

# MINUTES

## South Western Sydney Local Health District Board

Date: Monday 22 August 2016

Time: 3:30pm

Venue: Auditorium, Level 4, Bankstown-Lidcombe Hospital

### 1. Present and Apologies

<b>Members</b>	<b>Pres.</b>	<b>Apol.</b>	<b>Members</b>	<b>Pres.</b>	<b>Apol.</b>
Prof Phillip Harris (Chair)	✓		Mr John Gordon	✓	
Ms Carolyn Burlew	✓		Prof Neil Merrett		✓
Ms Christine Carriage	✓		Dr Matthew Gray	✓	
Prof Brad Frankum	✓		Mrs Nina Berry	✓	
Dr Shameran Slewa-Younan	✓		Ms Kerrie Murphy	✓	
Dr David Abi-Hanna	✓				
<b>Other Attendees</b>					
Ms Amanda Larkin, Chief Executive	✓		Dr Karuna Keat, Medical Staff Executive Council Representative	✓	
Mr Chris Leahy, A/Director Operations	✓		Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓	

<b>Agenda Item</b>	<b>Discussion/Decision/Recommendation</b>	<b>Responsible</b>
<b>0. In-camera Session</b>	<ul style="list-style-type: none"> <li>The Board discussed the annual performance review and rating of the Chief Executive for the period 2015/16, conducted by Prof Harris and Ms Burlew 17 August 2016.</li> </ul>	
<i>Ms Larkin &amp; Ms Buttenshaw joined the meeting at 3.47pm</i>		
	<ul style="list-style-type: none"> <li>The Board congratulated Ms Larkin on her performance and confirmed a superior performance rating, noting several outstanding achievements.</li> <li>Ms Larkin noted that her performance is also reflective of the District and facility/service executive teams.</li> <li>Ms Larkin provided an update on the management of the recent adverse events at Bankstown-Lidcombe Hospital, including:               <ul style="list-style-type: none"> <li>Coronial Inquiry</li> <li>RCA Investigation</li> <li>Specialist Engineer's Review</li> <li>Chief Health Officer's Report</li> <li>Fact Finding Investigation</li> </ul> </li> </ul>	
<i>Mr Leahy &amp; Dr Keat joined the meeting at 4.12pm</i>		

<p><b>2. Declaration of Interests</b></p>	<ul style="list-style-type: none"> <li>• The Chair invited declarations of interest.</li> <li>• In relation to Agenda Item 7.5.1 – <i>First Annual AMA/ASMOF Senior Hospital Doctor Engagement Survey</i>, Prof Frankum declared his interest. Prof Frankum is the President of the NSW AMA.</li> <li>• <b>Action:</b> Issue the Annual Conflict of Interest Declaration Form to Board members for their completion and return.</li> </ul>	<p>Secretariat</p>
<p><b>3. Confirmation of the previous minutes and action list</b></p>	<ul style="list-style-type: none"> <li>• <b>MOTION:</b> A motion was moved by Mr Gordon and seconded by Dr Abi-Hanna that the: <ul style="list-style-type: none"> <li>• Minutes of the Board meeting held on 25 July 2016</li> <li>• Minutes of the Special Board meeting held on 15 August 2016, circulated by email and tabled at the meeting</li> </ul> <p>be accepted as a true and accurate record.</p> </li> <li>• The Motion was carried.</li> </ul>	
<p><b>4. Patient Story</b></p>	<ul style="list-style-type: none"> <li>• Ms Larkin presented story of 'Lena' (name changed), a 63 year old lady. Lena was an overseas visitor who had been in Australia for 5 months with her husband visiting their daughter on the birth of her first grandchild.</li> <li>• Lena had a history of heart disease and diabetes. After the birth of her grandchild Lena suffered a stroke and presented to the Emergency Department (ED) at Liverpool Hospital. <ul style="list-style-type: none"> <li>• A neurosurgical consultant reviewed Lena in the ED and it was determined that she had had a massive bleed in the brain and there were no surgical options.</li> <li>• Lena was intubated and admitted to ICU for comfort care and end of life discussions with the family.</li> <li>• As part of the end of life discussions the possibility of organ donation was raised.</li> <li>• The family described Lena as an extremely giving person and believed that she would have wanted to help others in her death.</li> <li>• Lena gave the rare gift of organ donation to the lives of 5 people and eye donation was also possible.</li> </ul> </li> <li>• The family expressed their gratitude toward all clinicians involved in the process that allowed for organ and tissue donation to occur. The family viewed donation as something positive from their tragedy, which gave them comfort in her passing.</li> <li>• <b>Action:</b> Clarify the criteria for organ &amp; tissue donation, i.e. brain death and/or circulatory arrest.</li> <li>• The Board <b>NOTED</b> the patient story.</li> </ul>	<p>Chief Executive</p>

