

MINUTES

South Western Sydney Local Health District Board

Date: Monday 25 June 2018

Time: 3:30pm

Venue: Board Room, District Office

1. Present and Apologies

<i>Members</i>	<i>Pres.</i>	<i>Apol.</i>	<i>Members</i>	<i>Pres.</i>	<i>Apol.</i>
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 Anthony Frankel, Medical Staff Executive Council Representative	✓	
Ms Clair Ramsden, Director Operations	✓		Ms Nel Buttenshaw, Manager Executive & Board Secretariat	✓	
Mr Ross Sinclair, Director of Finance	✓		Ms Rebecca Leon, A/Director Workforce & Development		✓
Ms Sonia Marshall, Director Nursing & Midwifery		✓	Ms Suzie Snook, A/Director Clinical Governance	✓	

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
	<ul style="list-style-type: none"> On behalf of the Board, the Chair acknowledged and thanked the Chief Executive for her efforts in relation to the NSW budget announcements for the SWSLHD. 	
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. 	

<p>4. 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 Mrs Berry that the Minutes of the Board meeting held on 28 May 2018 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"> • Ms Snook presented the story of 'Mrs Smith' a 60 year old female admitted to the Bankstown-Lidcombe Hospital. Mrs Smith's story was drawn from the <i>My Experience Matters</i> app, which enables real time information on patient experience as part of the Transforming Your Experience strategy. Ms Snook highlighted: <ul style="list-style-type: none"> • <u>Background</u> <p>Mrs Smith presented with febrile neutropenia. She had cancer of the breast and had surgery and chemotherapy. Mrs Smith had been admitted for one week to the Respiratory Unit (oncology patients are admitted to this ward).</p> • <u>About the Interview</u> <p>Mrs Smith was interviewed on the day of her planned transfer of care home and in the presence of her husband. Mrs Smith was very willing to participate in the interview and complete the survey; she stated she was going to write to the local paper to express her gratitude for the care she received. She responded positively overall to all questions asked.</p> • <u>Points of interest from the interview</u> <p>Mrs Smith indicated that she was not included in all the decisions about her care because she was too unwell, but noted that she had complete trust in the oncology team.</p> <p>Mrs Smith raised that she had several changes in wards/rooms as her condition had changed but that it had been explained to her and she understood.</p> <p>At the end of the interview Mrs Smith noted that one 'scary' aspect of her admission related to a port-a-cath that had become disconnected, leading to bleeding. The staff reacted very quickly and changed the linen on her bed. This was important to her because it was the only way she could know if there was any further bleeding.</p> • <u>Lessons Learnt</u> <p>For many staff it may not have been a priority to change the linen at that time, believing that the episode had been managed but for the patient this 'little' aspect of care was very important.</p> 	

	<ul style="list-style-type: none"> Ms Snook clarified that volunteers conduct the Survey using the app. The volunteers are trained to escalate any issues of concern to the Nurse Unit Manager. Ms Larkin reported that reports will be available at unit/ward, department and facility level. The Board <u>NOTED</u> the patient story. 	
6. Business Arising		
6.1 SWSLHD Sustainability Scorecard [28.05.18: Item 8.1.1]	<ul style="list-style-type: none"> The Board <u>NOTED</u> the <i>Sustainability Scorecard</i>, as circulated with the Agenda. Mr Sinclair clarified that the District's goal / vision will be informed by predictive analysis. Prof Frankum suggested that the use of video-conference technology be increased, recalling a point of David Pencheon's sustainability presentation that 1 in 5 vehicles on the roads in the UK had a health related purpose. 	
<i>Ms Carriage joined the meeting at 3.43pm</i>		
6.2 Data Custodianship [25.05.18: Item 8.1.2]	<ul style="list-style-type: none"> The Board <u>NOTED</u> the Referral Note advising that the LHD remains the custodian of its data held at the Gov DC, as circulated with the Agenda. 	
6.3 Amendments to Model By-laws [25.05.18: Item 9.1]	<ul style="list-style-type: none"> The Board <u>NOTED</u> that a formal response from the Ministry of Health (MoH) is yet to be received in relation to the proposed amendments to the By-laws (submitted on 20 March 2018). The Chair reported that he will contact the Deputy General Counsel and Director Legal, NSW MOH in response to his approach about the Board's proposal to remove the requirement for an executive staff member to be appointed as a member of each Board Committee. 	
6.4 Use of funds from licensed premises [23.04.18: Item 6.4.1]	<ul style="list-style-type: none"> The Board <u>NOTED</u> that in the absence of a formal response to the Board's request, the MoH position remains as stated in the Policy, as circulated with the Agenda. Mr Sinclair highlighted: 	

