1. Present and Apologies

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<tr>
<td>Prof Phillip Harris (Chair)</td>
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<td>Mr John Gordon</td>
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<td>Ms Carolyn Burlew</td>
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<td>Mr Mark (Jack) Johnson</td>
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<td>Ms Christine Carriage</td>
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<td>Prof Neil Merrett</td>
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<td>Prof Brad Frankum</td>
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<td>Dr Matthew Gray</td>
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<td>Mr Frank Conroy</td>
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<td>Mrs Nina Berry</td>
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<td>Dr David Abi-Hanna</td>
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<td>Ms Kerrie Murphy</td>
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<td>Dr Shameran Slew-Younan</td>
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Other Attendees

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<tr>
<td>Ms Amanda Larkin, Chief Executive</td>
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<td>Dr Karuna Keat, Medical Staff</td>
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<td>Executive Council Representative</td>
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<td>Mr Graeme Loy, Director Operations</td>
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<td>Ms Nel Buttenshaw, A/Manager</td>
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<td>Executive &amp; Board Secretariat (minutes)</td>
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<td>Mr Mark Zacka, Director Clinical</td>
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<td>Mr Ross Sinclair, Director of Finance</td>
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<td>Governance</td>
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<td>Ms Jacqui Cross, Director Nursing &amp;</td>
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<td>Ms Glenda Dingwall, Director</td>
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<tr>
<td>Midwifery Services</td>
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<td>Workforce &amp; Development</td>
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2. Presentation

- The Chair welcomed A/Prof Friedbert Kohler and Ms Sue Colley to update the Board regarding the National Disability Insurance Scheme (NDIS).
- SWSLHD will transition to NDIS as at 1 July 2017. A governance process has been established to oversee the transition and to ensure clinical and operational risks are identified and managed.
- NDIS is the Commonwealth Government’s program for providing support for people up to 64 years who have a disability that will have ‘life-long impact’. The NDIS is governed by the National Disability Insurance Agency (NDIA). Family and Community Services (FACS) have the lead in the implementation of NDIS in NSW.
Ms Colley highlighted:

- The disability support system under the NDIS
- How the NDIS will work
- What the NDIS will and will not fund
- SWSLHD governance framework for transition to NDIS
- Staging of the transition
- Current CCSP funding
- Decision to register as a provider under NDIS
  - Assertive provider, passive provider, non or default provider (currently SWSLHD is an assertive provider)
  - Potential risks

On behalf of the Board the Chair thanked Ms Colley & A/Prof Kohler for an informative presentation.

Ms Colley & A/Prof Kohler left the meeting at 4.04pm

3. Declaration of Interests

- The Chair invited declarations of interest.
- Nil were received.

Confirmation of the previous minutes and action list

- MOTION: A motion was moved by Mr Gordon and seconded by Mrs Berry that the Minutes of the Board meeting held on 17 December 2015 be accepted as a true and accurate record subject to the following amendment:
  - Dr Gray should be noted as an apology
- The Motion was carried.

4. Patient Story

- Mr Zacka presented the story of “Amanda”, by way of a videoed interview.
- ‘Amanda’ shared her experience (both positive and negative) as an inpatient, admitted via the emergency department, of Liverpool Hospital following a serious injury.
- Mr Zacka confirmed that open disclosure with ‘Amanda’ has occurred and active follow up on the issues she raised is occurring.
- The Board NOTED the patient story and commended Mr Zacka on presenting the story in a different medium.

6. Business Arising

6.1 Chief Executive’s Report

- The SWSLHD Board NOTED the Referral Note providing the key highlights of the Waiting List Policy, as circulated with the Agenda.
6.2 **Annual Report – ARMC Chair**  
[17/12/15; Item 7.3.3]  
- The SWSLHD Board **NOTED** that arrangements with the Chair, SWSLHD Audit & Risk Management Committee for presentations to the April and November 2016 Board meetings have been made.  
- **Action:** Update the 2016 Board Calendar on Govdex.  
  
