

MINUTES

South Western Sydney Local Health District Board

Date: Monday 24 April 2017

Time: 3:30pm

Venue: Board Room, District Office

1. Present and Apologies

| Members | Pres. | Apol. | Members | Pres. | Apol. |
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| 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 | ✓ | | Dr Karuna Keat, Medical Staff Executive Council Representative | ✓ | |
| Ms Nel Buttenshaw, Manager Executive & Board Secretariat (minutes) | ✓ | | Mr Ross Sinclair, Director of Finance | ✓ | |
| Ms Glenda Dingwall, Director Workforce & Development | ✓ | | Ms Sonia Marshall, Director Nursing & Midwifery Service | ✓ | |
| Ms Mary Lokka, 1 st Year Student, SWSLHD Graduate Health Management Program | ✓ | | Ms Christine Feldmanis, SWSLHD Audit & Risk Management Committee Chair | ✓ | |

| Agenda Item | Discussion/Decision/Recommendation | Responsible |
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| 2. Declaration of Interests | <ul style="list-style-type: none"> The Chair invited declarations of interest. Nil were received. | |
| 3. Confirmation of the previous minutes and action list | <ul style="list-style-type: none"> MOTION: A motion was moved by Mr Gordon and seconded by Prof Frankum that the Minutes of the Board meeting held on 27 March 2017 be accepted as a true and accurate record, subject to the following amendment: <ul style="list-style-type: none"> Item 1.0 – Present & Apologies: Ms Natalie Wilson was present, rather than an apology as stated. The Motion was carried. | |
| 4. Patient Story | <ul style="list-style-type: none"> Ms Larkin presented a story "A Good Death" as published on the patient opinion [www.patientopinion.org.au] website. | |

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| | <ul style="list-style-type: none"> • The letter highlighted the compassion shown by staff treating a palliative care patient at Liverpool Hospital. The writer (cousin) emphasised how the needs of the family were considered and met, resulting in their belief that it was 'a good death'. • Ms Carriage echoed the sentiment expressed in the letter regarding Liverpool Hospital staff, due to a recent personal experience. • Ms Larkin advised that 'Patient Opinion' was founded in the UK in 2005 and since then has grown to be the UK's leading independent non-profit feedback platform for health services. Patient Opinion Australia (POA) was established in 2012 and, similar to its UK counterpart, is registered as an independent not-for-profit charitable institution. • Ms Larkin outlined the available palliative care beds across the District and the models of care, i.e. the PEACH Program. • Action: Convey the Board's recognition and thanks to the staff concerned. • The Board <u>NOTED</u> the patient story. | Secretariat / Board Chair |
| 5. Business Arising | | |
| 5.1 Performance Development Reviews: Medical Staff <small>[24.10.16; Item 7.1.1]</small> | <ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda advising: <ul style="list-style-type: none"> • the compliance rates of medical staff (VMOs and staff specialists) participating in the performance development review process; and • The training available for staff (Heads of Department) conducting the reviews. • Action: Provide an update in three months to the Finance & Assets (Board) Committee regarding compliance rates. | Director Medical Services |
| 5.2 Health Legislation Amendment Act <small>[27.03.17; Item 6.5]</small> | <ul style="list-style-type: none"> • The Chairman advised that clarification had been received from the Corporate Governance & Risk Management Unit Legal & Regulatory Services Branch, NSW Ministry of Health in response to the Boards inquiry: <ul style="list-style-type: none"> • Section 121B (employer of senior executives) of the Health Services Act 1997 states at (a) 'the employer of the chief executive of a local health district or of a specialty network governed health corporation is the board of the district or corporation' • Action: Propose an amendment to the SWSLHD Delegations Manual in relation to the appointment of the Chief Executive. | Secretariat |

