

MINUTES

South Western Sydney Local Health District Board

Date: Monday 28 May 2018

Time: 3:30pm

Venue: Seminar Rooms 5 & 6, T & R Moore Education Centre, Liverpool Hospital

1. Present and Apologies

| <i>Members</i> | <i>Pres.</i> | <i>Apol.</i> | <i>Members</i> | <i>Pres.</i> | <i>Apol.</i> |
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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 (Deputy Chair) | | ✓ | Mr Gary Reidy | ✓ | |
| Ms Christine Carriage | | ✓ | Dr Shameran Slewa-Younan | | ✓ |
| Prof Brad Frankum | | ✓ | | | |
| <i>Other Attendees</i> | | | | | |
| Ms Amanda Larkin, Chief Executive | ✓ | | Dr Karuna Keat, Medical Staff Executive Council Representative | ✓ | |
| Ms Clair Ramsden, Director Operations | ✓ | | Mrs Jessica Maunder, A/g Mgr Executive & Board Secretariat | ✓ | |
| Mr Ross Sinclair, Director of Finance | ✓ | | Ms Rebecca Leon, A/g Director Workforce & Development | ✓ | |
| Ms Sonia Marshall, Director Nursing & Midwifery | | ✓ | Ms Suzie Snook, A/g Director Clinical Governance | ✓ | |
| Ms Karen McMenamin, General Manager, Liverpool Hospital | ✓ | | Ms Sally Whitten, Risk Governance Manager | ✓ | |

| <i>Agenda Item</i> | <i>Discussion/Decision/Recommendation</i> | <i>Responsible</i> |
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| 2. Acknowledgment to Country | <ul style="list-style-type: none"> The Chair commenced the meeting by acknowledging the traditional owners of the 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. | |
| 4. 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 Dr Abi-Hanna that the Minutes of the Board meeting held on 23 April 2018 be accepted as a true and accurate record. <ul style="list-style-type: none"> The Motion was carried. | |

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| | <ul style="list-style-type: none"> • The Board <u>ENDORSED</u> the Report arising from the Board Planning Workshop held on 30 April 2018. • Actions arising from the Report, as follows, will be included in the Board Meeting Action List: <p><u>ACTIONS:</u></p> <ul style="list-style-type: none"> • Future of healthcare delivery <ul style="list-style-type: none"> ▪ Undertake an assessment of the eight implications for SWSLHD (pg 16 of EY presentation) and outline what is currently being done and where there are gaps ▪ Advise on what is being done to plan for future health services in the redevelopments and whether future thinking is sufficiently built in design ▪ What's the highest priority outcome to apply innovative models of care in SWSLHD – suggestions included diabetes and falls – to be revisited after the Board considers the response to the above two actions • Women's health in SWSLHD <ul style="list-style-type: none"> ▪ Follow up junior medical staff for obstetrics and gynaecology, leadership capability, opportunities with private providers and academic appointment. ▪ Monitoring of risks will be undertaken through the Health Care Quality & Safety Committee (HCQSC). • Board & Committee Reporting <ul style="list-style-type: none"> ▪ Conduct a pilot on HCQSC to demonstrate to the Board the detail of how a new approach would work in practice. ▪ Reflect on the presentation and provide Ms Buttenshaw with any outstanding questions. | <p>Chief Executive</p> <p>Chief Executive</p> <p>Board</p> <p>Chief Executive</p> <p>Chair, HCQSC / Director Clinical Governance</p> <p>via Chief Executive</p> <p>Board</p> |
| <p>5. Patient Story</p> | <ul style="list-style-type: none"> • Ms McMenamin presented <i>Bob's Story</i> and highlighted: <ul style="list-style-type: none"> • The story relates to the extended waiting time experienced by a patient following notification (at 9.30am) that he was ready for discharge (at 12.00 noon) after having a pacemaker fitted. Subsequently, discharge did not occur until several hours later. • There was a considerable delay with the completion of the discharge papers and a lack of communication, which | |