**Secretariat**

7. **Standing Items**

7.1 **Chief Executive's Report**  
- Ms Larkin highlighted:  
  - **Bowral & District Hospital Redevelopment**  
    Health Infrastructure has commenced the formal planning process. Working parties (approx. 16) to review models of care have been /are being established; which require engagement with medical staff. The preliminary plan is due by June 2016. Negotiations with the private sector are required.  
  - **Prairiewood Health Campus Master Planning**  
    The existing Emergency Department at Fairfield Hospital requires expansion to improve the function of providing emergency care to the local population. The current configuration poses challenges in meeting growing demand in an environment that supports contemporary practice and improve patient and staff safety. Due to the growing demand, SWSLHD will fund the refurbishments (over two years).  
  - **Liverpool Comprehensive Cancer Centre**  
    In July 2015, the Liverpool Comprehensive Cancer Centre (LCCC) Preliminary Business Case was completed. The LCCC as proposed has an estimated cost of $288 million, which would impact upon SWSLHD’s capacity to obtain financial support for the progression of stage 2.2 & 2.3 of the Liverpool Master Plan.

Development of a business case to address stage 2.2 of the master plan including a Cancer Ambulatory Care facility is
underway. The proposed LCCC addresses the needs of cancer patients and services, which may impact upon services and other patients groups which are also a priority.

Arrangements to develop a new Liverpool Hospital Clinical Services Plan have been initiated.

The Chairman noted receipt of correspondence from medical staff regarding the Centre and undertook to bring the matter forward to the March Board meeting.

- **Transforming Your Experience**
  In November 2015, the SWSLHD innovation for a comprehensive approach to Quality and Safety Strategy ('Transforming Your Experience') project to: Develop, Implement and Monitor a whole of organisational strategic framework focusing on transformational change to enhance the entire patient experience commenced with the engagement of consultancy firm, Zest Health Strategies. A Steering Committee has been formed with the Co-Chairs being the CE and Senior Clinician, Professor Les Bokey, Clinical Director, Gastroenterology and Liver Services. There are two facets to the overall strategy - Transforming Care and the Patient Experience which is underpinned by a Leadership Strategy.

  The project is progressing with both Phase 1 (Project Planning) and Phase 2 (Understanding the current state and reviewing best practice models) key project milestones being met. Working Groups are scheduled to commence mid to late February 2016, consisting of a number of key personnel from medical, nursing, allied health and corporate services.

  Further activities such as interviews with key personnel, and consultation workshops/forums will occur throughout the coming months. It is expected that the strategic framework will be completed by November 2016.

  Recruitment for a Director Organisational Effectiveness, to lead and facilitate the development and implementation of the Transforming Your Experience (Quality and Safety Strategy/Framework) is currently in the recruitment process.
- Exploring options for leading a multiple LHD network for lower volume complex cancer surgery

**Action:** Confirm the accuracy of data reported:
In 2015, Bankstown-Lidcombe Hospital completed 25 Whipples and 16 subtotal pancreatectomies. There were no mortalities, with the ALOS being 12 days. In addition, 14 oesophagectomies for oesophagus cancer - No mortality with the Median LOS at 15 days.

**Action:** Provide the Board with an update regarding the cardiac catheterisation laboratory at Bankstown-Lidcombe Hospital.

**PSD 6 - Shared access to uniformed information for all the health care team**

The IM&TD transition, splitting the Sydney Local Health District and South Western Sydney Local Health District IM&TD service, commenced on 1 February 2016. IM&TD related reports are now being routinely provided to the SWSLHD Finance Committee.

Workshops have been held to identify requirements and examine significant risks relating to the go-live of eMR2 at Bankstown-Lidcombe Hospital during 2016.

- The SWSLHD Board NOTED the Chief Executive’s Report.

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<tr>
<th>6.2 Performance – KPI Report</th>
<th>• The KPI Report was circulated with the Agenda.</th>
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<td>6.2.1 – Safety &amp; Quality</td>
<td>• Mr Zacka highlighted:</td>
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<td>• One incident (Bowral &amp; District Hospital) related to the delayed transfer of a deteriorating patient; a significant factor was the need to source a bariatric ambulance. A similar incident occurred in 2009. Bowral Hospital does not have a dedicated helipad landing and uses a local park. Access to the park poses work health and safety risks to staff and requires an ambulance to transfer a patient from the hospital to the park – requires coordination and adds time to the transfer. This issue is also being considered within the current redevelopment planning process.</td>
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<td>• Fairfield Hospital reported two serious maternity related incidents in December; which drew the attention of the Clinical Excellence Commission. The Chief Executive reported that the District is working closely with Fairfield Hospital in relation to these matters and will report further to the Board.</td>
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• That the causation statements included in the report arise from the related RCA Report.

