

MINUTES

South Western Sydney Local Health District Board

Date: Monday 24 September 2018

Time: 3:30pm

Venue: Executive Conference Room, Campbelltown 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 Anthony Frankel, Medical Staff Executive Council Representative	✓	
Ms Clair Ramsden, Director of Operations	✓		Ms Nel Buttenshaw, Manager Executive & Board Secretariat	✓	
Mr Dimi Palamidis, A/g Director of Finance	✓		Mr Damien Saavedra, 1 st Yr Student, GHMP	✓	
Ms Alison Derrett, General Manager, Campbelltown & Camden Hospitals	✓		Mr David Ryan, Director, Capital Works & Infrastructure	✓	
Mr David Ballantyne, Executive Director, Development & Innovation, Health Infrastructure	✓		Mr Rod Pinder, Architect, Fitzpatrick+Partners	✓	
Mr Bruno Zinghini, Executive Director Western Region, Health Infrastructure	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
In-camera Session	<ul style="list-style-type: none"> The Board and Ms Larkin held an in-camera session to discuss a matter relating to a senior staff member. 	
<p><i>Ms Buttenshaw, Ms Ramsden, Dr Frankel, Ms Derrett, Mr Palamidis, Mr Saavedra, Mr Ryan, Mr Pinder, Mr Zinghini & Mr Ballantyne joined the meeting at 4.01pm</i></p>		

2. Presentation

- The Chair welcomed Mr Ballantyne, Mr Ryan, Mr Pindar & Mr Zinghini to present an overview of the Liverpool Innovation Precinct Master Plan.

- Mr Ballantyne highlighted:

Context

- The master planning involves two components:
 - Liverpool Health Academic Precinct (LHAP) – hospital redevelopment focus – being issued as a driver for a wider:
 - Liverpool Innovation Precinct Plan (LIPP) – beyond the hospital borders – to attract research, education teaching, etc. via industry partners

Project Overview

- Health Infrastructure (HI) works collaboratively with LHDs in an integrated model
- SWSLHD -> HI -> other partners, i.e. Johnstaff Projects

Governance

- Liverpool Hospital Academic Precinct (LHAP) Governance
 - Executive Steering Committee
 - ↳ Planning & Development Committee
 - ↳ Executive User Groups
 - ↳ Project User Groups
- The LHAP Governance Model has an additional (to the standard model described above) stakeholder committee that informs planning – the Liverpool Innovation Precinct Committee, Chaired by David Borger. Membership includes industry partners, i.e. TAFE, Council, etc.

Planning Timetable

- Jul-18 Master Planning
- Nov-18 Concept Design
- Dec-18 Business Case
- Aug-19 Functional Brief
- 2019 Schematic Design

- Mr Pindar highlighted:

Design Principles (*In relation to the town centre vision*)

- Centre of excellence
- Beyond 2026
- Campus-wide integration
- An anchor for the LHAP
- Integrate education and research
- Patient focussed
- Open
- Minimise disruption
- Improve circulation and way finding
- Utilise existing assets
- Core clinical relationships
- Value for investment

