

MINUTES



South Western Sydney Local Health District Board

Date: Monday 25 August 2014

Time: 3:30pm

Venue: Board Room, SWSLHD District Office, Eastern Campus, Liverpool Hospital

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		Absent
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	✓		(Vacant), Medical Staff Executive Council Representative		
Graeme Loy, Director Operations		✓	Greg King, Director Finance	✓	
Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓		Suchit Handa, Student, Graduate Health Management Program	✓	
James Yeandel, Director Media & Communications	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
2. Declaration of Interests	<ul style="list-style-type: none"> The Chairman invited declarations of interest. Prof Harris reminded the Board that he is a Board member, and currently acting Chairman, of HealthShare NSW. Prof Frankum advised that his wife is the Chair of the Integrated Health Committee (a SWSLHD and SWS Medicare Local collaboration). The Board <u>NOTED</u> Dr Gray's declaration, made out of session, relating to a development application for a day hospital and specialist medical consulting centre in the Camden Local Government Area. The Board <u>NOTED</u> the declarations of interest made. 	

<p>3. Presentation – <i>Changing Minds</i></p>	<ul style="list-style-type: none"> • Mr Yeandel advised the Board of an approach by a production company for the ABC to film a 3 part documentary series on mental health, to be broadcast during mental health month. The series is titled <i>Changing Minds</i> and filmed in the Liverpool Mental Health Unit. • The Board was shown a short 4 minute promotional video of the Series. • Mr Yeandel read an excerpt of the feedback from the NSW Mental Health Review Tribunal which noted their support. • The Minister for Mental Health and Assistant Minister for Health has been fully briefed on the series. • The series is due to be televised on 7, 8 and 9 October 2014. • Action: Issue a reminder to the SWSLHD Board prior to the broadcast dates. 	<p>Ms Buttenshaw</p>
<p><i>Mr Yeandel left at 3.42pm</i></p>		
<p>4. Chairman’s Welcome</p>	<ul style="list-style-type: none"> • The Chairman: <ul style="list-style-type: none"> • Welcomed and introduced Suchit Handa, a first year Graduate Health Management Program student, undertaking a placement in the District’s Clinical Governance Unit. • Acknowledged the sudden and unexpected passing of Dr Nick Collins, Director of Ambulatory Care at Campbelltown Hospital, Medical Staff Executive Council representative on the SWSLHD Board and Senior Lecturer in General Practice at UWS. The Chairman indicated his intent to write to Dr Collins’ partner on behalf of the SWSLHD Board. The Board acknowledged their receipt of details regarding the memorial service on Saturday 30th (Coogee Bay Hotel). A Hospital-based memorial is planned and details will be distributed. 	
<p>5. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> • MOTION: A motion was moved by Ms Burlew and seconded by Mr Gordon that the Minutes of the Board meeting held on 30 July 2014 be accepted as a true and accurate record. • The motion was <u>CARRIED</u>. 	
<p>6. Patient Story</p>	<ul style="list-style-type: none"> • Mr Zacka presented the case of 29 year old “Janet” (name changed), who was diagnosed with breast cancer in 2009 at 29 years of age. Janet’s case represents the one third of breast cancer patients who do not survive their cancer. • Janet’s story provides an insight in treating complex cancer patients and highlights the ongoing, multi-disciplinary care she received. In total, Janet underwent 217 consultations/ward visits and chemotherapy treatments and 	

