

# MINUTES

## South Western Sydney Local Health District Board

Date: Monday 24 July 2017

Time: 3:45pm

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

### 1. Present and Apologies

<b>Members</b>	<b>Pres.</b>	<b>Apol.</b>	<b>Members</b>	<b>Pres.</b>	<b>Apol.</b>
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		✓	Mr Gary Reidy	✓	
Ms Christine Carriage		✓	Dr Shameran Slewa-Younan	✓	
Prof Brad Frankum	✓				
<b>Other Attendees</b>					
Ms Elizabeth Koff, Secretary, NSW Ministry of Health	✓		Dr Anthony Frankel, Chair of Medical Staff Council, Bankstown-Lidcombe Hospital	✓	
Ms Amanda Larkin, Chief Executive	✓		Mr Ross Sinclair, Director of Finance	✓	
Ms Glenda Dingwall, Director Workforce & Development	✓		Ms Sonia Marshall, Director Nursing & Midwifery Service	✓	
Ms Anau Speizer, CNS Chronic Care Aboriginal Health	✓		Ms Clair Ramsden, Director Operations	✓	
Ms Suzie Snook, A/Director, Clinical Governance	✓		Ms Marion Taylor, Executive Assistant SWSLHD Director N&M Services (minutes)	✓	

<b>Agenda Item</b>	<b>Discussion/Decision/Recommendation</b>	<b>Responsible</b>
<b>2. Declaration of Interests</b>	<ul style="list-style-type: none"> <li>The Chair invited declarations of interest.</li> <li>Nil were received.</li> </ul>	
<b>3. Confirmation of the previous minutes and action list</b>	<ul style="list-style-type: none"> <li><b>MOTION:</b> A motion was moved by Dr Abi-Hanna and seconded by Prof Frankum that the Minutes of the Board meeting held on 26 June 2017 be accepted as a true and accurate record subject to the following amendments: <ul style="list-style-type: none"> <li>Agenda Item 4. Presentation, page 6 of 191, dot point 5; addition of the word 'meeting' at the end of the sentence.</li> <li>Agenda item 5. Patient Story, page 7 of 191, dot point 4; changing of 'clinician' to 'anaesthetist'.</li> </ul> </li> <li>The Motion was carried.</li> </ul>	

#### 4. Secretary's Address

- The Chairman introduced Ms Elizabeth Koff, Secretary, NSW Health to present to the Board in relation to NSW Health's Strategic Priorities.

- Ms Koff highlighted:

##### Health's Top 5 Strategic Priorities

- Patient Safety First
- Leading Better Value Care
- Systems Integration
- Digital Health and Data Analytics
- Strengthening Governance and Accountability

##### Patient Safety First: A Shared Commitment to Patient Safety

- Shared Vision
- Systems for Safety
- Investing in People
- Collective Leadership
- Partnerships

##### Leading Better Value Care

- Better Value Care Clinical Initiatives
- Strategic Commissioning & Contestability
- Workforce Capacity Initiatives

##### Leading Better Value Care – Better Volume to Value

###### Key Goals:

- Focussing on patients through adopting a patient experience and health outcomes approach
- Focussing on value across the triple aim to support moving away from volume
- Addressing future demand and fiscal pressures by creating future system capacity through efficient and effective care and services

##### Leading Better Value Care – Health System Approach

###### Policy Framework:

- Informatics
- Payment models
- Integrated Delivery Organisations
- Benchmarking Research and Tools

##### Leading Better Value Care – Better Patient Outcomes

Identified areas where there is an opportunity to improve our models of care to deliver better outcomes and better value:

- Renal Supportive Care
- Congestive heart failure
- Falls in hospital
- Chronic obstructive pulmonary disease
- Diabetes
- Diabetic High Risk Foot

