

MINUTES

South Western Sydney Local Health District Board

Date: Monday 11 December 2017

Time: 3:30pm

Venue: Seminar Rooms 5 & 6, Education Centre, Liverpool 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 (Deputy Chair)	✓		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 Clair Ramsden, Director Operations		✓	Ms Nel Buttenshaw, Manager Executive & Board Secretariat	✓	
Mr Ross Sinclair, Director Finance	✓		Ms Glenda Dingwall, Director Workforce & Development	✓	
Ms Sonia Marshall, Director Nursing & Midwifery Services	✓		Mr Ken Hampson, Director Clinical Governance	✓	

Agenda Item	Discussion/Decision/Recommendation	Responsible
In-camera	<ul style="list-style-type: none"> The Board held an in-camera session to discuss a letter received from the Secretary, NSW Ministry of Health (MoH). 	
<i>Dr Abi-Hanna, Prof Merrett, Prof Frankum, Dr Keat, Ms Larkin, Ms Buttenshaw, Mr Sinclair, Ms Dingwall, Mr Hampson & Ms Marshall joined the meeting at 3.55pm.</i>		
2. Acknowledgment to Country	<ul style="list-style-type: none"> The Chair commenced the meeting by acknowledging the traditional owners of land and paid respect to elders past and present. 	
3. Declaration of Interests	<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 Prof Merrett and seconded by Ms Burrell that the Minutes of the Board meeting held on 27 November 2017 be accepted as a true and accurate record. <ul style="list-style-type: none"> • The Motion was carried. 	
<p>5. Patient Story</p>	<ul style="list-style-type: none"> • Mr Hampson read a letter of compliment from Ms X which referred to two recent experiences at Bankstown-Lidcombe Hospital (relating to her 10 year old daughter and elderly neighbour). The letter communicated the positive behaviour of staff. • Prof Frankum reported his negative experience as a result of staff communication when delivering a family member to Liverpool Hospital earlier in the day. • Action: Follow up Prof Frankum’s reflection with Liverpool Hospital. 	<p>Secretariat</p>
<p>6. Business Arising</p>		
<p>6.1 Proposed Planning Workshop Dates [25.09.17: Item 9.4]</p>	<ul style="list-style-type: none"> • The Board APPROVED the proposed dates for the Board Planning Workshops to be held in 2018, being 30 April and 20 August (PM). • Actions: <ul style="list-style-type: none"> • Update the Board Meeting & Events Summary • Undertake related administrative arrangements (venue, facilitator, etc.) • Determine topics for discussion at the February 2018 Board meeting 	<p>Secretariat</p>
<p>6.2 Revised Model By-laws [27.11.17: Item 6.1]</p>	<ul style="list-style-type: none"> • Board Procedures The Board NOTED the Board procedures (as set out in Schedule 4A of the Act), circulated with the Agenda. The Chairman highlighted: <ul style="list-style-type: none"> • (16) (3) & (4) - written notice of a meeting, including provision of the agenda and papers must be received at least 7 days before the meeting. • (18) (1) – The Board is to invite (to attend its meetings) the Chief Executive (or nominee), Chair of the Medical Staff Executive Council and at least one member of the executive staff. 	