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| | <ul style="list-style-type: none"> Mr Reidy outlined the potential benefits of a nominations committee in relation to succession planning, appointment and performance review related matters. Action: Schedule an in-camera session for the next Board meeting to explore further the role of a Board nominations committee. | Secretariat |
| 6. Standing Items | | |
| 6.1 Chief Executive's Report | | |
| 6.1.1 - Significant Issues | <ul style="list-style-type: none"> Ms Larkin provided a summary of significant issues: <ul style="list-style-type: none"> SWSLHD Plan to 2021 <p>With the District's Corporate Plan concluding a consultant has been engaged to develop the <i>SWSLHD Plan to 2021</i>. The ELT have proposed that:</p> <ul style="list-style-type: none"> the Vision, Values and Mission remain to guide the direction of the organisation the principles be reviewed to ensure currency a new set of strategic directions be adopted to guide the development of the organisation to 2021 (to support a stronger alignment with the <i>NSW Health State Plan to 2021</i> and significant LHD initiatives such as <i>Transforming Your Experience</i> <p>Further consultation with the Board will occur at the Planning Workshop.</p> <p>Prof Frankum requested further consideration regarding the name of the proposed plan.</p> <p>Mr Gordon considered that foundation documents such as key policies and plans (i.e. Asset Strategic Plan) should inform the development of the Plan.</p> Clinical Service Plans <p>Clinical service plans are developed in accordance with the strategic plan and will in future be provided to the Board.</p> <p>Action: Provide a briefing to the Board regarding the Clinical Service Plans being developed for:</p> <ul style="list-style-type: none"> Bowral & District Hospital (prior to releasing the Plan informally under the GIPA Legislation, to the Wingecarribee Shire Council) Campbelltown Hospital Stage 2 <ul style="list-style-type: none"> Draft SPHERE Constitution | <p>Chief Executive</p> <p>Chief Executive</p> |

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| | <p>As part of the governance arrangements a draft constitution was proposed. SWSLHD sought independent legal advice, which following the Boards review was submitted to the Council. Mr Gordon highlighted the following key points:</p> <ul style="list-style-type: none"> • Voting rights are an important issue • Legal advice regarding the 'rules', which are currently being developed may be required • A definition is required relating to financial contributions (i.e. basis of calculation) <p>Action: Liaise with other LHD members to ensure a common approach (i.e. South Eastern Sydney Local Health District)</p> <ul style="list-style-type: none"> • Further clarification is required regarding withdrawal from the partnership, i.e. the ability and consequences • In time the Boards Research & Teaching Committee will measure success – benefit to SWS community health needs <ul style="list-style-type: none"> ○ Action: Refer to the SWSLHD Research & Teaching (Board) Committee <p>Action: The Chief Executive, Associate Director Strategic Projects and the Chair, Finance & Assets Committee to meet with SPHERE regarding the SWSLHD comments and also to formally request circulation of the comments.</p> <ul style="list-style-type: none"> • Service Level Agreement Negotiations <p>Negotiations with the NSW Ministry of Health have commenced regarding the 2017/18 Service Level Agreement. Discussion has focussed on population and trend, adjustors, equity and new services.</p> <ul style="list-style-type: none"> • Medical Gases Incident: Bankstown-Lidcombe Hospital <p>The NSW Ministry of Health has resolved matters arising from the investigation. Staff will not be returning to the Local Health District. Bankstown-Lidcombe Hospital staff and Medical Staff Council have been informed of the outcome.</p> | <p>Director of Finance</p> <p>Secretariat</p> <p>Chief Executive</p> |
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| 6.1.2 - Regulatory Environment | <ul style="list-style-type: none"> The Board NOTED the Regulatory Environment section of the Report, as circulated with the Agenda. | |
| 6.1.3 - Risk Management | The Board NOTED the Risk Management section of the Report, as circulated with the Agenda. | |
| 6.1.4 - KPI Report | <ul style="list-style-type: none"> The KPI Report was circulated with the Agenda. | |
| Safety & Quality | <ul style="list-style-type: none"> Ms Larkin highlighted: <ul style="list-style-type: none"> The SABSI rate at Feb-17 is at 0.64 (per 10,000 bed days). The rate is higher than Feb-16 (0.48), but remains below the state upper limit of 2. There have been four new serious incidents since the last report, which will undergo a Root Cause Analysis (RCA). There have been four RCA reports completed since the last report. Of these, two found no root cause and one related to a mental health consumer charged with manslaughter. An error relating to incident number 2315617-20 (pg 36 of 142) was noted – ‘...vertebral...’ Action: In relation to the sentinel events section of the report, clarify the time period stated, i.e. January 2014 to December 2016 (pg 37 of 142). The Board NOTED the Safety & Quality component of the KPI Report. | Director, Clinical Governance |
| Service Access & Patient Flow | <ul style="list-style-type: none"> Ms Larkin highlighted: <ul style="list-style-type: none"> <u>Emergency Treatment Performance (ETP)</u> <p>There has been an improvement in ETP during March 2017, compared with the same period last year and the previous month.</p> <p>Representative from the Systems Performance Branch, NSW Ministry of Health met with Liverpool Hospital’s General Manager, Director Nursing & Midwifery and senior clinicians on 12 April 2017 to discuss Liverpool Hospitals ETP, from which a number of strategies were agreed.</p> The Board NOTED the Service Access & Patient Flow component of the KPI Report. | |