	<ul style="list-style-type: none"> • <u>Background</u> <p>Licensed premises currently provide a range of services and support to the community including sporting organisations, schools, health organisations, non-government and community organisations. The value of donations received from licensed premises is approximately \$300k annually.</p> <ul style="list-style-type: none"> • <u>Preferred Option</u> <p>At a previous meeting, many Board members were in favour of Option 1 – The District does not accept donations / fund raising from any licensed premises due to potential health impacts but a formal vote was not conducted</p> <ul style="list-style-type: none"> • Following discussion Prof Frankum moved and Mr Bosotti seconded the following <u>MOTION</u>: That the SWSLHD no longer accepts donated funds from organisations that conduct gambling. • It was noted that not all Board members were present. To ensure that all members had an opportunity to vote, it was decided that voting would be done by email with ratification at the next Board meeting. • Action: Circulate the Motion to Board members. Ratify the decision at the July Board meeting. 	Secretariat
7. New Business		
7.1. Nil	<ul style="list-style-type: none"> • No new 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: • <u>Budget Announcement</u> <p>On 19 June 2018 the NSW Treasurer delivered the State budget. Highlighted within the budget announcements for SWSLHD were:</p> <ul style="list-style-type: none"> • Campbelltown Hospital received \$34 million (car park) 	

	<ul style="list-style-type: none"> • Bankstown-Lidcombe Hospital received \$25 million (emergency department and a share of \$15 million to 'plan future works') 	
	<ul style="list-style-type: none"> • Bowral & District Hospital received \$15 million to enhance the current redevelopment project (emergency department). The additional funds do not enable a clean-up of the site, i.e. aged buildings. • Liverpool will be home to a new world-class health, research and education precinct with the NSW Government committing \$740 million for the project <p>The announcements did not specify the civil secure unit or psychogeriatric beds at Campbelltown Hospital, however these initiatives may be included in the State-wide mental health funding announcement.</p> <p>A workshop is planned with the Executive Leadership Team, Capital Works & Infrastructure, Planning and Strategy & Partnerships regarding the management and delivery of these projects from an integrated and best practice (including models of care, technology, etc.) approach. The Workshop will also explore existing and potential stakeholder partnerships (universities, the IAMR, community, etc.).</p> <ul style="list-style-type: none"> • <u>Surgical and Procedural Care Plan</u> <p>The Plan will provide a framework for surgical and procedural service development required over the coming decade. A Steering Committee has been formed and, together with other identified stakeholders, attended a half-day visioning workshop on 21 June 2018.</p> <ul style="list-style-type: none"> • <u>SWSLHD Research Strategy</u> <p>The current Research Strategy is to 2021 however many of the strategies have been achieved. Noting the importance of research to the future development of SWSLHD, the Research & Teaching Committee recently approved a planning scope to develop a new Research Strategy to 2023.</p> <ul style="list-style-type: none"> • <u>2018 Research Showcase</u> <p>The Showcase was held on 6 & 7 June 2018 and attracted approx. 600 attendees across the 2 days. Feedback has been very positive.</p>	

