

# MINUTES

## South Western Sydney Local Health District Board

Date: Monday 12 December 2016

Time: 3:30pm

Venue: Board Room, District Office

### 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	✓		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	✓				
<i>Other Attendees</i>					
Ms Amanda Larkin, Chief Executive	✓		Dr Karuna Keat, Medical Staff Executive Council Representative		✓
Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓		Mr Ross Sinclair, Director of Finance	✓	
Ms Glenda Dingwall, Director Workforce & Development	✓		Ms Sonia Marshall, Director, Nursing & Midwifery Services	✓	
Ms Suzie Snook, A/Director Clinical Governance	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
<b>2. Declaration of Interests</b>	<ul style="list-style-type: none"> <li>The Chair invited declarations of interest.</li> <li>Nil were received.</li> </ul>	
<b>3. Confirmation of the previous minutes and action list</b>	<ul style="list-style-type: none"> <li><b>MOTION:</b> A motion was moved by Ms Murphy and seconded by Mr Gordon that the Minutes of the Board meeting held on 28 November 2016 be accepted as a true and accurate record. <ul style="list-style-type: none"> <li>The Motion was carried.</li> </ul> </li> </ul>	
<b>4. Patient Story</b>	<ul style="list-style-type: none"> <li>Ms Snook presented the story of Vanessa's (30 year old female, third pregnancy) journey through the Midwifery Group Practice Program (MGP) at Campbelltown Hospital. <ul style="list-style-type: none"> <li>At her 20 week ultrasound Vanessa discovered she was expecting twins.</li> <li>Vanessa was supported throughout her pregnancy by her MGP midwife, in consultation with the O&amp;G Team and a Staff Specialist.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• The O&amp;G Team recommended an induction of labour and possible C-section at 38 weeks as twin 2 was breech. The O&amp;G Team also recommended an epidural analgesia in labour 'in case' of complications.</li> <li>• Following her own research, Vanessa requested to await a spontaneous labour. She subsequently delivered her twins vaginally, drug-free. Vanessa was discharged home 12 hours after giving birth and was supported in establishing breastfeeding at home.</li> <li>• On reflection of her birth experience Vanessa felt that by having the support of her MGP midwife throughout her pregnancy she was able to achieve the birth she hoped for, felt that she had a 'voice' and was listened to.</li> <li>• Vanessa's story summarises the intent of the '<i>Transforming Your Experience</i>' strategy. She was able to have a consistent health professional by her side who advocated for and supported her choices – the overall experience for Vanessa and her twins will have lifelong positive implications.</li> <li>• Ms Marshall advised: <ul style="list-style-type: none"> <li>• The MGP Program is a continuity of midwifery care model providing 'women centred' and holistic care for approximately 400 women annually at Campbelltown Hospital. Women are cared for by a primary midwife from their first hospital antenatal clinic visit throughout their pregnancy, labour and birth. Women are discharged home as early as 6 hours post birth and are followed up during the first 2 weeks of the postnatal period.</li> <li>• This Program is not yet in place in any other facility within the LHD, yet there is a recognised demand.</li> </ul> </li> <li>• In response to Ms Murphy's question/s, Ms Marshall advised that the Program is available to women who are clinically categorised as low to medium risk, women give birth in the hospital setting - medical officers are on-site.</li> <li>• In response to Prof Frankum's question/s, Ms Marshall reported that the LHD is aware of midwives living within the LHD that travel to other LHDs to work within this service delivery model. As part of the broader recruitment and retention strategy for midwives, site based models of care committees are being established – a review of the related medical model may arise from this process. Modifications have been made to the transition between training and appointment, pending formal registration, to support retention.</li> <li>• <b>Action:</b> Health Care Quality &amp; Safety Committee to review the related medical model.</li> <li>• The Board <u>NOTED</u> the patient story.</li> </ul>	<p style="text-align: right;">Prof Merrett</p>
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<b>5. Business Arising</b>		
<p><b>5.1 Patient Story Nov-16: MERIT Program</b> [28.11.16; Item 6]</p>	<ul style="list-style-type: none"> <li>• The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda, providing information relating to Court related programs for drug and alcohol dependent persons.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• A program for alcohol dependent persons was piloted in 2013 but subsequently disbanded, following evaluation, due to insufficient participants.</li> <li>• The MERIT Program provides treatment for individuals who are drug dependent or have a co-dependency of drugs and alcohol.</li> <li>• The Court Referral of Eligible Defendants into Treatment (CREDIT) Program is currently being trialled at Tamworth and Burwood Local Courts. The Program provides a case management and referral service which includes referring to treatment for alcohol dependent individuals.</li> <li>• There are no other alcohol specific diversion programs in NSW.</li> </ul> </li> </ul>	
<p><b>5.2 Primary &amp; Community Health Dashboard</b> [28.11.16: Item 8.2.5]</p>	<ul style="list-style-type: none"> <li>• The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda providing clarification regarding the YTD performance data for ‘Sexual Assault Services: High Priority Referrals receiving an initial psychosocial assessment’ included within the Primary &amp; Community Health (Nov-16) Dashboard.</li> <li>• Ms Larkin reported that the data entered was incorrect. The Sexual Assault Service is consistently achieving the KPI target of 100% month on month.</li> </ul>	
<p><b>5.3 Population Health Dashboard</b> [28.11.16: Item 8.2.5]</p>	<ul style="list-style-type: none"> <li>• The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda, clarifying the percentage of Year 7 students vaccinated with dose 3 of the Human Papillomavirus (HPV) vaccine.</li> </ul>	

