

## SUMMARY OF MINUTES

### Meeting of the Board of the Western Sydney Local Health District

No. 2016/64

Date: Tuesday, 11 October 2016

Venue: Conference Room, Westmead Executive, Westmead Hospital

# Minutes

Present: Jeremy Chapman (A/Board Chair), Narelle Bell, Bruce Turner, Paul Gibson, Di O'Halloran, Kathy Baker, Andrew Pesce, Jane Spring, Richard Alcock

Ex officio: Danny O'Connor, Andrew Newton, Michael Edge

Teleconference: Nil.

Secretariat: Neeli Sharma

Invited: Leena Singh, Director Strategic Development and Commercial Services, WSLHD

Meeting commenced: 4.00pm

Quorum: A quorum was met.

### Item 1 Welcome and Leave of Absence

Acknowledgement to Country.

Leave of Absence: Stephen Leeder (Board Chair), Peter Zelas, Hadia Haikal-Mukhtar

*Action and decision: Send correspondence of well wishes from the Board to Hadia Haikal-Mukhtar*

### Item 2 Declarations of Changes in Material Circumstances

Members were asked to declare:

- (i) conflicts of interest in relation to the agenda or
- (ii) changes in material circumstance.

*Action and decision: No declarations NOTED*

### Item 3.1 Presentation – Rouse Hill Update – Jeremy Chapman/Leena Singh

Ms Leena Singh, Director Strategic Development and Commercial Services, WSLHD was joined by Professor Jeremy Chapman to provide an update on planning for the future of Rouse Hill Hospital and District Health Services Planning for member's consideration and feedback. Members were referred to the power-point presentation.

*Key discussion points:*

- Professor J Chapman reiterated the announcement made by the Minister and the Premier regarding \$300 million reserved for new hospital at Rouse Hill. Members noted an excerpt highlighted from the media release regarding the announcement which read the new hospital will include an emergency department, operating theatres, inpatient wards and other services to be determined by a rigorous planning process.
- Ms Singh talked to the presentation on the following topics:
  - population projections by LHDs
  - population demographic trend of Rouse Hill facility catchment and Western Sydney LHD
  - Rouse Hill demographics – Utilisation of private and public sector
  - Consultation process through Workshop in February 2016 and feedback from attendees regarding the delivery of healthcare to the Rouse Hill community
  - Conventional planning by 2027 and planning context
  - 6 key principles for service planning
  - Examples of Models from networked hospitals internationally that included Ambulatory Care, Outpatient and Diagnostic services
  - Establishment of consultation group – Clinical Advisory Group
  - Rouse Hill Strategy – 3 Stage Approach and services proposed
  - Consultation Plan for WSLHD Board, Ministry and Rouse Hill Community
- Further discussion ensued on the concepts of care which is being considered by the District as a proposition to meet the community's expectation on delivering the Minister's promise.
- Members noted the latest data released by the Ministry on Western Sydney's population projection over the next 20 years noting WSLHD will be the largest LHD in the State by 2021, five years ahead of forecast, which will enforce the need to network better for the successful delivery of Healthcare.
- Mr D O'Connor advised members of the Board Chairs' concerns regarding the political risk if the Ministers promise was not delivered. Members noted the Chair's comments regarding the importance of international development, current thinking of shifting from conventional concepts of care into more lateral and innovative concepts of care for the community to accept and how the ideas can be interpreted and communicated to the Community.
- Professor J Chapman encapsulated the discussion incorporating Board member's concerns/comments regarding the political risks, community engagement risks, operational costs and shifting from a conventional/traditional concept to an innovative concept. Members were taken through the journey of the rigorous planning process to understand how the District will manage the healthcare for the 39% of the community as it grows in Rouse Hill and how the District will integrate into a meaningful networked healthcare system.

Mr D O'Connor on behalf of the Board commended Ms Singh and Professor J Chapman for their leadership and conceptual thinking in the planning process of Rouse Hill.

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The Board agreed with the strategy outlined and noted the concerns regarding the potential political risks, community engagement risks, need for efficient operational costs and the benefits of shifting from a conventional/traditional concept to an innovative concept of healthcare delivery in the timeline of the facility. The Board noted the rigorous planning process that had been undertaken to understand how the District will manage the public healthcare needs of the community as it grows in Rouse Hill and how it is essential for the District to integrate the new hospital into a meaningful networked healthcare system.

