

MINUTES

South Western Sydney Local Health District Board

Date: Monday 26 October 2015

Time: 3:30pm

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

1. Present and Apologies

Members	Pres.	Apol.	Members	Pres.	Apol.
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	✓				
Other Attendees					
Ms Amanda Larkin, Chief Executive	✓		Dr Karuna Keat, Medical Staff Executive Council Representative	✓	
Mr Graeme Loy, Director Operations	✓		Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓	
Mr Mark Zacka, Director, Clinical Governance	✓		Mr Ross Sinclair, Director of Finance	✓	
Ms Jacqui Cross, Director, Nursing & Midwifery Services	✓		Ms Glenda Dingwall, Director, Workforce & Development	✓	
Mr Daniel Hunter, Chief Executive Officer, Health Share NSW	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
Introductory Remarks	<ul style="list-style-type: none"> The Chair expressed gratitude to the Board for his recent leave of absence and thanked Carolyn Burlew for acting as Chair during this period. 	
2. Declaration of Interests	<ul style="list-style-type: none"> The Chair invited declarations of interest. Nil were received. <i>Refer also Item 3.</i> 	
<i>Mr Hunter joined the meeting at 3.35pm</i>		

<p>3. Presentation: Health Share NSW: An Overview</p>	<ul style="list-style-type: none"> • The Chair welcomed Mr Daniel Hunter, Chief Executive Officer to the meeting to provide an overview of Health Share NSW. • Mr Hunter highlighted: <ul style="list-style-type: none"> • Commenced in the Chief Executive Officer role in June 2015. Formerly with Sydney Water and has an extensive background in commercial and finance / shared services roles. • Health Share NSW employees approximately 6.400 FTE across NSW, providing a range of services, with approximately 90% in frontline positions. • Health Share NSW is currently analysing external and internal changes impacting its business units, to provide a medium term business and financial outlook. Operating units for SWSLHD include: <ul style="list-style-type: none"> • Linen Services <ul style="list-style-type: none"> ▪ Forecast 15/16 User Charges - \$9.8M • EnableNSW <ul style="list-style-type: none"> ▪ Forecast 15/16 User Charges - \$4.7M ▪ Aids & Equipment Program, Home Respiratory Program, Prosthetic Limb Service. ▪ Challenge - NDIS • Service Centres <ul style="list-style-type: none"> ▪ Forecast 15/16 User Charges - \$5.2M ▪ Accounts payable / receivable / VMO Claims processing ▪ State-wide payroll (approximately 140,000 employees) ▪ E-Health provides the IMTD support systems; working on joint initiatives such as development of Business Continuity Plans, shared resources, etc • Food & Patient Support Services <ul style="list-style-type: none"> ▪ Forecast 15/16 User Charges - \$27.2M ▪ Currently trialling new meal plans and delivery system model – menu has been developed in consultation with dieticians and offers a wider choice • Warehousing & Distribution <ul style="list-style-type: none"> ▪ Forecast 15/16 User Charges - \$28.9M ▪ Purchasing, sourcing, contracting, tendering, product management, warehousing and logistics 	
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	<ul style="list-style-type: none"> • New Service Centre pricing model <ul style="list-style-type: none"> ▪ Under the new pricing model, health agencies will be able to better understand the activities that are driving their overall charges for a service. ▪ The change will provide health agencies with mechanisms to influence costs by varying demand; increase pricing transparency and equity; allow comparison against industry benchmarks • Shared Services – non-financial benefits <ul style="list-style-type: none"> ▪ Improvements to and standardisation of financial reporting ▪ Improved transparency and consistency of financial management processes ▪ Standardisation of pay cycles and award interpretation ▪ More consistent and equitable approaches to the management of demand for disability support ▪ Improved compliance with standards for delivery of food services ▪ Facilitation of strategic sourcing across NSW Health, using aggregate columns achieved through state-wide contracts, requests for quotation and other procurement strategies • Customer Surveys <ul style="list-style-type: none"> ▪ Recent customer surveys indicate a spirit of cooperation and partnership and improvements to be made. • New Warehousing Model <ul style="list-style-type: none"> ▪ Whilst the warehousing function was outsourced about 12 months ago, Health Share NSW still manages the process. • Looking Ahead <ul style="list-style-type: none"> ▪ Action the 2014-17 Strategic Plan <ul style="list-style-type: none"> • People, customers, services • Pricing model roll-out ▪ Reform Agenda <ul style="list-style-type: none"> • Patient food services • Procurement – supply chain analysis ▪ Strategic Commissioning <ul style="list-style-type: none"> • Efficiency identification • Market testing for service cost effectiveness ▪ Continuous Improvement Culture <ul style="list-style-type: none"> • Instilling a culture of high performance • On behalf of the Board, the Chair thanked Mr Hunter for his time and presentation. 	
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	<ul style="list-style-type: none"> The Chair noted his membership of the Health Share NSW Board. 	
<i>Ms Larkin, Mr Loy, Ms Buttenshaw & Mr Hunter left the meeting at 4.03pm</i>		
In-Camera Session	<ul style="list-style-type: none"> The Board discussed the process relating to the annual performance review of the Chief Executive, scheduled for 27 October 2015. The review meeting will be conducted by Prof Harris and Ms Burlew and will be undertaken in accordance with NSW Health Policy Directive 2015_033 – Executive Performance Management. 	
<i>Ms Larkin, Mr Loy, Ms Buttenshaw, Mr Sinclair, Mr Zacka, Ms Cross & Ms Dingwall joined the meeting at 4.24pm</i>		
Welcome	<ul style="list-style-type: none"> The Chair welcomed Mr Ross Sinclair to the meeting and congratulated him on his appointment to the Director of Finance role. 	
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 Dr Abi-Hanna that the Minutes of the Board Meeting held on 28 September 2015 be accepted as a true and accurate record. The Motion was carried. <ul style="list-style-type: none"> Item 6.1.2 – Chief Executive’s Report – Budget Estimates Ms Larkin clarified the use of the terminology ‘market sounding’, noting it is the same as ‘market testing’. 	
5. Patient Story	<ul style="list-style-type: none"> Mr Zacka presented the story of a 99 year old female, “Sadie” (not her real name) who required end of life care. <p><u>Referral</u></p> <ul style="list-style-type: none"> Sadie was referred to palliative care by an ED registrar. Once the palliative care nurse was involved options were suggested to Sadie’s nieces, which included the possibility of staying in hospital and moving to a quieter room or attempting to get Sadie home. Both nieces reported that they had discussed with their aunt about her desire to die at home so she could have her beloved dogs by her side. They were certain they wanted to support their aunt’s wishes. In attempting to get her home there were many arrangements to be made and there was a real chance Sadie might die in transit. 	

