

MINUTES



South Western Sydney Local Health District Board

Date: Monday 27 October 2014

Time: 3:35pm

Venue: Board Room, District Office, 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	✓		(Vacant), Medical Staff Executive Council Representative		
Chris Leahy, A/g Director Operations	✓		Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓	
Kung Lim, Director Nursing & Midwifery	✓		Mark Zacka, Director, Clinical Governance	✓	
Greg King, Director of Finance	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
2. In-camera Session	<ul style="list-style-type: none"> The Board discussed the annual performance review of the Chief Executive, conducted by the Chair and Deputy Chair, held on 10 October 2014. 	
<i>Ms Larkin, Mr Leahy, Mr King, Mr Zacka, Ms Lim & Ms Buttenshaw joined the meeting at 4:00pm.</i>		
	<ul style="list-style-type: none"> The Chairman, on behalf of the Board, congratulated Ms Larkin on a superior level of performance during 2013/14. 	
3. Declaration of Interests	<ul style="list-style-type: none"> The Chairman invited declarations of interest. No declarations of interest were received. 	
4. Welcome	<ul style="list-style-type: none"> The Chairman welcomed Mr Chris Leahy to the meeting, advising Chris is acting as the Director of Operations during Graeme Loy's secondment to the NSW Ministry of Health (until 5 December 2014). 	

<p>5. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> • <u>MOTION</u>: A motion was moved by Mrs Berry and seconded by Mr Conroy that the Minutes of the Board meeting held on 22 September 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 provided the story of “Ivy”, a 65 year old Wiradjuri (largest Aboriginal group in New South Wales) woman: <ul style="list-style-type: none"> • Ivy has experienced many health issues including cardiovascular disease, eye problems, Type 2 diabetes and suffered a stroke in 1995, resulting in significantly reduced movement in her hand. • Ivy was referred to the Lyrebird classes in June 2011 by her GP at Tharawal Aboriginal Corporation (TAC). The Lyrebird Program was developed and is supported by the Health Promotion Service and the Djurali Program at Tharawal. To date, Ivy has participated in over 60 classes and now attends both Lyrebird aqua and gym classes. • Whilst attending the Lyrebird classes Ivy went on to become involved in the Family Diabetes Program and Good Tucker Programs. These programs are undertaken in a partnership between Health Promotion Service and the Djurali team at Tharawal. The Diabetes Program offers a practical and holistic view to health covering diet, physical activity and smoking in a relaxed environment and the Good Tucker program provides a fruit and vegetable box. • In June 2013, Ivy joined the quit smoking group ran by a Health Promotion Officer and a Tharawal Tobacco Action Worker and now reports she has not smoked for over 12 months. • Having seen the improvement in Ivy, her family subsequently became involved in the programs. • Ivy’s story demonstrates a collaborative approach in health care delivery that has had both an individual and broader positive influence on health status. • The Board <u>NOTED</u> the patient story. 	
<p>7. Business Arising</p>		
<p>7.1.1 Unplanned Readmissions [22/09/14; Item 7.2.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding unplanned readmissions, circulated with the Agenda. • Ms Larkin reported that unplanned readmissions in SWSLHD, at 7.02%, remain above the acceptable limit of 6.2%. There is no related target; rather performance is measured against the State average. 	

	<ul style="list-style-type: none"> • Three common initiatives to improve performance have been implemented across facilities including: implementation of the Chronic Care Algorithm; Extended Care Paramedics Program with the NSW Ambulance Service; and, a review of the top 20 representing patients. • Prof Merrett reported that unplanned readmission rates are routinely reviewed by the Health Care Quality & Safety Committee (HCQSC). The 2013/14 data for readmission rates reflects the role delineation of facilities. A detailed report, including top 20 DRGs by facility, is due to the HCQSC in February 2015. 	
7.1.2 Quality Awards [22/09/14; Item 7.2.1]	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding the SWSLHD Quality Awards, circulated with the Agenda. • Mr Zacka advised that outcomes of the SWSLHD Quality Awards, with a brief description of the winning projects were provided to the September Board meeting. • Inadvertently outcomes of the 'highly commended' project were reported against the title of the 'winning' project for the Quality Award Category – Excellence in the provision of non-acute/sub-acute care. The correct project description was provided. 	
7.2 Clinical Governance Framework [23/06/14; Item 8.1.2]	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding the Clinical Governance Framework, circulated with the Agenda. • Mr Zacka reported that in June 2014 the Board endorsed the Clinical Governance Framework. The Board considered that the Framework would benefit from a diagram to demonstrate the relationships between the Framework's components. • Mr Zacka provided a summary overview of the Framework. • Action: Seek comments regarding the diagram directly from Mr Gordon, given his initiation of the request and apologies to the meeting. 	Director Clinical Governance, via CE's Unit
7.3 Review the number of incidents involving 'missed aortic dissection' [22/09/14; Item 7.2.1]	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding incidents involving 'missed aortic dissection', circulated with the Agenda. • Mr Zacka reported that a total of eight incidents were identified through the Incident Information Management System (IIMs) during the period January 2010 to September 2014. Two of the incidents were not aortic dissection. • The issue has been discussed with several clinicians who have indicated that the diagnosis of this condition can sometimes be difficult and that the number of cases identified does not represent a major issue. • A special <i>Hindsight</i> edition will be published that focuses on some of the key cases and lessons. 	