	<p><u>Map Overviews</u></p> <ul style="list-style-type: none"> • LHAP ground plan (aerial view) – showing the merge of the health precinct and the town centre, highlighting the development on the western side of the campus. • LHAP – section plan • View from Goulburn Street – showing the change to the streetscape • Plans for future rapid transport (i.e. to/from aerotropolis) • Future metro options (i.e. growth of public transport) • Major pedestrian links • Future planning i.e. schools, universities, transport, shared infrastructure, commercial growth, affiliated residential) <ul style="list-style-type: none"> • The Chair invited comments / questions: <ul style="list-style-type: none"> • In response to building for 2021 - HI clarified that capital developments are built to support future efficiency and in accordance with Greenstart building codes. • Patient transport to Liverpool Hospital will decline as Campbelltown Hospital builds up. • Transport NSW is a later stakeholder to join the Committee and is developing an integrated transport strategy. • On behalf of the Board, the Chairman thanked HI for their informative presentation. 	
<p><i>Mr Ballantyne, Mr Pindar, Mr Zinghini and Mr Ryan left the meeting at 4.35pm.</i></p>		
<p>3. Acknowledgment to Country</p>	<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. 	
<p>4. Declaration of Interests</p>	<ul style="list-style-type: none"> • The Chair invited declarations of interest. • Nil were received. 	
<p>5. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> • <u>MOTION:</u> A motion was moved by Dr Gray and seconded by Prof Frankum that the Minutes of the Board meeting held on 27 August 2018 be accepted as a true and accurate record. <ul style="list-style-type: none"> • The Motion was carried. • <u>MOTION:</u> A motion was moved by Dr Abi-Hanna and seconded by Mrs Berry that the Report arising from the Board Planning Workshop held on 20 August 2018 be accepted as a true and accurate record. 	

	<ul style="list-style-type: none"> • The Drug Health Service have submitted a proposal to establish a specialist problem gambling support program (for clients, carers and families and potentially to accept referrals from other services). • The program would provide prevention, assessment and intervention services as well as support research across the LHD targeting both individuals and communities. • Initial funding of \$100,000 is sought, which includes related positions (which may be extensions of current positions). • The Board <u>APPROVED</u> the proposal in principle and referred the establishment of the service to management. The Board requested management to reconsider the name of the proposed service (i.e. remove the word problem). • Action: Establish the proposed service, name pending. 	Ms Ramsden
8. New Business		
8.1. Revised draft Clinical Services Plan for Liverpool Hospital to 2031	<ul style="list-style-type: none"> • Ms Larkin spoke to the Referral Note, circulated with the Agenda, regarding the revised Clinical Services Plan for Liverpool Hospital to 2031, inclusive of a summary describing key amendments. • Ms Larkin highlighted the revision: <ul style="list-style-type: none"> • Builds on the previous Plan (2017) to provide further, in-depth detail on the clinical service requirements of Liverpool Hospital to support the redevelopment process. The revision includes model of care work, functional briefing and consultation with stakeholders. • Has been reviewed at the Liverpool Hospital and District Clinical & Quality Councils. • Mrs Berry suggested an amendment to the Aboriginal Health section – in which duplication of text appears. • The Board <u>APPROVED</u> the revised Clinical Services Plan for Liverpool Hospital to 2031. • Action: Convey the Board’s approval of the revised Plan. 	Ms Buttenshaw
8.2 TYE Board Award - APM	<ul style="list-style-type: none"> • The Board <u>APPROVED</u> the selection process for the Transforming Your Experience (TYE) Board Award, to be presented at the Annual Public Meeting in 2018, as described within the Referral Note circulated with the Agenda. 	

	<ul style="list-style-type: none"> The Board noted that the time-frame of the process was very tight. Action: Convey the Board's approval of the selection process for the TYE Board Award. 	Ms Buttenshaw
8.3 2018/19 Service Agreements AHOs	<ul style="list-style-type: none"> Ms Larkin spoke to the Referral Note, circulated with the Agenda, regarding the 2018/19 Service Level Agreements between the SWSLHD and Affiliated Health Organisations (AHOs). Ms Larkin highlighted negotiations with Karitane concerning their budget. The LHD is not the sole funder of Karitane. In response, Ms Larkin assured the Board that the LHD is satisfied with the governance (including risk) attestation statements submitted by the AHOs. Future Referral Notes will articulate such assurance. The Board <u>APPROVED</u> the 2018/19 Service Agreements between the SWSLHD and the following 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: Chairman and Chief Executive to sign the Agreements on behalf of the LHD. 	Prof Harris & Ms Larkin
9 Standing Items		
9.2 Chief Executive's Report		
9.1.1 – Current Significant Matters	<ul style="list-style-type: none"> Ms Larkin spoke to the Significant Issues Section of the CE Report as circulated with the Agenda and invited comment or questions. <u>Western Sydney Aerotropolis</u> <p>Further to the Premier's announcement on 13 September that four universities (NSW, Newcastle, Western Sydney & Wollongong) will create one campus, the LHD is leading two related strategies:</p> <ul style="list-style-type: none"> - A Vice-Chancellors dinner to discuss the Liverpool collaboration; and to explore opportunities relating to 	