<b>5. Business Arising</b>		
<b>5.1 Oran Park Family Health</b> [25.07.16; Item 5.3]	<ul style="list-style-type: none"> <li>The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda, providing details of the integration model at Oran Park Family Health and the resultant benefits to patients.</li> </ul>	
<b>5.2 Aboriginal Health Committee</b> [25.07.16; Item 7.4]	<ul style="list-style-type: none"> <li>The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda, providing details about smoking rates in the Aboriginal community.</li> <li><b>Action:</b> Consider/clarify strategies to reduce the smoking rates in the Aboriginal community and provide a further report to the Board.</li> </ul>	Chief Executive
<b>5.3 Surgical Wait List Analysis</b> [25.07.16; Item 5.1]	<ul style="list-style-type: none"> <li>The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda, providing numbers waiting, removed and admitted from the surgical wait lists for the 5 year period 2011/12 – 2015/16.</li> <li>The Board noted that the ophthalmology wait list at Bankstown-Lidcombe Hospital remains high at 68.</li> <li>Mr Leahy noted that there are many reasons why patients are classified as ‘not ready for care’.</li> </ul>	
<b>6. Standing Items</b>		
<b>6.1 Chief Executive’s Report</b>	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> the Chief Executive’s Report for July 2016.</li> <li>Ms Larkin highlighted: <ul style="list-style-type: none"> <li><u>Health and the Arts Framework</u>  The first Health and the Arts Framework will guide the integration of the arts into the NSW Health system, by supporting collaboration between local health services and the arts sector.  SWSLHD has a strong existing partnership with the Casula Powerhouse and has established a local reference group to progress implementation of the Framework.</li> <li><u>NSW Refugee Health Service</u>  SWSLHD hosts the Refugee Health Service (a state-wide service). The Service’s capacity to respond to the health needs of refugees has been enhanced and the Service has commenced providing support to newly arrived refugees.</li> </ul> </li> </ul>	

	<p>The impact on main stream services will be highlighted in 2017/18 Service Level Agreement negotiations with the Ministry of Health.</p> <ul style="list-style-type: none"> <li>• <u>Bowral &amp; District Hospital Redevelopment</u></li> </ul> <p>Following concerns expressed by the clinicians a follow up consultation was held with the Medical Staff Council to discuss the final proposal and the process for the EoI seeking potential private partners. It is anticipated the EoI will be released in 2-3 weeks.</p> <p>The planning process included community representation.</p> <ul style="list-style-type: none"> <li>• Ms Larkin clarified: <ul style="list-style-type: none"> <li>• The number of graduate health management scholarships offered reflects the organisations capacity to place students in permanent positions upon completion of their degree.</li> <li>• Risk assessment is built into the ICT Transition Plan. Non-clinical risks are monitored by the Finance Committee and clinical related risks will be directed through the Health Care Quality &amp; Safety Committee (via Minutes).</li> </ul> </li> </ul>	<p>Chief Executive</p>
<p><b>6.2 Performance – KPI Report</b></p>	<ul style="list-style-type: none"> <li>• The KPI Report was circulated with the Agenda.</li> </ul>	
<p>6.2.1 – Safety &amp; Quality</p>	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• Since 2010 there have been 6 incidents involving the management of testicular torsions. Lessons from these cases will feature in the next Hindsight newsletter. The newsletter supports education.</li> </ul> </li> <li>• Dr Gray noted that the HCQSC have requested further information about the increasing rate of pressure injuries.</li> <li>• The Chair noted a discussion with Mr Gordon’s and requested some comparative data. <ul style="list-style-type: none"> <li>• <b>Action:</b> Provide comparative data (SWSLHD and other LHDs) for: <ul style="list-style-type: none"> <li>• SAC 1 incidents</li> <li>• Suicides</li> <li>• Still births</li> </ul> </li> </ul> </li> <li>• The Board <u>NOTED</u> the Safety &amp; Quality component of the KPI Report.</li> </ul>	<p>Director Clinical Governance</p>