8. Standing Items		
8.1 Chief Executive's Report		
8.1.1 – Starring Item	<ul style="list-style-type: none"> • Ms Larkin presented the findings and recommendations arising from the Review of Community Health Services undertaken by PricewaterhouseCoopers. • A Referral Note, Summary Risk Register and the Executive Summary of the Community Health Review Report, together with the Chief Executive's presentation were circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • The case for change • Objectives of the Review • The process of the review • The resulting future vision and strategy • Summary of key changes, including: <ul style="list-style-type: none"> ▪ Clinical practice models <ul style="list-style-type: none"> - Bring together Community Nursing functions with community elements of Ambulatory Care. Ms Lim confirmed that consultation with Community Health nurses has occurred. ▪ Strategic Planning and Investment <ul style="list-style-type: none"> - Develop commissioning capabilities to ensure effective engagement in the new environment of contestable services - Undertake shared planning for directorates and services to embed integration and improve coordination of similar services ▪ Governance and Operations <ul style="list-style-type: none"> - Transition non-clinical elements of the Women's Health and Multicultural Health Services to Population Health and clinical elements to the NGO Sector - Transition Youth Health and Sexual Assault Services into the same Directorate as the current suite of Child and Family Services - Continue the roll-out of Triple I to become a core process to improve integration across acute, community and primary care sectors • The Board accepted the Community Health Review Report and <u>APPROVED</u> progression of the related redesign activities, noting that full consultation will occur. Any amendment to the redesign activities required as a result of the consultation process will be resubmitted to the Board.	

<p>8.1.2 – September 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: <u>Changing Minds</u> <ul style="list-style-type: none"> • The three part documentary series went to air on 7, 8, 9 October 2014. The Program received a very positive media response. <u>Ramsay Health Care</u> <ul style="list-style-type: none"> • An evaluation has been completed regarding the partnership with Ramsay Healthcare for the purchase of up to ten acute mental health beds. It was determined that the partnership was not cost effective and as a result the arrangement is to cease (no later than 31 December 2014), following consultation with Ramsay Healthcare. • On 24 September 2014, twelve mental health beds were temporarily opened in Liverpool Hospital to cater for demand peaks during the Spring period. These beds are scheduled to close on 30 November 2014. • The last dot point of this section within the Report states ‘\$170,00’ and should be read as ‘\$170,000’. <u>Wollondilly Health Alliance</u> <ul style="list-style-type: none"> • Membership of the Alliance was confirmed as SWSLHD, South Western Sydney Medicare Local, NGOs, GPs and Council representatives. <u>Ophthalmology</u> <ul style="list-style-type: none"> • The 2014/15 Service Agreement includes a < 12 month waiting list target for the Ophthalmology Outpatient Clinic. • Mr Leahy provided an overview of the current Project, which has resulted in the waiting list reducing from 2.5 years to < 12 months. The Chairman indicated the need for a further reduction. • The Board <u>NOTED</u> the Chief Executive’s September Report. 	
<p>8.2 Performance</p>		
<p>8.2.1 KPI Report</p>	<ul style="list-style-type: none"> • The September 2014 KPI Report was circulated with the Agenda. 	
<p><i>Safety & Quality</i></p>	<ul style="list-style-type: none"> • Mr Zacka highlighted the following items from within the Report: <ul style="list-style-type: none"> • The rate of unplanned hospital re-admissions, within 28 days, at 7.01% remains above the acceptable limit of 6.2% but is a reduction on the same period for the previous year. 	

