm)</i>	✓	
Other Attendees					
Amanda Larkin, Chief Executive	✓		Dr Nicholas Collins, Medical Staff Executive Council Representative	✓	
Graeme Loy, Director Operations	✓		Greg King, Director Finance	✓	
Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓			✓	

Agenda Item	Discussion/Decision/Recommendation	Responsible
2. Chairman's Welcome	<ul style="list-style-type: none"> The Chairman welcomed the Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research and the Hon. Jai Rowell MP, Minister for Mental Health & Assistant Minister for Health to the July meeting of the SWSLHD Board. 	
3. Ministerial Remarks	<ul style="list-style-type: none"> Minister Skinner thanked the Chairman for the invitation to attend the meeting and advised that this is the first Board meeting she has attended. The Minister conveyed congratulations on a highly functioning Board and recent performance results. Minister Rowell echoed Minister Skinner's remarks. 	
4. Confirmation of the previous minutes and action list	<ul style="list-style-type: none"> MOTION: A motion was moved by Mr Gordon and seconded by Mr Conroy that the Minutes of the Board meeting held on 23 June 2014 be accepted as a true and accurate record. The motion was <u>CARRIED</u>. 	

<p>5. Declaration of Interests</p>	<ul style="list-style-type: none"> • The Chairman invited declarations of interest. • In relation to Agenda Item (9.2.1) – Minutes of the 19 June 2014 Finance Committee, Prof Harris reminded the Board that he is a Board member of HealthShare NSW and currently the Acting Chairman. • The Board <u>NOTED</u> the declaration of interest made. 	
<p>6. Patient Story</p>	<ul style="list-style-type: none"> • The Chief Executive presented the case of a Bankstown Ambulatory Care patient, ‘Sally’ (named changed), who had a 12 year history of chronic bilateral leg ulcers, as follows: <ul style="list-style-type: none"> • Initially linked to a wound service out of our area and Bankstown Community Nurses were attending her dressings. In 2012 the Bankstown Ambulatory Care Unit took over her care. • Multitude of challenges: intellectually disabled, morbidly obese, hypertensive, poor diet and reduced mobility, poor diet, poor hygiene, urinary incontinence and unable to understand the rationale for graduated compression therapy. • Environmental challenges: lives alone and has to navigate 2 flights of stairs into her unit, unable to perform basic functions such as putting out the garbage or hanging out her clothes, minimal assistance with house cleaning. • The Community nurses did her dressings at her work place because of fear of losing her job and becoming isolated from her peers because of the offensive odour from her wounds. • A case conference was held and a holistic care plan was developed. It included: wound care, graduated compression therapy, bed rest with leg elevation, antibiotic management, pain management, weight management, dietary advice, continence management, home care services including showering and cleaning and finding a GP. • The patient was admitted to the day hospital three times per week for bed rest and leg elevation, wound cleaning and dressing, graduated compression therapy, IV antibiotic pump changes and PICC (Peripherally Inserted Central Catheter) line care. Sally spent six months on day hospital admission. • Sally’s left leg healed completely in four months. After eight months of treatment there was a 98% reduction in wound size on the right leg. Graduated compression bandaging was ceased and Sally is now wearing compression stockings. Showered three times a week and her house cleaning is now being done. Attending obesity clinic and continence nurse involvement is ongoing. A new GP is involved. 	

	<ul style="list-style-type: none"> The successful outcome for Sally may be attributed to flexibility in service provision, holistic, multi-dimensional and multi-disciplinary collaboration, that included Sally's family. The Ambulatory Care Unit coordinated service provision across the continuum of care. ACTION: Provide Minister Skinner with a cost comparison (acute bed versus community care). 	Chief Executive
7. Business Arising		
5.1 KPI Report – Quality & Safety [23.06.14; Item 7.2.1]	<ul style="list-style-type: none"> A Referral Note was circulated with the Agenda. The terminology used within the statement, 'accustomed stance' was used to describe that Emergency Department (ED) staff did not recognise the increasing workload as a flag to escalate to management as a busy ED was not uncommon. The Board NOTED the clarification provided for the causation statement of the RCA completed for a SAC 1 incident (1621246-20). 	
5.2 Service Reports – Drug Health [23.06.14; Item 7.2.1]	<ul style="list-style-type: none"> A Referral Note was circulated with the Agenda. The commentary provided on an indicator arising from the drug health performance management framework was verified as correct. A review of commentary required against indicators is currently occurring. The Board NOTED the clarification of commentary provided for a perinatal indicator in the Drug Health section of the June KPI Report. 	
7. Standing Items		
7.1 Chief Executive's Report 7.1.1 - Presentation	<ul style="list-style-type: none"> The presentation, <i>Integrated Care Initiatives within South Western Sydney</i>, was circulated with the Agenda. The Chief Executive highlighted the following: <ul style="list-style-type: none"> Cascade of integrated care concepts within the planning framework. Principles & Vision of integrated care in South Western Sydney, noting the establishment, in early 2013, of an Integrated Health Committee, chaired by a GP / Board member representative of the South Western Sydney Medicare Local (SWSML). <p>and highlighted four (4) current integrated care projects, as follows:</p> <ul style="list-style-type: none"> <i>Oran Park Integrated Primary Care Centre (IPCC)</i> A partnership project (involving SWSLHD, SWSML, UWS, NSW Urban Growth and Greenfields Development Pty Ltd) to establish an IPCC in the Oran Park community (SWS growth corridor). The model of care is broader than a co-located arrangement and includes a shared information technology platform. 	

