

MINUTES

South Western Sydney Local Health District Board

Date: Monday 25 September 2017

Time: 3:30pm

Venue: Board Room, Bowral & District 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	✓		Dr Anthony Frankel, Medical Staff Executive Council Representative	✓	
Ms Clair Ramsden, Director Operations	✓		Ms Nel Buttenshaw, Manager Executive & Board Secretariat	✓	
Mr Ross Sinclair, Director Finance	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
In-camera Session	<ul style="list-style-type: none"> The Board held an in-camera session to consider the Nominations Committee's recommendations concerning the annual performance review and rating of the Chief Executive. The clinician members withdrew prior to the Board's deliberations. 	
<i>Ms Larkin re-joined the meeting at 3.50pm</i>		
<i>Ms Buttenshaw, Ms Ramsden, Mr Sinclair, Dr Frankel, Prof Merrett, Prof Frankum & Dr Abi-Hanna re-joined the meeting at 3.57pm.</i>		
2. Declaration of Interests	<ul style="list-style-type: none"> The Chair invited declarations of interest. Mr Gordon noted two recent appointments: <ul style="list-style-type: none"> Board Member, Salvation Army International Development organisation (operates from Australia). Member, Audit Risk & Improvement Committees for Inner West Council and Liverpool City Council. 	

<p>3. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> • <u>MOTION</u>: A motion was moved by Prof Merrett and seconded by Ms Murphy that the Minutes of the Board meeting held on 25 August 2017 be accepted as a true and accurate record. • The Motion was carried. 	
<p>4. Patient Story</p>	<ul style="list-style-type: none"> • The Board viewed a video presented to the 2017 Annual Patient Safety Seminar and Quality Awards - the story of Stephen and Margaret's account of their recent experience in the health system, which highlighted the importance of the carer's role in the patient journey/experience. • The story addresses the impact of a pressure injury sustained during an ED presentation having spent a number of hours on the ED trolley awaiting admission. The video described the impact on his life, loss of independence and impact on his family. • Stephen attended the 2017 Patient Safety Seminar and Quality Awards with his wife Kathy and his parents Margaret and Allan. • The Chairman clarified the purpose of the patient story is to support the Board to focus on clinical governance and responsibilities in relation to patient care. • The Board <u>NOTED</u> the patient story and the video. 	
<p>5. Business Arising</p>		
<p>5.1 ETP 4hr Target [28.08.17: Item 6.1.5]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding the ETP 4hr target, as circulated with the Agenda. • <u>Action</u>: Dr Abi-Hanna and Ms Ramsden to discuss the ETP target off-line. • Prof Frankum noted that the patient story highlighted an opportunity to review models of care within an emergency department. Management and care of persons with a disability, including intellectual, in the emergency department and the broader health system may benefit from review. Ms Ramsden reported that the streaming model currently being offered in some emergency departments across the LHD will be explored further. • Ms Larkin noted that ETP is reflective of the whole of hospital performance, not just the emergency department. 	<p>Ms Ramsden / Dr Abi-Hanna</p>

<p>5.2 RCAs – Further Detail [28.08.17: Item 6.1.5]</p>	<ul style="list-style-type: none"> The Board NOTED the SAC score rationale for incident number 2405285-20 and clarification of causation statement for incident number 2341332-20 arising from the KPI Report – Safety and Quality section. 	
<p>6. Standing Items</p> <p>6.1. Chief Executive’s Report</p>		
<p>6.1.1 – Current Significant Matters</p>	<ul style="list-style-type: none"> Ms Larkin highlighted: <ul style="list-style-type: none"> Product Recall - Fairfield Hospital <p>Issues with a needle that was separated from the thread during surgery on 30 and 31 August 2017 at Fairfield Hospital. The initial case attracted media attention.</p> Risk Assessment Report for the Maternity and Neonatal Services at Fairfield Hospital <p>It was agreed that the Report undertaken in response to concerns on the reported SAC 1 and SAC 2 maternal and neonatal events at Fairfield Hospital will be discussed in detail at the Health Care Quality & Safety Committee (HCQSC) initially and submitted back to the Board.</p> <p>Action: The HCQSC to report to the Board regarding the risk assessment.</p> <ul style="list-style-type: none"> Bankstown-Lidcombe Hospital: Medical Gases Incident <p>The Chief Executive reported on her visit to the Ghanem family and their solicitor on 5 September 2017 with the Hospitals A/g General Manager. Apologies at a District and Hospital level were made. A follow up via the Solicitor regarding any further support for the family is planned.</p> Capital Projects <p>Mr Gordon noted that the capital projects highlighted were identified as an item of note for the Board from the Finance & Assets Committee. In particular one of the options (rolling up the lease) being explored for Bowral & District Hospital may present a risk to the revenue base.</p>	<p>Prof Merrett / Mr Hampson</p>