## 6. Standing Items

### 6.1 Chief Executive's Report

- Ms Larkin highlighted:
  - Starring Item – Stakeholder Engagement [Board 26.09.16; Item 5.1 & 23.05.16; Item 6.1]

A Board Working Party – Prof Merrett, Ms Murphy, Mr Gordon and Mrs Berry recently met (Minutes circulated with the Agenda) to determine recommendations to the Board arising from:

- The Proposal received by the Taylor Street Advisory Group (presented to the September Board meeting), which supported the Board's Stakeholder Engagement Plan (endorsed at the May Board meeting).

The Working Party agreed for the following recommendations to be submitted to the Board:

1 – Develop a calendar of District, stakeholder and community functions at which the Board should be represented.

- Requires identification of events, based on priority stakeholders
- Allocate Board member/s to events based on the skills and relationship matrix, and the member's availability – 3 events per annum per member.
- Prepare a one-page Stakeholder Engagement Guide, that contains a high level media summary and key messaging for stakeholders, that will allow Board members to better prepare for events.
- Incorporate stakeholder engagement discussion into each months Board meeting agenda – within Chairman's Report.

2 – Stakeholder Plan

- Conduct an annual review (within the annual self-assessment process undertaken by NOUS) of the Board's progress against the Plan, including:
  - Seeking and capturing feedback from stakeholders
  - Update the Plan, as appropriate
  - Review the prioritisation of stakeholders

3 – Media & Communications

- Review the monthly report of District media exposure and other relevant news at each meeting and briefly discuss opportunities to build the District's media profile.
- Trial the publication and distribution of quarterly updates to the Department of Premier & Cabinet, NSW Ministry of Health, Minister for Health, Minister for Mental Health