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| | <p>caused a level of concern for the patient and his family.</p> <ul style="list-style-type: none"> • This story was also presented to the Liverpool Hospital Clinical Quality Council (CQC) and circulated to Department Heads to encourage discussion with Junior Medical Officers (JMO). • The Hospital is exploring the use of ‘discharge summary sheets’ to reduce the time required to complete discharge paperwork. | |
| 6. Business Arising | | |
| <p>6.1 Unplanned Readmissions – Fairfield Hospital [23.04.18: Item 8.1.5]</p> | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding unplanned readmissions at Fairfield Hospital, as circulated with the Agenda. • Ms Ramsden highlighted: <ul style="list-style-type: none"> • Data presented to the April Board meeting regarding Fairfield Hospitals unplanned readmissions is confirmed as correct. • The preceding 4 years of acute readmission within 28 days of separation were reviewed which demonstrated that Fairfield Hospital has had a consistently low unplanned readmission rate. • Any changes/movement in the rate has correlated with overall LHD rates e.g., seasonal variation. • Compared to most Hospitals across the State Fairfield Hospital has the 5th lowest readmission rate. | |
| 7. New Business | | |
| 7.1. | <ul style="list-style-type: none"> • No New Business Items. | |
| 8. Standing Items | | |
| 8.1. Chief Executive’s Report | | |
| 8.1.1 – Current Significant Matters | <ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • <u>Facility Executive Staff Update</u> <p>The Bankstown-Lidcombe Hospital General Manager has resigned from the position. Recruitment is currently being progressed through a recruitment agency.</p> <p>The Fairfield Hospital General Manager continues to work on a project at the District Office. The Director Clinical</p> | |

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| | <p>Governance remains acting in the General Manager position.</p> <ul style="list-style-type: none"> <p><u>China Tour</u></p> <p>On 15 to 19 May 2018, the Chief Executive, Prof Josephine Chow, Director Strategy & Partnerships, Prof Les Bokey, Director Research and Prof Daniel Chan, Geriatrics Head of Department, Bankstown-Lidcombe Hospital travelled to Beijing, China.</p> <p>The purpose of the trip was predominantly centred on education, training and research. Initial discussions occurred with a broker/ agent regarding medical staff visiting Australia for clinical training.</p> <p><u>Aerotropolis Forum</u></p> <p>Western Sydney is undergoing a record public infrastructure program, combining billions of dollars of investment to improve connectivity across the city. The NSW and Australian governments are committed to maximising this extraordinary opportunity to shape the airport precinct into a major economic hub.</p> <p>On 28 May 2018, the Chief Executive attended a one day Aerotropolis Investor Forum at The William Inglis Hotel, Warwick Farm. The Forum provided a briefing from key organisations and individuals who will be critical to the delivery of the Aerotropolis.</p> <p><u>Clinical Governance Framework - Refresh</u></p> <p>The District has engaged Ernst & Young (EY) to enable a comprehensive review of the Clinical Governance Framework. The scope of work includes:</p> <p>Stream 1: Refresh the existing SWSLHD Clinical Governance Framework to enhance its relevance to staff and reflect the statewide Patient Safety First framework being developed by the CEC.</p> <p>Stream 2: Develop a 1 year Quality Plan for the district to set the common direction, goals and targets, and priority areas for action across the organisation for improving Safety and Quality.</p> <p>Stream 3: Conduct an independent audit of the 2016-17 Safety & Quality Account to provide assurance that safety and quality reporting is accurate and complete, identify potential gaps and improvement considerations for</p> | |
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| | <p>inclusion in the Quality Plan.</p> <p>All three streams of work will remain aligned to the implementation of TYE either by being an input into the achievement of the four areas of focus of TYE or by enabling their implementation.</p> <p>All three bodies of work are in the final stages with draft documents developed. These will be presented at the Executive Leadership Team, Health Care Quality and Safety Committee and Clinical Quality Council Meetings.</p> <ul style="list-style-type: none"> • <u>Sustainable Hospitals Forum</u> <p>On 3 May 2018, 56 people attended the Dr David Pencheon guest lecture and Q&A, including SWSLHD Board members, Dr David Abi-Hanna, Mrs Nina Berry, Dr Matthew Gray, Mr Gary Reidy.</p> <p>Dr Pencheon is the Director and founder of the United Kingdom (UK) National Health System Sustainability Development Unit and his group works with National Health Service Trusts across the UK to be more sustainable. He is on a speaking tour of Australia, including speaking to politicians and the College of Physicians. He was at SWSLHD under the auspices of Professor Peter Sainsbury, former Director Population Health and Chairman Climate and Health Alliance, and Dr Steve Conaty, Director Population Health. Dr Pencheon spoke about:</p> <ul style="list-style-type: none"> • transforming healthcare from the ground up in the way we build and manage hospitals • looking outside the boundaries of the hospital to reduce and mitigate public health issues, rather than waiting till they hit the hospital. • how hospitals in the UK are trying to put money back into the local economy by reducing out sourcing, bringing back kitchens and training up local youth and using local produce. • hospitals role in reducing social isolation • how climate change is a risk to human health, not just in the wider range of bugs and viruses or the cost to health of more extreme temperatures, but how the reduction in animal and plant diversity may mean we lose access to new cures or medicines. <p>The District will incorporate aspects of sustainability into the current capital planning endeavours.</p> <ul style="list-style-type: none"> • Action: Include a copy of the District’s Sustainability ‘Scorecard’ in the next Board meeting papers. | <p>Director Finance</p> |
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- Chief Executive Governance & Accountability Working Group