	<ul style="list-style-type: none"> • Services arranged for Sadie included community health nursing, Specialist Palliative Care and a PEACH package. • Patients who are not previously known to the Community Nursing team and therefore haven't had a Home Safety Checklist completed need to be seen before the staff from Silver Chain (our partner service provider in PEACH) can go into the patient's home. As such, arrangements were quickly put into place so that Sadie could be visited by community health nurse that afternoon to enable the PEACH program to commence that evening. • The patient's nieces were educated about the prescribed medications, indications, doses, and frequency. • At about 1550 the patient left Campbelltown ED for home. A journey that went without event. • At 0330 the next morning Sadie died peacefully in her home. <p><u>Certification of Death</u></p> <ul style="list-style-type: none"> • Certification of Death became an issue as the doctor known to the nieces from the after-hours service wasn't at work that night and their aunt's GP was on a day off. • A request was made to the Palliative Care registrar at the hospital arrived who kindly agreed to attend the patient's home to complete a Death Certificate. • The patient story demonstrates: <ul style="list-style-type: none"> • The uncertainty of disease prognostication in non-malignant illnesses which can make end of life care arrangements more difficult. • The issue of having no medical officer available to certify death. In Sadie's case this was only overcome by the willingness of dedicated and caring staff to assist. • The rapid response necessary to mobilise all the services that were required at short notice. Clear communication, great team work and enormous good will made this possible. • The Board <u>NOTED</u> the patient story. 	
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6. Business Arising		
<p>6.1 Mental Health Ligature Project Update [28/9/15; Item 6.2.5]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note providing an update regarding the Mental Health Ligature Project, as circulated with the Agenda. • Mr Loy highlighted: <ul style="list-style-type: none"> • An Audit of Ligature & Self-Harm Related Risks in the Inpatient Mental Health Units of SWSLHD was undertaken in July 2015. Following the completion of the audit an action plan with target completion dates was developed to identify and track the work required to control or eliminate the identified risks. The action plan includes engineering work and administrative controls required. • The action plan identified six common ligature risks across all inpatient units: <ul style="list-style-type: none"> ○ Cables and cords ○ Door hardware ○ Plumbing ○ Furniture ○ Beds ○ Consumer belongings • All internal works has been scoped by Engineering Services for completion. • A Bed replacement program is to be developed. • The replacement plan for door hardware has been completed. Works have commenced with suppliers to source door hardware and finalise the installation program including delivery timeframes. 	
<p>6.2 Health Care Quality & Safety Committee [28/9/15; Item 7.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding the process undertaken to convey the Board’s congratulations to the 2015 SWSLHD Quality Award recipients, as circulated with the Agenda. • Mr Zacka highlighted: <ul style="list-style-type: none"> • The purpose of highlighting the awards event to the SWSLHD Board at its September meeting was to inform those Board members who were not able to attend the 2015 Patient Safety Seminar and Quality Awards ceremony. 	