	<p>and local MPs outlining achievements, innovation, collaboration, key issues &amp; progress towards the Premier's Priorities.</p> <p>4 – Consider Part 1 of the TSA proposal and perhaps for a targeted issue.</p> <p>The Board <u>ACCEPTED</u> the Working Party's recommendations.</p> <p><b>Action:</b> Progress implementation of the recommendations.</p> <ul style="list-style-type: none"> <li>• <u>November / December Report: Year in Review</u></li> </ul> <p>Ms Larkin reported the significant number of achievements throughout the year, reflecting the resilience of the organisation throughout challenging times. Highlights included:</p> <p>2016 has been a year of establishing and mapping out the future direction.</p> <p>A number of key plans were completed including our Mental Health Strategic Plan, Advance Care Planning, End of Life &amp; palliative Care Strategic Plan, Health Culturally Diverse Communities &amp; Refugee Health Implementation Plan and the Consumer and Community Participation Framework.</p> <p>An exceptional year for research and innovation – with 3 services awarded the title of Academic Unit. A further 3 services were awarded resources to develop their service towards Academic Unit status.</p> <p>The SWSLHD, together with others, is playing a key role in establishing an Academic Health Science Partnership.</p> <p>SWSLHD launched the first Closing the Gap report card. The report card ensures transparency and accountability in providing health service to SWSLHD's Aboriginal communities and clearly identifies service gaps. The Report Card also highlighted where gains had been made. Of particular note are the improvements in immunisation status. The initiative has gained state-wide attention.</p> <p>Development of the Transforming Your Experience strategy will conclude shortly and the implementation phase will commence in 2017. Transforming Your Experience will strengthen quality and safety systems. It also aims to provide consistent, high quality patient care, and to strengthen, nurture and value good leadership and engage</p>	<p>Ms Larkin</p>
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	<p>staff, patients and communities. Through Transforming Your Experience we will develop a long term, shared and sustainable strategy for our District.</p> <p>We are working towards Stage 2 of Campbelltown Hospital's redevelopment, with the NSW Government announcing it has reserved \$300 million for the project.</p> <p>The District is in a strong position financially, delivering high quality health services within budget allocations.</p> <ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Chief Executive's Report – Year in Review.</li> </ul>	
<p><b>6.2 Performance – KPI Report</b></p>	<ul style="list-style-type: none"> <li>• The KPI Report was not circulated due to the data being unavailable.</li> </ul>	
<p><b>6.3 Work Health &amp; Safety Report</b></p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Work Health &amp; Safety Report circulated with the Agenda.</li> <li>• Ms Dingwall highlighted: <ul style="list-style-type: none"> <li><u>Aggressive Incidents</u> <ul style="list-style-type: none"> <li>• There were 21 physical aggression incidents reported during October.</li> <li>• The Security Assessment Working Party continues to meet and progress the implementation plan.</li> </ul> </li> <li><u>Staff Wellbeing</u> <ul style="list-style-type: none"> <li>• Planning for a Staff Wellbeing Program has commenced.</li> <li>• Employment screening will be considered as part of the Staff Wellbeing Program.</li> </ul> </li> <li><u>Claims Management Strategy</u> <ul style="list-style-type: none"> <li>• An analysis conducted in November 2016 identified several doctors treating a large number of SWS employees through workers compensation.</li> <li>• A program is currently being developed in conjunction with our Scheme agent to provide education to these doctors about the District's Return to Work Program.</li> <li>• An education program is being developed for injury management staff to support the utilisation of the Work Injury Screening &amp; Early Intervention (WISE) Program – following a review that identified that the majority of injured workers offered psychological intervention were declining the proposal.</li> </ul> </li> </ul> </li> </ul>	

	<p><u>Safe Workplace Culture – RESPECT Strategy</u></p> <ul style="list-style-type: none"> <li>The RESPECT Strategy, which links to Transforming Your Experience, will be launched in February 2017.</li> </ul> <p><u>Loss Time Injury (LTI)</u></p> <ul style="list-style-type: none"> <li>There was a total of 825.13 hours from 29 claim notifications during the September pay periods, resulting in a LTI Frequency Rate (LTIFR) of 8.58.</li> <li>In response to the Chairman’s question, Ms Dingwall advised that the Work Health &amp; Safety Plan will reflect a target for LTIR – i.e. a reduction.</li> </ul>	
<p><b>6.4 Risk Management Report</b></p>	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> the Risk Report circulated with the Agenda.</li> <li>Ms Larkin highlighted the following changes to the Register: <ul style="list-style-type: none"> <li><u>New Risks</u> <ul style="list-style-type: none"> <li>Risk ID 437 – Failure to provide safe care in maternity services due to the inability to attract and retain skilled maternity staff, which may result in sub-optimal care – rated high.</li> <li>Risk ID 452 – The failure of commissioning the supply of medical gases caused by non-compliance with Australian Standards and failures in effective contractor management may result in harm, injury or death to patients unrelated to the natural cause of illness – rated high.</li> <li>Risk ID 453 – Interpreters are not used when required caused by interpreters not requested by health care providers may result in sub-optimal care to patients in receiving health care services – rated low.</li> </ul> </li> <li><u>Current Risk profile</u> <ul style="list-style-type: none"> <li>A total of 59 risks – 10 – high, 44 – medium, 5 – low and no extreme risks.</li> </ul> </li> <li><u>Significant Operational Risks</u> <ul style="list-style-type: none"> <li>A total of 10 high risks formed the District’s Top 10 risk report to the NSW Ministry of Health for Jun-Sep 2016.</li> </ul> </li> <li><u>Ongoing Monitoring &amp; Review</u> <ul style="list-style-type: none"> <li>The Enterprise-wide Risk Management Committee continues to review all key risks.</li> <li>The LHD Risk Register Report and Board Risk Report are</li> </ul> </li> </ul> </li> </ul>	