	<p>underwent 8 different courses of radiotherapy including to her neck, brain, pelvis, and spine as well as her original breast cancer. Janet had a total of 290 interactions with the service over a 5 year period. This is an exception and Janet’s case sits at the “more frequent” end of the spectrum.</p> <ul style="list-style-type: none"> • The treating physician reflects that the service acted appropriately and looked after her very well, prolonging and adding to the quality of her remaining life. • The Board <u>NOTED</u> the patient story. 	
7. Business Arising		
<p>5.1 Clontarf Foundation [23.06.14; Item 7.2.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note circulated with the Agenda regarding working with the Clontarf Foundation to provide employment pathways for Aboriginal people. • Ms Larkin reported that the Clontarf Foundation offers academies based in regional and rural NSW, rather than metropolitan areas. • A key strategy of the District’s Aboriginal Workforce Strategy is engaging with local service providers and organisations that can provide employment pathways for the local South Western Sydney communities. 	
<p>5.2 Oran Park IPCC [23.06.14; Item 7]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding the Oran Park Integrated Primary Care Centre was circulated with the Agenda. • Ms Larkin reported that the Proposed Governance Framework and Business Case, as circulated, provides summary information with more detailed information available. • General Practitioners will be employed via a contract. The model of care requires that health practitioners practising from the IPCC work on a common IT platform. • Ms Larkin confirmed that the Business Case: <ul style="list-style-type: none"> • at Section 1.1 – Background, last word, first paragraph should be read as SWSLHD, rather than SWSML • Ms Larkin undertook to confirm the inclusion of the final paragraph in Section D – Lease Agreement, which may have been negotiated out. <ul style="list-style-type: none"> • Action: Advise regarding Section D – Lease Agreement, final paragraph. • Dr Gray reported that members of GP Link had raised concerns regarding competition following the last expression of Interest (EOI), although considered that the revised EOI would occur in a different environment. • Prof Frankum suggested that the current model be reviewed with a view to exploring the integration of specialist care. 	<p><i>Mr Loy</i></p> <p><i>Mr Loy</i></p> <p><i>Mr Loy</i></p>

	Prof Merrett suggested that the model also consider outpatient services.	
5.3 Process, including responsibility, for reporting physical assaults [23.06.14; Item 7.3]	<ul style="list-style-type: none"> The Board NOTED the Referral Note circulated with the Agenda regarding the process, including the responsibility for reporting physical assaults across the District. Ms Larkin highlighted that the process occurs within a Policy context (PD2005_315 –Zero Tolerance Response to Violence in the NSW Health Workplace), which does not define the responsibility for contacting the NSW Police – rather it is dependent on the circumstances of the situation and may include the relevant manager, security officer involved or victim. 	
5.4 Palliative care home death rates [30.07.14; Item 7.2.2]	<p>The Board NOTED the Referral Note circulated with the Agenda advising the proportion of patients who died at home (average across all community health teams).</p> <ul style="list-style-type: none"> Ms Larkin highlighted that the total number of deaths for ‘registered palliative care clients’ during June 2014 was 68. The proportion of deaths at home was low, at 3%. Deaths at a nursing home are not classified as a ‘death at home’. 	
5.5 Provision of the State-wide incident comparative report to the Board on a quarterly basis [30.07.14; Item 7.2.1]	<ul style="list-style-type: none"> The Board NOTED the Referral Note circulated with the Agenda providing the reporting time-table for the Clinical Incident Comparative report. Mr Zacka highlighted that the data represents the number of incidents reported, not the number of incidents. State-wide incident information is managed by the Clinical Excellence Commission (CEC). The CEC produce a Report, on a six-monthly basis that provides overall State-wide rates and trends. In all categories, the LHD is below the State average. For SWSLHD (July-December 2013), per 1,000 occupied bed days: <ul style="list-style-type: none"> Overall – NSW: 23.02; SWSLHD: 21.26 SAC 1 incidents – NSW: 0.09; SWSLHD: 0.08 SAC 2 incidents – NSW:0.37; SWSLHD: 0.33 SAC 3 incidents – NSW: 10.02; SWSLHD 9.27 SAC 4 incidents - NSW:11.7; SWSLHD 10.84 Mr Zacka advised that the information will be presented to the Board on a six-monthly basis (in September and March) each year. Ms Larkin highlighted that reported incidents may be statutory in nature and that the LHD Executive reviews, on a weekly basis all SAC 1 and 2 incidents. The reporting environment has changed since the introduction of the Incident Information Management System (IIMS), for example the introduction of ‘trigger’ reporting. 	<i>Mr Zacka</i>

