

# MINUTES



## South Western Sydney Local Health District Board

Date: Monday 24 August 2015

Time: 3:30pm

Venue: Board Room, District Office, Eastern Campus, Liverpool Hospital

### 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		✓	Mr John Gordon	✓	
Ms Carolyn Burlew (Chair)	✓		Mr Mark (Jack) Johnson	✓	
Ms Christine Carriage	✓		Prof Neil Merrett	✓	
Prof Brad Frankum	✓		Dr Matthew Gray	✓	
Mr Frank Conroy	✓		Mrs Nina Berry	✓	
Dr David Abi-Hanna	✓		Ms Kerrie Murphy	✓	
Dr Shameran Slewa-Younan		✓			
<i>Other Attendees</i>					
Ms Amanda Larkin, Chief Executive	✓		Dr Anthony Frankel, Medical Staff Executive Council Representative	✓	
Mr Graeme Loy, Director Operations	✓		Mr Mark Zacka, Director, Clinical Governance	✓	
Ms Jacqui Cross, Director of Nursing & Midwifery	✓		Ms Glenda Dingwall, Director, Workforce & Development		✓
Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
<b>(a) In-camera Session</b>	<ul style="list-style-type: none"> <li>The Board <u>AGREED</u> to make a recommendation (to the Secretary, NSW Ministry of Health) to engage in a contract renewal process with a view to determining to reappoint the current Chief Executive, without advertising.</li> <li><b>Action:</b> Submit the Board's recommendation relating to the Chief Executive's Health Executive Service Contract to the Secretary, NSW Ministry of Health.</li> </ul>	Ms Burlew
<b>2. Confirmation of the previous minutes and action list</b>	<ul style="list-style-type: none"> <li><b>MOTION:</b> A motion was moved by Mr Gordon and seconded by Dr Abi-Hanna that the Minutes of the Board Meeting held on 27 July 2015 be accepted as a true and accurate record, subject to the following correction: <ul style="list-style-type: none"> <li>Marking the presence of Mr Albert Chan, 2<sup>nd</sup> Year Student, Graduate Health Management Program.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• It was <u>AGREED</u> that notes regarding presentations made to the Board at future site visits should not be listed within the formal Minutes of the Board meeting.</li> <li>• The Motion was <u>CARRIED</u>.</li> </ul>	
<b>3. Declaration of Interests</b>	<ul style="list-style-type: none"> <li>• The A/g Chair invited declarations of interest.</li> <li>• Nil were received.</li> </ul>	
<b>4. Patient Story</b>	<ul style="list-style-type: none"> <li>• Mr Zacka presented the story of a 65 year old female who was admitted via ED in February 2013. As part of her treatment chest x-rays were ordered. The x-ray report was available in the eMR 3 days following discharge. The treating team did not view the final report or follow it up post discharge. A discharge letter was completed requesting the GP to follow up test results – however there was no record that the GP had received the letter.</li> <li>• During a subsequent admission in August 2014 multiple lung opacities were identified – within the same area that had been reported as a result of the admission in 2013. The opacities resulted in surgery the following month and a course of chemotherapy. In April 2015 further investigations revealed new bilateral small pulmonary nodes, possibly metastatic.</li> <li>• The patients husband complained to the hospital about the missed lesion in 2013.</li> <li>• An open disclosure occurred with the family and an RCA investigation was conducted.</li> </ul>	
<i>Dr Frankel joined the meeting at 3:50pm</i>		
	<ul style="list-style-type: none"> <li>• The RCA identified a range of issues some of which are ongoing issues: <ul style="list-style-type: none"> <li>• There is no reliable way of transferring care back to the GP and it is strongly suspected that only a small proportion of letters given to patients are actually handed to GPs.</li> <li>• Electronic transfer or mailing discharge summaries is dependent on the accuracy of GP information within the eMR.</li> <li>• There are varied processes across departments as to how test results are followed up once the patient is discharged.</li> <li>• A need for an IT solution for ensuring test results are reviewed and endorsed in the eMR has been a longstanding issue. The functionality does exist however it is not ready to be implemented for a range of technical and workflow reasons</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• The Imaging Service has tried to address the management of incidental findings through policy and procedures e.g. TSUNAMI. The alert system will form part of the revised PACS/RIS.</li> <li>• The story highlighted the impact of diagnostic results on patient care.</li> <li>• The Board <u>NOTED</u> the patient story.</li> </ul>	