	<ul style="list-style-type: none"> • <i>Wollondilly Health Alliance</i> A collaborative project (involving SWSLHD, Wollondilly Shire Council, NGOs, GPs, community representatives and local primary care providers) working to develop a model of care to meet the health care needs of a population group. A comprehensive needs assessment survey is underway. A meeting was held with The George Institute on 29 July 2014 to discuss their potential involvement. <p>Minister Rowell noted the predicted population growth in the Wollondilly LGA.</p> • <i>Palliative Care Home Support Packages (PEACH) Program</i> The program, involves five (5) LHDs, led by SWSLHD and complements existing services to increase the proportion of people who die at home. 342 packages were funded between December 2013 and June 2014, with 265 total packages used and 125 deaths occurring at home. A comprehensive evaluation, involving families and carers has commenced. • <i>Triple I (Hub)</i> The Hub is a centralised centre for referrals, health and social information support, incorporating aged care, community nursing, family and child health, etc. The Centre operates over 7 days with extended hours, receiving approximately 5,228 referrals in 2013. • The 2014 Board Conference highlighted the Commonwealth Government reform agenda relating to primary health care. This point was discussed. 	
<p>7.1 Chief Executive's Report</p> <p>7.1.2 – Starring Item</p>	<ul style="list-style-type: none"> • The 2014/15 Service Agreement was circulated with the Agenda. • The Chief Executive highlighted the following items: <ul style="list-style-type: none"> • (pg10) – Variation to the Agreement <ul style="list-style-type: none"> - Reference to “Director-General” has been changed to ‘Secretary’ • (pg11) – Summary of Schedules <ul style="list-style-type: none"> • Additional schedules have been added under facilities and services, including: NSW Kids and Families; NSW health pathology; and, HealthShare NSW and eHealth. • The Service Agreement did not provide a publication date for budgets but the LHD is committed to loading budgets on the website by 31 July 2014. • (pg 12) - Schedules <ul style="list-style-type: none"> • The strategic themes for 2014/15: <ul style="list-style-type: none"> ▪ Keeping people healthy ▪ Providing world class clinical care ▪ Delivering truly integrated care <p>whilst substantially different to those articulated in the 2013/14 Service Agreement are not divergent from the SWSLHD Strategic Plan.</p> 	

	<ul style="list-style-type: none"> • Specific focus areas for 2014/15, include: <ul style="list-style-type: none"> ▪ Local accountability and clinician involvement, which will probably require a state-wide approach, perhaps via a survey ▪ Revised criteria relating to waiting times for outpatient clinics which will be a challenge ▪ Workplace culture • (pg 16) – Schedule B – Services and Facilities <ul style="list-style-type: none"> • A number of small changes and updates • (p23) – Schedule B - Section 5 – The LHD has responsibilities in relation to Population Health which were presented to the May Board meeting. • (p24) – Schedule B – Section 7 – Teaching, Training & Research <ul style="list-style-type: none"> • The SWSLHD ICT Plan is progressing. • SWSLHD is about to commence the HETI ‘on-line’ resource to enable staff to access learning resources to complement learning plans. • Requirements relating to the financial management education program will be incorporated in 2014/15 budget allocation letters. • (p27) – Schedule B – Section 9 – NSW Health Pathology <ul style="list-style-type: none"> • Acknowledging the agreed rates, rather than citing a change. • (p63) – Schedule E – Performance Measures <ul style="list-style-type: none"> • Two indicators will present a challenge for SWSLHD: <ul style="list-style-type: none"> ▪ A new Tier 2 KPI requires 100% of staff to participate in an annual performance review ▪ Change to the service measure for a reduction in the number of employees with accrued annual leave balances of more than 30 days (previous measure was 40 days) 	
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Minister Rowell left the meeting at 4.33pm.