The Chief Executive Governance and Accountability Working Group (CE Working Group) was established by the Ministry in April 2018 to address areas of accountability and/or opportunities to improve system performance and conformance through the tuning of NSW system governance and accountability.

It is expected that the group will:

- identify priority issues that could benefit from increased clarity and accountability, and
- develop and apply a problem-solving process to design and agree solutions to improve outcomes for the identified priority issues.

It is expected that, by addressing these issues, the group will develop the basis for greater clarity regarding the principles, processes, and relationships for enhanced system governance and accountability across NSW Health.

The project is sponsored by the Secretary of NSW Health. The project is managed by the People, Culture and Governance Division, NSW Ministry of Health.

- Key Planning Initiatives: Update

The models of care work has commenced for the Liverpool Health & Academic Precinct to underpin the next steps (including the functional / schematic design). Further areas in the CSP that require consideration include Ambulatory / outpatients, Aged Care/Rehabilitation and Maternity.

- Research & Innovation Showcase

Being held on 6 and 7 June 2018 at the William Inglis Hotel, Warwick Farm, the Health Beyond Research & Innovation Showcase is an event where allied health professionals, nurses, doctors and researchers in south western Sydney present abstracts across the disciplines of health service research, cancer, community health, clinical medicine, biomedical research, mental health and many other areas.

The Showcase has given SWSLHD an opportunity to promote environment, health, research and education in south western Sydney and has been a drawcard in developing the vision for the future of Sydney. Presentations include current programs underway at the Ingham Institute and the SWSLHD; together with our valued partners, University of NSW and Western Sydney University.

The theme for 2018 is "Building better healthcare for the

future". There will be an emphasis on innovation, technology, automation and importantly on providing the necessary infrastructure for a healthy community. The Showcase aims to draw attention to developing a vision for the national and global future of Healthcare.

- SWSLHD Leadership Pathways Program

The SWSLHD Leadership Pathway is made up of 3 Levels that sit consistent with the 3 levels of responsibility and influence set out in the TYE Leadership Strategy. At each of these levels staff can demonstrate leadership behaviours and dimensions, which allow for exploration, development and application.

Level 1: Foundational Leadership

A 9 month Leadership Program requiring completion of identified leadership modules. The program has been designed to offer flexibility of educational components and experiences to fit in with employee's workload and career development goals. The program is open for all staff across the district through self-nomination with manager's approval and/or manager's recommendation. There will be two intakes of 24 staff per year.

Level 2: Leadership Academy

An intensive 12 month Leadership Academy that offers key Leadership Experiences, Executive Support and Partnership, Coaching, Mentoring, Shadowing and Innovative Project Lead Experiences. The Academy is aimed at all staff, both clinical and non-clinical. Participants would have had demonstrated Leadership qualities, had project lead experience or have managed people throughout their career. Intake is open yearly, and to enrol at this level staff can self-nominate with manager/executive approval or manager/executive nomination. Successful applicants will need to undergo an interview process to determine suitable for the Academy. There is a maximum of 15 participants per year.

Level 3: Executive Leadership

External Leadership program participation. Intended to offer exceptional executive development through external programs/education. The program is targeting Executive level. A self-nomination process along with a formal application for the external program may need to be submitted.