	<ul style="list-style-type: none"> <li>• Osteoporotic Re-fracture Prevention</li> <li>• Osteoarthritis Chronic Care</li> </ul> <p><u>Systems Integration</u></p> <ul style="list-style-type: none"> <li>• Linking all delivery organisations for better care</li> <li>• Towards 2021</li> </ul> <p><u>Digital Health and Data Analytics</u></p> <ul style="list-style-type: none"> <li>• Digitally enabled health care systems</li> <li>• Utilises data and benchmarks to monitor and develop care</li> </ul> <p><u>Strengthening Governance and Accountability</u></p> <ul style="list-style-type: none"> <li>• Aligning strategic priorities across the system</li> <li>• Strengthening system governance and management</li> <li>• Building capability of Boards</li> </ul> <p><u>Strengthening Governance and Accountability</u></p> <ul style="list-style-type: none"> <li>• Strengthen Ministry-led business and planning</li> <li>• Align Service and Performance Agreements</li> <li>• Clarify accountabilities for key system governance committees</li> <li>• Define the key capabilities required of Board members</li> </ul> <ul style="list-style-type: none"> <li>• On behalf of the Board, the Chair thanked Ms Koff for her time and presentation.</li> </ul>	
<p><b>5. Patient Story</b></p>	<ul style="list-style-type: none"> <li>• The Chairman introduced Ms Anau Speizer, CNS Chronic Care Aboriginal Health to present - '<i>Aboriginal Transfer of Care (ATOC)</i>', noting her presentation of the initiative at the recent Nursing showcase.</li> <li>• Ms Speizer highlighted: <ul style="list-style-type: none"> <li><u>Background</u> <ul style="list-style-type: none"> <li>• South Western Sydney has some of the poorest communities in NSW and a large urban Aboriginal population.</li> <li>• Compared to NSW South Western Sydney has higher rates of heart failure, asthma, diabetes complications</li> <li>• Cardiovascular disease is the highest cause of mortality</li> <li>• Result of a 48 hours follow-up review identified: <ul style="list-style-type: none"> <li>- No scripts provided</li> <li>- Medications not supplied</li> <li>- Scripts not filled as not eligible for Close The Gap (CTG) on hospital scripts</li> <li>- Unclear follow-up instructions</li> <li>- Unable to obtain appointment from GP</li> <li>- Higher re-admission rate compared to other hospitals in Sydney</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p><u>Members of the Aboriginal Transfer of Care (ATOC) Team</u></p> <p>The team is comprised of</p> <ul style="list-style-type: none"> <li>• Patient Access to Care Team (PACT) Navigator</li> <li>• PACT CNC and EN</li> <li>• Aboriginal Liaison Officer (ALO)</li> <li>• Aboriginal Connecting Care Coordinator (ACCC)</li> </ul>	

### ATOC Team Objectives

- Sound communication between the PACT, ALO and ACCC
- Case management of the patients is structured
- Transfer of Care is safe and organised
- The patient is aware of the plan and community services
- Overall strategy: to keep our ATOC patients well in the community and out of hospital

### ATOC Team

- The ATOC team meets Monday to Friday for 15 minutes
- ATOC excludes Mental Health patients

### Admission Type

- Mental Health – 25%
- Medical – 29%
- Surgical – 16%
- Paediatric – 12%
- Maternity – 7%
- Newborn – 11%

### Reduced Readmissions

- Unplanned readmissions decreased
- 36% decrease in admissions
- 47% decrease in ED presentations

### Added Achievements and Bonuses

- Reduction in transfers of care against medical advice
- Improved identification of Aboriginal and Torres Strait Islander patients
- Improved continuity of care
- Improved links with Aboriginal community services
- Improved patient satisfaction
- Cluster of Aboriginal patients in local Residential Aged Care Facility (RACF) – embraced by staff and management at RACF

### Thinking Outside the Box

- Complex patients still re-presenting
- Often more than one Chronic Care team member required to be involved
- Chronic Care CNCs liaise well and interlink with each other

### Challenges

- Coordinated care and services out of the area
- Department of housing waiting list
- Personal care for complex patients <50yrs old
- Staff awareness of service availabilities
- Planning for rural area patients

### Future Plan

- Case review once a month – complex patients
- Data collection for report and future research
- Evaluation of the program
- Winter strategy for Chronic disease patients
- Access TeleHealth Service