	<p>the aerotropolis</p> <ul style="list-style-type: none"> - Hosting a meeting with Western Sydney and Nepean Blue Mountains LHDs to determine a collective approach for health within this space <ul style="list-style-type: none"> • The Board <u>CONSIDERED</u> the Chief Executive's Report, as circulated with the Agenda. 	
9.1.2 – Risk Management	<ul style="list-style-type: none"> • Ms Larkin spoke to the Risk Management Report, circulated with the Agenda and highlighted: <ul style="list-style-type: none"> • No new LHD risks referred to the Board from Board Committees this month. • There were no new Extreme / High Risks approved for entry on the LHD Risk Register at the Enterprise Risk Management Committee meeting held on 21 August 2018. • The outcome of the review of the rating applied to Risk ID 512, as requested at the 27 August 2018 Board meeting will be presented in the next Board Risk Register Report. • A digger had fallen over (Campbelltown Hospital) on a defined Edwards site. The matter is being investigated. The driver was not hurt. 	
9.1.3 - Regulatory Environment	<ul style="list-style-type: none"> • Ms Larkin noted the Regulatory Environment Report, circulated with the Agenda. <ul style="list-style-type: none"> • In response Ms Larkin clarified that from 1 September 2017 all policies ratified are District-wide and risk rated. Policy review is undertaken in priority order aligned with the risk rating. 	
9.1.5 - KPI Report		
Safety & Quality	<ul style="list-style-type: none"> • The Board considered the Safety & Quality component of the KPI Report: <ul style="list-style-type: none"> • Ms Larkin reported that the Clinical Governance Unit is reviewing the rate and number of mental health incidents and will provide a report to the Health Care Quality & Safety Committee. 	
Access & Patient Flow	<ul style="list-style-type: none"> • The Board considered the Access & Patient Flow component of the KPI Report: 	

	<ul style="list-style-type: none"> • Ms Ramsden highlighted: <ul style="list-style-type: none"> • For August 2018 ETP was 61.5% and TOC was 82.4%. These results are a slight improvement on the previous year (53.9% and 77.0% respectively). A large amount of project work continues to improve ETP. • In response, Ms Ramsden anticipated an improved performance for Improvement Measure (SURG-002) with the appointment of a paediatric surgeon at Campbelltown Hospital. 	
<p style="text-align: center;">People & Culture</p>	<ul style="list-style-type: none"> • The Chair invited comment / questions on the People & Culture component of the KPI Report: • Ms Larkin highlighted: <ul style="list-style-type: none"> • <u>Workers Compensation</u> <p>The increase in return to work durations is due to a higher number of new claims being reported in the January to March quarter.</p> • <u>Excess Annual Leave Liability</u> <p>As at 23 August 2018 there were 4,988 employees with excessive leave, which is relative to the increase in total FTEs.</p> <ul style="list-style-type: none"> • <u>Performance Development Review (PDR) Rates</u> <p>The overall compliance rate for the reporting month is at 81.2%, an increase on the previous month (80.4%). PDR compliance is a standard agenda items at monthly accountability meetings (between the Director of Operations and Facility Managers and Service Directors). The PDR tool has recently been revised, in response to feedback.</p> <ul style="list-style-type: none"> • The threshold reported for Improvement Measure (SPC015) is green. It should be red. 	
<p style="text-align: center;">Finance & Activity</p>	<ul style="list-style-type: none"> • The Chair invited comment / questions on the Finance & Activity component of the KPI Report: • Mr Palamidis highlighted: <ul style="list-style-type: none"> • <u>Budget</u> 	