	<ul style="list-style-type: none"> The quality award recipients received a certificate congratulating and acknowledging their efforts signed by the Chair and the Chief Executive on behalf of the Board and the Executive and presented at the Ceremony on 13 August 2015. 	
7. Standing Items		
7.1 Chief Executive's Report	<ul style="list-style-type: none"> The Chief Executive's Report – 2014/15 Year in Review Highlights was circulated with the Agenda. Ms Larkin highlighted: <ul style="list-style-type: none"> The nomination of the documentary ' Changing Minds 2' for a Premiers Award and the 3 finalists for the NSW Health Awards: <ul style="list-style-type: none"> The PEACH Program Ophthalmology Outpatient Project Liverpool Length of Stay initiative and Brian Rope – Volunteer of the Year The Chair invited comments / questions regarding the Report. <ul style="list-style-type: none"> Mr Loy confirmed that the emergency department performance across the District has been improving since the commencement of NEAT in 2012, with progress seen year on year and each winter. Facilities have been implementing innovative strategies to support improvements. Further improvements are required at Liverpool and Campbelltown Hospitals. Ms Larkin confirmed that Refugee Health is a State-wide service. The Service is currently reviewing its capability to deliver services for the anticipated Syrian refugees (it is envisaged that NSW will receive approximately 2,500 refugees). Mr Loy reported progress on the Sustainability Project at Fairfield Hospital, noting that it is a 3-year project. Mr Conroy requested from the Chief Executive a nomination for the key area of concern. <ul style="list-style-type: none"> Ms Larkin highlighted the development of the ICT Strategy as an important development over the past 12 months. The Strategy will shape and influence health care service delivery. 	

