

MINUTES



South Western Sydney Local Health District Board

Date: Monday 22 June 2015

Time: 3:36pm

Venue: Conference Rm 2, Ngara Education Centre, 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)	✓		Mr John Gordon	✓	
Ms Carolyn Burlew	✓		Mr Mark (Jack) Johnson	✓	
Ms Christine Carriage	✓		Prof Neil Merrett	✓	
Prof Brad Frankum	✓		Dr Matthew Gray	✓	
Mr Frank Conroy	✓		Mrs Nina Berry	✓	
Dr David Abi-Hanna	✓		Ms Kerrie Murphy	✓	
Dr Shameran Slewa-Younan	✓				
<i>Other Attendees</i>					
Ms Amanda Larkin, Chief Executive	✓		Dr Anthony Frankel, Medical Staff Executive Council Representative	✓	
Mr Graeme Loy, Director Operations	✓		Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓	
Mr Greg King, Director of Finance	✓		Mr Mark Zacka, Director, Clinical Governance	✓	
Ms Glenda Dingwall, Director, Workforce & Development	✓		Ms Jacqui Cross, Director of Nursing & Midwifery	✓	
Ms Katrina Maunder, 1st Year Student, Graduate Health Management Program	✓		Ms Lily Wu, Mental Health Consumer Representative	✓	
Mr Scott Fankar, Director of Operations, SWSLHD Mental Health	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
Welcome	<ul style="list-style-type: none"> • The Chairman welcomed to the Board meeting: <ul style="list-style-type: none"> • Ms Glenda Dingwall, Director Workforce & Development • Ms Katrina Maunder, First Year Student, Graduate Health Management Program (currently undertaking a placement with the Clinical Governance Unit) • Mr Scott Fankar, Director of Operations, SWSLHD Mental Health • Ms Lily Wu, Mental Health Consumer Representative 	

2. Patient Story	<ul style="list-style-type: none"> The Chairman welcomed and introduced Ms Lily Wu, supported by Mr Scott Fankar, to the Board meeting to provide the patient story. Ms Wu noted she is a consumer of Liverpool Mental Health Service and provided an overview of her history. Ms Wu's closing message was 'recovery is achievable with adequate support'. The Board <u>NOTED</u> the patient story and thanked Ms Wu for her inspiring story and message. Action: Write a letter of thanks to Ms Wu for attending the Board meeting to share her story. 	<p style="text-align: right;">Ms Buttenshaw</p>
<i>At 3:50pm - Ms Wu and Mr Fanker left and Dr Frankel joined the meeting.</i>		
3. Declaration of Interests	<ul style="list-style-type: none"> The Chairman invited declarations of interest. Nil were received. 	
4. Confirmation of the previous minutes and action list	<ul style="list-style-type: none"> <u>MOTION:</u> A motion was moved by Mr Gordon and seconded by Prof Merrett that the Minutes of the Board Planning Workshop held on 4 May 2015 be accepted as a true and accurate record subject to the following correction: <ul style="list-style-type: none"> Ms Wallace to be listed as an attendee. The Motion was <u>CARRIED</u>. <u>MOTION:</u> A motion was moved by Mr Gordon and seconded by Ms Burlew that the Minutes of the Board Meeting held on 22 May 2015 be accepted as a true and accurate record. The Motion was <u>CARRIED</u>. 	
5. Business Arising		
5.1 KPI Report – Service Access & Patient Flow <small>[25/5/15; Item 7.2.4]</small>	<ul style="list-style-type: none"> Provide a comparison and analysis of ED presentations to Campbelltown Hospital compared to other metropolitan hospitals The Board <u>NOTED</u> the Referral Note regarding ED presentations to Campbelltown Hospital, compared to other metropolitan hospitals, as circulated with the Agenda. Mr Loy highlighted: <ul style="list-style-type: none"> For the period January to March 2015, Campbelltown Hospital, compared to other Peer Group B hospitals, performed better in relation to triage performance and had approximately 30% more ED presentations. Prof Merrett reported that theatre efficiencies are being reviewed at a State level. 	