<b>5. Business Arising</b>		
<p><b>5.1 KPI Report – Service Reports</b> [22/6/15; Item 5.2]</p>	<ul style="list-style-type: none"> <li>• Community Health Service Report – Provide the number of sexual assault staff and the total number of sexual assaults compared to other LHDs</li> <li>• The Board <u>NOTED</u> the Referral Note regarding activity, staffing and referrals relating to the Sexual Assault Service, as circulated with the Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• Within SWSLHD there are 19.0 full time equivalent funded Sexual Assault Counsellors.</li> <li>• The total number of sexual assault referrals between January and June 2015 was 324 (178 – child and 146 – adult), not 442 as reported within the Referral Note.</li> <li>• The total number of sexual assault referrals made to the JIRT between January – May 2015 was 264; not all of which involve health.</li> <li>• Current resources are satisfactory. The recent Community Health Review has identified opportunities regarding the provision of longer term counselling which are being explored.</li> </ul> </li> </ul>	
<p><b>5.2 KPI Report – Service Reports</b> [27/7/15; Item 7.2.3]</p>	<ul style="list-style-type: none"> <li>• Provide data relating to Aboriginal staff (location, position type/grade)</li> <li>• The Board <u>NOTED</u> the Referral Note providing data related to the Aboriginal workforce, as circulated with the Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• SWSLHD is working toward achieving the NSW Ministry of Health employment target of 2.6% with 210 Aboriginal staff (1.79%) employed as at June 2015.</li> <li>• Data relating to the review of the Aboriginal workforce, noting the location and spread of position classifications that Aboriginal staff are employed in.</li> </ul> </li> </ul>	

<p><b>5.3 KPI Report – Service Reports</b> [27/7/15; Item 7.3]</p>	<ul style="list-style-type: none"> <li>• Clarify Needle &amp; Syringe Exchange Program: Drug &amp; Population Health</li> <li>• Clarify threshold status: Oral Health</li> <li>• The Board <b>NOTED</b> the Referral Note regarding the issues in the July service reports, as circulated with the Agenda, related to: <ul style="list-style-type: none"> <li>- Needle and syringe distribution data</li> <li>- Oral Health KPI - Failure to attend (%)</li> </ul> </li> <li>• Ms Larkin highlighted: <p><u>Needle &amp; Syringe Program (NSP) Exchange</u></p> <ul style="list-style-type: none"> <li>• The data set provided in the July 2015 Board reports by Drug Health was YTD May 2015 (697,614 units of equipment); and by Population Health was YTD 3<sup>rd</sup> Quarter (580,103 units of equipment). These figures have been checked and are confirmed as accurate and consistent for the respective time periods.</li> <li>• To enable consistent reporting to the Board on the NSP service measure, Drug Health Services will submit NSP data monthly to the HARP Unit. This will enable both Population Health and Drug Health to report over the same monthly periods.</li> </ul> <p><u>Oral Health</u></p> <ul style="list-style-type: none"> <li>• The target for Oral Health Failure to attend is less than 9.1%. The results reported to the Board in the July report were 8.35% and 8.10% for the month and YTD data respectively. The results have been confirmed as correct and achieving target however the report flagged these results as “red” and not achieving target. The red status consigned to this result is incorrect and should be “Green”– achieved.</li> </ul> </li> </ul>	