	<ul style="list-style-type: none"> <li>• Research application in progress</li> </ul> <p><u>Conclusion</u></p> <ul style="list-style-type: none"> <li>• “Huddles” are time efficient and practical</li> <li>• Person centred care is delivered to those most at risk of re-presenting to hospital</li> <li>• Improved communication and information exchange has led to this enhancement in healthcare</li> <li>• Aboriginal Health is everyone’s business</li> </ul> <ul style="list-style-type: none"> <li>• On behalf of the Board, the Chair thanked Ms Speizer for her time and effort and the excellent presentation.</li> </ul> <ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the patient story.</li> </ul>	
<i>Ms Koff left the meeting at 4.45pm</i>		
<p><b>6. Starring Item</b></p>	<ul style="list-style-type: none"> <li>• Ms Larkin and Mr Sinclair presented the draft 2017/18 Service Level Agreement, highlighting:</li> </ul> <p><u>Overview</u></p> <ul style="list-style-type: none"> <li>• The 2017/18 Service Agreement sets out the strategic, policy and legislative framework together with a series of schedules outlining <ul style="list-style-type: none"> <li>- strategic priorities</li> <li>- services budget</li> <li>- services volumes</li> <li>- performance framework</li> <li>- governance requirements</li> </ul> </li> </ul> <p><u>Strategic Priorities</u></p> <ul style="list-style-type: none"> <li>• Strategic Priorities listed in the 2017/18 agreement are contained within the following strategic frameworks <ul style="list-style-type: none"> <li>- Deliver NSW Making it Happen, including the Premier’s and States Priorities</li> <li>- NSW State Health Plan: Towards 2012</li> <li>- Deliver on NSW Government election commitments</li> <li>- Minister’s Priorities</li> </ul> </li> </ul> <p><u>Service Budgets</u></p> <ul style="list-style-type: none"> <li>• Schedule C and D of the 2017/18 Service Agreement specify <ul style="list-style-type: none"> <li>- Services expenditure</li> <li>- Services revenue</li> <li>- Services volume</li> </ul> </li> </ul> <p><u>Service Budget – Expenses</u></p> <ul style="list-style-type: none"> <li>• The expense budget is \$1,816M. This is an increase of \$108.3M (6.34%) on the 2016/17 budget</li> <li>• \$100.7M of this increase is within the activity based funded component of Schedule C</li> <li>• The increase in the expense budget is made up of <ul style="list-style-type: none"> <li>- Funding for activity increases</li> <li>- Price and salary escalation</li> <li>- Teaching, training and research enhancement</li> </ul> </li> </ul>	

### Service Budget – Revenue

- The revenue budget is \$1,774M; an increase of \$109.8M (6.6%) on the 2016/17 annualised budget
- The revenue budget is made up of Government Contributions totalling \$1,546.4M and “own source” revenue totalling \$227.8M
- General fund “own source” revenue has increased from \$203.80M in 2016/17 to \$211.4M in 2017/18. This is an increase of \$7.6M (3.7%)

### Services – Volume

- Total 2017/18 activity volume for SWSLHD is 321,952 NWAU.
- This is an increase of 11,546 NWAU over the 2016/17 baseline. An increase of 3.7%.
- The increase in activity volume is made up of:
  - 2.5% Growth (trend/popl’n) - 7,824 NWAU
  - Specified Services - 3,722 NWAU

### Services – Volume

- The allocation for specified services (3,872 NWAU) comprises three components:
  1. Agreed volumes related to service developments negotiated directly with MoH and specified in the Service Level Agreement - 2,762 NWAU
  2. Agreed volumes related to identified facility service priorities - 975 NWAU
  3. Leading Better Value Care – Initiatives - 135 NWAU

### Services – Volume

- Service developments negotiated with MoH (2,762 NWAU)
  - Campbelltown Beds (Annualized) - 1,049 NWAU
  - Campbelltown ED - 200 NWAU
  - Campbelltown Cardiac Catheter - 198 NWAU
  - Bankstown Cardiac Cath (Annualized) - 166 NWAU
  - Diabetes Services - 135 NWAU
  - Interventional Neuroradiology - 247 NWAU
  - Renal Services - 297 NWAU
  - Mental Health - 79 NWAU
  - ICU (Liverpool) - 297 NWAU
  - Metabolic Unit - 94 NWAU