	<p>currently being reviewed in line with the recommendations arising from the Board Planning Workshop held in October 2016.</p> <ul style="list-style-type: none"> <li>In response to Ms Murphy's question/s relating to operational risks such as significant population growth, off protocol prescribing etc., Ms Larkin provided an overview of the reporting hierarchy, i.e. escalation to the Enterprise-wide Risk Management Committee, however acknowledged the iterative process and that there is further work to do.</li> <li><b>Action:</b> Refer the risks highlighted by Ms Murphy to the SWSLHD Enterprise-wide Risk Management Committee for review.</li> </ul>	Ms Larkin
<p><b>6.5 Chairman's Report</b></p>	<ul style="list-style-type: none"> <li>The Chairman reported: <ul style="list-style-type: none"> <li><u>Council of Board Chairs Meeting (5 December 2016)</u></li> </ul> <p>3 of the 4 incoming chairs were present at the meeting.</p> <p>The Chairman provided a presentation regarding the SWSLHD Board's approach to the governance of patient safety and clinical quality.</p> <p><b>Action:</b> Circulate to the Board a copy of the Chairman's presentation.</p> <li><u>Government Sector Employment Legislation Act</u></li> </li></ul> <p>The legislative change is effective 1 January 2017.</p> <p>The Board, in concurrence with the Secretary NSW MoH, is now responsible for employment related matters relating to the Chief Executive. The Chief Executive is now responsible for direct reporting (former) Health Executive Service staff.</p> <p>Provisions relating to the by-laws have been amended. Under the changes a LHD can: adopt the model by-laws, as made by the Secretary, Modify the model by-laws with approval – as is currently the case or make additional by-laws in relation to matters not specified in the model by-laws provided that the additional by-laws are not inconsistent with the model by-laws. If such additional by-laws are made, the Secretary must be notified within 30 days.</p>	Secretariat



	<ul style="list-style-type: none"> <li>• <u>Meeting with the Minister</u></li> </ul> <p>A regular meeting with the Minister and her Chief of Staff was held on 7 December 2016 and was reported by the Chairperson to be positive.</p> <p>Discussion topics included the Transforming Your Experience Strategy, Liverpool Hospital’s performance and the orthopaedic surgeons at Bankstown-Lidcombe Hospital (dispute regarding transition from Fee for Service to Sessional contracts).</p> <p>Ms Larkin reported that a paediatric planning group has been established. The work of this group will occur in parallel to the Campbelltown Hospital clinical services planning process.</p> <ul style="list-style-type: none"> <li>• <u>Correspondence Received: Secretary, NSW MoH</u></li> </ul> <p>An invitation (from the Secretary, NSW MoH) has been received to attend an executive briefing session in February 2017 on the topic of ‘Costing for Value’. The Chairman has been invited to attend.</p> <p><b>Action:</b> Circulate a copy of the article on value based health care, which forms the basis for some of the proposed changes in Health in NSW.</p>	Secretariat
<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 Board <u>NOTED</u> that the Minutes of the Health Care Quality &amp; Safety Committee meeting held on 7 December 2016 were not yet available.</li> </ul>	
<p><b>7.2 Finance &amp; Assets</b></p> <p>7.2.1- Minutes</p>	<ul style="list-style-type: none"> <li>• The Minutes of the Finance &amp; Assets Committee meeting held on 18 November 2016 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Mr Gordon clarified the NSW MoH review of ‘significant influence’ over decision making, i.e. the Ingham Institute of Applied Medical Research (IIAMR). The IIAMR will be noted as an asset for SWSLHD with no financial impacts over the life of the lease. Mr Sinclair advised that discussion with the IIAMR relating to this matter is planned.</li> <li>• Mr Gordon reported his attendance at the second briefing session conducted by Health Infrastructure relating to the PPP EoI on behalf of the Chairman. Ms Larkin reported:</li> </ul>	