	<p>Ms Larkin further noted that:</p> <ul style="list-style-type: none"> - Health Infrastructure has engaged a consultant to prepare preliminary documentation regarding Bankstown-Lidcombe Hospital (due by December 2017). - The Greater Sydney Commission has signalled land options at Leppington and Bringelly. <ul style="list-style-type: none"> • The People Matter Survey <p>The People Matter Employee Survey, hosted by the Public Service Commission (PSC), launched on 1st June and closed on the 30th June 2017. The average response rate for NSW Health was 36%, with SWSLHD reporting a 38% response rate.</p> <p>The Survey results aligned with the focus areas identified through the Transforming Your Experience Leadership Strategy.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Current Significant Issues section of the Chief Executive’s Report, as circulated with the Agenda. 	
6.1.2 - Regulatory Environment	<ul style="list-style-type: none"> • Nil. 	
6.1.3 - Risk Management	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Risk Management section of the Chief Executive’s Report, as circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • Board Committees continue to review allocated risks. <p><u>New Extreme/ High Risks</u></p> <ul style="list-style-type: none"> • Risk ID 512 “Patient aggression/ behavioural disturbance in acute care settings.” This risk was added to the LHD risk register and has a current risk rating of ‘Medium M’ [Possible / Moderate]. There was no LHD risk relating to patient aggression on the LHD risk register. • Risk ID 513 “Failure to generate capital funding to fulfil the Asset Strategic Plan.” Current risk rating ‘Medium M’ [Possible / Moderate]. 	

	<ul style="list-style-type: none"> It was noted that the risks listed within this section are rated 'medium'. Action: Clarify the header used for this section of the Report. <p><u>Current Risk Profile</u></p> <ul style="list-style-type: none"> There are a total of 58 risks with 9 high risks, 44 medium risks, 5 low risks and no extreme risks. <p><u>Risk Rating</u></p> <p>The Chair noted that no risks have been identified with an extreme consequence. The method (likelihood and consequence) of rating risks was discussed.</p> <ul style="list-style-type: none"> Action: Arrange further discussion between the Chair, Chief Executive and the District Risk Governance Manager. 	Ms Larkin / Ms Whitten
6.1.4 – Work Health & Safety	<ul style="list-style-type: none"> Nil. 	
6.1.5 - KPI Report	<ul style="list-style-type: none"> The KPI Report was circulated with the Agenda. 	
Safety & Quality	<ul style="list-style-type: none"> The Chair invited questions / comment. 2443029-20 – new RCA - Ms Larkin clarified that the RCA focus relates to the referral process. Dr Gray noted that the detail regarding the in-patient mental health death was not included within the report to the September Health Care Quality & Safety Committee meeting. Action: Clarify the report to the HCQSC meeting. 2378653-20 – a spelling error within the incident descriptor was noted; 'atrial' should read 'aortic'. 	Mr Hampson
Access & Patient Flow	<ul style="list-style-type: none"> Ms Ramsden highlighted: <ul style="list-style-type: none"> ETP and ToC performance remain below target for August 2017. In August, both activity and acuity was increased with the impact of winter and influenza. The Chairman noted the increase of Triage 2 patients across all facilities, particularly Liverpool Hospital which rose by 33% (in comparison to the same period in 2016). 	

	<ul style="list-style-type: none"> • Ms Larkin noted surgical performance is slightly under target but this will be addressed over the next 3 months. • The Board <u>NOTED</u> the Access & Patient Flow component of the KPI Report. 	
People & Culture	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the People & Culture component of the KPI Report. • Ms Larkin highlighted: <ul style="list-style-type: none"> • Work Health & Safety and Staff Wellbeing – A draft Strategy has been developed, aligned to Transforming your Experience. • Workers Compensation – a session was held with Facility Managers in response to the Premium increase. A specific focus on return to work – unfit claims is occurring. • Leave Liability – Is a focus of the Finance & Assets Committee. As at August 2017 there were 4,939 employees with excessive leave. Staff with excessive leave are required to submit a plan and compliance is being monitored. • Performance Reviews – Provides an opportunity for staff to receive feedback; staff indicated the desire for feedback during the consultation phase of developing Transforming Your Experience strategy. Improvement in PDR rates is a priority for the District. <p>Action: Provide a report comparing SWSLHD PDR rates compared to other LHDs.</p>	Ms Dingwall
Finance & Activity	<ul style="list-style-type: none"> • Mr Sinclair highlighted: <ul style="list-style-type: none"> • Expense was unfavourable for August 2017 by \$2M, the main reasons were: <ul style="list-style-type: none"> • Surge bed activity was high due to the significant influenza season • Increase in TMF workers compensation premium (\$1.7M in August 2017). • Own source revenue was favourable to budget for the month. Recent changes to car parking rates have not impacted on revenue as yet. • Small creditor payment performance achieved the 100% target. 	