	<ul style="list-style-type: none"> • <u>Refugee Health Week</u> <p>Refugee Health Week is an Australian event to raise awareness about the issues affecting refugees and to celebrate the positive contributions made by refugees to Australian society. Refugee Week coincides with World Refugee Day (20 June).</p> <p>The Refugee Health Service organised two events to celebrate and mark the importance. The Chief Executive was privileged to officially open the Refugee Health Week Celebration at Liverpool Hospital on 19 June.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Chief Executive's Report, as circulated with the Agenda. 	
8.1.2 - Regulatory Environment	<ul style="list-style-type: none"> • The next Regulatory Environment Report is due to the July 2018 Board meeting. 	
8.1.3 - Risk Management	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Risk Management Report, as circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • There were two new High LHD risks approved for entry on the HD Risk Register at the SWSLHD Enterprise-wide Risk Management Committee meeting held on 15 May 2018. <ul style="list-style-type: none"> ○ Emergency Treatment Performance (ETP) within target of $\geq 81\%$ (patients total time in ED ≤ 4 hours). Current Risk Rating: [Moderate/ Almost certain] HIGH (J). ○ Elective surgery access performance. Current Risk Rating: [Moderate/ Almost certain] HIGH (J). 	
8.1.4 – Work Health & Safety	<ul style="list-style-type: none"> • The next Work Health & Safety Report is due to the August 2018 Board meeting. 	

8.1.5 - KPI Report		
Safety & Quality	<ul style="list-style-type: none"> • Ms Snook highlighted: <ul style="list-style-type: none"> • <u>Quality & Safety KPIs</u> <p>The rate of Hospital acquired pressure injuries: Stage 3, 4, Unstageable and Suspected Deep Tissue pressure injuries was 0.39 per 1000 completed admitted patient stays for the month of April 2018, which is higher than the same month in 2017 (0.10). The rates are being discussed / explored at monthly Quality & Safety meetings between the LHD and facilities.</p> • <u>SAC 1 Incidents & Completed RCAs</u> <p>There were nine new serious incidents since the last report which will undergo an RCA.</p> <p>The Chair invited comment / questions:</p> <ul style="list-style-type: none"> • In relation to Incident 2631486-20 – await RCA outcome. • In relation to Incident 2620766-20 – Suicide prevention strategies (including mental health clients) are implemented. • In relation to Incident 2612186-20 – six weeks for respite placement would be accurate. • In relation to Incident 2588464-20 – Alignment of the LHD and MoH policy relating to patient transfers was a system improvement. • Of the five RCAs completed since the last report, four did not find a root cause or contributing factor. • 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>Performance for May 2018 is at 65.93% compared to the >=81% target.</p> 	

	<p>The General Manager, Liverpool Hospital has led a revision of the Improvement Plan, which includes 15 new strategies.</p>	
	<p>Teams at Campbelltown & Camden Hospitals continue to be supported to focus on five back to basics (core) strategies.</p> <p>Overall, incremental improvements are expected.</p> <ul style="list-style-type: none"> • <u>Unplanned Readmissions</u> <p>Action: Explain the performance results at Fairfield Hospital to enable a deeper understanding.</p> <ul style="list-style-type: none"> • <u>Surgery</u> <p>As at 31 May 2018, the LHD achieved zero overdue elective surgery patients for one of 3 benchmarks:</p> <p>Cat 1 – 0 Cat 2 – 4 Cat 3 – 16</p> <p>A plan is in place at Liverpool & Bankstown-Lidcombe Hospitals to achieve the targets for category 2 and 3 patients.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Access & Patient Flow component of the KPI Report. 	<p>Director of Operations</p>
<p>People & Culture</p>	<ul style="list-style-type: none"> • Ms Leon highlighted: <ul style="list-style-type: none"> • <u>Workers Compensation</u> <p>The Workforce Committee meeting referred to was deferred due to the Surgical & Procedure Care Plan Vision Workshop.</p> <p>The data presented for KPI: Compensable Workplace injury Reduction is the number not the percentage.</p> <ul style="list-style-type: none"> • <u>Performance Development Review (PDR) Rates</u> <p>The District’s overall compliance rate is a focus area for the Finance & Assets Committee.</p> <ul style="list-style-type: none"> • <u>People Matter Employee Survey</u> <p>As at 3 June 2018 the LHD compliance rate was 24.8%. The stretch target is 40%. The Survey closes on 2 July 2018 and approximately 90 champions are engaged to promote completion of the Survey.</p>	

