

MINUTES

South Western Sydney Local Health District Board

Date: Monday 27 March 2017

Time: 3:30pm

Venue: Auditorium, Bankstown-Lidcombe Hospital

1. Present and Apologies

Members	Pres.	Apol.	Members	Pres.	Apol.
Prof Phillip Harris (Chair)	✓		Mr John Gordon	✓	
Dr David Abi-Hanna	✓		Dr Matthew Gray	✓	
Mrs Nina Berry	✓		Prof Neil Merrett	✓	
Mr Max Bosotti	✓		Ms Kerrie Murphy	✓	
Ms Carolyn Burlew		✓	Mr Gary Reidy	✓	
Ms Christine Carriage		✓	Dr Shameran Slewa-Younan	✓	
Prof Brad Frankum	✓				
Other Attendees					
Ms Amanda Larkin, Chief Executive	✓		Medical Staff Executive Council Representative		✓
Ms Nel Buttenshaw, Manager Executive & Board Secretariat (minutes)	✓		Mr Ross Sinclair, Director of Finance	✓	
Ms Natalie Wilson, Coordinator, Transforming Your Experience		✓	Ms Sally Whitten, Risk Governance Manager	✓	

Agenda Item	Discussion/Decision/Recommendation	Responsible
2. In-camera Session	<ul style="list-style-type: none"> The Board discussed a letter from the Secretary, NSW Ministry of Health regarding the Bankstown Hospital investigation. 	
<i>Ms Larkin, Mr Sinclair & Ms Buttenshaw joined the meeting at 3.40pm.</i>		
	<ul style="list-style-type: none"> In response to a question regarding when the information about award employees will be made public, Ms Larkin clarified that: <ul style="list-style-type: none"> Award employees have advised other staff at Bankstown-Lidcombe Hospital about the outcome. The matter relating to Health Executive Service (HES) staff is yet to be resolved. Ms Larkin has requested that the Bankstown Hospital A/General Manager inform her Executive Leadership Team. The matter is not subject to a media strategy. 	

<p>3. Declaration of Interests</p>	<ul style="list-style-type: none"> • The Chair invited declarations of interest. • Nil were received. 	
<p>4. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> • MOTION: A motion was moved by Mr Gordon and seconded by Ms Murphy that the Minutes of the Board meeting held on 27 February 2017 be accepted as a true and accurate record, subject to the following amendments: <ul style="list-style-type: none"> • Item 5.1 – Academic Health Science Partnership – (pg 3) – “The 0.05% contribution...’best endeavours’ funding commitment of (rather than ‘it’ as stated) intent or similar.” • Item 6.5 – Chairman’s Report: Board Committee Membership (pg 12) - Mr Reidy has agreed to attend the SWSLHD Consumer & Community (not ‘clinical’ as stated) Council. • The Motion was carried. 	
<p><i>Ms Wilson joined the meeting at 3:50pm.</i></p>		
<p>5. Presentation: Transforming Your Experience</p>	<ul style="list-style-type: none"> • The Chairman welcomed Ms Natalie Wilson, Transforming Your Experience (TYE) Coordinator to the meeting to provide an update on the strategy. • Ms Wilson highlighted: <ul style="list-style-type: none"> • The case for change <ul style="list-style-type: none"> ○ Recognising the excellent work being done, but noting that staff and patients/consumers have identified opportunities for improvement through: <ul style="list-style-type: none"> ▪ Patient Experience Survey (2014) ▪ NSW Health <i>YourSay</i> Survey (2015) ▪ Patient and Consumer Experience Survey (2014-16) ▪ SWSLHD and SWSLHD Patient Complaints and Incidents (2013-15) ○ 51% of patients rate their care as very good ○ The number one complaint in SWSLHD relates to ‘communication’ ○ Staff want a ‘more positive’ workplace and ‘stronger, professional leadership’ • The vision for change <ul style="list-style-type: none"> ○ We want to provide care that is always safe, high quality and personalised ○ We want to support and empower our staff to achieve their full potential. ○ By doing this we can improve patient and staff 	

experience across SWSLHD, and have leaders who will continue to drive and maintain this vision over time.

- The method involved
 - Reviewing best practice
 - Consulting with >1200 staff, patients and consumers
 - Multi-disciplinary working parties that supported the feedback review process and the formulation of the strategy and implementation plan

- Key strategies
 - The TYE Strategy – a high level vision and priorities for TYE – our 5 year road map
 - The leadership strategy – defines SWSLHD commitment to strengthen leadership and staff development
 - An Implementation plan – provides the detail, i.e. actions needed to transform
 - An Evaluation Plan – to enable measurement and monitoring of progress.