	<ul style="list-style-type: none"> Ms Larkin reflected on the LHD Executive Team's efforts and contribution to achievements over the year. The SWSLHD Board <u>NOTED</u> and commended the Chief Executive's Report. 	
7.2 Performance – KPI Report	<ul style="list-style-type: none"> The September 2015 KPI Report was circulated with the Agenda. 	
7.2.1 – Safety & Quality	<ul style="list-style-type: none"> Mr Zacka: <ul style="list-style-type: none"> Provided an overview of a new SAC 1 case – 1979441-20 – that occurred at Liverpool Hospital. Clarified a SAC 2 RCA being undertaken in conjunction with the Children's Hospital Westmead – 1956259-20. Prof Frankum initiated discussion regarding RCA reporting at the Board level. <ul style="list-style-type: none"> The Board receives new SAC 1 and 2 cases and causation statements from completed RCAs, as previously agreed. 	
<i>Ms Carriage and Mr Johnson left the meeting at 5.05pm.</i>		
	<ul style="list-style-type: none"> The Health Care Quality & Safety Committee (HCQSC) receives same and statistics regarding the implementation of recommendations arising from RCAs (not the actual recommendations) and coronial matters. Prof Merrett reported that the overall number of recommendations not implemented, is low and implementation is routinely monitored, in accordance with the Committee's reporting matrix. Mr Zacka provided an overview of the RCA investigation process. <ul style="list-style-type: none"> The Board requested that the actual recommendations, not just the data, also be provided to the HCQSC. The Chief Executive advised that RCA recommendations should be read in conjunction with the full investigation report. Implementation of RCA recommendations is considered operational in nature. The Chief Executive requested that her lack of support for including RCA recommendations in the HCQSC agenda be recorded. Action: Include RCA recommendations in the reporting matrix for consideration / review by the HCQSC. The Board <u>NOTED</u> the Safety & Quality component of the KPI Report. 	Mr Zacka

7.2.2 – Service Access & Patient Flow	<ul style="list-style-type: none"> • Mr Loy clarified: <ul style="list-style-type: none"> • Unplanned readmissions for the month of September at 6.52% have decreased, rather than declined – as stated within the Report - in comparison to the same period last year at 7.01%, which is improved performance. • Clinical priority categories for elective surgery are 1, 2 and 3, rather than A, B and C as noted within the table. • 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"> • Staff with excessive leave either have or are developing leave plans and reporting has commenced via the General Managers meeting on a monthly basis. • Excess leave comparative data is being sourced via the NSW Ministry of Health. • 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 Sinclair highlighted: <ul style="list-style-type: none"> • Budget realignment was completed in September 2015 and is now reflective of the LHD seasonalised cash flow. • Overall the net cost of service unfavourability is \$1.0M YTD. • Year end actuals are forecast to meet budget. • The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. 	
7.2.5 – Service Reports	<ul style="list-style-type: none"> • The September 2015 Service Reports were circulated with the Agenda. <ul style="list-style-type: none"> • 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 • Ms Larkin highlighted the following items from the Oral Health Service Report: 	

	<ul style="list-style-type: none"> An increase in the percentage of clients 'failing to attend' an appointment to 9.46% in September compared to 7.08% in the same period last year and above the 9.00% target. This will be managed by increased emphasis on confirming patients on the phone the day before their appointment. Action: Investigate the use of SMS reminders Demand for acute care services is very high, especially in the Liverpool, Fairfield and Yagoona Clinics. Two dental officers are expected to commence in October, funded by NPA funds, which will assist in addressing wait times for assessment codes. SWSLHD is seeking to expand service capacity and engage in additional service provision through the private sector by using the Oral Health Fee-For-Service scheme. 	Ms Larkin
<i>Mr Zacka, Ms Cross, Mr Sinclair, Ms Dingwall left the meeting at 5.40pm</i>		
<p>7.3 Chairman's Report</p>	<ul style="list-style-type: none"> <u>Audit of Board Minutes</u> <p>The Chair reported that following the Workshop on 17 July 2015, facilitated by Dr Karen Luxford, an audit of the SWSLHD Board meeting minutes was undertaken in relation to the amount of Board time spent on clinical quality items (20% was suggested at the Workshop).</p> <p>The Audit indicates that overall, 36.1% of items in SWSLHD Board meetings were rated as clinical quality (varied between 26.8% and 56.1% over the year for different months). Data informing the Audit was not measured in terms of 'time spent'.</p> <p>The Board <u>NOTED</u> the Audit results.</p> <ul style="list-style-type: none"> <u>2016 Proposed Meeting Schedule</u> <p>The Board <u>AGREED</u> for the meeting dates to be brought forward one week for the months of February, March and April 2016, due to the Board Council of Chair's Forum, Easter Monday and Anzac Day respectively.</p> <p>Action: Issue the preliminary 2016 Board Meeting Schedule.</p>	Ms Buttenshaw
8. Committees of the Board		
<p>8.1 Health Care Quality & Safety</p>		
<p>8.1.1- Minutes</p>	<ul style="list-style-type: none"> The next meeting of the Health Care Quality and Safety Committee meeting is scheduled for 4 November 2015. 	