<p>5.6 Legal obligations of LHD Boards regarding AHOs [28.03.14; Item 6.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note circulated with the Agenda regarding legal obligations of LHD Boards in relation to Affiliated Health Organisations, as advised by the Legal & Legislative Branch, NSW Ministry of Health. • Ms Larkin highlighted the following elements of the advice: <ul style="list-style-type: none"> • Responsibilities of the LHD Board, in accordance with the Health Services Act • Obligations of AHOs under a service agreement • AHOs are a separate legal entity with their own management and Board • Broadly the LHD Board does not have a legal responsibility in relation to the AHOs, however in some circumstances a funding organisation may assume some legal responsibility for work health & safety of a funded service. This may include, for example, where the AHO's services are provided on the premises of the LHD. • AHOs funded by SWSLHD do provide services on SWSLHD premises 	
<p>7. Standing Items</p>		
<p>7.1 Chief Executive's Report</p> <p>7.1.2 – Starring Item</p>	<ul style="list-style-type: none"> • The draft 2014/15 Service Agreements with the following Affiliated Health Organisations were circulated with the Agenda: <ul style="list-style-type: none"> • Karitane • Benevolent Society (SCARBA) • Hammond HealthCare (Braeside Hospital) • Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). • Ms Larkin outlined the development process of the Agreements, noting the improvement in time-frames and maturity of KPIs, which is ongoing. • The Board discussed the rationale of the Chairman signing the Agreements. • The Board <u>AGREED</u> for the Chairman to sign the 2014/15 Service Agreements. 	
<p>7.1 Chief Executive's Report</p> <p>7.1.3 – July 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: <p><u>Planning Update</u></p> <ul style="list-style-type: none"> • Commended the level of clinician involvement in the planning processes, particularly during the Winter period. • Campbelltown Stage 2 is due for submission to gateway in September. • The UWS Clinical School is progressing well. 	

	<p><u>Community Health Review</u></p> <ul style="list-style-type: none"> The Community Health Review recommends significant service changes. An overview will be presented to the September Board meeting prior to community and staff consultation processes commencing. <p><u>ICT Strategy</u></p> <ul style="list-style-type: none"> The draft ICT Strategy is currently in distribution for comment. The Strategy will be presented to the Board’s Planning Workshop, rather than the September Board meeting as cited within the June Chief Executive’s Report. Action: Invite the Checkley Group <p><u>2014 NSW Health Excellence in Nursing and Midwifery Awards</u></p> <ul style="list-style-type: none"> SWSLHD has been advised of three finalists in the Awards. The ceremony will be held in September 2014. <p><u>Clinical Skills & Simulation Centre</u></p> <ul style="list-style-type: none"> Action: Clarify that the current management structure reflects the stakeholders of UWS, UNSW and the LHD. <p><u>Wollondilly Health Alliance</u></p> <ul style="list-style-type: none"> Action: Distribute to the Board a copy of the Elton Consulting Final Phase 1 Report to inform a comprehensive needs assessment for Wollondilly. <ul style="list-style-type: none"> The Board <u>NOTED</u> the Chief Executive’s July Report. 	<p><i>Ms Buttenshaw</i></p> <p><i>Ms Buttenshaw</i></p> <p><i>Ms Larkin</i></p> <p><i>Ms Larkin</i></p>
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"> Mr Zacka highlighted the following items from within the Report: <ul style="list-style-type: none"> The SABS rate remains below the State upper limit and is comparable to the previous year. A recent analysis of IIMS data by the Clinical Governance Unit indicates there has been an increase in Healthcare Associated Infections reporting (which includes SABSIs), which is attributed to the introduction of the LIVsab and BANKsab programs at Liverpool and Bankstown respectively. The mental health acute post discharge community care follow up within 7 days continues to improve, however the indicator remains ‘red’ as the current YTD result (64.28%) as it is still slightly below the lower target level. The rate of unplanned hospital re-admissions within 28 days at 7.47% remains above the acceptable limit of 6.2%. Of the 274 patients recorded by the previously reported, 	