<p><b>5.4 Health Care Quality &amp; Safety Committee</b> [27/7/15; Item 8.1.1]</p>	<ul style="list-style-type: none"> <li>• Clarify Medico-legal cases</li> <li>• The SWSLHD Board <b>NOTED</b> the update regarding the Public Liability Claim status (medical negligence) for SWSLHD, as circulated with the Agenda.</li> <li>• Mr Loy highlighted: <ul style="list-style-type: none"> <li>• A total of 146 claims were notified to the Treasury Managed Fund (TMF) for the period ending May 2015. Of these claims, 104 were identified as medical negligence (term used by TMF, rather than medico-legal): <ul style="list-style-type: none"> <li>• 50 claims – accepted (active, open and payments to be made)</li> <li>• 6 claims – finalised (minor claims that have been finalised and payments fully paid with no litigation)</li> <li>• 20 claims – notified – (made by the agency and currently awaiting further development)</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• 28 claims – notified finalised (notified and finalised with no claim made)</li> <li>• With respect to the process for costs incurred and the actual impact on the LHD finances, for general lines of insurance including medical-liability coverage, the ‘liability contribution’ (insurance premium) is charged directly to the Ministry of Health (MoH). In order to recoup the costs of this premium across NSW, the MoH charges each LHD with a contribution excess on a claim by claim basis. The excess is based on the LHD’s claims experience for the fund year. For the fund year 2014/15, SWSLHD has 56 accepted medical negligence claims with a total (net incurred cost) of \$10,643,970 and an LHD excess of \$267,850.</li> </ul>	
<p><b>5.5 Fairfield Hospital – Review ‘Did Not Waits’</b> [25/5/15; Item 5.3]</p>	<ul style="list-style-type: none"> <li>• Provide the results of a further review</li> <li>• The Board <u>NOTED</u> the Referral Note regarding the Fairfield Hospital patients that ‘did not wait’ to be seen in the Emergency Department.</li> <li>• Mr Loy highlighted: <ul style="list-style-type: none"> <li>• A further review (over a 12mth period – May 2014 to April 2015) was undertaken of patients that presented to the Fairfield Hospital Emergency Department that ‘did not wait’. The following was identified: <ul style="list-style-type: none"> <li>○ Age Groups 0 - 4 (18.9%) and 20 - 29 (23.2%) represented the largest proportion of ‘did not waits’.</li> <li>○ 42.5% of ‘did not waits’ arrived between 8:00pm – 10:00pm.</li> </ul> </li> <li>• To reduce ‘did not waits’ between 8:00pm and 10:00pm the Emergency Department rostering practice has been reviewed to allow for increasing medical officer coverage in the evening and with greater senior medical officer coverage.</li> <li>• The ED representation rate for Fairfield Hospital as of June 2015 (3.7%) has improved by 0.6% in comparison to the same period last year – the lowest in NSW.</li> </ul> </li> </ul>	
<p><b>6. Standing Items</b></p>		
<p><b>6.1.1 Chief Executive’s Report – Starring Item</b></p>	<ul style="list-style-type: none"> <li>• The Chief Executive’s Report – Starring Item –2015/16 Highlights, was circulated with the Agenda.</li> <li>• Ms Larkin reported that SWSLHD has experienced a year of outstanding achievements. A comprehensive report on activities and achievements during 2014/15 will be presented via video at a number of Forums, including the Clinical &amp; Quality Council and at the Annual Public meeting.</li> </ul>	

	<ul style="list-style-type: none"> <li>Ms Larkin presented the 'highlights', as documented within the Referral Note, circulated with the Agenda.</li> </ul>	