- Key focus areas
 - Feedback from staff and patients was consolidated into 4 key focus areas; which led to the development of the key principles required to transform our experience:
 - Providing consistent safe and high quality care
 - Strengthening quality and safety in all of our services
 - Engaging staff, patient and communities to assist us to achieve quality and excellence
 - Developing and nurturing leaders at all levels of our organisation, and to valuing and acknowledging good leadership and interactions

- The Leadership Strategy
 - The Leadership Strategy has been developed to support the TYE strategy. It supports a whole of District approach to leadership. It is critical to ensure we achieve our vision.

 - The leadership strategy is based on an evidence review of leadership in high performing organisations

- The Leadership Strategy has 5 key priority areas:
 - Developing and supporting our workforce
 - Access to training & education (aligned with TYE), coaching mentoring, leadership pathways, staff wellbeing
 - Recruiting the right people – Standard, transparent practices around recruitment, right behaviours
 - Effective decision making - Streamlining decision making, high performance and excellence is celebrated
 - Fostering openness and accountability - timely effective communication

- The Implementation Plan
 - Based on the four key focus areas:
 - Consistent delivery, quality & safe care
 - Personalised individual care
 - Respectful communication and genuine engagement
 - Effective leadership and empowered staff

 - *Consistent delivery of safe and high quality care*
 - Mandatory seven safety essentials
 - Communication of TYE to staff
 - Safety and quality data strategy
 - Real time patient reported experience data
 - Quality register
 - Supporting innovation that aligns with TYE

 - *Seven Safety Essentials*
 - Executive Rounding
 - Safety – Risk Huddles
 - Pro-active patient rounding
 - Multi-disciplinary bed side rounding
 - Transfer of Care
 - Clinical handover

 - *Personalised Individual Care*
 - REACH
 - Top 5 TYE priorities for Aboriginal communities & CALD
 - Open visiting hours
 - EMR2

 - *Respectful Communication & Genuine Engagement*
 - Core communications program
 - Quality Boards
 - Cultural competency program
 - Two-way communication

- *Effective Leadership & Empowered Staff*
 - Aligning the orientation program
 - TYE Leadership Program
 - Aligning recruitment
 - Aligning performance development and management
 - Developing coaching and mentoring programs
 - Developing succession planning programs
 - Staff wellbeing program
 - Reviewing the delegations manual
 - Reward & recognition programs

- Moving forward

- Engaged Prof Kate Hayes who specialises in large scale change, Griffith University (and WSU) to provide advice and direction.
- Reviewed literature and evidence around successful large scale health change which has helped define the implementation process

- Switch change management model

- *Framework & Governance*
 - Established an LHD Implementation Steering Committee
 - Each Facility/Service will establish an Implementation Committee to help implement and drive change at local level
 - The TYE Team will support implementation

- The Launch

- The launch has been scheduled for Monday 22 May 2017 (1pm-2pm, Auditorium at Liverpool Hospital).

- KPIs and monitoring methods, including for the Board, are being developed. Strategies to enthuse reluctant staff will be developed.

- Ms Larkin noted that the Strategy arose from the Board's vision to be "the safest LHD".

- Ms Wilson clarified that input was sought through survey results, workshops, etc and also involved approximately 200 patients.

- The Chairman offered suggestions / comments for consideration:

- An emphasis on 'safety' doesn't quite emerge - consider related messaging

	<ul style="list-style-type: none"> ○ The seven 'safety essentials' seem to be pitched to clinical areas; incidents also arise from non-clinical areas as the LHD has experienced. ● Ms Larkin noted that the ability of an organisation to change is largely dependent on its staff. The strategy will be implemented over 5 years and will be resourced. Ms Larkin undertook to reflect on the comments made by Board members as implementation of the Strategy progresses. ● The Chairman thanked Ms Wilson for an informative presentation. 	
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Ms Wilson left the meeting at 4.30pm.