	<ul style="list-style-type: none"> July 2017 results indicate the LHD is at 98.2% YTD of its activity target. The Liverpool Hospital result (-9.4%) for 'acute admitted activity is under review. Initial analysis suggests under-counting of activity in ICU. The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. 	
Service Reports	<ul style="list-style-type: none"> The Board <u>NOTED</u> Reports for the following services as circulated with the Agenda. <ul style="list-style-type: none"> Drug Health Population Health Primary & Community Health Oral Health Mental Health <p>Ms Larkin highlighted the receipt of two Improvement Notices received as a result of a site visit conducted by Safe Work Australia (August 2017). The Visit relates to staff members ability to return to work.</p> <p>The Chairman noted that Ms Larkin will provide a brief presentation to the Board at the Planning Workshop regarding mental health, similar to that she provided at her annual performance review meeting.</p>	<i>Ms Larkin</i>
6.1.6 - Media & Marketing	<ul style="list-style-type: none"> The Board <u>NOTED</u> the Media & Marketing Report. 	
6.1.7 – Strategic Plan Update	<ul style="list-style-type: none"> Nil. 	
6.2. Chairman's Report		
6.2.1 – Ernst & Young Review	<ul style="list-style-type: none"> Ernst & Young have been commissioned to undertake an external review relating to the implementation of the recommendations arising from the Root Cause Analysis and Chief Health Officer's report concerning the medical gases incident at Bankstown-Lidcombe Hospital. The Chair advised that as part of the review process, he was recently interviewed. A focus of the interview was Board awareness. 	

	<ul style="list-style-type: none"> Ms Larkin advised that the draft report is due to the NSW Ministry for Health on Wednesday 27 September 2017. 	
<p>6.2.1 - Consumer & Community Council Conference</p>	<ul style="list-style-type: none"> The Chair reported his attendance at the 11th Annual Consumer & Community Participation Conference, held on Friday 22 September 2017. The event included a presentation on Transforming Your Experience by the Chief Executive; the launch of the SWSLHD Disability & Carer Strategy; a showcase of the diversity and range of consumer-led projects and work across the LHD; and a 'big thoughts' panel incorporating an open discussion with participants. Mr Reidy highlighted the good partnership between management and consumer representatives at Fairfield Hospital as evidenced by the presentation. 	
<p>7. Committees of the Board</p>		
<p>7.1. Health Care Quality & Safety</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Health Care Quality & Safety Committee meeting held on 6 September 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. Prof Merrett highlighted: <ul style="list-style-type: none"> Item 6.1.3 – Clinical Documentation Audit - Annual Report <p>The audit included a review of medical records against key standards outlined in the related NSW MoH Policy.</p> <p>Overall compliance with standards has improved to 82% in 2016 (compared to 78% in 2015). The introduction of eMR has significantly improved compliance at Bankstown-Lidcombe Hospital.</p> Item 6.3.1 – Adult Admitted Patient Survey 2015 – BHI Report <p>Strategies implemented in response to the results may not have impacted the Survey results – due to the timing.</p> <p>SWSLHD results for 23 questions were lower than the State average (43 questions were lower than the State average in 2014).</p> <p>The percentage of patients rating 'overall care received at SWSLHD' as 'very good' increased from 51% in 2014 to 57% in 2015.</p>	