6.2.2 – Service Access & Patient Flow	<ul style="list-style-type: none"> <li>• Mr Leahy highlighted: <ul style="list-style-type: none"> <li>• The Ministry of Health have advised that influenza cases are coming to a peak. SWSLHD has experienced an increasing number of attendances to EDs, particularly at Liverpool and Campbelltown Hospitals.</li> <li>• ETP continues to be challenging at Liverpool Hospital. The Hospital was placed on Ambulance by-pass for approximately 2 hours on Saturday (20.08.16) evening.</li> <li>• Negotiations continue with The Sydney Adventist Hospital in relation to orthopaedic cases, although timing (proposing Saturday lists) will be reflected in price.</li> <li>• Projects to reduce readmission rates continue.</li> </ul> </li> <li>• The Board <u>NOTED</u> the Service Access &amp; Patient Flow component of the KPI Report.</li> </ul>	
<i>Dr Abi-Hanna left the meeting at 5.00pm.</i>		
6.2.3 – People & Culture	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• A slight increase in the use of premium staff.</li> <li>• The number of staff with excess leave (and related liability) is decreasing.</li> <li>• While the Aboriginal targeted recruitment pool continues to grow, discussion with TAFE NSW has commenced towards building the capacity of the Aboriginal community in application and recruitment processes.</li> <li>• The slight increase (26.04 FTE) in sick leave (PPE 24.07.16 &amp; 26.06.16) reflects the increase in influenza cases.</li> </ul> </li> <li>• The Board <u>NOTED</u> the People &amp; Culture component of the KPI Report.</li> </ul>	
6.2.4 – Finance & Activity	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• The June 2016 financial and activity results have previously been reported to the Board.</li> </ul> </li> <li>• The Board <u>NOTED</u> the Finance &amp; Activity component of the KPI Report.</li> </ul>	

<p>6.2.5 – Service Reports</p>	<ul style="list-style-type: none"> <li>• Service Reports for the following services were circulated with the Agenda. <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Drug Health</li> <li>• Population Health</li> <li>• Primary &amp; Community Health</li> <li>• Oral Health</li> </ul> </li> <li>• Ms Larkin highlighted: <p><u>Mental Health</u> In relation to the audit of absconding related incidents Ms Murphy queried if the audit included the time of the day, day of week/year.</p> <p><b>Action:</b> Clarify if the audit included the time of the day, day of week/year.</p> <p>The publically reported serious incident that occurred at Banks House is the subject of an RCA.</p> <p>Post discharge ‘contact’ is a clinical decision and can occur by phone, mental health team home visit, etc.</p> </li> <li>• The Board <u>NOTED</u> the Service Reports.</li> </ul>	<p>Chief Executive</p>
<p><b>6.3 Risk Register &amp; Report</b></p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Risk Management Report, circulated with the Agenda.</li> <li>• Ms Larkin reported that a Risk Governance Manager has been appointed and a presentation to the Board will be arranged in due course.</li> <li>• Ms Larkin highlighted the following key changes to the Register since the last update provided in May: <ul style="list-style-type: none"> <li>• One change to risk level - Risk ID No 33, ‘inpatient absconding from mental health services’, has changed from ‘medium’ to ‘high’.</li> <li>• The following risks have been finalised: <ul style="list-style-type: none"> <li>• Risk ID No. 2 ‘Failure to pay creditors within appropriate time-frames’.</li> <li>• Risk ID No. 343 ‘Campbelltown Hospital redevelopment risks’.</li> <li>• Risk ID No. 353 ‘Financial risk due to delay in appointment of the GP entity’.</li> </ul> </li> <li>• The current risk profile includes 56 risks of which: <ul style="list-style-type: none"> <li>• 8 – high</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• 43 – medium</li> <li>• 5 – low</li> <li>• 0 – extreme</li> </ul> <p><u>Board Risks</u></p> <ul style="list-style-type: none"> <li>• Board risks and LHD risks are introduced to improve the focus of risk management reporting that are key matters for the Board.</li> <li>• Board risks are reported to the Board and LHD risks are reported to the relevant Board sub-committee for oversight.</li> <li>• The proposed framework for the development of Board risks will be a combination of: <ul style="list-style-type: none"> <li>• Risks related to the 8 Corporate Action Areas</li> <li>• Risks originating outside the operating environment</li> <li>• Significant operational risks</li> </ul> </li> <li>• Ms Larkin clarified that the Register and other management mechanisms address risks related to policy compliance and variation in practice.</li> <li>• <b>Actions:</b> <ul style="list-style-type: none"> <li>• Clarify Board committee responsibilities relating to risk, noting the role of the Audit &amp; Risk Management Committee</li> <li>• Consider an alternate display of the Risk Register for submission to the Board.</li> </ul> </li> </ul>	<p>Risk Governance Manager</p>
<p><b>6.4 Chairman’s Report</b></p>	<ul style="list-style-type: none"> <li>• The Chairman highlighted: <ul style="list-style-type: none"> <li>• <u>First Annual AMA/ASMOF Snr Hospital Doctor Engagement Survey</u></li> </ul> <p>A copy of the First Survey was issued on 28 July 2016, and circulated with the Agenda. The Survey was conducted in response to the Joint Statement of Cooperation signed by ASMOF, AMA and the Minister for Health in February 2016. The Statement expresses the shared commitment to embed clinician engagement in the NSW Health system.</p> <p>The Board noted that the response rate was very low.</p> <p>Ms Larkin reported that the Survey results were considered by the Medical Staff Executive Council who have identified opportunities to further develop clinician engagement and</p> </li> </ul>	