	<p>The LHD had a Net Cost of Service unfavourability of \$1.0M for the month of August (YTD unfavourability of \$2.5M), which is comparable to the previous year. The main items in expense for noting were:</p> <ul style="list-style-type: none"> • High surge activity particularly at Liverpool Hospital as a result of winter activity • Overtime expenditure year on year has decreased as a result of a less severe influenza season to date • Employee related expense pressure resulting from the Nursing Hours Per Patient Day strategy <p>The main items for Own Source Revenue for noting were:</p> <ul style="list-style-type: none"> • A decline in private patient conversion attributed to the ongoing increases in private health insurance premiums and/or patients only holding ancillary cover. • Other revenue is performing well due to the commercial retail rentals at Liverpool Hospital. <p>Other key areas noted for August included:</p> <ul style="list-style-type: none"> • The 2.5% award increase on salary & wages was processed during July; in previous years the increase was processed in August. <p>Small vendor payments performance achieved the target of 100% paid within 30 days and all trade creditors were paid within 45 days.</p> <ul style="list-style-type: none"> • <u>Activity</u> <p>Results indicate that the LHD is 103% of YTD target – July 2018 (the most current available data).</p>	
<p>Services</p>	<ul style="list-style-type: none"> • The Chair invited comment / questions on the following Service Reports, circulated with the Agenda: <ul style="list-style-type: none"> • <u>Mental Health</u> <p>Ms Murphy highlighted that performance in response to KPI: Acute seclusion rate (episodes per 1,000 bed days) does not include emergency departments.</p> <p>Action: Report episodes within ED and include in the calculation of the seclusion rate.</p> • <u>Primary & Community Health</u> <p>No items were highlighted.</p>	<p>Ms Ramsden</p>

	<ul style="list-style-type: none"> • <u>Drug Health Services</u> No items were highlighted. • <u>Population Health</u> No items were highlighted. • <u>Oral Health</u> No items were highlighted. 	
9.1.6 – Media & Marketing Report	<ul style="list-style-type: none"> • The Board <u>RECEIVED</u> the Media & Marketing Report, as circulated with the Agenda. 	
9.2 Chairman’s Report		
9.2.1 – Correspondence Received	<ul style="list-style-type: none"> • The Board <u>CONSIDERED</u> correspondence received (either directly or by way of cc) from Mr CS, as circulated with the Agenda. Ms Larkin advised that an independent review into the concerns raised by Mr CS has been concluded. Following a review of the Report a further open disclosure meeting will be offered to Mr CS and his family. • The Board <u>NOTED</u> the correspondence received from Dr HM on behalf of Ms JH concerning the wellbeing of her son Mr JH and the Board Chairman’s response. • The Board <u>CONSIDERED</u> the correspondence received from Mr RL. Ms Larkin reported a number of meetings held with Mr RL. The Board determined that a response should be issued indicating no further action will be taken. • Action: Draft a reply to Mr RL for the Chairman’s signature on behalf of the Board. 	Ms Buttenshaw
9.2.2 – December Board Meeting Date	<ul style="list-style-type: none"> • The Board <u>ENDORSED</u> a change of meeting date for December 2018 – from Monday 10th to Monday 17th. The date change is necessitated as a result of the MoH hosted Council of Board Chairs meeting being scheduled for Monday 10th. • Action: Update the 2018 Board Meeting & Events Summary Calendar 	Ms Buttenshaw
9.2.3 – Proposed Meeting & Event summary - 2019	<ul style="list-style-type: none"> • The Board <u>APPROVED</u> the proposed 2019 Board Meeting & Event Calendar Summary, as circulated with the Agenda, highlighting: <ul style="list-style-type: none"> • A preference for Tuesday 30 July 2018 for the annual joint 	