	<ul style="list-style-type: none"> The Board NOTED 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>The LHD the Net Cost of Service result YTD is forecast to be \$1.5M favourable to budget. There is an ongoing focus to maintain financial stewardship to ensure this result is achieved.</p> <p>Key areas to address during June include:</p> <ul style="list-style-type: none"> The calculation of the 2.5% increase on the Annual Leave provision as at 30 June. The final review of the adequacy of the Patient Fees provision for doubtful debts. The final calculation of the Long Service Leave provision based on the NSW Treasury actuarial adjustments. <p>Small vendor payments 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 April 2018) indicate that SWSLHD is 101% of the YTD target.</p> <u>Service Level Agreement</u> <p>A presentation to the July Board meeting will be made. Growth will be paid at 90% and new services at 100% - of the State price.</p> The Board NOTED the Finance & Activity component of the KPI Report. 	
<p>Services</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>Prof Merrett confirmed that seclusion episodes and rates are reported to the Health Care Quality & Safety Committee (HCQSC).</p> <p>Action: Provide a copy of the HCQSC Seclusion Report to the Board Chair.</p> 	<p>Secretariat</p>

	<p>Action: Clarify the absence of data for Liverpool MHU East for the KPI - Acute seclusion rate.</p> <ul style="list-style-type: none"> • <u>Primary & Community Health</u> <p>No items were highlighted.</p> <ul style="list-style-type: none"> • <u>Drug Health Services</u> <p>Interviews were recently held for the General Manager position. Further advice will be provided to the July Board meeting.</p> <ul style="list-style-type: none"> • <u>Population Health</u> <p>No items were highlighted.</p> <ul style="list-style-type: none"> • <u>Oral Health</u> <p>No items were highlighted.</p> <ul style="list-style-type: none"> • The Board NOTED the Service Reports component of the KPI Report. 	Director of Operations
8.1.6 – Media & Marketing Report	<ul style="list-style-type: none"> • The Board NOTED the Media & Marketing Report, as circulated with the Agenda. 	
8.1.7 – Strategic Plan Update	<ul style="list-style-type: none"> • Nil. 	
<p><i>Ms Snook & Ms Leon left the meeting at 5.13pm.</i></p>		
<p>8.2 Chairman’s Report</p>		
8.2.1 – Board Climate Survey	<ul style="list-style-type: none"> • The Board NOTED the project scope of the 2018 Board Climate Survey to be undertaken by the NOUS Group, as circulated with the Agenda. • Action: The Chair undertook to negotiate 1 hour prior to a scheduled Board meeting in lieu of the proposed Workshop. 	Secretariat / Chair
8.2.2 – Correspondence Received	<ul style="list-style-type: none"> • The Board NOTED the letter issued to Mr CS in response to his emails to multiple addresses, including the SWSLHD Board, relating to the publication of Board meeting minutes. 	

<p>8.2.3 – Council of Board Chairs Meeting</p>	<ul style="list-style-type: none"> • The Council of Board Chairs meeting was held on 18 June 2018, the Chair highlighted: <ul style="list-style-type: none"> • LHD collaboration • Complaints management <ul style="list-style-type: none"> • Action: Discuss at the next General Managers meeting. • Commonwealth government’s position regarding treating privately insured patients in public hospitals • Nursing hours per patient day • MoH Governance Review – first stage relates to Board performance and assessment; second stage relates to Chief Executive performance review 	<p>Director of Operations</p>
<p>9 Committees of the Board</p>		
<p>9.1 Health Care Quality & Safety Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Health Care Quality & Safety Committee meeting held on 6 June 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Merrett highlighted: <ul style="list-style-type: none"> • <u>Item 6.1 – Birthrate Plus</u> The Committee received a report about the Birthrate Plus reviews and strategies. A further update has been requested in December. • <u>Item 6.2 – Testicular Torsion</u> The Committee noted the status of strategies (including the development of guidelines, clinical staff meetings, education, etc.) to eliminate testicular torsion. • <u>Item 7.1.7 – Campbelltown & Camden Hospitals Accreditation Results</u> The Committee noted that two AC90 recommendations were received by Campbelltown & Camden Hospitals – relating to performance development review compliance and fire safety training (data). Action plans have been developed. 	