	<ul style="list-style-type: none"> • Action: Provide a further comparison of Campbelltown Hospital to both Peer Group A and B hospitals for staffing ratios (junior and senior staff) and performance activity. 	Mr Loy
<p>5.2 Service Reports – Community Health [25/05/15; Item 7.3]</p>	<ul style="list-style-type: none"> • Provide actual numbers relating to the KPI “All child sexual assault clients contacted within 1 week of substantiation of JIRT” • The Board <u>NOTED</u> the Referral Note regarding child sexual assault referrals to the Joint Investigation Response Team (JIRT), as circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • That the JIRT comprises staff from Police, Family and Community Services and senior health clinicians. Health’s involvement within the team usually relates to the medical assessment. • There were 29 referrals made in In April 2015 and 27 in May 2015. All of the referrals received a response within the target time-frame of one week. • Action: Provide the number of sexual assault staff in SWSLHD, compared to other metropolitan LHDs and the actual number of all child sexual assault referrals. 	Ms Larkin
<p>5.3 Draft SWSLHD Board Charter [25/05/15; Item 7.4]</p>	<ul style="list-style-type: none"> • The Board <u>APPROVED</u> the draft SWSLHD Board Charter, as circulated with the Agenda. • Action: Publish the SWSLHD Board Charter. 	Ms Buttenshaw
<p>5.4 Audit & Risk Mgt Committee [11/12/14; Item 6.1.1]</p>	<ul style="list-style-type: none"> • Check and confirm that the risk register is a standing agenda item for Board Committees • The Board <u>NOTED</u> the Referral Note regarding the mechanisms for oversight of the relevant sections of the SWSLHD Risk Register by Board Committees, as circulated with the Agenda. • Ms Larkin highlighted that the: <ul style="list-style-type: none"> • Health Care Quality and Safety and Finance Committees routinely review relevant sections of the risk register • Audit and Risk Management Committee routinely reviews the entire risk register • Research and Teaching Committee, as a result of their recent self-assessment will now receive and review the relevant section of the risk register • Aboriginal Health Committee are currently finalising their Terms of Reference, which will include review of the relevant section of the risk register 	

<p>5.5 Asset Strategic Plan Committee [25/05/15; Item 8.3.1]</p>	<ul style="list-style-type: none"> • Provide the Board with a copy of the summary document relating to Campbelltown Hospital Stage 2 • The Board <u>NOTED</u> the Referral Note and document regarding Stage 2 development of Campbelltown Hospital, as circulated with the Agenda. • Ms Larkin highlighted that the document provides a summary relating to the management of health services in the Macarthur region, reflecting the top priority within the SWSLHD Asset Strategic Plan. • The Chairman reported that the document was used to inform discussion at a meeting between the Chairman and Chief Executive with the Minister for Health and Chief of Staff on 16 June 2015. The focus of the meeting related to the Stage 2 development of Campbelltown Hospital, at which the following points were highlighted: <ul style="list-style-type: none"> • The rate of population growth will exceed the capacity to service the health care needs of the community • ED presentations to Campbelltown Hospital, compared to the Sydney metro region • Median waiting times for surgery • The Minister agreed to consider the proposal to bring forward the time-frames relating to planning for Stage 2 of the development. 	
<p>5.5 Federal Budget Highlights [25/05/15; Item 9.2]</p>	<ul style="list-style-type: none"> • Provide Commonwealth budget highlights for inclusion in the Board papers. • The Board <u>NOTED</u> the Federal 2015/16 Budget highlights, as circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • Hospital funding - Reconfirms 2014/15 changes to hospital funding arrangements which will see the Commonwealth revert to block funding, indexed by population and CPI from 2017/18. NSW have indicated that the ABF model will remain in place. • Dental services – SWSLHD will receive approximately \$6.5M over the next few years and will work closely with Western Sydney, Nepean-Blue Mountains and Sydney LHDs. • Meal & Entertainment salary packaging arrangements, currently uncapped, will be capped. 	