	<p>meeting between the SWS and Western Sydney LHD Boards.</p> <ul style="list-style-type: none"> • A request for member availability to be canvassed in relation to the Board Planning Workshops (Monday afternoons). • Actions: Finalise the 2019 Board Meeting & Events Summary prior to publication. 	Ms Buttenshaw
9.2.4 – Diligent	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the change in the Boards e-portal platform, from Govdex to Diligent. • The transition will include one on one training sessions and will conclude by year end - Diligent being live from November 2018, in parallel with Govdex. 	
10 Committees of the Board		
<p>10.1 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 5 September 2018 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. • Dr Gray highlighted: <ul style="list-style-type: none"> • <u>Item 7.1.2 – Liverpool Hospital – O&G</u> <p>The Committee noted a serious incident involving the O&G Service at Liverpool Hospital. An Action Plan, including strategies will be provided to the next Committee meeting.</p> • <u>Item 8.1 – Review of Australian Health Service Safety & Quality Accreditation Scheme and Standards</u> <p>Overall the number of Standards has reduced (from 10 to 8). Health Service Organisations will transition to the 2nd Edition of the Standards from January 2019. Organisations will be assessed every 3 years (previously 4 years). Mid-cycle assessments will no longer occur. Facilities and Services will be required to submit, annually, an Attestation Statement (template) signed by the Chief Executive and a Board representative.</p>	
SWSLHD Quality Awards	<ul style="list-style-type: none"> • The Board <u>RECEIVED</u> a Referral Note regarding the Board Award presented at the SWSLHD Patient Safety Seminar. • Dr Gray encouraged members to review the information circulated about the Winner – Transforming After Hours Medical Care: Junior Medical Officer (JMO) Evening Team Staffing (JETS) model – Liverpool Hospital. 	

<p>10.2 Finance & Assets</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Finance & Assets Committee meeting held on 17 August 2018 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. • The following matters were highlighted: <ul style="list-style-type: none"> • <u>Item 6.1.1 – Finance / ABF Report</u> <p>The Committee noted an emerging issued raised by the Director of Finance relating to Nursing Hours Per Patient Day (NHPPD). The LHD has previously managed NHPPD on a weekly basis, however the requirement is now to report by shift.</p> • <u>Item 5.2 – pg 141 – Disinvestment/Investment</u> <p>The need to explore disinvestment strategies is being explored at facility clinical and quality councils with a view to revising the service priority enhancement process to include this requirement.</p> <ul style="list-style-type: none"> • <u>Item 5.2 – pg 142 – ICT</u> <p>Amendments to the Minutes were undertaken at the September Committee meeting. The amendments included language used in this section. Ms Loomes assured the Committee that ICT deliverables were on track/target.</p> <ul style="list-style-type: none"> • <u>Item 6.2.1 – Capital Funded Projects</u> <p>The Committee received advice at the September meeting that the business case and plans submitted to upgrade the mains power at Bankstown-Lidcombe and Fairfield Hospital’s under the Asset Replacement Funding Project had not been approved by the MoH. Management is negotiating with the MoH and attempting to identify other sources of funds to mitigate this significant risk.</p>	
<p>10.3 Research & Teaching</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The next meeting of the Research & Teaching Committee will be held on 4 October 2018. 	
<p>10.4 Aboriginal Health</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The next meeting of the Aboriginal Health Committee will be held on 27 September 2018. 	