9.2 Finance & Assets

Minutes

Delegations Manual

- The Board NOTED that the May 2018 meeting of the Finance & Assets Committee meeting was cancelled, although the Committee Chair met with the Director of Finance. Minutes of the meeting held on 15 June 2018 are not yet available.
- Ms Larkin highlighted:
 - As part of one of the key strategies of *Transforming Your Experience* to empower effective decision making, the *SWSLHD Delegations Manual* has been revised to address feedback provided by staff.
 - The draft revised Manual was submitted to the SWSLHD Finance & Assets (Board) Committee's May 2018 meeting; cancelled due to a lack of a quorum. In lieu, the Committee Chair met with the Director of Finance to review some Agenda items, including the draft revised Manual.
 - The Committee Chair expressed support for the revisions and recommended:
 - (1) Referral to the Board's June meeting for endorsement (to enable the 2 July 2018 'go live date');
 - (2) Re-listing the Manual at the Committee's June meeting to ratify the decision.
 - The structure and scope of the Manual has been refined to provide a more contemporary approach.
 - The introduction of decision making levels of staff to improve clarity.
 - The Manual will be subject to annual, rather than quarterly, review.
 - The proposed amendments relate primarily to the finance and workforce sections of the Manual, for example:
 - Financial delegation for all levels of managers has increased.
 - Liverpool General Manager is positioned above other facilities to reflect the difference in facility size and complexity.
 - All recruitment within approved FTE and budget is now with the facilities and services. Approval to appoint to new positions remains with the Chief Executive Officer.

	<ul style="list-style-type: none"> The Board <u>APPROVED</u> the revised SWSLHD Delegations Manual, effective 2 July 2018. 	<i>Secretariat</i>
9.3 Research & Teaching Minutes	<ul style="list-style-type: none"> The Board <u>NOTED</u> that the Minutes of the Research & Teaching Committee meeting held on 21 June 2018 were not yet available. 	
9.4 Aboriginal Health Minutes	<ul style="list-style-type: none"> The next meeting of the Aboriginal Health Committee is scheduled for 28 June 2018. 	
9.5 Audit & Risk Management Minutes	<ul style="list-style-type: none"> The Minutes of the Audit & Risk Management Committee meeting held on 15 May 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. Action: Confirm that the ICAC referral noted in Item 7.7.2 has been submitted to the Board. 	Mgr, Internal Audit
ICAC Matters	<ul style="list-style-type: none"> The Board <u>NOTED</u> the notifications to (nil) and received from (nil) the ICAC for the period 12 May to 13 June 2018, as circulated with the Agenda. 	
9.6 Nominations Transforming Your Experience	<ul style="list-style-type: none"> The Board <u>APPROVED</u> the commitment statement recommended by the Nominations Committee relating to the Board's leadership role of the Transforming your Experience strategy: <ul style="list-style-type: none"> 'The Board acknowledges its fundamental role to lead respectful and quality communication'. 	
10 Consumer & Community Council	<ul style="list-style-type: none"> The Minutes of the Consumer and Community Council meeting held on 1 June 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. Mr Reidy conveyed the Council's appreciation in relation to the mental health unit (7th floor) of Campbelltown Hospital. 	
11 Items for Information	<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"> 17 July 2018 – Joint Board meeting with Western Sydney Local Health District. 	

<p>12 Other Business Without Notice</p>	<ul style="list-style-type: none"> • The Chair invited other business without notice. • Dr Abi-Hanna noted his leave for July 2018. • Dr Gray noted his apologies for the July meeting. • The Chair advised that a meeting with Mr Neaverson regarding the revision of the board reporting arrangement had been held and work is progressing. 	
<p>13 MSEC Feedback</p>	<ul style="list-style-type: none"> • The Chair invited feedback/issues from the Medical Staff Executive Council. • Dr Frankel highlighted: <ul style="list-style-type: none"> • Positive feedback received from clinicians in relation to the recent State budget announcements. • Data and information has been requested for the next MSEC meeting regarding issues relating to the timing of recruitment through the Recruitment & On Boarding (ROB) system. • Consultant to consultant liaison regarding patient transfers between hospitals seems to be working well. 	
<p>14 Close / Next Meeting</p>	<ul style="list-style-type: none"> • The meeting closed at 6.10pm. The next meeting will be held: <ul style="list-style-type: none"> • Monday 23 July 2018 – Fairfield Hospital • 2.30pm-3.30pm – Facility / Site Visit • 3.30pm – Board meeting 	