<p>6. Patient Story</p>	<ul style="list-style-type: none"> ● Ms Larkin presented Mrs White's concerns about her son John's in-patient experience at Liverpool Hospital. <ul style="list-style-type: none"> ● John is 54 years old with chronic and complex medical issues including muscle degeneration, diabetes, blindness, heart & kidney disease. John is confined to a wheelchair and is often cared for in the community. ● As a result of John's most recent stay in the emergency department he ended up with a Grade 3 pressure wound. His mother expressed concern that as a result "John was bed bound and very uncomfortable due to the heat and requiring bed baths. He cannot attend work or participate in social activities". His elderly parents have had to move in with him to provide care and are unable to go out together as he cannot be left alone. ● The case will be presented at the SWSLHD Disability & Access Committee and a SAC 2 investigation will be undertaken. <ul style="list-style-type: none"> ● Issues and opportunities to transform the experience for the patient and his family identified include: <ul style="list-style-type: none"> ● Investigate the possibility that the care could have been given in the community and prevented hospitalisation. ● Despite long delays in the ED a plan could have been made in consultation with the family to best meet John's needs. For example realistic timeframes, waiting in his wheelchair until a bed in observation area was available. ● Understanding that it was not the technical skills that the family valued but the comfort and dignity of their son. ● Addressing the distress of the family whilst John was an inpatient. ● Timely access to care in the community following transfer of care. 	
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	<ul style="list-style-type: none"> Ms Larkin clarified that patient stories arise from complaints and/or compliments received. The Board <u>NOTED</u> the patient story. 	
7. Business Arising		
<p>7.1 Role of Camden Hospital's Emergency Department [28.09.15; Item 5.4]</p>	<ul style="list-style-type: none"> The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda, regarding the role of Camden Hospital's Emergency Department (ED). Ms Larkin highlighted: <ul style="list-style-type: none"> As a result of a major role review in 2004, the ED was placed on Ambulance bypass. This reduced the presentations by 25% immediately but since then, activity has now increase to pre Ambulance bypass levels. The identified risk for Camden Hospital is that an acute ED service provision is located within a sub-acute hospital site. <p><u>Future Directions</u></p> <ul style="list-style-type: none"> Enhancement of staff specialist, registrar and nursing staff were included in the ED 2017 enhancement proposal in line with increase to pre-ambulance activity. As part of the revised Clinical Services Planning process, the ED function will be considered to improve supervision and patient care and eliminate risk. The facility at Camden could be considered for appropriate alternate (non-emergency) roles such as an integrated primary care clinic. This would also enable the role of Camden Hospital to be clearly established within a sub-acute model. <u>Action:</u> <ol style="list-style-type: none"> Prepare a paper for Board consideration of the alternative roles for Camden Emergency Department and for this to be included in the Campbelltown/Camden Clinical Services Plan. Arrange for the Manager, Planning to present the process of developing the Asset Strategic Plan and its linkage with State priorities and clinical service plans. 	<p>Ms Buttenshaw</p>
<p><i>Ms Whitten joined the meeting at 5.20pm</i></p>		

8. Standing Items		
8.1 Chief Executive's Report		
8.1.1 - Significant Issues	<ul style="list-style-type: none"> • Ms Larkin provided a summary of recent significant events: <ul style="list-style-type: none"> • Liverpool Hospital Mortuary / Cremation Incident Ms Larkin provided a summary overview of the case. Mr Sinclair reported that a corporate governance review was underway to ensure monitoring and reporting of corporate activities. • Medical Gases Incident – Bankstown-Lidcombe Hospital: Performance Recovery Meetings All recommendations assigned to the District, arising from the Chief Health Officers Report have been completed. A review of the implementation will be undertaken. A review of the District current performance level (2) is expected. • Executive Leadership Team Planning Day On Friday 10 March 2017, the District's Executive Team participated in their annual planning day. • Planning Update <u>Corporate Plan</u> At the SWSLHD Executive Leadership Team (ELT) Planning Day held on 10 March 2017, there was extensive discussion on the best way forward to develop a new overarching plan to guide service development and delivery to 2021 and beyond. The District's Vision, Values and Mission would continue to guide the direction of the organisation. The Executive Leadership Team is currently considering options relating to the strategic directions and the corporate plan. A recommendation will be brought forward to the Board. <u>Abridged Clinical Services Plan for Macarthur to 2031</u> A revised Clinical Service Plan is being drafted to inform planning for the Campbelltown Hospital Stage 2 Redevelopment as well as the next phase of planning for the Oran Park Integrated Primary and Community Care Centre. 	<i>Ms Larkin</i>