### Services – Volume

- Identified Facility Service Priorities (975 NWAU)
  - Bankstown Interventional Radiology - 250 NWAU
  - Liverpool Operating Theatres - 200 NWAU
  - Liverpool General Medicine - 200 NWAU
  - Fairfield ICU - 150 NWAU
  - JMO 3 Tier (Liverpool) - 100 NWAU
  - Melanoma Services - 75 NWAU

### Services - Volume

- Allocations currently held at the District
  - Leader Better Value Care – 135 NWAU
  - Paediatric Surgery – 150 NWAU

	<p><u>Services – Volume</u></p> <ul style="list-style-type: none"> <li>The allocation of total target increase (11,546 NWAU) to service streams is as follows: <ul style="list-style-type: none"> <li>Acute Admitted - 6,722 NWAU (3.7% increase)</li> <li>Emergency - 1,790 NWAU (4.8% increase)</li> <li>Non-Admitted - 1,219 NWAU (2.8% increase)</li> <li>Mental Health - 447 NWAU (2.5% increase)</li> <li>Sub-Acute - 367 NWAU (2.4% increase)</li> <li>Non Admit. Mental Hlth - 231 NWAU (1.8% increase)</li> <li>Non Admit. Dental Hlth - 770 NWAU (17.9% increase)</li> </ul> </li> </ul> <p><u>Services – Volume</u></p> <ul style="list-style-type: none"> <li>The allocation of total activity (321, 952 NWAU) to service facilities is as follows: <ul style="list-style-type: none"> <li>Liverpool Hospital - 124,648 NWAU (38.9% of total)</li> <li>Campbelltown Hospital - 53,905 NWAU (16.8% of total)</li> <li>Bankstown Hospital - 51,271 NWAU (16.0% of total)</li> <li>Fairfield Hospital - 27,775 NWAU ( 8.7% of total)</li> <li>Bowral Hospital - 9,781 NWAU ( 3.1% of total)</li> <li>Camden Hospital - 5,851 NWAU ( 1.8% of total)</li> <li>Mental Health - 31,305 NWAU ( 9.8% of total)</li> <li>Community Health - 10,589 NWAU ( 3.3% of total)</li> <li>Dental Health - 5,078 NWAU ( 1.6% of total)</li> </ul> </li> </ul> <p><u>Service Budget – Risks</u></p> <ul style="list-style-type: none"> <li>Increasing “own source revenue”</li> <li>Achieving activity growth within budget</li> <li>Greater than projected demand for services</li> <li>Information Communications Technology (ICT) Budget</li> </ul> <p><u>Next Steps</u></p> <ul style="list-style-type: none"> <li>Facility and Service Budgets <ul style="list-style-type: none"> <li>Board sign off Service Level Agreement - (24 July)</li> <li>Facility / Service Budgets distributed - (28 July)</li> <li>Facility / Service Budgets published - (31July)</li> </ul> </li> <li>Implementation of Service Developments</li> </ul> <ul style="list-style-type: none"> <li>The Board <u>RESOLVED</u> for the Chairman and Chief Executive to sign the 2017/18 Service Agreement.</li> <li><b>ACTION:</b> The Chairman and Chief Executive to sign the 2017/18 Service Agreement and submit to the NSW MoH.</li> </ul>	<p>Chief Executive/ Chairman</p>
<p><b>7. Business Arising</b></p>	<ul style="list-style-type: none"> <li>Nil.</li> </ul>	
<p><b>8. Standing Items</b></p> <p><b>8.1. Chief Executive’s Report</b></p>		
<p>8.1.1 – Current Significant Issues</p>	<ul style="list-style-type: none"> <li>Ms Larkin highlighted:</li> </ul> <p><u>Update: Transforming Your Experience</u></p> <ul style="list-style-type: none"> <li>Implementation</li> <li>Evaluation</li> </ul>	