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| | <ul style="list-style-type: none"> • <u>SWSLHD Equity Framework</u> <p>The SWSLHD Equity Framework will provide a framework for integrating equity into all areas of SWSLHD.</p> <p>The Scoping Paper was approved by the SWSLHD Clinical Quality Council. The Working Group commenced in March 2018 and the first meeting of the Steering Committee was held in April 2018.</p> <ul style="list-style-type: none"> • Action: Further information regarding the SWSLHD Equity Framework to be incorporated into the CE's report to the next Board meeting. • Ms Snook highlighted: <ul style="list-style-type: none"> • <u>Clinical Incident: Ms MW</u> <p>Ms MW lost her unborn infant at 31 weeks gestation, after presenting to and being discharged from the birthing units at both Campbelltown and Liverpool Hospitals.</p> <p>The preliminary autopsy report from The Childrens Hospital strongly suggests foetal demise was the result of Streptococcus B sepsis. This information was provided to Ms MW at the open disclosure meeting that occurred at Narellan Community Health Centre on 24 May.</p> <p>An RCA investigation will be undertaken as a result of this incident.</p> <p>The District's Primary & Community Health team, together with staff from the Bulundidi Gudaga Program continue to provide support to Ms MW.</p> • The Board <u>NOTED</u> the Chief Executive's Report, as circulated with the Agenda. | Chief Executive |
| 8.1.2 - Risk Management | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Risk Management Report, as circulated with the Agenda. • Ms Whitten highlighted: <ul style="list-style-type: none"> • The LHD Enterprise Risk Register was reviewed by the SWSLHD Audit & Risk Management Committee on 15 May 2018 and the SWSLHD Enterprise Risk Management Committee on 15 May 2018. As a result the following changes have been made to the Register since the last update provided to the Board on 26 February 2018. | |

- New risks

Risk Title: Receipt, storage, collection, distribution and administration of blood and blood products.

- Current Risk Rating: [Moderate/ Possible] MEDIUM (M).

- New risks proposed for inclusion

Risk Title: Emergency Treatment Performance (ETP) within target of >= 81% (patients total time in ED <=4 hours).

- Current Risk Rating: [Moderate/ Almost certain] HIGH (J).

Risk Title: Elective surgery access performance

- Current Risk Rating: [Moderate/ Almost certain] HIGH (J).

- New & emerging risks in development

- Claims Management/ Workers Compensation performance
- Pressure injuries
- Surgery access
- Managing complaints
- Leader engagement in TYE

- Risk Closures

- Risk ID 45 - Failure to create and maintain relationships with agencies (Risk Closed).
- Risk ID 46 - Ineffective relationship with primary care providers (Risk Closed).
- Risk ID 49 - Inefficient management patient transport (Risk Closed).
- Risk ID 345 - Failure to receive appropriate referrals may result with non-compliance for ACAT responses to Priority 1, 2 and 3 referral types (Risk Closed).
- Risk ID 347 - Failure to maintain funding and reputational consequences should the Regional Assessment Service (RAS) model fail (Risk Closed).
- Risk ID 483 - Unknown Aboriginality status for babies born in SWSLHD Facilities is higher than the 0.5% Benchmark (Risk Closed).

- Current Risk Profile

The current risk profile for the LHD is summarised as below.

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| | <p>There are a total of 51 risks with 7 high risks, 43 medium risks, 1 low risk and no extreme risks.</p> <ul style="list-style-type: none"> • <u>LHD Strategic Risks (External sourced risks)</u> <p>LHD Strategic Risks are currently under development in consultation with the Board. Strategic risks being considered include those that originate from outside of the operating environment, such as:</p> <ul style="list-style-type: none"> • Increasing demand for services • Infrastructure for future service needs • Workforce for future service needs. • Technological change • Financial stability • Social responsibility • Sustainability • Responding to external change <ul style="list-style-type: none"> • <u>Significant operational risks</u> <p>Significant operational risks also include the Top 10 risks reported to the Ministry of Health quarterly – SWSLHD Top 10 Quarterly Risk Report to the NSW MoH January – March 2018).</p> <ul style="list-style-type: none"> • <u>WHS & Due Diligence Report</u> <p>Circulated with the Agenda.</p> <ul style="list-style-type: none"> • The Chair highlighted: <ul style="list-style-type: none"> • That the far left column on the LHD Risk Heat Map should read ‘Catastrophic’ not ‘Extreme’. It was noted that this was an error in the report. • Risk ID 53 – clarification of custodian of data required following the transfer of data to GovDC (infrastructure owned by eHealth). • Action: LHD Risk Heat Map column heading to be updated from ‘Extreme’ to ‘Catastrophic’ prior to submission of the next Risk Management report to the Board. • Action: Provide clarification to the Board on the agreement between the District and eHealth regarding custodian of data held at GovDC. | <p>Chief Executive</p> <p>Chief Executive</p> |
| <p>8.1.3 - Regulatory Environment</p> | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Regulatory Environment Report, as | |