*Action and decision: Presentation NOTED*

*Action and decision: Provide formal risk assessment/management strategy including political risks, community engagement risks and operational cost to the Board in collaboration with the Ministry.*

#### **Item 4 Business Arising**

##### **4.1 Correspondence**

*Discussion:* Members were referred to the correspondence report.

*Action and decision: Correspondence NOTED*

#### **Item 5 Minutes of Previous Meeting**

##### **Item 5.1 Acceptance of Minutes**

The minutes were accepted as a true record of the 11 October 2016 meeting following an adjustment to the attendees list to include Richard Alcock as present at the meeting.

Members have requested a more detailed record of discussion and member's response to issues of importance in future sets of minutes.

*Action and decision: Motion carried.*

##### **Item 5.1.1 Register of Actions from the Meeting**

*Discussion:* Members were referred to the Register of Actions.

Members noted an action item regarding providing members with the Community Health Strategy – Phase 2 report was missing from the register. Members requested the action item be added to the register and the report from PwC be presented at the next meeting.

*Action and decision: Register NOTED.*

*Action and decision: Include action regarding Community Health Strategy – Phase 2 papers into the Register of Actions.*

#### **Item 6 Standing Agenda Items – Reports**

##### **6.1 Acting Chair Report**

*Discussion:* Members were referred to the report.

*Key discussion points:*

The following topics were brought to members attention:

- **6.1.2** - Chief Executive's Annual Performance Review conducted and submitted to the Ministry
- **6.1.4** - Positive feedback on Quality Awards night
- **6.1.5** - Announcement by Minister Skinner – University of Sydney/Health partnership

**6.1.7 - 2016/2017 Board Moving to a digital environment:** Members were advised the roll out of Convene will occur gradually throughout the rest of 2016 in view to progress to a full digitalisation in 2017. Training and implementation details will be communicated to members following the Board meeting. Members noted positive feedback on Convene from Finance Performance Committee and Assets (FP&A) Committee of the Board.

Professor M Edye noted digitalisation of meeting papers would benefit the Medical and Dental Appointments Advisory Committee (MDAAC) Committee of the Board

Members were advised to contact Neeli Sharma, Executive Officer, Governance and Executive Strategy at [wslhd-mail@health.nsw.gov.au](mailto:wslhd-mail@health.nsw.gov.au) if a printed copy of the Board papers are required.

*Action and decision:* Report NOTED.

*Action and decision:* Consult with CIO to prioritise MDAAC on the workplan for roll out of Convene into Committees of the Board.

## Item 6.2 Chief Executive Report

*Discussion:* Members were referred to the report.

*Key discussion points:*

**6.2.1 District KPI Performance:** The operational component of the CE's report was delivered by A Newton, General Manager, Auburn and Westmead Hospitals. Members noted a busier winter period with increased activity. The District is tracking in a better position than 2015 on the trajectory line agreed with the Ministry.

- **6.2.1.2 Transfer of Care:** Members were advised Westmead Hospital has experienced a high number of ambulance presentations compared to peer hospitals yet Transfer of Care is tracking well over 90%.
- **6.2.1.3 Elective Surgery Access Performance:** Members noted all hospitals are currently meeting benchmark targets

Mr A Newton advised that discharges across the week is being managed well and end of week and weekend discharges are increasing and length of stay is being contained. Members noted the District is performing well in the run rate despite the increase in activity.

**6.2.2 Mental Health Services:** Mr D O'Connor advised members the positive interaction and discussion between the WSLHD and Minister Goward regarding accelerating plans for the future of Cumberland Hospital. Members noted the Minister has adopted the view that the preferred location and options for clinical mental health services is based at the Westmead Health precinct. The District, in collaboration

with the Ministry and Health Infrastructure (HI) has begun to update the masterplan for the Westmead Health Precinct with a view to identifying several locations that might work for a clinical mental health service. Members noted a process is underway regarding a joint planning exercise occurring between the Children's Hospital Network and WSLHD in relation to a life spectrum clinical mental health service that would be located on the Westmead Health Precinct.

### 6.2.3 Integrated Health

#### *Key points*

- **6.2.3.3 Western Sydney Local Health District Aboriginal Health Dashboard, Health Status and Workforce Report:** Members were advised there is a delay in the announcement of the new Aboriginal Medical Service (AMS) from the Federal Department of Health and the Ministry. Members noted there is good progress with the aboriginal health dashboard led by WentWest in collaboration with WSLHD. The dashboard will be finalised once consultation has occurred with the successful tenderer of the new AMS.