	<p><u>Planning Update</u></p> <ul style="list-style-type: none"> <li>• Campbelltown Hospital Redevelopment</li> <li>• Bowral &amp; District Hospital Redevelopment</li> <li>• Liverpool Hospital</li> <li>• Bankstown-Lidcombe Hospital Planning</li> </ul> <p><u>Strategic Stakeholder Partnerships</u></p> <ul style="list-style-type: none"> <li>• Taylor Street Advisory</li> <li>• The Liverpool Health, Education, Research &amp; Innovation Precinct</li> <li>• The Campbelltown Health, Education, Research &amp; Innovation Precinct</li> </ul> <p><u>Research</u></p> <ul style="list-style-type: none"> <li>• SPHERE Announcement</li> <li>• Appointment of Interim Research Director, SWSLHD</li> </ul> <p><u>Senior Staff Appointments Update</u></p> <ul style="list-style-type: none"> <li>• Director Operations</li> <li>• Director, Clinical Governance</li> <li>• General Manager, Bankstown-Lidcombe Hospital</li> </ul> <ul style="list-style-type: none"> <li>• Ms Larkin provided clarification in relation to the Bowral &amp; District Hospital Redevelopment, noting that the project will no longer be part of a Public Private Partnership (PPP) however the government led approach will still allow for discussions with Ramsay.</li> <li>• Ms Larkin provided an update on eMR2 implementation.</li> <li>• <b>ACTION:</b> Ms Larkin to table eMR2 implementation plan at the next Board meeting.</li> <li>• The Board <u>NOTED</u> the Current Significant Issues section of the Chief Executive’s Report, as circulated with the Agenda.</li> </ul>	Chief Executive
8.1.2 - Regulatory Environment	<ul style="list-style-type: none"> <li>• Nil.</li> </ul>	
8.1.3 - Risk Management	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• There are nil LHD risks referred to the Board from Board Committees for this month.</li> <li>• There is nil new Extreme or High LHD risks approved for entry on the LHD Risk Register at the SWSLHD Enterprise Risk Management Committee on 13/6/17 or 11/7/17.</li> </ul> </li> <li>• The Board <u>NOTED</u> the Risk Management section of the Chief Executive’s Report, as circulated with the Agenda.</li> </ul>	



8.1.4 – Work Health & Safety	<ul style="list-style-type: none"> <li>• Nil.</li> </ul>	
8.1.5 - KPI Report	<ul style="list-style-type: none"> <li>• The KPI Report was circulated with the Agenda.</li> </ul>	
Safety & Quality	<ul style="list-style-type: none"> <li>• Update grammatical error on page 47 of 191, in the incident column of SAC 2378653-20; ‘aortic’ to be changed to ‘arterial’.</li> <li>• In relation to RCA 2323959-20, Ms Snook advised that the results of the Positron Emission Tomography (PET) scan of head and neck was available however was not checked and clarified that eMR cannot capture if a staff member has reviewed a scan and or actioned accordingly.</li> <li>• The Board <b>NOTED</b> the Safety &amp; Quality component of the KPI Report.</li> </ul>	<i>A/Director Clinical Governance</i>
Access & Patient Flow	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li><u>Emergency Treatment Performance</u> <ul style="list-style-type: none"> <li>• No ETP data is available for June 2017 due to an issue with HIE.</li> </ul> </li> <li><u>Patients in the emergency department greater than 24 hours</u> <ul style="list-style-type: none"> <li>• For the month of June 2017, a total of 144 patients recorded a length of stay greater than 24 hours in comparison to 106 in the same period in 2015/16.</li> <li>• Performance continues to remain significantly above the target of 0.</li> </ul> </li> <li><u>Transfer of care</u> <ul style="list-style-type: none"> <li>• For the month of June 2017, the District Transfer of Care (TOC) performance (88.3%) has decreased in comparison to the same period in 2015/16 (93.85%).</li> <li>• Only two facilities achieved the 90% target.</li> </ul> </li> <li><u>Surgery</u> <ul style="list-style-type: none"> <li>• As at 30 June 2017 the LHD achieved zero overdue elective surgery patients for two of three benchmarks.</li> <li>• There has been a decrease in Clinical Priority Category 3 overdue patients from 42 overdue patients as at 31 May 2017 to 3 overdue patients as at 30 June 2017.</li> <li>• There has been a decrease in the number of overdue elective surgery patients for Clinical Priority Category 2 from 6 overdue patients as at 31 May 2017 to nil overdue patients as at 30 June 2017.</li> <li>• The following key strategies to support surgery performance include: <ul style="list-style-type: none"> <li>• Campbelltown Hospital – ENT has a locum commencing on 12 July 2017 for 3 months to assist with the wait list.</li> </ul> </li> </ul> </li> <li>• Ms Larkin noted significant pressure in relation to Ambulance presentations and that the Winter surge has commenced earlier this year.</li> <li>• Ms Larkin further noted extensive flu issues across the LHD.</li> <li>• <b>ACTION:</b> Ms Larkin to provide flu vaccination rates to the Board.</li> </ul> </li> </ul>	Chief Executive