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| | <p>circulated with the Agenda.</p> <ul style="list-style-type: none"> • Ms Whitten highlighted: <ul style="list-style-type: none"> • <u>Policy & Compliance Plan</u> <p>A review of processes and governance in place for policy documents across SWSLHD facilities and services has been completed. The review recommendations will improve the existing policy governance structures at facilities and services, and establish minimum requirements for the governance of policy document development, review, approval and publication at facilities and services. The review is an action from the SWSLHD Policy and Compliance Plan 2017 – 2020.</p> <p>A policy and procedure resource portal has gone ‘live’. This information portal provides video tutorials, resources, templates, documents in development and in draft. This portal will be accessible for all staff through the intranet.</p> • <u>Policy Progress</u> <p>As of 30 April 2018 there are 38% of LHD policy documents that are past their due date.</p> <p>Work has commenced on reducing facility-level policy documents, with ongoing collaboration between policy officers and Bowral and District Hospital representatives in preparation for accreditation in August 2018.</p> • Action: Include more detail / data in the next Regulatory Environment Report outlining: <ul style="list-style-type: none"> ○ overdue policies; ○ policies awaiting release by the MoH; and ○ an explanation of the replacement of policies with procedures. • <u>Legislative Compliance</u> <p>The SWSHD Legislative Compliance Summary Register has been developed, with 258 pieces of legislation (including Acts and Regulations), which have been categorised into 54 compliance topics. Meetings have been held with all Compliance Owners (SWSLHD Executive members) to identify Compliance Managers for all obligations.</p> <p>Policy and Legislative Compliance presentation provided to Audit & Risk Management Committee on 15 May 2018. The first quarterly Legislative Compliance draft report was</p> | <p>Chief Executive</p> |
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| | <p>tabled for SWSLHD Shared and Corporate Services.</p> | |
| <p>8.1.4 – Work Health & Safety</p> | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Work Health & Safety Report (January-March 2018 quarter), as circulated with the Agenda. • Ms Leon highlighted: • <u>Total notifications</u> <p>In the October – December 2017 quarter SWSLHD notifications were at a 3 year low (75 notifications) however, in the January - March 2018 quarter notifications have shown a 30% increase with a total of 108 notifications placing SWSLHD at a new 3 year high.</p> <p>This increase was driven by Mental Health Services showing a 200% increase from last quarter, Liverpool Hospital showing a 36.8% increase and Bankstown Hospital a 25% increase.</p> <p>The mechanisms of injury that comprise the increase included:</p> <ul style="list-style-type: none"> - Body stressing (35.2% of notifications) - Falls, trips & slips (18.8% of notifications) - Being hit by moving objects (16.7% of notifications) - Mental stress (11% of notifications) • <u>Portfolio Movements</u> <p>SWSLHD had a total of 328 open claims as at 31 March 2018.</p> <p>SWSLHD continues to show improved claims closure rate performance – 20% above that of Health (South) with 111 claims closed during the January to March 2018 quarter.</p> • <u>All payments</u> <p>SWSLHD has increased its focus on reducing the number of unfit staff, with facilities/services offering suitable duties. This has led to a continued reduction in payments.</p> • <u>Strategies for improvement</u> <p>A number of strategies are being implemented to improve performance, including:</p> <ul style="list-style-type: none"> • Education and Training • Implementation of the Progressive Goal Attainment Program (PGAP) to reduce psychosocial barriers to rehabilitation and to facilitate return to work. • Increasing General Managers/Service Directors and Human Resource Manager Support on Managing Workers | |