	<ul style="list-style-type: none"> • Compliance Audit <p>The Board <u>NOTED</u> the compliance audit (undertaken by Internal Audit) results describing current practice against the By-laws.</p> <p>In relation to committees constituted under the By-laws, Internal Audit is still gathering evidence, however it appears that the committees required have been established. An additional report relating to facility-based committees is still being prepared.</p> <p>Action: Submit the additional compliance audit to the February 2018 Board meeting.</p> • Model By-laws <ul style="list-style-type: none"> • Part 5 – Clause 13 – Clause 13 of the New Model By-Laws revises the Existing Model By-Laws so that the Board must establish an Audit and Risk Committee, Finance and Performance Committee and Quality and Safety Committee. The names of these committees under the Existing Model By-Laws differed slightly to the committees now set out under the New Model By-Laws; however the intent of the clause appears not to have significantly changed. The Board <u>AGREED</u> to submit for approval an amendment to reflect the current nomenclature of the SWSLHD Board Committee structure. • Part 5 - Clause 15 of the New Model By-Laws revises clause 14 of the Existing Model By-Laws. Clause 15 provides that the Board is to appoint a chairperson and, in consultation with the Chief Executive, a secretary of each Committee. Under the Existing Model By-Laws, these appointments were to be made by the Chief Executive. <ul style="list-style-type: none"> ○ The Board <u>AGREED</u> to include the following appointments: <table data-bbox="692 1742 1302 1939"> <tr> <td>Health Care Quality & Safety</td> <td>Director Clinical Governance</td> </tr> <tr> <td>Audit & Risk</td> <td>Manager, Internal Audit</td> </tr> <tr> <td>Finance & Assets</td> <td>Director of Finance</td> </tr> <tr> <td>Research & Teaching</td> <td>Chief Executive</td> </tr> <tr> <td>Aboriginal Health</td> <td>Chief Executive</td> </tr> <tr> <td>Nominations</td> <td>Chief Executive</td> </tr> </table> • Clause 15 of the New Model By-Laws revises clause 14 of the Existing Model By-Laws. The Board is to appoint as 	Health Care Quality & Safety	Director Clinical Governance	Audit & Risk	Manager, Internal Audit	Finance & Assets	Director of Finance	Research & Teaching	Chief Executive	Aboriginal Health	Chief Executive	Nominations	Chief Executive	<p>Mgr, Internal Audit</p>
Health Care Quality & Safety	Director Clinical Governance													
Audit & Risk	Manager, Internal Audit													
Finance & Assets	Director of Finance													
Research & Teaching	Chief Executive													
Aboriginal Health	Chief Executive													
Nominations	Chief Executive													

	<p>least one representative of the executive staff of the local health district to each committee. <i>The existing version states at (16) (4) that the Chief Executive is to appoint at least one member of the executive staff to each committee (Other than the Audit & Risk Committee).</i></p> <ul style="list-style-type: none"> ○ The Board considered the role of management is to advise Board Committees, not participate in decision-making. The Board <u>AGREED</u> to submit for approval an amendment to retain the current status. ● The Chairman highlighted that advice had been sought from the NSW MoH Legal Branch. Section 39 of the Act determines that additions to the Model By-laws should be submitted to the Secretary for information, any change, modification or omission to the Model By-laws requires approval by the Secretary. The Legal Branch recommendation is to submit any proposed changes to the Model By-laws to the Secretary for ‘approval or information, as appropriate’. ● Action: Submit the proposed Model By-laws, including the above agreements, using tracked changes, to the February 2018 Board meeting for consideration. 	Secretariat
<p>6.3 Workers Compensation [27.11.17: Item 7.1.4]</p>	<ul style="list-style-type: none"> ● The SWSLHD Board <u>NOTED</u> the Referral Note clarifying ‘capping’ of workers compensation claims. ● Ms Dingwall highlighted that of the District’s 229 claims (as at September 2017), 49 sit over the capped claim cost. 	
<p>6.4 ED Data [27.11.17: Item 7.1.5]</p>	<ul style="list-style-type: none"> ● The Board <u>NOTED</u> the Referral Note providing emergency department data, as circulated with the Agenda. ● Ms Larkin highlighted: <ul style="list-style-type: none"> ● Emergency demand has been an area of significant growth since 2012 across all facilities (Camden has experienced the lowest growth – 7.8% and Liverpool the highest growth – 31.3%). Prof Merrett noted Bankstown’s growth rate of 25.30% is expected to continue and planning is required. ● Growth in triage categories has predominately been in Triage 2 (32%) and Triage 3 (23%); reflecting presentations of a higher acuity. 	