8.2 Finance		
8.2.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the Finance Committee meeting held on 18 September 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Burlew noted that there were no specific items listed for notation by the Board. • Item 6.2 – Capital Funded Projects <ul style="list-style-type: none"> • Prof Merrett queried the impact, if any, relating to the recent announcement regarding planning for units along the Bankstown railway line. Ms Larkin advised that discussions regarding the Bankstown-Lidcombe Hospital site with Health Infrastructure continue. 	
8.3 Audit & Risk Mgt		
8.3.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 10 September 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Burlew reported that the meeting related to the financial statements, which were subsequently signed and submitted following referral to the Board for comment, with nil received. • In relation to Item 5.2.4 – falsified time sheets, Mr Loy provided an overview of the matter. 	
8.3.2- ICAC Matters	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 14 September to 12 October 2015. • No matters were reported to the ICAC. • No matters were referred by ICAC. 	
8.3.3- Charter	<ul style="list-style-type: none"> • Ms Burlew highlighted that the Audit and Risk Management Committee Charter has been revised to align with the newly issued NSW Treasury Policy and Guideline paper tpp15-03. • In summary, the changes made to the Charter are: <ul style="list-style-type: none"> • The members are appointed for 3 to 5 years with a maximum total term on the Committee of 8 years • The Chair is appointed for one term only • Expanded responsibilities in relation to oversight of risk management and external accountability • The SWSLHD Board <u>ENDORSED</u> the revised SWSLHD Audit and Risk Management Committee Charter and recommended the signature of the Board and Committee Chair. 	

	<ul style="list-style-type: none"> • Action: Sign and publish the revised ARMC Charter. 	Ms Larkin
8.4 Aboriginal Health		
7.5.1- Minutes	<ul style="list-style-type: none"> • Minutes of the Aboriginal Health Committee meeting held on 15 October 2015 will be submitted to the November Board meeting. 	
8.5 Research & Teaching	<i>Discussed following the Media Report</i>	
8.5.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the Research & Teaching Committee meeting held on 1 October 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Frankum highlighted: <ul style="list-style-type: none"> • Item 6.5 – Research Strategy <p>The appointment of a Clinical Trials Manager has enabled significant progress in this area, including auditing, developing standard operating procedures and increased transparency around the fiscal arrangements and processes associated with clinical trials.</p> <p>The Director Research recently met with the Consumer & Consumer Council regarding increasing community interest and participation in health research.</p> • Item 6.1 – Director of Research’s Report <p>Academic Units An official ceremony to award the 3 successful Stage 1 Units has been planned for 5 November 2015. Applications for Stages 2 and 3 closed on 16 October. Applications will be reviewed by a panel, including an internal audit representative and an independent chair.</p> <p>Early & Mid-Career Scholarships 8 applications for early career scholarships have been received. The scholarship comprises 1 day per week for research and \$15,000 per annum for 3 years for up to 5 scholarships.</p> <p>6 applications have been received for the mid-career scholarship, which provides \$60,000 per annum for 3 years to one applicant.</p> <p>Dr Abi-Hanna acknowledged the value of these initiatives.</p> 	

<p>13. Close /Next Meeting</p>	<p>The meeting closed at 6:12 pm.</p> <p>The next meeting is scheduled for Monday 23 November 2015 2:30-3:30 Site Visit / Facility Tour 3:30-6:30 Board Meeting, Bowral & District Hospital The meeting will be followed by a dinner with the South Western Sydney Primary Health Network Board (7:00pm to 9:00pm).</p>	
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