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| | <p>Compensation</p> <ul style="list-style-type: none"> • Inclusion of workers compensation performance in monthly meetings between the Director Operations and GMs/Service Directors • Targeted claims review with EML <ul style="list-style-type: none"> • <u>Wellbeing Initiatives: Update</u> <p>An overview of the wellbeing initiatives was provided, including:</p> <ul style="list-style-type: none"> ▪ Fitness passport ▪ Live life Get Active ▪ Self-care, Emotional Intelligence and Meditation <ul style="list-style-type: none"> • Action: Work Health & Safety report to be restructured to provide more interpretation of the information / data being presented. Quarterly report to include impacts, targets and outcomes. | A/g Director Workforce & Development |
| 8.1.5 - KPI Report | | |
| Safety & Quality | <ul style="list-style-type: none"> • Ms Snook highlighted: <ul style="list-style-type: none"> • <u>SAC 1 Incidents & Completed RCAs</u> <p>There were four new serious incidents since the last report which will undergo an RCA.</p> <ul style="list-style-type: none"> • <u>Australian Sentinel Events</u> <p>An explanation of the notification / review process associated with sentinel events was provided.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Safety & Quality component of the KPI Report. | |
| Access & Patient Flow | <ul style="list-style-type: none"> • Ms Ramsden highlighted: <ul style="list-style-type: none"> • <u>Emergency Treatment Performance (ETP)</u> <p>ETP for April 2018 – 70.01%; YTD – 63.75% compared to the >=81% target.</p> <p>An overview of strategies implemented at Campbelltown & Liverpool Hospitals to improve ETP was provided.</p> <ul style="list-style-type: none"> • <u>Transfer of Care (ToC)</u> <p>ToC performance for April 2018 at 93.25% has decreased in</p> | |

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| | <p>comparison to the same period last year (93.65%)</p> <ul style="list-style-type: none"> • <u>Unplanned Readmissions</u> <p>Performance for April 2018 at 6.0% is below the same period last year (7.2%) and below the 7% target.</p> <ul style="list-style-type: none"> • Action: Confirm if the Complex Chronic Illness CNC is linked to Integrated Care and provide feedback direct to Dr Gray. <ul style="list-style-type: none"> • <u>Surgery</u> <p>As at 31 March performance to the zero target for one in three benchmarks for overdue elective surgery targets:</p> <p>Cat 1 – 0 Cat 2 – 3 (unchanged since 31.3.18) Cat 3 – 19 (increase from 15 as at 31.03.18)</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Access & Patient Flow component of the KPI Report. | <p>Director Operations</p> |
| <p>People & Culture</p> | <ul style="list-style-type: none"> • Ms Leon highlighted: <ul style="list-style-type: none"> • <u>Excess Annual Leave Liability</u> <p>As at 26 April 2018 there were 4,879 employees with excess leave (value \$44,941,957M).</p> <p>Letters were sent to employees with excess leave requesting submission of a leave plan by 11 May 2018. As at 3 May 2018 23.54% of employees with excess leave had a leave plan submitted.</p> • Action: Undertake a literature review on adverse medical incidents occurring when staff do not take leave. <ul style="list-style-type: none"> • <u>Performance Development Review rates</u> <p>Overall compliance for April 2018 is at 64.2%, an increase on the previous month (at 60.7%).</p> • <u>Aboriginal Workforce</u> <p>The Aboriginal workforce is at 2.10% (target is 2.60%).</p> <ul style="list-style-type: none"> • <u>People Matters Employee Survey</u> <p>The Survey closing date has been extended from 30 June to 2 July 2018.</p> <p>The focus for 2018 is on implementing strategies to</p> | <p>A/g Director Clinical Governance</p> |

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| | <p>increase the participation rate of 38% in the 2017 Survey. Approximately 70 champions across the District are engaged.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the People & Culture component of the KPI Report. | |
| <p>Finance & Activity</p> | <ul style="list-style-type: none"> • Mr Sinclair highlighted: <ul style="list-style-type: none"> • <u>Finance</u> <p>Performance to budget was favourable for the month. Continued budget phasing will be undertaken to meet strategy and growth requirements for the forecast period.</p> <p>Own source revenue was unfavourable to budget for the month due to:</p> <ul style="list-style-type: none"> ▪ A decline in private patient conversion ▪ The loss of grants following the transition to NDIS <p>An increase in the Patient Fees Provision for Doubtful Debts was recognised in February.</p> <p>Overall the Net Cost of Service is favourable YTD.</p> <p>Small vendor payment performance achieved the target of 100% paid within 30 days and all trade creditors were paid within 45 days.</p> • <u>Activity</u> <p>Results (is for YTD March 2018) indicate that SWSLHD is 101.5% of the YTD target.</p> <p>The District's SLA negotiations with the NSW Ministry of Health went well. The District is expecting a positive outcome following the release of 2018/19 Budget.</p> <ul style="list-style-type: none"> • Action: Provide a report on the implications / costs associated with having surgical procedures completed at private hospitals. • The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. | <p>Director Finance</p> |
| <p>8.1.6 – Service Reports</p> | <ul style="list-style-type: none"> • The following Service Reports were circulated with the Agenda. The Chair invited comment / questions: <ul style="list-style-type: none"> • <u>Mental Health</u> <p>The improvement to the YTD performance in the reduction of seclusion rates was noted.</p> • <u>Primary & Community Health</u> | |