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| People & Culture | <ul style="list-style-type: none"> Ms Dingwall highlighted the ongoing implementation of strategies to reduce the annual leave liability. The Board NOTED the People & Culture component of the KPI Report. | |
| Aboriginal Health Committee Minutes | <ul style="list-style-type: none"> The Chair invited Ms Carriage to present highlights of the Aboriginal Health Committee meeting held on 23 March 2017 due to her need to leave the Board meeting by 5.30pm. Refer to Item below for Minute. | |
| <i>Ms Carriage & Ms Marshall left and Ms Feldmanis joined the meeting at 5.26pm</i> | | |
| Finance & Activity | <ul style="list-style-type: none"> Mr Sinclair highlighted: <ul style="list-style-type: none"> Finance Overall the net cost of favourability was \$0.2M with expenses lower than predicted. Activity At the time of reporting the most current available data expressed in National Weighted Activity Units (NWAU) is for YTD Feb-17. The activity results indicate that SWSLHD is at 9% of the YTD target. The Board NOTED the Finance & Activity component of the KPI Report. | |
| <i>Ms Dingwall left the meeting at 5.32pm</i> | | |
| Service Reports | <ul style="list-style-type: none"> Service Reports for the following services were circulated with the Agenda. The Reports were taken as read with questions and / or commentary invited: <ul style="list-style-type: none"> Mental Health Action: Arrange a presentation to the Board regarding governance arrangements (including relationship with facilities) for mental health. Drug Health Population Health Primary & Community Health Action: Clarify the privacy arrangements relating to information shared at the Safety Action Meeting. Oral Health The Board NOTED the Service Reports. | <p>Secretariat</p> <p>General Manager, Primary & Community Health</p> |

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| <p>6.1.5 - Media & Marketing</p> | <ul style="list-style-type: none"> The Board <u>NOTED</u> the Media & Marketing Report. | |
| <p>6.2 Chairman's Report</p> | | |
| <p>6.2.1 – Feedback: Meeting with the Minister for Health</p> | <ul style="list-style-type: none"> The Chairman reported: <ul style="list-style-type: none"> Together with the Chief Executive he met with the Minister for Health on 24 April 2017. Discussion points included: <ul style="list-style-type: none"> Campbelltown Hospital, including mental health beds Complaint: Mrs P Medical Head of Department – industrial matter Senior clinician (Liverpool) representatives also met with the Minister on 20 April 2017 specifically regarding the development of Liverpool Hospital. | |
| <p>7. Committees of the Board</p> | | |
| <p>7.1 Health Care Quality & Safety</p> <p>7.1.1- Minutes</p> | <ul style="list-style-type: none"> The Minutes of the Health Care Quality & Safety Committee meeting held on 5 April 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. Dr Gray highlighted: <p><u>Item 6.1 – Leading Better Value Care</u></p> <p>The Committee noted the key points of the Leading Better Value Care initiative that requires SWSLHD to implement 9 models of care that will improve patient outcomes.</p> <p>The initiative will be included within the annual service level agreement and financial penalties will apply for non-compliance.</p> <p>SWSLDH has agreed diabetes, high risk foot, re-fractures and falls as the priority projects.</p> <p><u>Item 4.4 – Fairfield Hospital: Quality & Safety Framework</u></p> <p>The Committee received the structure provided to Fairfield Hospital to report on the implementation of the Framework. The structure was based on the Maternity Services Improvement Plan, Tier 1 quality and safety indicators within the Service Level Agreement and the Clinical Governance Framework.</p> <p>The Committee has invited the General Manager to present at to it's June meeting on the implementation status of the Framework.</p> | |