<p><b>6.1.2 Chief Executive's Report</b></p>	<ul style="list-style-type: none"> <li>The Chief Executive's Report for July 2015 was circulated with the Agenda.</li> <li>Ms Larkin highlighted the following items: <ul style="list-style-type: none"> <li><u>SWSLHD Senior Staff Appointments</u> Mr Ross Sinclair has been appointed to the District Director of Finance position. Ross commences duties on Monday 31 August 2015.</li> <li><u>Meeting the Healthcare needs at Macarthur</u> The booklet, used as the basis for discussion with the Minister for Health recently, has been updated (page 4, median surgical wait time graph) and a hard copy was tabled to Board members.</li> <li><u>Update: The Hub</u> The Hub industry sounding document (EoI) has been drafted. Limited consultation has occurred with a representative of residents as well as with the Miller Residents Action Group.</li> <li><u>Palliative Care Home Support Program</u> The production of a DVD for promotion, education and information has been completed and will be formally launched, together with the PEACH Program website.</li> </ul> <p>A Business Case for the increase in the number of home-support packages funded and to expand the geographic reach in the 2015/16 year has been submitted to the NSW Ministry of Health.</p> <li><u>ICT</u> Remains a challenge in the shared service / joint management structure environment.</li> </li></ul> <p>The SWSLHD ICT Program Manager, Wendy Loomes focuses specifically on the SWSLHD and has been instrumental in the implementation of the SWSLHD ICT Strategy. A number of actions are complete or in the process of management, including:</p> <ul style="list-style-type: none"> <li>o Wi-Fi expansion</li> <li>o Alignment of eHealth Programs</li> <li>o Replacement of PABX systems</li> <li>o Roadmap for Integrated Care</li> <li>o HealthNet implementation</li> </ul> <p>Mr Loy clarified that through the Wollondilly Health Alliance Telemedicine Project, General Practitioners will have access to the District IM&amp;TD network for diagnostic results and discharge planning summaries.</p> <ul style="list-style-type: none"> <li>The Board <u>NOTED</u> the Chief Executive's July 2015 Report.</li> </ul>	

<p><b>7.2 Performance – KPI Report</b></p>	<ul style="list-style-type: none"> <li>The June 2015 KPI Report was circulated with the Agenda.</li> </ul>	
<p>7.2.1 – Safety &amp; Quality</p>	<ul style="list-style-type: none"> <li>Mr Zacka highlighted: <ul style="list-style-type: none"> <li>One new Tier One indicator has been added to the Safety and Quality Indicators, i.e. hospital acquired pressure injuries: stage 3, 4 and ‘unstageable’ pressure injuries is now a Tier Two indicator. On a YTD basis there were 10 stage 3 / 4 injuries, which is 5 less than the previous year. On a State-wide basis SWSLHD performs well and there is a District-wide Pressure Injury Committee chaired by the Director, Nursing &amp; Midwifery Services that provides oversight and strategic direction for the management of pressure injuries.</li> </ul> <p><b>Action:</b> Clarify the target for the new Tier 1 Indicator: Hospital Acquired Pressure Injuries, i.e. a decrease or a number.</p> <li>Two new Tier 2 indicators have been added to the Safety and Quality Indicators. These are (1) Patient Experience Survey following treatment (recorded through the BHI) and (2) Mental Health: Acute Seclusion Rate. The data source for accurate reporting of these indicators is currently being investigated and will be reported in the near future once this has been determined.</li> <li>In line with the changes articulated in the 2015/16 service agreement the rate of unplanned hospital readmissions within 28 days and the unplanned readmission rate for Aboriginal people has been moved to and will be reported on in the Integrated Care Section of the Performance Report.</li> <li>The Board <b>NOTED</b> the Safety &amp; Quality component of the KPI Report.</li> </li></ul>	<p>Mr Zacka</p>
<p>7.2.2 – Service Access &amp; Patient Flow</p>	<ul style="list-style-type: none"> <li>Mr Loy highlighted: <ul style="list-style-type: none"> <li><u>Emergency Treatment Performance</u></li> </ul> <p><b>Action:</b> Provide a bar chart, rather than a line graph.</p> <li><u>Transfer of Care (TOC)</u> For the month of July 2015/16 TOC performance at 74% has improved in comparison to the same period in 2014/15 (65%). Campbelltown Hospital’s performance at 86.60% was noted.</li> <li><u>Surgery</u> For the month of July 2015, there were a total of 59 patients outstanding for elective surgery.</li> </li></ul>	<p>Mr Loy</p>