	respond to the results.																			
<b>7. Committees of the Board</b>																				
<p><b>7.1 Health Care Quality &amp; Safety</b></p> <p>7.1.1- Minutes</p>	<ul style="list-style-type: none"> <li>The Minutes of the Health Care Quality &amp; Safety Committee meeting held on 3 August 2016 were circulated with the Agenda and <b>NOTED</b> by the Board.</li> <li>Dr Gray highlighted: <ul style="list-style-type: none"> <li><u>Item 6.1 – Critical incidents regarding neonatal resuscitaires</u></li> </ul> <p>Previously discussed at the Special Board meeting and in-camera.</p> <li><u>Item 5.1.2 – Incidents involving CTGs</u></li> </li></ul> <p>Increase in number of serious incidents related to testicular torsion and misinterpretation of CTGs – previously discussed within the Safety &amp; Quality Section of the KPI Report.</p> <ul style="list-style-type: none"> <li><b>Action:</b> In relation to Item 4.2 – Medical Negligence Claims update the Report to include the number of claims substantiated and related costs.</li> </ul>	Director, Clinical Governance																		
<p><b>7.2 Finance</b></p> <p>7.2.1- Minutes</p>	<ul style="list-style-type: none"> <li>The Minutes of the Finance Committee meeting held on 15 July 2016 were circulated with the Agenda and <b>NOTED</b> by the Board.</li> <li>Mr Gordon highlighted: <ul style="list-style-type: none"> <li><u>Item 6.5 – Proposed amendments to the SWSLHD Delegations Manual</u></li> </ul> <table border="0"> <tr> <td>6.1</td> <td>Special Purpose &amp; Trust Fund</td> <td>Change to delegation</td> </tr> <tr> <td>7.3</td> <td>Human Resources and Payroll Matters – Staff Transfers</td> <td>New item</td> </tr> <tr> <td>7.3</td> <td>Human Resources and Payroll Matters – Staff Transfers</td> <td>New item</td> </tr> <tr> <td>7.10</td> <td>Human Resources and Payroll Matters – Higher Duty Allowance</td> <td>Administrative (clarification)</td> </tr> <tr> <td>App 3-1</td> <td>Official Travel – Overseas</td> <td>Administrative Travel</td> </tr> <tr> <td>App 3-2</td> <td>Official Travel – Domestic</td> <td>Administrative Travel</td> </tr> </table> <li>The Board <b>APPROVED</b> the proposed amendments to the SWSLHD Delegations Manual V12, without amendment.</li> </li></ul>	6.1	Special Purpose & Trust Fund	Change to delegation	7.3	Human Resources and Payroll Matters – Staff Transfers	New item	7.3	Human Resources and Payroll Matters – Staff Transfers	New item	7.10	Human Resources and Payroll Matters – Higher Duty Allowance	Administrative (clarification)	App 3-1	Official Travel – Overseas	Administrative Travel	App 3-2	Official Travel – Domestic	Administrative Travel	
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	<ul style="list-style-type: none"> <li>• <b>Action:</b> Publish the SWSLHD Delegations Manual v12</li> <li>• <u>Item 7.1 – Child Care Centre Initiative</u></li> </ul> <p>The SWSLHD Board <u>NOTED</u> the decision made out of session to initiate a staged fee increase at child care centres based at Liverpool and Bankstown-Lidcombe Hospitals.</p> <p>Ms Larkin confirmed that the initial fee increase had been deferred and will commence on 1 October 2016 and that consultation with the families had occurred.</p>	Secretariat
<p><b>7.3 Audit &amp; Risk Mgt</b></p> <p>7.3.1- Minutes</p>	<ul style="list-style-type: none"> <li>• The Minutes of the Audit &amp; Risk Management Committee meeting held on 15 July 2016 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Ms Burlew highlighted: <ul style="list-style-type: none"> <li>• <u>Financial Statements</u></li> </ul> <p>The Committee endorsed the financial statements including the Special Purpose Service Entity for the year ended 30 June 2016 and recommended the statements be submitted to the NSW Ministry of Health and the Audit Office of NSW, subject to minor corrections.</p> <p>The Committee commended management on the preparation of the statements.</p></li> <li>• <u>Corporate Governance &amp; Attestation Statement</u></li> </ul> <p>The Committee noted the annual Corporate Governance Attestation Statement and recommends endorsement of the Statement by the SWSLHD Board. The Committee noted that the Statement includes one qualifying statement, ‘creditor levels did not always comply with Ministry of Health requirements’.</p> <p>The SWSLHD Board <u>ENDORSED</u> the 2015/16 Corporate Governance Attestation Statement, for the Chairman and Chief Executive’s signature and submission to the NSW Ministry of Health.</p>	Secretariat
<p>7.3.2- ICAC Matters</p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 8 July to 8 August 2016.</li> <li>• No matters were referred to the ICAC.</li> <li>• No matters were referred by ICAC.</li> </ul>	