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| | <p>Ms Larkin highlighted:</p> <ul style="list-style-type: none"> ○ The review of the GP Academic Unit currently being undertaken by the District and UNSW. ○ The work being progressed for Integrated Care. <ul style="list-style-type: none"> • Action: Provide details to the Board on work currently being undertaken to progress Integrated Care within SWSLHD. • <u>Drug Health Services</u> No items were highlighted. • <u>Population Health</u> No items were highlighted. • <u>Oral Health</u> The clinical activity of the Oral Health Service was noted. • The Board <u>NOTED</u> the Service Reports component of the KPI Report. | Chief Executive |
| 8.1.7 – Media & Marketing Report | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Media & Marketing Report, as circulated with the Agenda. | |
| <i>Ms Leon & Ms Snook left the meeting at 6:04pm</i> | | |
| 8.2 Chairman's Report | | |
| 8.2.1 – Feedback | <ul style="list-style-type: none"> • The Chair reported that he recently met with the NSW Health Secretary and Chair of the Liverpool Hospital Medical Staff Council (MSC). A letter from the Secretary will be sent to the Liverpool MSC. | |
| 9 Committees of the Board | | |
| 9.1 Health Care Quality & Safety Minutes | <ul style="list-style-type: none"> • The Minutes of the Health Care Quality & Safety Committee meeting held on 2 May 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Dr Gray highlighted: <ul style="list-style-type: none"> • <u>Item 7.1.3 – Crude Death Rate</u> <p>The Committee received the review of Crude Death Rate and case weight data over the past six years. Due to the limitations of the analysis there is limited value in comparing death rates between hospitals.</p> <p>In Fairfield, Bankstown and Camden Hospitals the death rate increased in 2017.</p> | |

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| | <p>The Committee recommended reviewing international literature and contacting the BHI to explore opportunities for better analysis of Crude Death Rate data.</p> <ul style="list-style-type: none"> • <u>Item 7.3 – Mental Health Seclusion Rate</u> <p>The Committee received the updated data on seclusion (July 2017 – March 2018, by month by unit) and compliance with the policy.</p> <p>The Chief Executive provided details to the Committee of the governance arrangements including recruitment of a full time seclusion coordinator, a governance committee that includes Emergency Department, implementation of a post seclusion policy checklist and a process for after-hours medical review.</p> <p>Concerns were raised regarding meals and fluids not provided during a seclusion episode in Banks House.</p> <p>The Committee has requested that episodes of seclusion in the ED are included in the next report.</p> | |
| Annual Self-Assessment | <ul style="list-style-type: none"> • The Board <u>ENDORSED</u> the summary report arising from the annual self-assessment and the proposed amendments to the Terms of Reference, subject to the following addition to the ‘Responsibilities of the Health Care Quality and Safety Committee’ section of the Terms of Reference: <ul style="list-style-type: none"> • Include ‘Engagement of Medical Staff in the TYE Strategy’ • Action: Convey the Board’s decision to the Committee Secretariat. • Action: Confirm if the NSW Ministry of Health has provided a response regarding the quorum for Board Committees. | Secretariat Secretariat |
| <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 20 April 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Mr Gordon highlighted: <ul style="list-style-type: none"> • <u>Item 6.2.1 – Power issues at Fairfield & Bankstown-Lidcombe Hospitals</u> <p>Tranche 6 applications have been submitted, mainly for the power issues at Fairfield and Bankstown-Lidcombe Hospitals.</p> | |
| Asset Strategic Plan | <ul style="list-style-type: none"> • The Board <u>APPROVED</u> the Committee’s recommendation to submit the 2018 Asset Strategic Plan top five priority capital | |