6. Standing Items		
<p>6.1.1 Chief Executive's Report – Starring Item</p>	<ul style="list-style-type: none"> • The Chief Executive's Report – Starring Item – Strengths Model (SM) in the mental health service, was circulated with the Agenda. • Ms Larkin provided an overview of the key elements of the model, including: <ul style="list-style-type: none"> • Nationally there is a clear policy mandate for public sector mental health services to develop and implement a recovery orientation. • In NSW, the Government has adopted and released <i>Living Well: A Strategic Plan for Mental Health in NSW 2014-2024</i>, developed by the Mental Health Commission of NSW. <i>Living Well</i> is anchored to the values and principles of recovery. The Plan recognises that recovery represents the unique and individual personal journey of consumers. • The development of a recovery orientation has been identified as a priority for the mental health service of SWSLHD. Recovery will be an explicit value and strategic objective in the Service's strategic plan, which is currently being developed. • The model is both a philosophy of practice and a set of tools and methods that are designed to enhance recovery through collaborative goal setting between the consumer and the clinician. • In April 2015, the NSW Mental Health Commissioner circulated an expression of interest for LHDs to apply for one-off funding of up to \$30,000 to undertake project work that supports implementation of the <i>Living Well</i> Plan. The SWSLHD Mental Health Service was successful in obtaining a grant of \$30,000 to engage a consultant to develop a suite of resources to support the implementation and ongoing support of the model in SWSLHD. The consultancy aims to ensure that implementation of the model succeeds by developing tools and products including: <ul style="list-style-type: none"> • Manualised Training Workshop Materials - (presentation slides; trainers' manual; participant guides and worksheets) that are anchored to SM and are developed to ensure model fidelity. • Suite of Documentation - tools that are required to support implementation and maintenance of SM (Policy Guideline; database of SM-related research and practice literature; fidelity scaling tools; Consumer and Carer information) 	

	<ul style="list-style-type: none"> • Competency Assessment - instruments to assess staff skill acquisition and application. • Clinical Supervision - guidelines to ensure that group-based supervision provides opportunities to reflect on practice, acquire new skills, and maintain SM fidelity. • The roll-out of training to enable the implementation of SM will commence in approximately October 2015. The implementation phase of the project (training and team-by-team support uptake) will be of approximately 18 months' duration. • The Board <u>NOTED</u> the overview of the implementation of the Strengths Model within the SWSLHD Mental Health Service. 	
<p>6.1.2 Chief Executive's Report</p>	<ul style="list-style-type: none"> • The Chief Executive's Report for May 2015 was circulated with the Agenda. • Ms Larkin highlighted the following items: <ul style="list-style-type: none"> • <u>Queen's Birthday Honours</u> <p>Correspondence has been issued congratulating those SWSLHD staff and partners who received Queens Birthday Honours this year:</p> <ul style="list-style-type: none"> - Professor Ian Harris, Clinical Director of our Surgical Specialties stream was appointed a Member of the Order of Australia for significant service to medicine, particularly in the field of orthopaedics as a clinician, to education and research, and to professional bodies. - Professor Annemarie Hennessy, Dean of Medicine at UWS was also appointed a Member of the Order of Australia for significant service to tertiary education, and to medical research, particularly in the area of clinical hypertension and maternal health. - Dr Colin Macarthur, former General Manager of Liverpool Hospital and current Senior Staff Specialist, Medical Assessment Unit at Liverpool Hospital, was awarded a Medal of the Order of Australia for service to medicine as a clinician, and to medical administration. • <u>Update: Capacity Assessment Project</u> Following the recent site visit as part of the Capacity Assessment Project (CAP), the CAP team have informed SWSLHD that they will be compiling a 'best practice' compendium, called <i>Leading Practice</i>. The compendium will present a series of case studies that identify key achievements, innovation and best practice and promote improvements to systems, processes and organisational culture. 	