	<ul style="list-style-type: none"> • Emergency Treatment Performance (ETP) showed considerable improvement between 2012 (46%) and late 2013 / early 2014 (69%). Since mid-2017 (an unprecedented winter) deterioration in ETP is evident. • The comparison of A1 Hospital data – ETP and presentations was <u>NOTED</u>. Prof Frankum noted that Campbelltown and Camden Hospital data remains ‘split’, despite the model of one service over 2 sites. • Action: Present ED data internally, including to the Board as Campbelltown and Camden Hospitals combined and split. • Action: Provide ED admission data, as per the previous request. 	<p>Directors Operations & Finance</p> <p>Director of Operations</p>
<p>6.5 Correspondence Received [27.11.17: Item 8.2.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note, circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • Contact was made with Mrs TR on 4 December 2017. Mrs TR has agreed for the Chief Executive to speak with her further about the matter in January 2018. • Action: An update will be provided to the February 2018 Board meeting. 	<p>Chief Executive</p>
<p>6.6.1 Board Planning Workshop - Report [27.11.17: Item 8.2.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the revised Report of the Board Planning Workshop held in October 2017. • The Board considered that further amendments were required relating to the section ‘Addressing issues in accessing mental health beds’ to reflect discussion at the Workshop about accessing beds / insufficient numbers / challenges require inclusion. • Action: Prof Frankum & Ms Murphy to provide commentary to Ms Buttenshaw. Ms Buttenshaw to resubmit the Report to the February 2018 Board meeting for ratification. 	<p>Prof Frankum, Ms Murphy & Secretariat</p>

<p>6.6.2 Board Planning Workshop – Improving Population Health [27.11.17: Item 8.2.1]</p>	<ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the Referral Note providing further detail regarding the <i>Investing in the Early Years</i> proposal. • Ms Larkin highlighted: <ul style="list-style-type: none"> • Following Ms Williams’ presentation to the Board Planning Workshop, a simplified summary of the investment priorities in rank order is provided: • Smoking in Pregnancy - # 1 Following consultation with the Women’s Health Clinical Stream – midwives and doctors in maternity units currently have limited capacity and expertise to offer support for smoking cessation in pregnancy but will play an important role in screening and referral. The details of an external service, managed by the Health Promotion Service, modelled on Quit for New Life has been costed (\$286,000 additional investment required in 2017/18 for full implementation). • Sustained Home Visiting - # 2 A scale up of the existing Sustained Home Visiting program is to occur in a phased manner. The draft phased costing model provided requires further review. Phase 1 - Bankstown – Feb 18 Phase 2 – Harmonisation and extension to Wingecarribee Jul 18 Phase 3 – Harmonisation in Fairfield, Liverpool & Macarthur – Feb 19 	
<p>6.6.3 Board Planning Workshop – Strengthening Mental Health [27.11.17: Item 8.2.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note providing an update on proposed actions and a report arising from the accreditation process, as circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • Key Initiatives <ul style="list-style-type: none"> ○ The Mental Health Service (MHS) has signalled interest in piloting the proposed Quality Framework, currently being developed by the Mental Health Branch, NSW MoH and the Clinical Excellence Commission. The Framework incorporates the key elements of Leadership, Culture, Training & Improvement. The pilot provides an opportunity to reframe the work of the Service. A Workshop with the District Executive Leadership Team, MHS 	

	<p>Executive Team, Mental Health Branch NSW MoH. Clinical Excellence Commission and consumers is planned for early 2018.</p> <ul style="list-style-type: none"> ○ Increasing service provision in the community and progressing work on the redevelopment of Campbelltown Hospital. ○ Senior medical staffing is progressing with the appointment of two Staff Specialists and offers to local trainees. Further several staff specialist positions will be converted to VMO positions. ○ The MHS Executive Team will undertake development with the NOUS Group in 2018. ○ As part of <i>Transforming Your Experience</i> the MHS Executive has commenced Executive Leader rounding. ○ Ms Murphy requested that the full action plan (due in February 2018) not lose the focus about moving toward a no seclusion environment, as per the Board's previous discussion. <ul style="list-style-type: none"> ● Accreditation Update <ul style="list-style-type: none"> ○ Following the Periodic Review held 27-29 November 2017, the ACHS Surveyors provided positive feedback. ○ MHS has not met one criterion which resulted in one high priority recommendation that needs to be actioned within 90 days. The high priority recommendation covers a range of risks identified primarily at Banks House related to issues in the environment that impact across maintenance, infection control and 1 identified ligature risk. The MHS took immediate action to fix this when identified by the surveyor. A full audit of ligature risks will be repeated across the District. ● Reporting to the HCQSC <ul style="list-style-type: none"> ○ The MHS will provide quarterly reports on Mental Health performance on seclusion rates, and length of stay in Emergency Departments to the Health Care Quality & Safety (Board) Committee commencing February 2018. 	
<p>7. New Business</p>		
<p>7.1. Draft SWSLHD Strategic Plan 2018-2021</p>	<ul style="list-style-type: none"> ● The SWSLHD Board <u>APPROVED</u> the SWSLHD Strategic Plan 2018-2021. ● Ms Larkin highlighted: 	