	<p>An increase in after-hours call back for theatres at Campbelltown Hospital has impacted on theatre cancellations as a result of staff unavailability.</p> <ul style="list-style-type: none"> <li>The Board <b>NOTED</b> the Service Access &amp; Patient Flow component of the KPI Report.</li> </ul>	
7.2.3 – People & Culture	<ul style="list-style-type: none"> <li>Ms Larkin highlighted: <ul style="list-style-type: none"> <li><u>Excessive Leave</u> <ul style="list-style-type: none"> <li>The July 2015 excessive annual leave result is 1,011,036 hours (headcount 5,025), a decrease from June 2015 of 4,212 hours. District Workforce and Development continues to explore strategies that will assist in decreasing excess annual leave. Review indicates that 45% of staff with excess annual leave have formal plans to reduce the excessive portion of their leave. Recent Awards negotiations conducted by the NSW Ministry of Health with the Health Services Union resulted in a change to the Award entitlements and the provision for employees covered by the Conditions Award to be paid out their annual leave.</li> </ul> </li> <li><b>Actions:</b> <ul style="list-style-type: none"> <li>Provide a break-down of employment classifications related to excess leave.</li> <li>Provide an excess leave report relating to Executive Team Staff.</li> </ul> </li> <li><u>Your Say Survey</u> <ul style="list-style-type: none"> <li>The NSW Ministry of Health Your Say Survey results are anticipated to be received in September 2015. Once received, the results will be analysed and formulated into an action plan to address identified areas of concern for improvement.</li> </ul> </li> <li><u>SWSLHD Workforce Strategic Plan</u> <ul style="list-style-type: none"> <li>Reports regarding the Plan will be submitted to the Workforce Committee on a quarterly basis and a summary included within the People and Culture Section of the KPI Report.</li> </ul> </li> </ul> </li> <li>The Board <b>NOTED</b> the People &amp; Culture component of the KPI Report.</li> </ul>	Ms Dingwall
7.2.4 – Finance & Activity	<ul style="list-style-type: none"> <li>The Board <b>NOTED</b> the Finance &amp; Activity component of the KPI Report.</li> <li>Ms Larkin highlighted: <ul style="list-style-type: none"> <li>Expenditure in July was \$144.7M, unfavourable for the month by \$1.7M. The primary reasons for the unfavourability in expense were: <ul style="list-style-type: none"> <li>\$1.3M of TMF workers compensation premium budget not being cash-flowed in July 2015, when the expenditure occurred.</li> </ul> </li> </ul> </li> </ul>	



	<ul style="list-style-type: none"> <li>• Within the Salary &amp; Wages base an under allocation of budget was offset by an over-allocation in the Superannuation line.</li> <li>• The YTD Net Cost of Service result was \$1.9M unfavourable.</li> <li>• Mr Gordon noted that budgets were distributed to the facilities and services during July 2015.</li> <li>• The Board <b>NOTED</b> the Finance &amp; Activity component of the KPI Report.</li> </ul>	
<b>7.3 Performance – Service Reports</b>	<ul style="list-style-type: none"> <li>• The July 2015 Services Report was circulated with the Agenda.</li> <li>• Reports for the following services were circulated with the Agenda: <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Drug Health</li> <li>• Population Health</li> <li>• Primary &amp; Community Health</li> <li>• Oral Health</li> </ul> </li> <li>• <b>Action:</b> Clarify June performance for mental health readmissions. The Mental Health Dashboard states 7.2% and the Safety and Quality Dashboard states 8.88%.</li> </ul>	Ms Larkin