	<p><i>Leading Practice</i> will be used as a shared learning tool and will be valuable to each of the LHDs/Networks.</p> <p>After the self-assessment survey and site visit meetings, 5 areas of excellence were identified from SWSLHD as potential case studies for <i>Leading Practice</i>. The 5 areas identified were; Respecting the Difference, SWSLHD Workforce Strategic Plan, SWSLHD Consumer and Community Participation Framework, effective engagement strategies in the strategic planning process, and comprehensive and robust training programs to build core competencies.</p> <p>SWSLHD have submitted case studies for the 5 identified areas of excellence on 12 June 2015 and are awaiting the result.</p> <ul style="list-style-type: none"> • <u>ICT Road Map</u> The 3-year ICT Roadmap for clinical, corporate and infrastructure programs of work was recently presented to the Clinical & Quality Council meeting. The Roadmap links the Blueprint for eHealth in NSW, the SWSLHD ICT Strategic Plan and the SWSLHD Strategic and Healthcare Services Plans. • <u>Healthy Built Environments</u> Population Health Units recently held a forum to discuss ways in which the various units can work together, with a coordinated approach, to create healthy built environments. Three projects were identified to work on: Badgery's Creek Airport, Liverpool CBD and developments in Wollondilly. • <u>Ophthalmology Outpatient Clinic</u> Clarified waiting times relating to the Clinic and for surgery. • <u>Clinical Trials</u> The Director of Research and recently appointed Manager, Clinical Trials are developing an action plan for SWSLHD to build and develop existing capability of clinical trials units. <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Chief Executive's May 2015 Report. 	
<i>Ms Carriage left the meeting at 5:50pm</i>		
7.2 Performance – KPI Report	<ul style="list-style-type: none"> • The May 2015 KPI Report was circulated with the Agenda. 	
7.2.1 – Safety & Quality	<ul style="list-style-type: none"> • Mr Zacka highlighted: <ul style="list-style-type: none"> • Improved performance for mental health, specifically relating to readmissions (at 5.52%) and acute post discharge community care – follow up within 7 days (at 68.05%). 	

	<ul style="list-style-type: none"> • Four serious adverse events at Fairfield Hospital, two of which relate to paediatrics cases. The Chief Paediatrician and the Clinical Excellence Commission have advised their intent to visit Fairfield Hospital in July to speak with staff and management. • Prof Merrett confirmed that Incident 1881072-20 had been discussed at the Health Care Quality and Safety Committee meeting. • The Chairman invited comment / questions relating to Table 2 – causation statements from completed root cause analysis report (13/3/15 to 15/4/15). <ul style="list-style-type: none"> • None were received. • Mr Zacka clarified that when the term ‘missed opportunity’ is used usually a recommendation would arise from the Root Cause Analysis. • The Board <u>NOTED</u> the Safety & Quality component of the KPI Report. 	
7.2.2 – Service Access & Patient Flow	<ul style="list-style-type: none"> • Mr Loy highlighted: <ul style="list-style-type: none"> • <u>Mental Health Performance</u> YTD April 2015 mental health patients waited on average 8 hours and 35 minutes in SWSLHD ED’s compared to 6 hours and 50 minutes for the same period last year. The increase in waiting times reflects an increase in presentations. • <u>State-wide Performance Report</u> The YTD April 2015 Report for selected performance indicators by LHD was noted. • Prof Merrett reported that the NEAT target released by the Ministry of Health for 2015/16 is 81.0%. • Dr Frankel reported that the recruitment of the Emergency Department Director at Bankstown-Lidcombe Hospital has positively affected the Department and performance. • The Board <u>NOTED</u> the Service Access & Patient Flow component of the KPI Report. 	
7.2.3 – People & Culture	<ul style="list-style-type: none"> • Ms Dingwall highlighted: <ul style="list-style-type: none"> • <u>Excessive Leave</u> <ul style="list-style-type: none"> • The Workforce Committee is due to review excessive leave and facilities and services continue to monitor leave balances, generating leave management plans as appropriate. • <u>Sick Leave</u> <ul style="list-style-type: none"> • 284.73 FTE were paid sick leave in April 2015 compared to 212.56 FTE in April 2015 (an increase of 72.17 FTE). 	