	<ul style="list-style-type: none"> • The Director of Finance presented Schedule C, at pg 28, of the 2014/15 Service Agreement which specifies the activity, expenditure and revenue budgets for SWSLHD for the 2014/15 financial year, highlighting the following items: <ul style="list-style-type: none"> • The growth in activity from the baseline agreed with the Ministry was 8,684 National Weighted Activity Units (NWAUs); an increase of 3.2%. • The expenditure budget is \$1,516.9M; an increase of \$77.7M (5.4%) on the 2013/14 annualised budget • The increase in the expense budget is made up of a number of components. A breakdown of these components follows: <ul style="list-style-type: none"> ▪ Funding for activity increases \$38.2M ▪ Price and salary escalation \$32.7M ▪ Efficiency savings -\$8.9M ▪ Funding for National Partnership Agreement services no longer provided by the Commonwealth \$11.0M 	
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	<ul style="list-style-type: none"> ▪ Specific funding to increase nursing FTE \$1.5M ▪ Increase in block funding \$3.5M • The revenue budget is \$1,466.7M; an increase of \$76.0M (5.5%) on the 2013/14 annualised budget • The revenue budget is made up of Government Contributions totalling \$1,273.7M and “own source” revenue totalling \$193.0M • General fund “own source” revenue has increased from \$160.3M in 2013/14 to \$177.7M in 2014/15. This is an increase of \$17.4M (10.9%) • Risks: <ul style="list-style-type: none"> ▪ A significant increase in own source revenue ▪ Achieving activity growth within budget ▪ The Chief Executive reported that budget allocation for the establishment costs incurred in opening the new build at Campbelltown Hospital is currently being considered. ▪ Unexpected cost increases eg. exchange rate decrease, price rises greater than escalation funding provided ▪ Efficiency savings not able to be realised ▪ Increased equipment maintenance costs at Liverpool Hospital as equipment purchased as part of the establishment of the new Hospital comes off warranty • The price per NWAU is again lower than the State average, and it is believed the lowest in the State. • The LHD has again not needed or received transition grants, which are offset by a reduction in growth money. 	
<i>Minister Skinner left the meeting at 4.58pm</i>		
	<ul style="list-style-type: none"> • The Director of Finance provided an overview of the comprehensive process to determine and communicate 2014/15 budgets with facilities and services. • The Board RESOLVED to sign the 2014/15 Service Agreement. • ACTION: The Chairman and Chief Executive to sign the 2014/15 Service Agreement. 	Ms Buttenshaw
<p>7.1 Chief Executive’s Report</p> <p>7.1.3 – June Report</p>	<ul style="list-style-type: none"> • The Chief Executive’s Report was circulated with the Agenda. • The Chief Executive highlighted the following items: <ul style="list-style-type: none"> • Number of major capital works projects and progress towards same. • 2014/15 Service Agreements for Affiliated Health Organisations will be recommended to the August meeting of the SWSLHD Board for endorsement. • The Board NOTED the Chief Executive’s June Report. 	