<p>10.5 Audit & Risk Management</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Audit & Risk Management Committee meeting held on 21 August 2018 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. The Minutes of the Audit & Risk Management Committee meeting held on 29 August 2018 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. Items of note for the Board were: <ul style="list-style-type: none"> The Committee recommended the financial statements for the SWSLHD for the year ended 30 June 2018 to the Board, signed by the Chief Executive & Director of Finance. The Committee recommended the financial statements for the SWSLHD Special Purpose Service Entity for the year ended 30 June 2018 to the Board, signed by the Chief Executive & Director of Finance. Mr Palamidis highlighted (Item 4.8) that eHealth does not have a Disaster Recovery Plan for the Power Billing and Revenue Collection system. 	
<p>ICAC Matters</p>	<ul style="list-style-type: none"> The Board <u>CONSIDERED</u> the (one) notification to and received from (nil) the ICAC for the period of 13 August to 10 September 2018, as circulated with the Agenda. 	
<p>Committee Charter</p>	<ul style="list-style-type: none"> The Board <u>APPROVED</u> the Committee Charter, as circulated with the Agenda. Ms Larkin highlighted the revisions: <ul style="list-style-type: none"> Name on the diagram (p 6) from 'Manager, internal Audit' to 'Chief Executive'. Insertion of 'Management' into the Committee title. Action: Convey the Board's approval of the Charter, including the revisions, to the Committee Secretariat for publication. 	<p>Ms Buttenshaw</p>
<p>10.6 Nominations</p> <p>Minutes</p>	<ul style="list-style-type: none"> The next meeting of the Nominations Committee meeting is scheduled for 16 November August 2018. 	
<p><i>Ms Larkin left the meeting at 6.30pm.</i></p>		
<p>11 Consumer & Community Council</p>	<ul style="list-style-type: none"> The Minutes of the Consumer and Community Council meeting held on 7 September 2018 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. 	

	<ul style="list-style-type: none"> • Ms Murphy advised that the CCC had requested the following matters be conveyed to the Board: <ul style="list-style-type: none"> • Redevelopment Projects – consultation process <ul style="list-style-type: none"> • Notice of meetings is too short at times • A large number of meetings with limited consumer representatives available • Redevelopment Projects – parking access <ul style="list-style-type: none"> • During redevelopment projects parking is being taken at times by contractors. Request for the Board to consider this issue in contracts. • Fairfield Hospital <ul style="list-style-type: none"> • Lack of response to questions asked / issues raised, i.e. advocacy for aged care. • Caravan providing an after-hours GP service is inappropriate. • Actions: <ul style="list-style-type: none"> • Ms Marshall to provide a response to the CCC meeting as the Executive representative in attendance. • Ms Ramsden to follow up Fairfield matters with the General Manager. 	<p>Ms Marshall</p> <p>Ms Ramsden</p>
<p>12 MSEC Feedback</p>	<ul style="list-style-type: none"> • Dr Frankel reported the following issue/s arising from the Medical Staff Executive Council for the Board’s attention: <ul style="list-style-type: none"> • Medicare Billing <p>Some medical staff (Level 1 staff specialists) are receiving letters from Medicare requesting payment in relation to billing errors arising from services provided in outpatient clinics – in which LHD administrative staff undertake the billing and collect the revenue.</p> <p>Mr Palamidas clarified that the LHD has contacted the medical staff involved to apologise and advise that payments would be made by the LHD.</p> <p>Dr Abi-Hanna highlighted a (personal) reputational risk and suggested letters be sent to medical staff apologising for the duplicated billing which could be sent on to Medicare.</p> • College accreditation processes are becoming more demanding (advanced trainees). • A number of (clinical) cases relating to working with artificial granite have been published in the media. • Action: Raise with the Public Health Unit 	<p>Ms Ramsden</p>

<p>13 Items for Information</p>	<ul style="list-style-type: none"> • The Board <u>CONSIDERED & DISCUSSED</u> the 2018 Board meeting & events summary. • The Chair highlighted: <ul style="list-style-type: none"> • 08.10.18 LHD & Speciality Network Board Conference - no further details have been received. • 22.10.18 Board Climate Survey – Feedback session by the NOUS Group prior to the Board meeting 	
<p>14 Other Business Without Notice</p>	<ul style="list-style-type: none"> • The Chair invited other business without notice. • Prof Frankum thanked Ms Derrett for her excellent presentation at the site visit preceding the Board meeting. 	
<p>15 Close / Next Meeting</p>	<ul style="list-style-type: none"> • The meeting closed at 6.45 pm. The next meeting will be held: <ul style="list-style-type: none"> • Monday 22 October 2018 – District Office • 3.30 pm – Board meeting 	