	<p><u>Your Say Survey</u></p> <ul style="list-style-type: none"> 55.4% of SWSLHD staff participated in the Your Say Survey; highest rate of the metropolitan LHDs and 13.9% higher than the overall NSW Health rate. The Report is expected in September. The Board <u>NOTED</u> the People & Culture component of the KPI Report. 	
7.2.4 – Finance & Activity	<ul style="list-style-type: none"> Mr King highlighted: <p><u>Budget</u></p> <ul style="list-style-type: none"> Both revenue and expenses budgets are favourable. Revenue performance is pleasing with an on budget result projected for year end. <p><u>Service Agreement</u></p> <ul style="list-style-type: none"> The 2015/16 Service Agreement is expected from the NSW Ministry of Health this week and will be submitted to the July Board meeting for approval. The Board <u>NOTED</u> the Finance & Activity component of the KPI Report and congratulated Mr King on his appointment to the Director of Finance position at Central Coast LHD. 	
7.3 Performance – Service Reports	<ul style="list-style-type: none"> The May 2015 Service Report was circulated with the Agenda. Reports for the following services were circulated with the Agenda: <ul style="list-style-type: none"> Mental Health Drug Health Population Health Primary & Community Health Oral Health 	
	<ul style="list-style-type: none"> Ms Larkin highlighted the following items from within the Primary & Community Health Service Report: <ul style="list-style-type: none"> <u>Hospital In the Home</u> Referrals continue to increase (by 30 May compared to April 2015). <u>Community Health Review</u> The name, vision and mission of the renewed Primary and Community Health entity, as recommended in the Community Health Review, have been launched. The launch included the announcement of the revised organisational structure and appointment of the Executive, including the Director of Nursing, Director Child Youth and Family, Director Integration and Partnerships, and the Director Corporate and Finance. 	

	<ul style="list-style-type: none"> • Action: Arising from the Mental Health Service Report clarify Project Air. • The Board <u>NOTED</u> the Service Reports. 	Ms Larkin
<p>7.4 Work Health & Safety Report</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Work Health & Safety (WHS) Report for the January to March 2015 period, as circulated with the Agenda. • Mr Loy highlighted: <ul style="list-style-type: none"> • Board members received training in relation to their duties as Officers in line with the release of the new WHS Legislation in 2013. The training provided included: <ul style="list-style-type: none"> • Overview of the changes in the WHS Legislation • Due diligence according to the WHS Act 2011 • Due diligence duty of persons' conducting a business or undertaking (PCBU). • Consequences of a breach of duty. • Effective management of WHS within the SWSLHD • Action: Advise and arrange training for those Board members who did not receive the training in 2013. • Action: Provide clarification regarding the reported 2.4% increase in weekly payments (TMF Workers Compensation) in comparison to the previous quarter and 18.3% in comparison to the same period last year. 	<p>Mr Loy</p> <p>Mr Loy</p>
<p>7.4 Chairman's Report</p>	<ul style="list-style-type: none"> • <u>Campbelltown Stage 2</u> The Chairman provided an overview of the meeting with the Minister for Health on 16 June 2015 regarding Campbelltown Stage 2 at Minute Item 5.5. • <u>Oran Park IPCC</u> The Chairman advised that the NSW Minister for Health and Secretary, NSW Ministry of Health visited the Oran Park Integrated Primary Care Centre (IPCC) on 1 June 2015. • <u>LHD Board & Speciality Networks Conference</u> The Chairman invited feedback on the recent LHD Board and Speciality Network Conference. The Conference was considered didactic and an opportunity to formally evaluate wasn't provided. • <u>Leave of Absence</u> The Chairman advised that the Minister for Health has approved of leave period (29/07/15 to 21/10/15) and for Carolyn Burlew to act as Chair during this period. 	