	<ul style="list-style-type: none"> <li>• A meeting with the applicant who expressed interest in working with Bowral &amp; District Hospital has been scheduled</li> <li>• Community consultation/testing is underway by the MoH</li> <li>• A project governance group has been established</li> </ul> <ul style="list-style-type: none"> <li>• The Board noted that within the second dot point of 'Excessive Annual Leave' - Page 6 of 8 (minutes) or page 119 of Board meeting papers is a typographical error. Replace "...review..." with "...reviewing...".</li> </ul>	
<b>7.3 Audit &amp; Risk Mgt</b>  7.3.1- Minutes	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> that the Minutes of the Audit &amp; Risk Management Committee meeting held on 22 November 2016 were not yet available.</li> </ul>	
7.3.2- ICAC Matters	<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 15 November to 29 November 2016.</li> <li>• No matters were referred to the ICAC.</li> <li>• No matters were referred by the ICAC.</li> </ul>	
<b>7.4 Research &amp; Teaching</b>	<ul style="list-style-type: none"> <li>• The Minutes of the Research &amp; Teaching Committee meeting held on 1 December 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 6.2 – Research &amp; Ethics Office: Activity Performance</u>  The Office is considering a number of strategies to address the average time taken to review applications, which for some application types, are currently outside of NSW MoH benchmarks.</li> <li>• <u>Item 5.3 – Bankstown-Lidcombe Hospital: Academic Leadership</u>  In discussion relating to accreditation issues (ICU and maternity), the Teaching Report and Minutes arising from the facility research meeting, the Committee noted the need for increased academic leadership at Bankstown-Lidcombe Hospital.</li> <li>• <u>2017 Research Showcase</u>  The Minister for Health, the Hon Jillian Skinner has agreed to open the 2017 Research Showcase, scheduled for 7 and 8 June.</li> </ul> </li> <li>• Prof Frankum thanked Mr Gordon for attending the December Committee meeting.</li> </ul>	

	<ul style="list-style-type: none"> <li>Ms Larkin reported that the Minister for Health is attending a topping out ceremony for the Clinical School (Western Sydney University &amp; SWSLHD) at Campbelltown Hospital on 16 December 2016. Prof Frankum and Prof Merrett are attending.</li> </ul>	
<b>7.5 Aboriginal Health</b>  8.5.1- Minutes	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> that the next meeting of the Aboriginal Health Committee is scheduled for 15 December 2016.</li> </ul>	
<b>8. Consumer &amp; Community Council</b>		
8.1- Minutes	<ul style="list-style-type: none"> <li>The Minutes of the Consumer &amp; Community Council (CCC) meeting held on 4 November 2016 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<b>9. New Business</b>		
9.1 Annual Governance Check	<ul style="list-style-type: none"> <li>The Board <u>AGREED</u> to undertake an Annual (February) Governance Check as proposed in the Referral Note circulated with the Agenda.</li> <li><b>Action:</b> Include the Annual Governance Check on the Board's 2017 Items Due Calendar and provide a Referral Note to the February 2017 meeting.</li> </ul>	Secretariat
<b>10. Items for Information</b>		
10.1 Public Relations Report	<ul style="list-style-type: none"> <li>A Referral Note regarding public relations matters for November 2016 was circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>The December 2016 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Ms Larkin reported that Ms Niki Theodoropoulos has commenced in the role of Director, Strategic Communication and Media. Ms Theodoropoulos will be invited to present to the Board.</li> </ul>	Secretariat
10.2 Board Schedules/Dates	<ul style="list-style-type: none"> <li>The Board Calendar is available from the Govdex website.</li> <li>The 2017 Board meeting &amp; events summary has been published on Govdex.</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>Mr Gordon encouraged Board members to attend other committee meetings, noting his attendance at the Research &amp; Teaching Committee was a good experience.</li> <li>Dr Gray reflected on the positive working relationship between the LHD and Primary Health Network throughout the year.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Chairman indicated that he would schedule one on one meeting with Board members in 2017 and thanked Board members, the Chief Executive and the Executive Team for their work and support throughout 2016.</li> </ul>	
<b>12. Close /Next Meeting</b>	<p>The meeting closed at 6.20pm.</p> <p>The next meeting is scheduled for Monday 27 February 2017:</p> <p>3:30 – 6:30pm Board Meeting – District Office</p>	

DRAFT