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| | <p><u>Item 5.3 – Renal Dialysis Capacity</u></p> <p>The Committee noted that the SWSLHD Clinical & Quality Council had discussed renal dialysis capacity.</p> <p><u>Item 5.1.5 – Committee Self-Assessment</u></p> <p>The Board NOTED the Committee’s Self-Assessment Report and ENDORSED the proposed amendments to the Terms of Reference.</p> | |
| <p>7.2 Finance & Assets</p> <p>7.2.1- Minutes</p> | <ul style="list-style-type: none"> • The Minutes of the Finance & Assets Committee meeting held on 17 March 2017 were circulated with the Agenda and NOTED by the Board. • Mr Gordon highlighted: <ul style="list-style-type: none"> <u>Item 5 – Presentation: Bowral & District Hospital Redevelopment</u> Health Infrastructure attended to provide an overview on the project. <u>Item 7.3 – Engineering Review Report</u> The Committee received an update on implementation of recommendations arising from the Review of Engineering Services by Capital Insight. <u>Item 6.3 – Proposed Amendments to the SWSLHD Delegations Manual</u> The Board ENDORSED the amendments proposed to the Delegations Manual (V14) as recommended by the Committee. Action: Update and publish the Delegations Manual (V14) • Action: In relation to Item 6.2.2 – Maintenance Activity Report, provide clarification regarding the outstanding BEIMS requests. • Mr Gordon thanked Mr Reidy for his attendance at the meeting, specifically in relation to Item 5. | <p>Secretariat</p> <p>Director of Finance</p> |
| <p>7.3 Audit & Risk Mgt</p> <p>9.3.1- Minutes</p> | <ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 7 March 2017 were circulated with the Agenda and NOTED by the Board. • Ms Feldmanis highlighted the resignation of Mr Paul Apps, a long standing independent Committee member, effective 30 April 2017. A further member will be sought, with specific internal audit skills. • Mr Sinclair clarified Item 7.2.2 – AMO (Attending Medical Officers) Invoicing, involves billing for inpatient services. | |

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| | <ul style="list-style-type: none"> Ms Larkin clarified that a S11 referral to the ICAC was made in relation to prescribing S100 drugs. | |
| <p>7.3.2- ICAC Matters</p> | <ul style="list-style-type: none"> The Board NOTED the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 13 March to 10 April 2017. Ms Larkin highlighted: <ul style="list-style-type: none"> One matter was referred to the ICAC – (a staff member allegedly stole office supplies from the Fairfield Community Health Centre). No matters were referred by the ICAC. | |
| <p>7.3.3- Committee Report</p> | <ul style="list-style-type: none"> The Board NOTED the Periodic Report from the SWSLHD Audit & Risk Management Committee (1 November 2016 to 31 March 2017), as circulated with the Agenda. Ms Feldmanis highlighted: <ul style="list-style-type: none"> Since the last report in November 2016: <ul style="list-style-type: none"> The Committee has met twice for regular meetings Meetings have been constituted in line with the Committee Charter Attendance has been excellent No instances of conflicts of interest No matters raised in close session with the external auditor A self-assessment is planned for later in 2017, following appointment of two new independent members <u>Risk Management</u> <p>The Committee has received regular:</p> <ul style="list-style-type: none"> Updates on the insurable risks relating to WHS and workers compensation claims as managed by the TMF Presentations of risks (one corporate and one clinical) arising from the Strategic Risk Register, including: <ul style="list-style-type: none"> Update on the IM&TD transition Failure to recruit high calibre researchers Failure to provide safe care in maternity services <u>Framework of Internal Controls</u> <p>At this time the Committee have no reason to believe that internal controls are not working well and enquiries of those charged with certifying the effectiveness of internal controls at 30 June 2017 has not highlighted any areas of concerns.</p> | |