Mr B Turner commented on KPIs around Aboriginal Health regarding staff on executive levels linked to the Premier's priorities noting his appreciation of Sam Sangster's speech at the Blacktown opening which mentioned aboriginal involvement in the project. Members were advised the Aboriginal Health KPIs is readily available in a Workforce Report. Mr A Newton offered to include the KPIs into the performance report.

*Action and decision: Include KPI's on Aboriginal Health into the performance report.*

- **Attachment 1: Update on Major Capital Projects:** Mr D O'Connor notified members of key changes in project status. Members noted there has been progressive developments in relation to moving from schematic design into full information brief for Westmead noting the substantial change to the structural aspects of the Clinical Services building. Members were advised due to heavy pedestrian traffic the building will be future proofed with four additional lifts and will be funded within the project.
- **Attachment 2: Westmead Redevelopment Traffic Light Summary Report– September 2016:** Professor J Chapman queried about the Westmead Digital Hospital tracking as green and whether it should in fact be amber. Mr D O'Connor advised members the joint Chairs of the Children Hospital, Mr Richard Alcock and Western Sydney, Emeritus Professor Stephen Leeder had sent a correspondence to the Secretary concerning funding gaps for ICT in relation to Stage 1. The Secretary has progressed the matter positively.

*Action and decision: Follow up the status of Westmead Digital Hospital.*

#### **Business without notice:**

Dr M Edey commented on the delay in the full implementation of e-Meds due to compatibility issue with Cerner. Members noted the program was scheduled to go live in the third week of November. Mr D O'Connor expressed his confidence in the Steering Committee and noted the system issues should be resolved for the full implementation by end of the first quarter 2017.

Mr D O'Connor advised members recruitment has been undertaken for Executive Director Mental Health Services. An announcement will be made at the next meeting.

*Action and decision: Report NOTED.*

### Item 6.2.1 Financial Performance Report

Members were referred to the report.

Mr D O'Connor commented on the District's activity target being significantly up in August and September compared to July. Members were advised the gap was bridged by the end of September as there were significant lift in the activity target for Blacktown and Westmead.

*Action and decision: Report NOTED.*

#### Item 6.2.2 WH&S/OHS

Members noted next report is due in November 2016.

#### Item 6.2.3 Quality and Safety

Members were referred to the report.

*Action and decision: Report NOTED.*

#### Item 6.3 Committees of the Board

Members were referred to the report.

**Health Care Quality Committee (HCQC):** Ms K Baker, Chair, HCQC provided positive feedback on the Quality Awards night, attended by 200 people. Members noted over 70 applications were received and three awards has been nominated for 2016 NSW Health Awards.

- RCA: Members were advised the root cause analysis (RCA) underperformance of 75% was due to one RCA report late by a single day.
- Hand Hygiene: Ms K Baker advised members the District has continually exceeded the National set target of 75%. Since July 2016, the District target has been extended to 90%. All facilities are continuing to work toward the District target.

*Action and decision: Report NOTED.*

#### Item 7.0 Appendices

Members were referred to the Appendices.

*Action and decision Appendices noted.*

#### Business Without Notice

Ms D O'Halloran provided an update on Healthcare Home Initiative (HHI). Members were advised Primary Health Network (PHN) Chairs have raised issues with the Secretary of the Department of Health of the Australian Government in Canberra. A workshop was convened with the Chairs to discuss the concerns in relation to what can be done around healthcare in particular what can be done in relation to the role of Primary Health Network. Ms D O'Halloran advised members her recent

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involvement in a discussion with the Agency for Clinical Innovation (ACI) and the Ministry on bilateral agreements in development to run the HHI as a parallel program not undermining the integrated care work that is currently in place. Commonwealth Government has taken the lead to run the program in parallel and there has been no involvement of PHN. Members noted the commitment from the Ministry is strong progressing with integrated care, investing \$1000 per patients in HHI.

**Item 8.0                      Next Meeting**

The next board meeting is dinner meeting with shortened Agenda scheduled for Tuesday 8 November 2016 from **6.00pm to 7.00pm**, Middle Room, Lachlan's Old Government House.

**Item 9.0                      Close**

The meeting closed at 6.55pm

Signed: \_\_\_\_\_



(Jeremy Chapman, A/ Board Chair)