• The Board **NOTED** the Safety & Quality component of the KPI Report.

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<tr>
<th>6.2.2 – Service Access &amp; Patient Flow</th>
<th>Mr Loy highlighted:</th>
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<tr>
<td>• Liverpool Hospital’s emergency treatment performance (ETP) is becoming a risk for SWSLHD. A record of 1703 patients presented to the emergency department during the new year period (28 December to 3 January), with ETP at 56.5%. An Access to Care Recovery Plan has been developed to address deteriorating ETP.</td>
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<td><strong>Action:</strong> Qualify the target relating to preventable hospitalisations (rate per 1000 separations)</td>
<td>Director of Operations</td>
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<td>• The Board <strong>NOTED</strong> the Service Access &amp; Patient Flow component of the KPI Report.</td>
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<th>6.2.3 – People &amp; Culture</th>
<th>Ms Dingwall highlighted:</th>
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<td>• The excessive annual leave result decreased by 30,867 hours to 968,213 as at December 2015; reflective of strategies implemented. 57% of staff with excess leave took leave over December 2015/January 2016.</td>
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<td>• The Chairman reported that another government agency undertook an annual review of employees who took no leave in a 12 month period.</td>
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<td>• The Board <strong>NOTED</strong> the People &amp; Culture component of the KPI Report.</td>
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<th>6.2.4 – Finance &amp; Activity</th>
<th>Mr Sinclair highlighted:</th>
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<td>• The January 2016 results are positive. The LHD is forecasting an on budget result.</td>
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<td>• A meeting with the NSW Ministry of Health is scheduled for 9 March to further discuss targets for inclusion in the 2016/17 service agreement. The Ministry is also conducting a ‘roadshow’ for SWSLHD on 22 February 2016 to explain target methodology.</td>
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<td>• The Board <strong>NOTED</strong> the Finance &amp; Activity component of the KPI Report.</td>
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_Mr Zacka, Mr Sinclair, Ms Cross & Ms Dingwall left the meeting at 5:20pm_
| 6.2.5 – Service Reports | • The Service Reports were circulated with the Agenda.  
  | | • Reports for the following services were circulated with the Agenda:  
  | | • Mental Health  
  | | • Drug Health  
  | | • Population Health  
  | | • Primary & Community Health  
  | | • Oral Health  
  | | • Office of Preventive Health  
  | | • Ms Larkin highlighted the following items from the Mental Health Service Report:  
  | | • Work continues to address significant challenges facing the service, including:  
  | | • Increasing acute average length of stay  
  | | • Inability to expend enhancement funds  
  | | • Recruitment of psychiatrists  
  | | • The Board **NOTED** the Service Reports.  
  | 6.3 Risk Management Report | • The Board **NOTED** the Quarterly Risk Register Update, as circulated with the Agenda.  
  | | • Mr Loy highlighted:  
  | | • Two additions to the risk register (high risks)  
  | | • One change of risk level (down grade)  
  | | • The revised PD2015_043 Enterprise-wide Risk Management Policy & Framework has introduced changes to the risk categorised.  
  | | • Research and teaching risk titles and descriptions are being reviewed and updated, as requested by the Research & Teaching Committee  
  | | • Recruitment for the SWSLHD Enterprise-wide Risk Manager is underway.  
  | 6.4 Chairman’s Report | • **Training: Respecting the Difference**  
  | | The Board **AGREED** to undertake (Phase 2) Respecting the Difference training (1 hour) prior to the 27 June 2016 Board meeting at the District Office.  
  | | **Action:** Issue information relating to the training and update the Board Calendar on Govdex.  
  | **Secretariat**
• Stakeholder Engagement Plan
   
The Board **ENDORSED** the development, by the NOUS Group, of a SWSLHD Stakeholder Engagement Plan.

• Board Evaluation
   
The Board **NOTED** arrangements relating to the 2016 Board evaluation. The NOUS will issue two distinct surveys, analyse the results and prepare an integrated report.