	<p>frequent flyer algorithm, 190 patients were known and 94 patients were not known – this cohort of patients have been referred to the Triple I Hub.</p> <ul style="list-style-type: none"> • A correction to incident 1691616-20 on pg 164 of 266. The patient was voluntary, not involuntary as stated. • Incident 1693625-20 – The case, which occurred in December 2013, was escalated to a SAC 1 in April 2014, following a review by the Death Review Committee. • Action: Clarify if the case had been referred to the Coroner. • Incident 1656361-20 on pg 167 of 266. • Action: Provide advice regarding point of care testing for blood sugars at Bowral Hospital. 	<p>Mr Zacka</p> <p>Mr Zacka</p>
<p><i>Service Access & Patient Flow</i></p>	<ul style="list-style-type: none"> • Ms Larkin highlighted the following items from within the Report: <ul style="list-style-type: none"> • As at the week ending 3 August 2014 overall NEAT for the LHD was 63.59% (compared to the 81% target). • For the month of July 2014/15 Transfer of Care performance at 65.33% had declined compared to the same period in 2013/14 (68.26%). • A Campbelltown Hospital Rapid Ambulance Assessment Area has been established within the emergency department, with intent to offload ambulances into the area's beds (2). • For the month of July, 471 patients recorded a length of stay greater than 24 hours in comparison to 523 in the same period last year. • The LHD continues to perform well against NEST targets. • A Ministry of Health representative is attending the Campbelltown Hospital Whole of Hospital meetings in a supportive capacity. • The Board <u>NOTED</u> the Service Access & Patient Flow Report. 	
<p><i>People & Culture</i></p>	<ul style="list-style-type: none"> • Ms Larkin highlighted the following items from within the Report: <ul style="list-style-type: none"> • The percentage of Aboriginal workforce has a proportion of total workforce is stated as 1.18% in the narrative, and 1.42% in the dashboard. The correct proportion is 1.42%. • The use of premium staff is declining. • The excess leave data now reflects the Ministry's 	

	<p>requirement for reporting leave balances greater than 30 days.</p> <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"> • Budget letters were issued during July 2014 and post budget meetings have been held with all facilities and services to discuss budget allocations and to establish financial performance expectations for the 2014/15 year. • The LHD is favourable to NCOS budget by \$1.2M for July. • The Oracle issue relating to payment of small businesses within 30 days has been resolved and the LHD is at 97% (compared to 99% target). • The Board <u>NOTED</u> the Finance & Activity Report and congratulated management on the year-to-date financial position. 	
7.2.2 Service Reports	<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 • Ms Larkin highlighted the following items from within the Service Reports: <ul style="list-style-type: none"> • At pg 186 of 266 the NSW Mental Health Performance Report, for the July to December 2013 period, provides SWSLHD performance in comparison to the NSW average, for a range of indicators. The average overnight occupancy rate in SWSLHD at 91% is higher than the NSW average of 85%. • Ms Tonina Harvey commenced as the General Manager, Drug Health Services on Monday 14 July 2014. Drug Health Services is complex, small Service (with approximately 120FTE). The Service has recently moved location to Cabramatta Community Health Centre and is finalising its governance arrangements following the termination of the IDA. • The Drug Health Service sees 11.13% of Aboriginal Clients (compared to the 9% target). The Service is linking with other services including the recently established drug health consultancy service at Tharawal. • The Board <u>NOTED</u> the Service Reports. 	

<p>7.3 Risk Management Report</p>	<ul style="list-style-type: none"> The Board NOTED the update regarding the SWSLHD revised Risk Register, as circulated with the Agenda. Ms Larkin highlighted the following items: <ul style="list-style-type: none"> Risk champions have been identified and trained across the LHD. The revised risk register is to be referred to the August Audit & Risk Management Committee for recommendation to the September Board meeting. Of the 52 risks within the revised risk register, 9 have been classified as 'high'. 	<p><i>Ms Buttenshaw</i></p>
<p>7.4 Chairman's Report</p>	<ul style="list-style-type: none"> <u>Declarations of Interest</u> The Chairman noted that the annual declarations of interest return had been distributed to Board members for completion and return. <u>2014 Board Workshop</u> The Chairman advised that a dinner will not follow the Board Workshop, to be held on 24 October 2014, from 1pm to 6pm at Fairfield RSL. Ms Larkin advised potential topics for further discussion, arising from the Board's Action Plan and previous discussions. The Board AGREED for summary papers to be developed, for further consideration at the September Board meeting, prior to final agreement on: <ul style="list-style-type: none"> Board leadership and organisational penetration ICT Service planning ABF – what are the implications? <p>Action: Provide summary papers on proposed topic areas for further discussion at the September meeting.</p>	<p><i>Board Members</i></p> <p><i>Ms Larkin</i></p>
<p>8. Committees of the Board</p>		
<p>8.1 Health Care Quality and Safety</p>		
<p>8.1.1 Minutes – 6 August 2014</p>	<ul style="list-style-type: none"> The Minutes of the Health Care Quality and Safety Committee meeting held on 6 August 2014 were circulated with the Agenda and NOTED by the Board. Prof Merrett highlighted the following items: <ul style="list-style-type: none"> Item (3.6) – The Committee were satisfied with strategies planned to address results of the patient satisfaction survey. Item (4.2) – The Committee recognised the excellent performance in relation to face to face respecting the 	