<b>Drug Health</b>	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted the following items from within the Drug Health Service Report: <ul style="list-style-type: none"> <li>• <u>Governance</u> The Drug Health Services Workforce Management Plan is currently under development. A Steering Committee has been formed and is leading the development of the framework in consultation with staff.</li> <li>• <u>Mental Health / Drug Health Case Management</u> 31.70% of drug health services hospital consultation liaison clients were conjointly managed by drug health and mental health clinicians in June 2015. The Dual Diagnosis Clinic proposal at Macarthur is under review by the Drug Health and Mental Health Services Steering Committee and is progressing.</li> </ul> </li> <li>• The Board <b>NOTED</b> the Service Reports.</li> </ul>	
<b>7.4 Risk Report</b>	<ul style="list-style-type: none"> <li>• The Board <b>NOTED</b> the quarterly update regarding the SWSLHD Risk Register.</li> <li>• Mr Loy highlighted: <ul style="list-style-type: none"> <li>• One change has been made to the District Risk Register since the last update provided in May 2015 to the Board:</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• The current level of risk for the 'Financial risk due to delay in appointment of the GP entity' (Risk No. 56) has been downgraded from High to Medium.</li> <li>• A total of four new risks are being presented to the Enterprise Wide Risk Management Committee (EWRMC) on 11 August 2015 for consideration for inclusion on the District Risk Register. These risks relate to the My Aged Care rollout for SWSLHD and the Mental Health Service.</li> <li>• <b>Action:</b> Clarify the action and responsible officer for Risk ID 53.</li> </ul>	Mr Loy
<p><b>7.5 Chair's Report</b></p>	<ul style="list-style-type: none"> <li>• <u>Council of Board Chairs Forum</u> Ms Burlew reported her partial attendance at the Council of Board Chairs Forum on 10 August 2015. An overview of the topics discussed is described within the Referral Note, as circulated with the Agenda.</li> <li>• <u>UNSW Dinner</u> Further to the in-principle support provided at the July Board meeting regarding the UNSW proposal, Ms Burlew reported her attendance, together with the Chief Executive at a (second) dinner on 11 August 2015. The formal proposal to establish the Partnership has been received and circulated with the Agenda.  Ms Larkin confirmed that the UWS is now involved and the Ministry of Health support the alliance.  Mr Johnson noted that the time-frame within the proposal may be delayed as a result of the legal framework.</li> <li>• <u>SWS Academic Units</u> The Board noted the correspondence received from Professor Michael Barton on behalf of the South Western Sydney Research Hub providing congratulations to the SWSLHD Board and Chief Executive for the commitment to support research excellence in health care through recognition of established and developing Academic Units.  The Board <u>AGREED</u> to refer the correspondence to the SWSLHD Research &amp; Teaching Committee, who have been overseeing this initiative, for noting.  <b>Action:</b> Refer Prof Barton's correspondence to the Research &amp; Teaching Committee.</li> </ul>	Ms Buttenshaw

8. Committees of the Board		
<b>8.1 Health Care Quality &amp; Safety</b>		
8.1.1 - Minutes	<ul style="list-style-type: none"> <li>• The Minutes of the Health Care Quality and Safety Committee meeting held on 5 August 2015 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Prof Merrett highlighted the following items: <ul style="list-style-type: none"> <li>• Item (5.1.6) – Accreditation Survey of Mental Health and Oral Health <ul style="list-style-type: none"> <li>• Oral Health received full four year accreditation status. There may be up to 20 actions with a ‘Met with Merit’ rating.</li> <li>• Mental Health also received a full four year accreditation. There may be up to 15 Met with Merit ratings.</li> <li>• Final survey reports from Australian Council on Healthcare Standards will be received in September 2015.</li> </ul> </li> </ul> </li> </ul> <p><b>Action:</b> Convey the Board’s congratulations to Oral Health in relation to their performance in the recent accreditation survey.