• Combined Board Dinner – Karitane
   
The Board **NOTED** that a September date has been proposed, to coincide with the Board meeting being held at Fairfield. Arrangements will be issued in due course.

• Board Membership Matters
   
The Chairman reported that Mr Frank Conroy has advised his intent to retire from the Board in April 2016.

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### 7. Committees of the Board

#### 7.1 Health Care Quality & Safety

7.1.1- Minutes

- The Minutes of the Health Care Quality & Safety Committee meeting held on 2 February 2016 were circulated with the Agenda and **NOTED** by the Board.

  - Dr Gray highlighted:
    - Item 4.1 – Unplanned Readmission Project: Update
      The Committee has requested a further update in six months, adopting the same definition and reporting period as the NSW Ministry of Health’s performance report.
    - Item 6.1 – Fairfield Hospital’s Obstetrics & Gynaecology Review
      The Committee has requested an update in March 2016 regarding actions taken to improve the O&G service at Fairfield Hospital and a further update in June 2016 regarding the Birthrate Plus assessment in SWSLHD.

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#### 7.2 Finance

7.2.1- Minutes

- The Minutes of the Finance Committee meeting held on 18 December 2015 were circulated with the Agenda and **NOTED** by the Board.

  - Mr Gordon highlighted:
**Item 5.1 – ABF definitions and methodology**
The Committee received a referral note providing the definition of terms within the monthly ABF target variance report and an explanation of the ABF methodology, with particular reference to the calculation and application of NWAU to funding and budget.

### 7.3 Audit & Risk Mgt

**7.3.1- Minutes**
The next meeting of the Audit & Risk Management Committee meeting is scheduled for 23 February 2016.

**7.3.2- ICAC Matters**
The Board NOTED the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 8 December 2015 and 1 February 2016.

- Four matters were reported to the ICAC.
- No matters were referred by ICAC.

**Action:** Include a brief descriptor for matters reported or received.

via CE’s Unit

### 7.4 Aboriginal Health

**7.4.1- Minutes**
The next meeting of the Aboriginal Health Committee is scheduled for 24 March 2016.

**Action:** Confirm the meeting date with Prof Frankum.

Via CE’s Unit

### 7.5 Research & Teaching

**7.5.1- Minutes**
The Minutes of the Research & Teaching Committee meeting held on 4 February 2016 were not available.

Prof Frankum highlighted the following matters discussed:

- **Academic Units**
  Final decisions have been made on new and enhanced Academic Units for Stages 2 and 3. Applicants should receive notification on the outcomes this month.

- **Risk Register**
  The Committee spent considerable time discussing the Research & Innovation element of the risk register; suggesting a number of risks for inclusion.

- **Translational Research Grants**
  SWSLHD has submitted approximately 30 Expressions of Interest to the NSW Ministry of Health for translational research grants. The Chief Executive is a member of the Review Panel.
8. Consumer & Community Council

8.1- Minutes

- The Minutes of the Consumer & Community Council meeting held on 11 December 2015 were circulated with the Agenda and NOTED by the Board.
- Ms Murphy highlighted the positive commentary within the Minutes relating to the SWSLHD Annual Public meeting.

9. New Business

- No new business items.

10. Items for Information

10.1 Public Relations Report

- A Referral Note regarding public relations matters for December 2015 was circulated with the Agenda and NOTED by the Board.
- Ms Larkin reported that a second round interview with the preferred candidate for the Director Strategic Communications and Media is being arranged.
- The January 2016 District newsletter was circulated with the Agenda and NOTED by the Board.

10.2 Board Schedules/ Dates

- The 2016 Board Calendar is available from the Govdex website.
- The 2016 Board Items Due Calendar is available from the Govdex website.

11. Other Business without Notice

- The Chair invited other business without notice.
- Prof Frankum advised that the planning for the 2016 Research Showcase has commenced. The Board will receive an invitation in due course.
- The Chairman advised his attendance at the Shadow Board meeting on 16 February 2016 to establish the Academic Health Science Partnership. Discussions continue at the Ministry of Health level regarding contributions by LHDs.

12. Close /Next Meeting

- The meeting closed at 6.10 pm.
- The next meeting is scheduled for Monday 21 March 2016 at Bankstown-Lidcombe Hospital
  - 2:30-3:30 Site Visit
  - 3:30-6:30 Board Meeting