7.2 Performance		
7.2.1 KPI Report	<ul style="list-style-type: none"> The KPI Report was circulated with the Agenda. 	
<i>Safety & Quality</i>	<ul style="list-style-type: none"> Dr Collins clarified 'CTG' at pg 120, to be cardio tocograph, which monitors the fetal heart rate in utero. The Chief Executive confirmed, in relation to an incident described at pg 119, that Bowral & District Hospital, due to their geographic location, send cases to the forensic pathologist at Goulburn, whereas other LHD facilities refer to Westmead. 	
<i>Prof Frankum arrived at 5.33pm</i>		
	<ul style="list-style-type: none"> Prof Merrett confirmed that the number (and trends) of SAC 1 and 2 incidents are routinely monitored via the Health Care Quality & Safety Committee (HCQSC). A report comparing the number of incidents across each LHD is received by the HCQSC quarterly. Action: Provide a copy of the State-wide incident comparative report to the Board on a quarterly basis, with the HCQSC Minutes. The Chief Executive highlighted: <ul style="list-style-type: none"> A death at Campbelltown Hospital was referred to the Coroner but not entered onto IIMs or discussed at the Death Review Committee. A number of strategies are in place to support Campbelltown Hospital, including a quality process review in collaboration with the Clinical Excellence Commission and additional staffing for finance. The Board <u>NOTED</u> the Safety & Quality Report. 	Director, Clinical Governance
<i>Service Access & Patient Flow</i>	<ul style="list-style-type: none"> Mr Loy highlighted: <ul style="list-style-type: none"> Overall NEAT and NEST performance is improving. The Campbelltown Whole of Hospital Program Committee has been re-engineered with increasing clinician participation. Active monitoring at the District level of mental health performance, as a result of the transition effective 1 July 2014. The District's waiting list turnover ratio at 1.04, is above the target of 1.00. The Board <u>NOTED</u> the Service Access & Patient Flow Report. 	
<i>People & Culture</i>	<ul style="list-style-type: none"> The Board <u>NOTED</u> the People & Culture Report. 	
<i>Finance & Activity</i>	<ul style="list-style-type: none"> Mr King highlighted the following items from within the Report: <ul style="list-style-type: none"> Performance in relation to creditors (small and greater than 45 days) relates to the state-wide implementation of the Oracle R12 system. 	

	<ul style="list-style-type: none"> • The Chairman conveyed congratulations to the Finance Committee for the SWSLHD Financial Dashboard Report. • The Board NOTED the Finance & Activity Report and congratulated management on the year-to-date financial position. 	
<p>7.2.2 Service Reports</p>	<ul style="list-style-type: none"> • Reports for the following services were circulated with the Agenda: <ul style="list-style-type: none"> • Mental Health • Community Health • Drug Health • Population Health • Oral Health • Actions: <ul style="list-style-type: none"> • Include the budget and FTE for each Service within their report. • Community Health Service Report –Palliative care home death rates (at pg 142) – advise the proportion of patients who died at home. • The Board NOTED the Service Reports. 	<p>Ms Buttenshaw Chief Executive</p>
<p>7.3 Chairman’s Report</p>	<ul style="list-style-type: none"> • <u>Information Sheets</u> <p>The Chairman noted two new Information Sheets, circulated with the Agenda, prepared by the Ministry of Health as a result of a number of inquiries on these issues, as follows:</p> <ul style="list-style-type: none"> • <i>Management of Board Members Conflicts of Interest; and</i> • <i>Contesting Elections – a NSW Health Board Member Guide</i> <ul style="list-style-type: none"> • <u>2014 Board Workshop</u> <p>The Board AGREED that the 2014 Workshop would be held on 24 October 2014, from 1pm to 6pm at Fairfield RSL, followed by dinner (to replace the Christmas Dinner).</p> <p>Action: Workshop details to be confirmed via email to Board members.</p> <ul style="list-style-type: none"> • <u>Correspondence from Minister Skinner following the LHD & Speciality Network Board Members’ Conference</u> <p>The Board NOTED Ministerial correspondence, circulated with the Agenda and following the 2014 Board Conference, which outlines recent key initiatives.</p> <p>The Chairman advised that the correspondence (at pg2) also addresses a previous Board meeting action regarding changes to loading for ABF.</p> <ul style="list-style-type: none"> • <u>Correspondence from Minister Skinner regarding the Board Reappointment Process</u> 	<p>N Buttenshaw</p>