</p> <ul style="list-style-type: none"> <li>• Item (4.1) – A comprehensive approach to quality care workshops <ul style="list-style-type: none"> <li>• A steering committee will be established to detail strategies on operationalising the ideas to transform SWSLHD into a high performing organisation. The steering committee will work with a consultant to develop the strategy, consult on the proposal with the aim to commence roll-out of a comprehensive improvement plan in the new year.</li> </ul> </li> <li>• Item (5.1.2) – Coronial Inquests and New SAC 1 Incidents <ul style="list-style-type: none"> <li>• The Committee was informed that a meeting was held between the LHD and Fairfield Hospital Executive to discuss concerns regarding Emergency Department and issues with the Maternity Unit. The LHD is also considering a recommendation from RANZCOG regarding 24 hour coverage of paediatric registrar in Fairfield. Nurses from Fairfield are being rotated through Liverpool to provide them exposure to high risk deliveries. A follow up meeting with the Fairfield Executive is planned to review progress of agreed actions.</li> </ul> </li> </ul>	Ms Buttenshaw
<b>8.2 Finance</b>		

8.2.1- Minutes	<ul style="list-style-type: none"> <li>• The Minutes of the Finance Committee meeting held on 17 July 2015 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Mr Gordon reported that the meeting focussed primarily on year end financial results and NWAUs for 2015/16.</li> <li>• Dr Abi-Hanna noted that he was an apology to the meeting, despite being listed as attending and seconding the Motion relating to the Minutes.</li> </ul>	
<b>8.3 Audit &amp; Risk Mgt</b>		
8.3.1- Minutes	<ul style="list-style-type: none"> <li>• The Minutes of the Audit &amp; Risk Management Committee meeting held on 15 July 2015 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Ms Burlew highlighted: <ul style="list-style-type: none"> <li>• The endorsement and submission to the NSW Ministry of Health &amp; NSW Audit Office, of the financial statements (including special purpose service entity) for the year ended 30 June 2015.</li> <li>• An Emphasis of Matter will be included in the Independent Audit Report, due to the non-compliance with AASB 1055 budgetary reporting.</li> <li>• The review and recommendation to the Board of the 2014/15 Corporate Governance Attestation Statement.</li> </ul> </li> </ul>	
8.3.2 – Matters referred to the ICAC	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 13 July to 7 August 2015.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• No matters were reported to the ICAC.</li> <li>• The ICAC provided additional information on a previous (February 2015) referral, offering training to selective personnel.</li> </ul> </li> </ul>	
<b>8.4 Research &amp; Teaching</b>		
8.3.1- Minutes	<ul style="list-style-type: none"> <li>• The Minutes of the Research &amp; Teaching Committee meeting held on 6 August 2015 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Prof Frankum highlighted: <ul style="list-style-type: none"> <li>• Item (2) – Presentation: SWS Research Hub <ul style="list-style-type: none"> <li>• The Committee received a presentation from Dr Tanya Ward, Executive Officer, SWS Research Hub on current activities of the Hub and its direction.</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>The Hub is one of eight Hubs in NSW, aligned with LHD boundaries. The Hubs arise from the Office of Health and Medical Research (OHMR) Strategy, 2014. The OHMR contributes funding to the Hubs.</li> <li>Item (6.5) - Facility Teaching Reports: Fairfield Hospital <ul style="list-style-type: none"> <li>The Committee is monitoring the Hospital's response to recommendations arising from a RANZCOG accreditation visit.</li> <li>The Committee expressed concern regarding the lack of detail in the Hospital's Teaching Report and has requested further detail to be provided.</li> </ul> </li> </ul>	
<b>8.5 Aboriginal Health Committee</b>		