	<ul style="list-style-type: none"> • Bowral & District Hospital Redevelopment <p>Ms Larkin reported the numerous consultations, highlighting the 'Public Health First Forum' held on 13 March 2017.</p> <p>The Board concurred with Prof Frankum's suggestion to advocate to government the critical importance of re-development.</p>	
8.1.2 - Regulatory Environment	<ul style="list-style-type: none"> • The Board NOTED the update relating to implementation of recommendations arising from the 2015 Review of the District's Policy Framework. 	
8.1.3 - Risk Management	<ul style="list-style-type: none"> • Ms Whitten highlighted: <ul style="list-style-type: none"> • Further to agreement at the February 2017 Board meeting, the (quarterly) risk report is presented in summary format and inclusive of staff training numbers arising from the WHS and Due Diligence Report submitted to the NSW Ministry of Health. • Risk management is a discussion topic for the May 2017 Board Planning Day. • Actions: <ul style="list-style-type: none"> • Consider down grading the tolerance risk rating of Risk ID 20 relating to policy, from medium to low. • Consider including on the register 'the failure to generate capital funding to fulfil the Asset Strategic Plan'. • Consider expressing training numbers as a percentage. 	Ms Whitten
<i>Ms Whitten left the meeting at 5.55pm.</i>		
8.1.4 - KPI Report	<ul style="list-style-type: none"> • The KPI Report was circulated with the Agenda. 	
8.1.4.1 – Safety & Quality	<ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • The rate of hospital acquired pressure injuries. • There have been four new serious incidents since the last report, which will undergo a Root Cause Analysis (RCA). There have been six RCA reports completed (between 10.01.17-10.2.17) since the last report. • RCA investigations can occur for SAC 2 incidents. 	

	<ul style="list-style-type: none"> The Board NOTED the Safety & Quality component of the KPI Report. 	
<p>8.1.4.2 – Service Access & Patient Flow</p>	<ul style="list-style-type: none"> Ms Larkin highlighted: <ul style="list-style-type: none"> <u>Emergency Treatment Performance (ETP)</u> <p>Specific strategies have been implemented to improve performance at both Liverpool and Campbelltown Hospitals.</p> <u>Transfer of Care Performance (ToC)</u> <p>For the month of February all facilities achieved the 90% target except Liverpool (88.14%) and Campbelltown (88.72%). Liverpool Hospital’s performance remains static, irrespective of surge beds opening, number of presentations/admissions etc.</p> <p>Strategies to manage the risk of ToC deterioration continue.</p> <ul style="list-style-type: none"> <u>Surgery</u> <p>For the month of February 2017 the District achieved all three benchmarks for Elective Surgery Access Performance (ESAP).</p> <p>The District is currently 357 under the target. Plans are in place to address this shortfall.</p> <p>Plans are in place to ensure that Category 3 overdue elective surgical patients are managed.</p> <ul style="list-style-type: none"> The Board NOTED the Service Access & Patient Flow component of the KPI Report. 	
<p>8.1.4.3 – People & Culture</p>	<ul style="list-style-type: none"> The Board NOTED the People & Culture component of the KPI Report. 	
<p>8.1.4.4 – Finance & Activity</p>	<ul style="list-style-type: none"> Mr Sinclair highlighted: <ul style="list-style-type: none"> <u>Finance</u> <ul style="list-style-type: none"> Performance to budget YTD February 2017 was unfavourable (1.8M). Expenditure was favourable for the month by \$0.1M, and unfavourable YTD by \$1.9M. Own source revenue was slightly unfavourable for the month and YTD February. Own source revenue 	

	<p>performance is improved over last year, key drivers are improved private patient strategy and improved single room fees.</p> <ul style="list-style-type: none"> • <u>Activity</u> <p>At the time of reporting the most current available data expressed in National Weighted Activity Units (NWAU) is for YTD January. The activity results indicate that SWSLHD is at 99.3% of the YTD target.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. 	
<p>8.1.4.5 – Service Reports</p>	<ul style="list-style-type: none"> • Service 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 • The Reports were taken as read with questions and / or commentary invited: • The Board <u>NOTED</u> the Service Reports. 	
<p>8.1.5 - Media & Marketing</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Media & Marketing Report. 	
<p>8.2 Chairman's Report</p>		
<p>8.2.1 – Council of Board Chairs Meeting</p>	<ul style="list-style-type: none"> • The Chairman reported that the Council of Board Chairs meeting was held on Monday 20 March 2017. • Minister Hazard provided an address, highlighting the following items: <ul style="list-style-type: none"> • Support for the 15 LHDs • Encouraged LHDs to support local communities • Engagement with medical staff is critical • Consider perspective of medical staff and patients • A/g Secretary, Dr Lyons presented the five priorities to be incorporated into the annual service level agreement: <ul style="list-style-type: none"> • Safety • Better Value Care • System integration • Governance and accountability • eHealth and data analysis 	