	<ul style="list-style-type: none"> • The NSW Health Innovation Symposium will be held on Friday 31 October 2014, followed by the NSW Health Awards Dinner. Over 140 entries were submitted to the Awards and SWSLHD has four project finalists and two individual finalists (staff and volunteer categories). • There were nine new serious incidents reported since the last report, which will undergo a Root Cause Analysis (RCA). There were five RCAs completed since the last report. One of the completed RCAs relates to inter-hospital transfer of a deteriorating patient. Related information has been referred to the District Inter-Hospital Transfer Policy Working Party. • Discussion regarding Incident No 1744181-20 considered that reporting reflects a low threshold for incidents. • Incident 1632110-20 at pg. 60 of 142 – replace ‘under’ with ‘against’ • The Board <u>NOTED</u> the Safety & Quality KPI Report. 	
<i>Mr Zacka left the meeting.</i>		
<i>Service Access & Patient Flow</i>	<ul style="list-style-type: none"> • Ms Larkin highlighted the following items from within the September Report: <ul style="list-style-type: none"> • NEAT performance at 64.71% is comparable to the same period 2013/14 at 63.38%. Performance remains below the State target of 81%. • Transfer of Care (TOC) performance has declined in comparison to the same period 2013/14 at 78.98%. Performance remains below the State target of 90%. • 280 patients recorded a length of stay greater than 24 hours in the Emergency Department in comparison to 235 patients in the same period 2013/14. Performance remains significantly above the target of zero. • Triage 3 performance (within 30 minutes) has declined in comparison to the same period 2013/14 at 82.64%. • The Whole of Hospital Program continues with specific focus on Liverpool and Campbelltown Hospitals. • The Board <u>NOTED</u> the Service Access & Patient Flow Report. 	
<i>People & Culture</i>	<ul style="list-style-type: none"> • Ms Larkin highlighted the following items from within the Report: <ul style="list-style-type: none"> • The excess leave data reflects the NSW Ministry of Health requirement for reporting leave greater than 30 days. The September result is 1,081,082 hours, an increase from August of 34,456 hours. The target will be difficult for SWSLHD and health more broadly to meet, due to the 	

	<p>hours accrued.</p> <ul style="list-style-type: none"> The Aboriginal workforce (as a proportion of total workforce) remained stable for September at 1.65%, compared to the 2.6% target. 299 FTE were paid sick leave in September, an increase compared to 283.78 FTE in August. The increase is consistent with the increase in total FTEs. <ul style="list-style-type: none"> The Board NOTED the People & Culture Report. 	
<i>Ms Lim left the meeting</i>		
<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"> Expenses decreased in September but not to the level projected, resulting in an unfavourable position of \$2.5M for the month of September and \$4.0M year to date. The LHD is still forecasting an on-budget result for the year. Activity performance is -0.2% below target. Action: Update the activity report to include a comparison to the previous year for both NWAU and Separation data. The Board NOTED the Finance & Activity Report. 	Director of Finance
<i>Mr King left the meeting</i>		
8.2.2 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: <p><u>Oral Health</u></p> <ul style="list-style-type: none"> The Oral Health Service continues to meet the required clinical activity target. The Service is issuing vouchers for general treatment to patients on long waiting lists to assist in meeting targets. The Board NOTED the Service Reports. 	
8.3 Chairman's Report	<ul style="list-style-type: none"> <u>Govdex</u> <ul style="list-style-type: none"> The Board received a presentation on the SWSLHD Board Govdex website, which included the current structure of the site and how to download files. 	