8.5.1- Minutes	<ul style="list-style-type: none"> <li>The next meeting of the Aboriginal Health Committee is scheduled for 24 September 2015.</li> </ul>	
8.5.2- Terms of Reference	<ul style="list-style-type: none"> <li>The Board <u>APPROVED</u> the Aboriginal Health Committee's terms of reference, as circulated with the Agenda, subject to the following amendments: <ul style="list-style-type: none"> <li>Quorum – shall be two Board members.</li> <li>Secretariat Services – will be provided by the Chief Executive's Unit.</li> </ul> </li> </ul>	
<b>8.6 Consumer &amp; Community Council</b>		
8.6.1- Minutes	<ul style="list-style-type: none"> <li>The Minutes of the Consumer &amp; Community Council meeting held on 3 July 2015, circulated with the Agenda were <u>NOTED</u> by the Board.</li> </ul>	
<b>9. New Business</b>		
<b>9.1 Corporate Governance Attestation Statement</b>	<ul style="list-style-type: none"> <li>The Board <u>APPROVED</u> for the A/g Chair and Chief Executive to sign the Corporate Governance Attestation Statement for 2014/15 and submit the Statement to the NSW Ministry of Health.</li> <li>Ms Larkin highlighted: <ul style="list-style-type: none"> <li>The Statement was prepared by the Internal Team and has been reviewed by the SWSLHD Audit and Risk Management Committee. The Statement includes one proposed qualification: <ul style="list-style-type: none"> <li>Creditor levels did not always comply with Ministry of Health requirements.</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>The evidence sheet to support the Statement is published on Govdex.</li> <li><b>Action:</b> Facilitate submission of the 2014/15 Corporate Governance Attestation Statement to the NSW Ministry of Health.</li> </ul>	Ms Buttenshaw
<b>9.2 2015/16 Service Agreements – SWSLHD &amp; AHOs</b>	<ul style="list-style-type: none"> <li>The Board <u>APPROVED</u> for the A/g Chair and Chief Executive to sign the 2015/16 Service Levels Agreements, as published on Govdex, and described in the Referral Note circulated with the Agenda, between SWSLHD and the following Affiliated Health Organisations: <ul style="list-style-type: none"> <li>Benevolent Society (SCARBA)</li> <li>Hammond Health Care (Braeside Hospital)</li> <li>Karitane</li> <li>Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)</li> </ul> </li> <li>Ms Larkin highlighted ongoing arrangements to discuss performance and effective operation of the Agreements.</li> <li><b>Action:</b> Facilitate the A/g Chair and Chief Executive to sign the Agreements.</li> </ul>	Ms Buttenshaw
<b>10. Items for Information</b>		
<b>10.1 Public Relations</b>	<ul style="list-style-type: none"> <li>A Referral Note regarding public relations matters for July 2015 was circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>The August 2015 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<b>10.2 International Study Tour Report</b>	<ul style="list-style-type: none"> <li>Ms Larkin reported that the presentation regarding the April 2015 International Study Tour, circulated with the Agenda, was made to the Senior Executive Forum and highlighted: <ul style="list-style-type: none"> <li>The Tour incorporated: <ul style="list-style-type: none"> <li>Integrated health</li> <li>Safety and quality</li> </ul> </li> </ul> </li> </ul>	
<b>10.3 Board Dates</b>	<ul style="list-style-type: none"> <li>The 2015 Board Calendar is available from the Govdex website.</li> <li>The 2015 Board Items Due Calendar was circulated with the Agenda, and <u>NOTED</u> by the Board.</li> </ul>	

<b>11. Other Business without Notice</b>		
	<ul style="list-style-type: none"> <li>• The A/g Chair invited other business without notice.</li> <li>• Mr Conroy noted his leave of absence for the September Board meeting.</li> <li>• Mrs Berry noted her leave of absence for the September Board meeting.</li> </ul>	
<b>12. Close /Next Meeting</b>	<p>The meeting closed at 6:38pm.</p> <p>The next meeting is scheduled for Monday 28 September 2015  2:30-3:30 Site Visit – Tharawal <i>(to be confirmed)</i>  3:30-6:30 Tharawal <i>(to be confirmed)</i></p>	