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| | <p>projects to the NSW Ministry of Health as follows:</p> <ul style="list-style-type: none"> • Priority 1 – Liverpool Health & Academic Precinct Redevelopment • Priority 2 – Bowral & District Hospital Redevelopment • Priority 3 – Bankstown-Lidcombe Hospital & Community Health centre Redevelopment • Priority 4 – supporting growth in south western Sydney growth areas: <ul style="list-style-type: none"> • Glenfield • Oran park (Stage 3) • Bankstown • Leppington • Wilton New Town • Macarthur Community • Priority 5 – Community mental health flexible housing & support • Ms Larkin highlighted: <ul style="list-style-type: none"> • The top five priority capital projects will require a preliminary cost benefit analysis. • Changes from the 2017 submission include: <ul style="list-style-type: none"> • Community mental health flexible housing & support - replces Stage 2, Phase 1 Campbelltown Hospital including enhanecd paediatric services • Supporting growth in south western Sydney growth areas (addition of Glenfield as a priority growth area) | |
| <p>9.3 Research & Teaching</p> <p>Minutes</p> | <ul style="list-style-type: none"> • The next meeting of the Research & Teaching Committee meeting will be held on 21 June 2018. | |
| <p>9.4 Aboriginal Health</p> <p>Minutes</p> | <ul style="list-style-type: none"> • The next meeting of the Aboriginal Health Committee meeting will be held on 28 June 2018. | |
| <p>9.5 Audit & Risk Management</p> <p>Minutes</p> | <ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 12 April 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • The Chair highlighted that the Audit & Risk Management Committee agenda requires the addition of an 'Items for the SWSLHD Board' item. | |

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| | <ul style="list-style-type: none"> • Action: Convey the Board's request that 'Items for the SWSLHD Board' is added to the agenda. | Secretariat |
| ICAC Matters | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the notifications to (nil) and received from the ICAC (nil) for the period 9 March to 9 April 2018, as circulated with the Agenda. | |
| 9.6 Nominations Minutes | <ul style="list-style-type: none"> • The abridged Minutes (full version available via Govdex) of the Nominations Committee meeting held on 23 April 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • The Chairman highlighted: <ul style="list-style-type: none"> • <u>Board Actions</u> Action: The Nominations Committee to develop a process to address the Board's fundamental role to lead respectful and quality communication and report back to the Board for consideration. • <u>Board Refresh</u> To be discussed at the next Nominations Committee with a view of holding an in-camera session before the June Board meeting to provide an update. | Secretariat |
| 10 Consumer & Community Council | <ul style="list-style-type: none"> • The Minutes of the Consumer and Community Council meeting held on 4 May 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. | |
| 11 MSEC Feedback | <ul style="list-style-type: none"> • The Chair invited feedback/issues from the Medical Staff Executive Council. • Dr Keat highlighted major discussion topics from the April Council meeting: <ul style="list-style-type: none"> • Ensuring that adequate support is being provided to the Bankstown-Lidcombe Hospital Executive Team as a result of the General Manager's resignation and vacant Director Medical Services position. • Further concerns were raised about the transparency relating to recruitment requests and feedback that a 'general' answer is yet to be provided. • Action: Provide a response directly to Dr Keat regarding recruitment transparency. | Chief Executive |
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| <p>12 Items for Information</p> | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the 2018 Board meeting & events summary. • The Chair highlighted upcoming events as follows: <ul style="list-style-type: none"> • 6-7 June 2018 – Research Show Case • 17 July 2018 – Joint Board meeting with Western Sydney Local Health District. • 10 September 2018 – LHD & Speciality Network Board Conference • 20 September 2018 – SWSLHD Patient safety Seminar • Action: Circulate the Research Show Case program to Board members and update the location of the Joint Board meeting on the Meeting & Event Summary. | <p>Secretariat</p> |
| <p>13 Other Business Without Notice</p> | <ul style="list-style-type: none"> • The Chair invited other business without notice. • Mr Gordon highlighted that he will be an apology to the June and July Board meetings. • Ms Murphy highlighted that she will be an apology to the June Board meeting. | |
| <p>14 Close / Next Meeting</p> | <ul style="list-style-type: none"> • The meeting closed at 6:51pm. The next meeting will be held: <ul style="list-style-type: none"> • Monday 25 June 2018 • 3.30pm – Board meeting • Board Room, District Office | |