<p>8.2.2 – SPHERE Council</p>	<ul style="list-style-type: none"> • The Chairman reported recent activities relating to the (SPHERE), as follows: <ul style="list-style-type: none"> • A formal announcement about the application to the National Health & Medical Research Council (NHMRC) for recognition as an Advanced Health Research Translational Centre is expected shortly. • An invoice has been received, based on the Memorandum of Understanding, for the District's contribution to the Partnership. Other members have made payment. • The Board <u>AGREED</u> for payment of the invoice to be made subject to a request to formally circulate to Council members the District's comments in relation to the draft constitution. 	<p>Ms Larkin</p>
<p>9. Committees of the Board</p>		
<p>9.1 Health Care Quality & Safety</p> <p>9.1.1- Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Health Care Quality & Safety Committee meeting held on 1 March December 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Merrett highlighted: <ul style="list-style-type: none"> • <u>Item 5.2.1 - Reporting for Better Cancer Outcomes Report</u> <ul style="list-style-type: none"> • Overall the outcomes for SWSLHD were positive, showing improvements in a number of KPIs. • Areas for improvement included surgical caseloads for selected low volume cancers. • <u>Action:</u> Include data, graphs as appropriate for similar future referrals to the Board. 	<p>Prof Merrett / Ms Snook</p>
<p>9.2 Finance & Assets</p> <p>9.2.1- Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Finance & Assets Committee meeting held on 17 February 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. • Mr Gordon noted that no specific items were identified for highlighting to the Board. • The Chairman reported a meeting including the Chief Executive with the eHealth Chief Executive in relation to the split of IM&TD (between SWSLHD and Sydney LHD). Options relating to the Applications Team are currently being explored (they write and implement programs relating to the eMR and are currently based at and report through Sydney LHD). SWSLHD currently pays for some of the Team. 	
<p>9.3 Audit & Risk Mgt</p> <p>9.3.1- Minutes</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> that the Minutes of the Audit & Risk Management Committee meeting held on 7 March 2017 were not available. 	
<p>9.3.2- ICAC</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note, circulated with the 	

Matters	<p>Agenda, regarding ICAC matters during the period 16 February to 13 March 2017.</p> <ul style="list-style-type: none"> Ms Larkin highlighted: <ul style="list-style-type: none"> One matter was referred to the ICAC – (a staff specialist prescribed highly specialised drugs to various patients who did not meet the Medicare reimbursement criteria). No matters were referred by the ICAC. The Chairman clarified processes relating to overseas doctors, credentialing and verification of medical staff, via the Medical and Dental Appointments Advisory Committee in response to recent media regarding a ‘fake’ doctor. 	
9.4 Research & Teaching	<ul style="list-style-type: none"> The Board NOTED that the next meeting of the Research & Teaching Committee is scheduled for 6 April 2017. 	
9.5 Aboriginal Health 9.5.1- Minutes	<ul style="list-style-type: none"> The Board NOTED that the Minutes of the Aboriginal Health Committee meeting held on 24 March 2017 were not available. 	
10. Consumer & Community Council		
10.1- Minutes	<ul style="list-style-type: none"> The Minutes of the Consumer & Community Council (CCC) meeting held on 3 March 2017 were circulated with the Agenda and NOTED by the Board. Mrs Berry noted the Bowral Council had raised issues relating to food quality. 	
11. New Business		
11.1	<ul style="list-style-type: none"> Nil items. 	
12. Items for Information		
12.1 Board Schedules/ Dates	<ul style="list-style-type: none"> The Board Calendar is available from the Govdex website. The 2017 Board meeting & events summary has been published on Govdex. Action: Include the Launch of Transforming Your Experience on the Summary. 	Ms Buttensahw

13. Other Business Without Notice		
	<ul style="list-style-type: none"> • The Chair invited other business without notice. • Ms Murphy was granted a leave of absence for the April Board meeting and May Board Planning Day. • Prof Frankum was granted leave for the May Board Planning Day. 	
14. Close /Next Meeting	<p>The meeting closed at 7.06pm.</p> <p>The next meeting is scheduled for Monday 24 April 2017 at the District Office, commencing at 3.30pm.</p>	

DRAFT