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| | <ul style="list-style-type: none"> • <u>External Accountabilities</u> <p>The 30 June 2017 year-end financial statements preparation is now commencing with the review of the preliminary early close being reviewed by the Committee on 13 April 2017.</p> <ul style="list-style-type: none"> • <u>Internal Audit</u> <p>Within the reporting period 15 assurance, IT, special investigation, compliance certification and follow up reviews have been carried out. 39 internal audit recommendations were identified from these reviews – nil were extreme or high risk.</p> <ul style="list-style-type: none"> • <u>External Audit</u> <p>The Committee has been introduced to staff from KPMG who will be conducting the external audit for the first time for the year-ending 30 June 2017 on behalf of the Audit Office of NSW.</p> <ul style="list-style-type: none"> • On behalf of the Board the Chairman thanked Ms Feldmanis for the very good report and the ongoing work of the Audit & Risk Management Committee. | |
| <p>7.3.4- Recommended new Committee member</p> | <ul style="list-style-type: none"> • The Board ENDORSED the appointment of Ms Jann Gardner as an independent member of the SWSLDH Audit & Risk management Committee, subject to completion of the appropriate probity checks. | |
| <p><i>Ms Feldmanis left the meeting at 6.25pm</i></p> | | |
| <p>7.4 Research & Teaching</p> <p>7.4.1- Minutes</p> | <ul style="list-style-type: none"> • The Minutes of the Research & Teaching Committee meeting held 6 April 2017 were circulated with the Agenda and NOTED by the Board. • Prof Frankum highlighted: <p><u>Item 4 – Basic Physician Training Model at Liverpool Hospital</u></p> <p>In response to the Committee’s request regarding the unexpected and unexplained pass rate in exam results, an excellent presentation from the Network Director of Physician Education on the Liverpool Network BPT Clinical Examination Review was received.</p> <p><u>Item 5.1 – Committee Self-Assessment</u></p> <p>The Board requested that the Committee review the proposed amendments to its Terms of Reference, specifically:</p> <ul style="list-style-type: none"> • ‘comments’ • IIAMR - replace ‘nursing’ with ‘medical’ • Consider including a report to the Board about achievements | |

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| | <p>Action: Refer the Board's comments to the Research & Teaching Committee.</p> <p><u>Item 6.2 – SPHERE</u></p> <p>Discussed earlier in the Board meeting.</p> <p><u>Item 6.1 – Research Director</u></p> <p>As a result of Prof Barton's resignation an EoI has been circulated. Prof Frankum & Dr Tony Penna, Director Office of the Health & Medical Research, NSW Ministry of Health are panel members.</p> <p><u>Item 6.3 – Research Institute at Campbelltown Hospital</u></p> <p>Meetings have been held to discuss the possible extension of the Ingham Institute to Campbelltown Hospital.</p> | Secretariat |
| <p>7.5 Aboriginal Health</p> <p>7.5.1- Minutes</p> | <ul style="list-style-type: none"> The Minutes of the Aboriginal Health Committee meeting held on 24 March 2017 were circulated with the Agenda and NOTED by the Board. Dr Slewa-Younan advised she did not chair the meeting, as stated in the minutes. Ms Carriage highlighted: <p><u>Item 6.1 – Summary of Aboriginal Health Plan</u></p> <p>The Aboriginal Health Plan will be launched during reconciliation or NAIDOC week. Invitations will be issued to Board members.</p> <p><u>Item 6.2 – NSW Ministry of Health KPI Dashboard</u> The Committee noted the NSW Ministry of Health Dashboard which highlights a number of indicators where the gap between Aboriginal and non-Aboriginal are widening.</p> <p><u>Item 7.3 – Close the Gap Report Card</u></p> <p>Action: Provide a copy of the Report Card at the May Board meeting.</p> | Director Aboriginal Health |
| 8. Consumer & Community Council | | |
| <p>8.1- Minutes</p> | <ul style="list-style-type: none"> The Minutes of the Consumer & Community Council (CCC) meeting held on 7 April 2017 were circulated with the Agenda and NOTED by the Board. | |

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| 9. New Business | | |
| 9.1 | <ul style="list-style-type: none"> • Nil items. | |
| 10. Items for Information | | |
| 10.1 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. | |
| 11. Other Business Without Notice | | |
| | <ul style="list-style-type: none"> • The Chair invited other business without notice. • Prof Frankum noted the recent media reports regarding the failure of a private contractor to secure patient medical correspondence and requested advice in relation to the SWSLHD Risk Register. • Action: Provide advice regarding the inclusion of the matter on the SWSLHD Risk Register. | Risk Governance Manager |
| 12. Close /Next Meeting | <p>The meeting closed at 7.00pm.</p> <p>The next meeting is scheduled for Monday 22 May 2017 – Liverpool Hospital</p> <p><i>1.00pm-2.00pm – Launch of Transforming Your Experience</i> <i>2.30pm-3.30pm – Facility Visit / Tour</i> <i>3.30pm – 6.30pm – Board Meeting</i></p> | |