	<ul style="list-style-type: none"> • <u>Other Board related leave matters</u> Mrs Berry has tendered her resignation from the Consumer & Clinical Council in order to confine her attention to the two Board committees – Finance and Health Care Quality & Safety. <p>Mrs Berry will be on leave between 8 September 2015 and 21 October 2015.</p> <p>Mr Conroy will be on leave during October 2015.</p>	
8. Committees of the Board		
8.1 Health Care Quality & Safety		
8.1.1 - Minutes	<ul style="list-style-type: none"> • The Minutes of the Health Care Quality and Safety Committee meeting held on 3 June 2015 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 (5.2.1) – Emergency Department Patient Survey Results <ul style="list-style-type: none"> - SWSLHD performed poorly in the Survey compared to the State with key issues being waiting times, communication and courtesy of staff. - Dr Karen Luxford (CEC) has been consulted regarding the development of a comprehensive framework to improve the experience of patients in the LHD, incorporating a safety & quality element. 	
8.2 Finance		
8.2.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the Finance Committee meeting held on 15 May 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. • Mr Gordon highlighted: <ul style="list-style-type: none"> • Item (7.2) – An update regarding the University of Western Sydney Clinical School. • An extraordinary meeting of the Finance Committee was held on 12 June 2015 regarding the Agreements between SWSLHD and the Ingham Institute of Applied Medical Research. Following resolution of the small number of outstanding matters the Agreements will be tabled at the Finance Committee who will recommend approval of the Board. A presentation to the Board on the final suite of Agreements will also be included. 	
8.3 Audit & Risk Mgt		
8.3.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the SWSLHD Audit & Risk Management Committee meeting held on 26 May 2015 were not available. 	

8.3.2 – Matters referred to the ICAC	<ul style="list-style-type: none"> The Board <u>NOTED</u> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 12 May 2015 to 9 June 2015: <ul style="list-style-type: none"> There were no matters reported to the ICAC. Action: Include matters referred by the ICAC within the Referral Note, including a nil return 	Ms Larkin
8.4 Research & Teaching		
8.3.1- Minutes	<ul style="list-style-type: none"> The Minutes of the Research & Teaching Committee meeting held on 4 June 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. Prof Frankum highlighted: <ul style="list-style-type: none"> Item (4.4) – HETI Medical Program Review In 2013 the HETI commissioned a review of its medical portfolio and the Committee wishes to actively contribute to the project plans being developed for the four key areas identified and participate in the working groups. Item (6.5) – Research Strategy Action Plan The Committee noted the substantial progress made toward implementing the Research Strategy, including research committees established at facilities, improved processes and outreach by the Research & Ethics Office, research grants, establishment of the clinical trials unit, etc. The Board <u>APPROVED</u> the amendments proposed to the Committee’s Terms of Reference as a result of the recent annual self-assessment. 	
8.5 Aboriginal Health Committee		
8.5.1- Minutes	<ul style="list-style-type: none"> The next meeting of the Aboriginal Health Committee meeting is scheduled for 25 June 2015. 	
8.6 Consumer & Community Council		
8.6.1- Minutes	<ul style="list-style-type: none"> The Minutes of the Consumer & Community Council meeting held on 1 May 2015, circulated with the Agenda were <u>NOTED</u> by the Board. 	
9. New Business		
	<ul style="list-style-type: none"> Nil items. 	

10. Items for Information		
10.1 Public Relations	<ul style="list-style-type: none"> • A Referral Note regarding public relations matters for May 2015 was circulated with the Agenda and <u>NOTED</u> by the Board. • The June 2015 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. 	
11. Other Business without Notice		
	<ul style="list-style-type: none"> • The Chairman invited other business without notice. • Ms Larkin provided a verbal overview of the checks and processes used within health regarding 'working with children'. 	
12. 2015 Board Calendar	<ul style="list-style-type: none"> • The 2015 Board Calendar is available from the Govdex website. • The 2015 Board Items Due Calendar was circulated with the Agenda, and <u>NOTED</u> by the Board. 	
13. Close /Next Meeting	<p>The meeting closed at 6:21pm.</p> <p>The next meeting is scheduled for Monday 27 July 2015</p> <p>2:30-3:30 Facility Visit</p> <p>3:30-6:30 Liverpool Hospital</p>	