	<p>The Committee recommended that opportunities identified within the Report should be addressed through the TYE Framework.</p> <ul style="list-style-type: none"> • Action: Consider reporting opportunities of comparable data sets provided by professional bodies, i.e. Cancer Council • Item 7.2 – RCA: Medical Gases <p><i>Discussed within Chairman’s Report.</i></p> <p>The Committee received a report on the implementation status of recommendations.</p>	Prof Merrett / Mr Hampson
<p>7.2. Finance & Assets Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Finance & Assets Committee meeting held on 18 August 2017 were circulated with the Agenda and NOTED by the Board. • Mr Gordon highlighted: <ul style="list-style-type: none"> • Item 10 – Capital Funded Projects <p><i>Discussed within Chief Executive’s Report.</i></p> • At the September 2017 meeting, the Committee requested that the Chief Executive include a report on cladding, noting that Health Infrastructure is coordinating a State-wide response and that the District is undertaking an audit. 	
<p>7.3. Audit & Risk Mgt Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Audit and Risk Management Committee held on 22 August 2017 are not yet available. 	
<p>ICAC matters</p>	<ul style="list-style-type: none"> • The ICAC matters report from 14 August 2017 was not yet available. 	
<p>7.4. Research & Teaching Minutes</p>	<ul style="list-style-type: none"> • The next meeting of the Research & Teaching Committee will held on 12 October 2017. 	
<p>7.5. Aboriginal Health Minutes</p>	<ul style="list-style-type: none"> • The next meeting of the Aboriginal Health Committee meeting will be held on 8 September 2017. 	

<p>7.6. Nominations Committee</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Nominations Committee meeting held on 6 September 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. The Board <u>ENDORSED</u> the Terms of Reference, recommended by the Committee, subject to minor amendments raised by Mr Gordon relating to composition and term, capitalisation, objectives to include Board succession planning. Action: Update the Committee's Terms of Reference. 	<p>Ms Buttenshaw</p>
<p>8. Consumer & Community Council</p>		
<p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Consumer and Community Council meeting held on 1 September 2017, as circulated with the Agenda were <u>NOTED</u> by the Board. 	
<p>9. New Business</p>		
<p>9.1. Board Awards</p>	<ul style="list-style-type: none"> The Board <u>NOTED</u> the change to the selection process for the Transforming Your Experience Board Award and <u>APPROVED</u> the recommendation for the Community Award recipient to be presented at the Annual Public Meeting on 3 November 2017. Action: Convey the Board's decision. 	<p>Ms Buttenshaw</p>
<p>9.2. MDAAC Nomination for approval</p>	<ul style="list-style-type: none"> The SWSLHD Board considered the suggestion from the Chief Executive to appoint Mr Ken Hampson, Director, Clinical Governance, SWSLHD, to the Medical & Dental Appointments Advisory Committee (MDAAC), and resolved to <u>ENDORSE</u> the request. Action: Convey the Board's decision. 	<p>Ms Buttenshaw</p>
<p>9.3. Approval of 2017/18 Service Agreements - AHOs</p>	<ul style="list-style-type: none"> The Board <u>APPROVED</u> the 2017/18 Service Level Agreements between SWSLHD and the following Affiliated Health Organisations (AHOs): <ul style="list-style-type: none"> Benevolent Society (SCARBA) Hammond Health Care (Braeside Hospital) Karitane Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) Action: The Chairman and Chief Executive to sign the 2017/18 Services Agreements with AHOs. 	<p>Prof Harris / Ms Larkin</p>

<p>9.4. Proposed Meeting Dates - 2018</p>	<ul style="list-style-type: none"> The Board <u>APPROVED</u> the proposed meeting dates for 2018, as circulated with the Agenda. Action: Publish the Summary on Govdex. 	<p>Ms Buttenshaw</p>
<p>10. Items for Information</p>		
<p>10.1. Board Schedules</p>	<ul style="list-style-type: none"> The Board <u>NOTED</u> the availability on Govdex of the: <ul style="list-style-type: none"> Board Calendar. 2017 Board meeting & events summary. 	
<p>11. Other Business Without Notice</p>		
	<ul style="list-style-type: none"> The Chair invited other business without notice. <ul style="list-style-type: none"> Mr Gordon raised Board appointment expiration dates in the context of succession planning. Action: Seek advice from the NSW MoH relating to Board membership terms due to expire in 2018. Prof Frankum suggested that with the current same sex marriage debate the District (like others) take the opportunity to reaffirm our general commitment to providing health care in a non-discriminatory manner. Action: Provide notice in an appropriate medium. The Chair invited feedback from the MSEC. Dr Frankel highlighted pressures with the emergency departments. 	<p>Ms Buttenshaw</p> <p>Ms Larkin / Ms Theodoropoulos</p>
<p>12. Close/Next Meeting</p>	<ul style="list-style-type: none"> The meeting closed at 6.20pm. The next meeting will be held: Monday 23 October 2017, District Office. 3.30pm – Board meeting 	