	<p>difference training – 85% of staff have been trained.</p> <ul style="list-style-type: none">• Item (3.1) – The Committee reviewed the patient story presented to the June Board meeting and were satisfied with the actions taken/planned.	
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8.2 Finance Committee		
8.2.1 Minutes – 18 July 2014	<ul style="list-style-type: none"> • The Minutes of the Finance Committee meeting held on 18 July 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. • Mr Gordon reported that the meeting focussed on the June YTD financial result, presented to the July Board meeting. 	
8.3 Research & Teaching Committee		
8.3.1 Minutes	<ul style="list-style-type: none"> • The Minutes of the Research & Teaching Committee meeting held on 7 August 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Frankum highlighted the following items: <ul style="list-style-type: none"> • Item (5.8) – The Board <u>APPROVED</u> the recommended further changes to the Committee’s Terms of Reference. • Item (3) – The Committee resolved to proceed towards submitting an application, led by the 3 LHDs within SAHRT, in response to the NHMRC’s call for submissions for recognition as an Advanced Health Research & Translation Centre. 	
8.4 Audit & Risk Management Committee		
8.4.1 Minutes – 17 July 2014	<ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 17 July 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Burlew reported that the meeting focussed on the YTD financial statements. The quality of work undertaken was noted. 	
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 15 July 2014 to 8 August. 	
8.5 Consumer & Community Council		
8.5.1 Minutes – 1 August 2014	<ul style="list-style-type: none"> • The Minutes of the Consumer & Community Council meeting held on 1 August 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. • Mrs Berry highlighted the following item: <ul style="list-style-type: none"> • Item (7.3.3) – A resolution to write to the Chief Executive seeking involvement of the Liverpool Network in the Liverpool Hospital car park tender process. 	

	<ul style="list-style-type: none"> The Chairman highlighted that the priorities, listed at Minute Item (4.2), to be included in the Report arising from the Discharge Planning/Transfer of Care Forum were not correct. <ul style="list-style-type: none"> Action: Ms Larkin to discuss with Ms Johnston. The Standardised Discharge Referral to be discussed at the Health Care Quality & Safety Committee. The Referral is available from Prof Frankum. 	Ms Larkin Mr Zacka
9. New Business		
9.1 Corporate Governance Attestation Statement	<ul style="list-style-type: none"> The Board <u>ENDORSED</u> the Chairman and Chief Executive to sign the 2014 Corporate Governance Statement, as circulated with the Agenda, for submission to the NSW Ministry of Health. 	Chairman/Chief Executive
10. Items for Information		
10.1 Public Relations 10.1.1 District Newsletter	<ul style="list-style-type: none"> A Referral Note regarding public relations matters for July 2014 was circulated with the Agenda and <u>NOTED</u> by the Board. The August 2014 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. 	
10.2 Meetings with Interested Parties	<ul style="list-style-type: none"> The Chairman advised that there were no meetings with interested parties during July 2014. 	
11. Other Business without Notice		
	<ul style="list-style-type: none"> The Chairman invited other business without notice. Ms Larkin reported that the Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research is to officially open the Ngarra Education Centre on Thursday 28 August 2014. The Board <u>NOTED</u> that Prof Patrick McNeil, Executive Clinical Director at Liverpool Hospital has accepted the Dean of Medicine position at Macquarie University. Board members advised forthcoming leave periods, as follows: <ul style="list-style-type: none"> Mrs Berry will be on leave in November Mr Gordon will be on leave over October 	
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 22 September 2014 1430-1530 – Facility Visit and 1530 – 1830 – Board Meeting Karitane	

Meeting closed at 6:44pm