	<ul style="list-style-type: none"> • The consultation phase has involved the Board and Board Committees. • The Plan represents a contemporary and relevant document going forward. The Plan is centred around six strategic directions: <ul style="list-style-type: none"> ○ Safe, Quality Care ○ Collaborative Partnerships ○ Our People Make a Difference ○ A Healthy Community ○ A Healthcare System for the Future ○ A Leader in Research & Teaching • A launch of the Plan will be arranged for early 2018. • The Chairman suggested including a reference to the <i>Leading Better Value Care</i> initiative within Section 1.3 – Vision for Services in 2031. 	
<p>7.2. Liverpool Hospital Clinical Services Plan</p>	<ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the Clinical Services Plan (CSP) for Liverpool Hospital to 2031. • Ms Larkin highlighted: <ul style="list-style-type: none"> • A number of key drivers that required inclusion in the planning process, including: population growth (particularly in children and older people 70+; and emergency department activity. • A number of significant issues were considered as part of the CSP development, including: <ul style="list-style-type: none"> ○ Emergency Department – structure, layout and capacity ○ The ongoing development of Centres for Excellence for Cancer clinical services and Research and Health Technology ○ The development of the Liverpool Health, Education, Research & Innovation Precinct ○ Expanding transplantation services ○ Linkages between Liverpool and Campbelltown Hospitals • The proposed inclusions in the next stage of the redevelopment. • The Board noted the role of Liverpool Hospital, as the tertiary referral centre within the District. The CSP is designed to focus on Liverpool Hospital as a single entity. 	

<p>8. Standing Items</p> <p>8.1. Chief Executive's Report</p>		
<p>8.1.1 – Current Significant Matters</p>	<ul style="list-style-type: none"> • Ms Larkin provided a professional development report arising from her trip to the UK 11-18 November 2018. The objectives of the visit were: <ul style="list-style-type: none"> • To consider the current state of the NHS • To review contemporary leadership issues in health from an international perspective • To gain a deeper understanding of the quality and safety framework that has been established in the east London Trust (Mental Health) <p>Key issues and learnings from each meeting were circulated with the Agenda.</p> <p>The significant value of the visit was to reflect on the strategic direction of the SWSLHD and, how it aligns with international trends and developments. Most health care service delivery within the UK is occurring within a fiscally strained environment.</p> <ul style="list-style-type: none"> • Ms Larkin advised of media attention regarding the South Western Sydney Primary Health Network (SWSPHN) decision to provide grants to local GP practices to establish cooperative services for more services to be opened after-hours. The new model of care means the GP after-hours clinics at Liverpool Hospital will cease on 31 December 2017 and at Campbelltown Hospital on 28 January 2018. • The Board <u>NOTED</u> the Chief Executive's Report, as circulated with the Agenda. 	
<p>8.1.2 - Regulatory Environment</p>	<ul style="list-style-type: none"> • Nil. 	
<p>8.1.3 - Risk Management</p>	<ul style="list-style-type: none"> • Nil. 	
<p>8.1.4 – Work Health & Safety</p>	<ul style="list-style-type: none"> • Nil. 	
<p>8.1.5 - KPI Report</p>	<ul style="list-style-type: none"> • Nil. 	
<p>8.1.6 – Media & Marketing Report</p>	<ul style="list-style-type: none"> • Nil. 	