<p><b>7.4 Research &amp; Teaching</b></p>	<ul style="list-style-type: none"> <li>The Minutes of the Research &amp; Teaching Committee meeting held on 4 August 2016 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Prof Frankum highlighted: <ul style="list-style-type: none"> <li><u>Item 5.6.1 – Facility Research Committees</u></li> </ul> <p>The Committee have requested to receive minutes arising from facility and service research committees. Feedback has been provided.</p> <li><u>Item 5.2 – University Relations and Investment</u></li> </li></ul> <p>An invitation has been extended to the Medical Deans to attend the October meeting for a focussed discussion about building research capacity.</p> <ul style="list-style-type: none"> <li><u>Risk Register – Teaching Risks</u></li> </ul> <p>The Committee reviewed the Research, Innovation &amp; Teaching component of the Risk Register.</p>	
<p><b>7.5 Aboriginal Health</b></p> <p>7.4.1- Minutes</p>	<ul style="list-style-type: none"> <li>The next meeting of the Aboriginal Health Committee is scheduled for 22 September 2016.</li> </ul>	
<p><b>8. Consumer &amp; Community Council</b></p>		
<p>8.1- Minutes</p>	<ul style="list-style-type: none"> <li>The Minutes of the Consumer &amp; Community Council (CCC) meeting held on 1 July 2016 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Ms Murphy highlighted an engaged discussion with ZEST Health consultants about the Transforming Your Experience Program.</li> </ul>	
<p><b>9. New Business</b></p>		
	<ul style="list-style-type: none"> <li>Nil</li> </ul>	
<p><b>10. Items for Information</b></p>		
<p><b>10.1 Public Relations Report</b></p>	<ul style="list-style-type: none"> <li>A Referral Note regarding public relations matters for July 2016 was circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>The August 2016 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<p><b>10.2 Board Schedules/ Dates</b></p>	<ul style="list-style-type: none"> <li>The 2016 Board Calendar is available from the Govdex website. <ul style="list-style-type: none"> <li>The Board <u>NOTED</u> the meeting and events summary, circulated with the Agenda. Additions to the previous version have been highlighted in red.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>The 2016 Board Items Due Calendar is available from the Govdex website.</li> </ul>	
<b>11. Other Business Without Notice</b>		
	<ul style="list-style-type: none"> <li>The Chair invited other business without notice.</li> <li>The <i>Foundations of Governance</i> Board Training is being held on 19 September 2016.</li> <li>The Chairman reported that Eols are being considered for clinical streams auspiced by the Academic Health Science Partnership.</li> <li>The following leave of absence requests were approved: <ul style="list-style-type: none"> <li>Ms C Carriage – September</li> <li>Dr S Slewa-Younan – September, November, December</li> <li>Mrs N Berry – November</li> <li>Ms C Burlew – October</li> </ul> </li> </ul>	
<b>12. Close /Next Meeting</b>	<p>The meeting closed at 6.05pm.</p> <p>The next meeting is scheduled:</p> <p>Monday 26 September 2016 – Fairfield Hospital</p> <p>2.30pm-3.30pm      Facility / Site Visit</p> <p>3.30pm-6.30pm      Board Meeting</p> <p>6.45pm                      <i>Dinner with Karitane Board</i></p>	