	<p>The Chairman advised receipt of correspondence from Minister Skinner, acknowledging the Board reappointment process and commending the SWSLHD Board on their recent undertaking of a skills mix audit.</p> <p>The Chairman reported his attendance at a meeting with the Minister, who expressed positive commentary regarding the District's performance, including the Board and executive contribution.</p>	
8. Committees of the Board		
8.1 Health Care Quality and Safety		
8.1.1 Minutes – 2 July 2014	<ul style="list-style-type: none"> • The Minutes of the Health Care Quality and Safety Committee meeting held on 2 July 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Merrett highlighted the following items: <ul style="list-style-type: none"> • Item (5.1) – Strategies to improve Liverpool Hospital's ophthalmology service • Item (4.2) – Strategies to improve the 48hr follow up for Aboriginal patients • Item (4.1.3) – Improvements in hand hygiene compliance rates • Item (4.3.2) – The 'National Partnership Agreement on Improving Public Hospital Services: Performance Report 2013'. The Report was prepared in May 2014 for the Council of Australian Governments and highlights NEAT and NEST performance. 	
8.2 Finance Committee		
8.2.1 Minutes – 19 June	<ul style="list-style-type: none"> • The Minutes of the Finance Committee meeting held on 19 June 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. 	
8.2.2 Child Care Initiative for SWSLHD: A Business Case	<ul style="list-style-type: none"> • A Referral Note & Business Case regarding the management of Child Care Centres in the LHD (at Fairfield, Liverpool and Bankstown) were circulated with the Agenda. • The Board resolved to <u>APPROVE</u> the child care initiative for SWSLHD Business Case, and its progression in accordance with the phases outlined. 	
8.2.3 Liverpool Hospital Car Park Tender	<ul style="list-style-type: none"> • A Referral Note proposing fee changes for car parking at Liverpool Hospital, following the tender for the management of the car park, was circulated with the Agenda. • The Board resolved to <u>APPROVE</u> implementation of the Ministry of Health Hospital Car Park Fees Policy (PD2013_031) and associated schedule of fee transition charges at Liverpool Hospital in accordance with the stages outlined. 	

8.3 Research & Teaching Committee		
8.3.1 Minutes	<ul style="list-style-type: none"> The Board <u>NOTED</u> that the next meeting of the Research & Teaching Committee is scheduled for 7 August 2014. 	
8.4 Audit & Risk Management Committee		
8.4.1 Minutes – 17 July	<ul style="list-style-type: none"> The Board <u>NOTED</u> that the minutes of the Audit & Risk Management Committee meeting of 17 July 2014 will be submitted to the August Board meeting. 	
8.4.2 Matters referred to the ICAC	<ul style="list-style-type: none"> The Board <u>NOTED</u> that there were no notifications made by the Chief Executive to the Independent Commission against Corruption (ICAC) during the period 12 June 2014 to 14 July 2014. 	
8.5 Consumer & Community Council		
8.5.1 Minutes – 6 June 2014	<ul style="list-style-type: none"> The Minutes of the Consumer & Community Council meeting held on 4 July 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. The Chairman highlighted that the meeting incorporated a Discharge Planning Workshop, to progress one of the top 5 priority areas previously identified by the Council. Mrs Berry highlighted the following item: <ul style="list-style-type: none"> Item (3) – the input of clinicians in the discharge planning workshop was valuable. 	
9. New Business		
	<ul style="list-style-type: none"> The Board <u>NOTED</u> there were no new business items listed. 	
10. Items for Information		
10.1 Public Relations	<ul style="list-style-type: none"> A Referral Note regarding public relations matters for June 2014 was circulated with the Agenda and <u>NOTED</u> by the Board. 	
10.1.1 District Newsletter	<ul style="list-style-type: none"> The July 2014 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. The Chief Executive highlighted the continued success of the social media strategy. 	

10.1.2 Bangala Newsletter	<ul style="list-style-type: none"> The June 2014 Bangala newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. The Chief Executive clarified that the Bangala Newsletter is published quarterly and provides information on Aboriginal services. Bangala relates to the the building housing the Director, Aboriginal Health and other services. The Miller Exercise Program was <u>NOTED</u>. 	
10.2 Meetings with Interested Parties	<ul style="list-style-type: none"> The Chairman advised that there were no meetings with interested parties during June 2014. 	
11. Other Business without Notice		
	<ul style="list-style-type: none"> The Chairman invited other business without notice. Board members advised forthcoming leave periods, as follows: <ul style="list-style-type: none"> Prof Merrett will be on leave 29 August to 6 October Mr Conroy will be on leave over August and September Mr Gordon will be on leave over October The Board <u>CONFIRMED</u> their satisfaction with the current arrangements for Protected Interest Disclosures (PIDs), which occur via the Audit & Risk Management Committee. In relation to an action arising from the previous Board meeting, Ms Carriage offered to liaise with Tharawal regarding potentially hosting a SWSLHD Board meeting on-site, to enable a tour of the redevelopment. Ms Burlew commended the Chairman on the facilitation of the Board meeting. 	<i>Ms Carriage</i>
12. 2014 Board Calendar	<ul style="list-style-type: none"> The 2014 Board Calendar was circulated with the Agenda, and <u>NOTED</u> by the Board. 	
13. Next Meeting	Monday 25 August 2014 1530 – 1830 – Board Meeting Board Room, District Office	

Meeting closed at 6:30pm