9. Committees of the Board		
9.1 Health Care Quality and Safety		
9.1.1 Minutes – 8 Oct 2014	<ul style="list-style-type: none"> The Minutes of the Health Care Quality and Safety Committee meeting held on 8 October 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 (4.1) – ANZIC Report - The most recent Report, to June 2014, demonstrates a slight improvement in outcome data for Liverpool Hospital. The Committee will continue to review the data on a quarterly basis. Item (4.3) – Guardianship Board - The Committee recommended that the Chairman sign a letter to the Secretary, NSW Ministry of Health advising that the SWSLHD Board has become aware of extended LoS of some Guardianship Division related patients and seeking intervention / service level agreement. After consideration, it was decided it would be better to raise the matter for discussion by the Council of Board Chairs Action: Provide a brief to the Chairman regarding the issue to raise as an item at the Board Council of Chairs meeting. Item (5.1.4) – Hand Hygiene Performance – The overall compliance rate of 82.3% for the April to June 2014 period represents an overall improvement of 2.5%. Item (5.3.1) BHI Reports – The Committee noted data to be published in the April to June edition of <i>Hospitals Quarterly</i> (April to June 2014). SWSLHD facilities had LoS equivalent to peers. Although NEST targets were met, SWSLHD has longer waiting times than peers in particular in ENT, cataracts and hip replacements across all facilities indicating the demand on facilities. 	Director Clinical Governance
9.2 Finance Committee		
9.2.1 Minutes – 19 Sep 2014	<ul style="list-style-type: none"> The Minutes of the Finance Committee meeting held on 19 September 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. 	
9.2.2 Proposed amendment to the SWSLHD Delegations Manual	<ul style="list-style-type: none"> The Board <u>APPROVED</u> the proposed amendments to the SWSLHD Delegations Manual Version 7, without amendment, as circulated with the Agenda. Action: Publish Version 7 of the SWSLHD Delegations Manual. 	Chief Executive

9.3 Research & Teaching Committee		
9.3.1 Minutes	<ul style="list-style-type: none"> The Research & Teaching Committee is not due to meet until November 2014. 	
9.4 Audit & Risk Management Committee		
9.4.1 Minutes – 17 Sep 2014	<ul style="list-style-type: none"> The Minutes of the Audit & Risk Management Committee meeting held on 17 September 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. The meeting focussed on the Annual Financial Statements, which have since been approved and submitted. 	
9.4.2 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 6 September to 13 October 2014. 	
9.5 Consumer & Community Council		
9.5.1 Minutes – 10 Oct 2014	<ul style="list-style-type: none"> The Minutes of the Consumer & Community Council meeting held on 10 October 2014 were circulated with the Agenda and <u>NOTED</u> by the Board. Action: Provide Mrs Berry with a copy of the recruitment of Community / Consumer Representatives on Board Committees procedure for her personal use. 	Ms Buttenshaw
10. New Business		
10.1 Aboriginal Health – Close the Gap Committee	<ul style="list-style-type: none"> A Referral Note proposing the establishment of the Aboriginal Health – Close the Gap Committee, was circulated with the Agenda. Ms Larkin highlighted the following items: <ul style="list-style-type: none"> The objective of the Committee is to ensure that the District is addressing the health disparity of the Aboriginal communities in South Western Sydney. The Committee would assume responsibility for monitoring the performance of the District in providing health services to its Aboriginal communities and have the capacity to identify specific priorities and strategies that address key areas of need. The HCQSC currently receives reports relating to the health status of the District’s Aboriginal communities, which would transfer and expand to include other responsibilities, including Aboriginal workforce related 	

	<p>targets, etc.</p> <ul style="list-style-type: none"> • The Committee would report to the SWSLHD Board to reflect the priority and commitment to closing the gap. • The Board provided in principal support for establishing the Committee subject to the governance arrangements being further explored and articulated. • Action: Resubmit the Aboriginal Health – Close the Gap Committee Terms of Reference to the November Board meeting for final review and agreement. 	Chief Executive
10.2 Primary Health Networks	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note advising the Commonwealth announcement regarding the establishment of thirty primary health networks (PHNs) across Australia. • Ms Larkin highlighted the following items: <ul style="list-style-type: none"> • Nine PHNs are to be established in NSW • Boundaries for South Western Sydney have not changed • LHDs are not permitted to register interest as a potential applicant 	
11. Items for Information		
11.1 Public Relations	<ul style="list-style-type: none"> • A Referral Note regarding public relations matters for September 2014 was circulated with the Agenda and <u>NOTED</u> by the Board. 	
11.1.1 District Newsletter	<ul style="list-style-type: none"> • The October 2014 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. 	
11.2 Meetings with Interested Parties	<ul style="list-style-type: none"> • The Chairman advised that there were no meetings with interested parties during September 2014. 	
12. Other Business without Notice		
	<ul style="list-style-type: none"> • The Chairman invited other business without notice. • Mrs Berry noted that the University of Western Sydney was represented at the Workshop held on 1 October 2014 to discuss the creation of a South Western Sydney Research Hub. (Refer Chief Executive's Report, pg. 55, Priority Strategic Direction 8). 	
13. 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. 	
14. Next Meeting	<p>Monday 24 November 2014 2.30-3.30 – Facility Visit 3.30pm-6.30pm – Board Meeting Bankstown-Lidcombe Hospital</p>	

Meeting closed at 6:55pm