<p>8.1.7 – Strategic Plan Update</p>	<ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the SWSLHD Corporate Plan 2013-2017 Implementation Report, as circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • Of the 170 initiatives within the Plan, 156 were achieved, 10 were partially achieved and 4 were not achieved. Those initiatives that were not or partially achieved have been incorporated into the new strategic plan. • A report on initiatives within the new Strategic Plan will be submitted to the Board on a quarterly basis. • A summary of the key achievements arising from the Corporate Plan was circulated with the Agenda. A full report on achievements is available from Govdex. <ul style="list-style-type: none"> • Action: Provide a report comparing SWSLHD readmission rates with other LHDs (CAA 3) • Action: Provide a paper to the Finance & Assets Committee regarding sharing digital information and the related privacy issues, include a case study (CAA 2) 	<p>Director of Operations</p> <p>Chief Information Officer</p>
<p>8.2 Chairman’s Report</p>		
<p>8.2.1 – Correspondence Received</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> further correspondence received from Mr RL (9 and 29 November 2017). Mr RL raised concerns about the complaint handling process and raised a new complaint about cited staff members in relation to his original complaint. • Ms Larkin acknowledged that the investigation into the issues raised by Mr RL has taken some time – due to the seriousness of the issues raised. A meeting with Mr RL has been scheduled for 21 December 2017. Representatives from the Health Care Complaints Commission and Official Visitors will be in attendance at the meeting. • Advice will be sought in relation to the management of Mr RLs new complaint. • Action: Chairman to respond to Mr RL and offer personal / direct contact. Following meeting determine management of new complaint 	<p>Chairman / Secretariat</p>
<p>8.2.1 – Meeting with UNSW</p>	<ul style="list-style-type: none"> • The Chairman reported his meeting, together with the Chief Executive with the Chancellor and Vice-Chancellor, University of NSW (UNSW) on 8 December 2017. • UNSW reaffirmed their commitment to and presence in south western Sydney. The UNSW is currently exploring investment 	

	in allied health and a clinical trials building.	
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9. Committees of the Board		
<p>9.1 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 December 2017 were not yet available. 	
<p>9.2 Finance & Assets</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Finance & Assets Committee meeting held on 17 November 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. Ms Burlew highlighted: <ul style="list-style-type: none"> Item 4 - The Committee received a presentation from the Manager, Business Intelligence Unit on the Qlik Application (App). The App provides a reporting capability across corporate and clinical datasets, utilising a range of data and visualisation tools. The key reports available include: workforce, finance, performance and clinical quality and safety. Action: Clarify why Risk ID 345 is allocated to the Finance & Assets Committee. 	Risk Governance Mgr
<p>9.3 Audit & Risk Management</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Audit & Risk Management Committee meeting held on 8 December 2017 were not yet available. 	
<p>ICAC Matters</p>	<ul style="list-style-type: none"> The Board <u>NOTED</u> nil notifications to and received from the ICAC for the period 9 to 29 November 2017, as circulated with the Agenda. 	
<p>9.4 Research & Teaching</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Research & Teaching Committee held on 7 December 2017 were not yet available. 	
<p>9.5 Aboriginal Health</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Aboriginal Health Committee meeting held on 14 December 2017 were not yet available. 	
<p>9.6 Nominations</p> <p>Minutes</p>	<ul style="list-style-type: none"> The next meeting of the Nominations Committee is yet to be scheduled. 	

10 Consumer & Community Council		
Minutes	<ul style="list-style-type: none"> The Minutes of the Consumer and Community Council meeting held on 30 November 2017 were not yet available. 	
11 Items for Information		
11.1 Board Schedules	<ul style="list-style-type: none"> The Board <u>NOTED</u> the 2018 Board meeting & events summary. 	
12 Other Business Without Notice		
	<ul style="list-style-type: none"> The Chair invited other business without notice. Dr Abi-Hanna reported additional photographs displayed at Liverpool Hospital, highlighting achievements throughout the year. 	
13 MSEC Feedback	<ul style="list-style-type: none"> The Chair invited feedback/issues from the Medical Staff Executive Council. Dr Keat highlighted issues discussed at the MSEC meeting held on 29 November 2017: <ul style="list-style-type: none"> Concerns raised regarding the number of senior staff leaving SWSLHD. eMR – support and infrastructure is required to support the introduction of the eMR system, which remains a hybrid arrangement – potential clinical risk. MSEC play a leadership role in eMR implementation. 	
14 Close/Next Meeting	<ul style="list-style-type: none"> In closing, the Chairman thanked members and executive staff for their work over the year and wished everyone and safe and happy festive season. The meeting closed at 6.36pm. The next meeting will be held: <ul style="list-style-type: none"> Monday 26 February 2018 3.30pm – Board meeting Board Room, District Office, Eastern Campus, Liverpool 	