	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> the Access &amp; Patient Flow component of the KPI Report.</li> </ul>	
People & Culture	<ul style="list-style-type: none"> <li>Ms Dingwall highlighted: <ul style="list-style-type: none"> <li><u>Work Health and Safety and staff Wellbeing</u> <ul style="list-style-type: none"> <li>SWSLHD Workforce Safety and Wellbeing has established a SWSLHD Wellbeing Working Party with the aim of assessing current health and wellbeing strategies</li> <li>SWSLHD has established a working party for review of stressing incidents and risks in the nursing workforce. Currently, body stressing claims constitute over 50% of SWSLHD workers compensation claims.</li> <li>SWSLHD commenced WHS audits in January 2017 to assess the quality of WHS systems policies and procedures.</li> <li>The Chief Executive has approved that the current Workforce Committee will be repurposed to ensure that one meeting per quarter will be allocated to WH&amp;S strategy.</li> </ul> </li> <li><u>Workers Compensation</u> <ul style="list-style-type: none"> <li>Operation Upgrade is ongoing</li> </ul> </li> <li><u>Leave Liability</u> <ul style="list-style-type: none"> <li>As at financial period 12 (June 2017) there were 4,931 employees with excessive leave, with an excess leave value of \$45.172M.</li> </ul> </li> <li><u>Performance Review</u> <ul style="list-style-type: none"> <li>The new Manager Organisational Development commenced and will work with the Director Operations to review PDR performance across the Operations portfolio.</li> </ul> </li> </ul> </li> <li><b>ACTION:</b> Ms Dingwall to provide details of clinical staff excessive leave to the Finance &amp; Asset Committee.</li> <li>The Board <u>NOTED</u> the People &amp; Culture component of the KPI Report.</li> </ul>	Director Workforce & Development
Finance & Activity	<ul style="list-style-type: none"> <li>Mr Sinclair highlighted: <ul style="list-style-type: none"> <li><u>Financial Results</u> <ul style="list-style-type: none"> <li>Budget Result <ul style="list-style-type: none"> <li>Own source revenue was favourable for the month and YTD, TMF refund of \$6.8M impacting result</li> <li>Overall the net cost of service favourability was \$0.2M. The LHD received NCOS budget for the financial year.</li> </ul> </li> <li>Creditors Payment Performance <ul style="list-style-type: none"> <li>Small creditor payment performance in June target achieved was %100.</li> </ul> </li> </ul> </li> <li><u>YTD Activity Results</u> <ul style="list-style-type: none"> <li>As the time of reporting the most current available data expressed in National Weighted Activity Units (NWAU) is for YTD May, results indicate that SWSLHD is 99.6% of YTD target</li> </ul> </li> </ul> </li> <li>The Chief Executive and the Chairman thanked Mr Sinclair and the Finance Team for their hard work this financial year.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Board <b>NOTED</b> the Finance &amp; Activity component of the KPI Report.</li> </ul>	
Service Reports	<ul style="list-style-type: none"> <li>The Board <b>NOTED</b> Reports for the following services as 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>A query was raised in relation to a report for seclusion rates following discussion from the Board Meeting held 22 May 2017.</li> <li><b>ACTION:</b> Check minutes of Board meeting held 22 May to clarify requirement of a seclusion report.</li> </ul>	Chief Executive
<i>Ms Snook, Ms Marshall, Ms Dingwall left the meeting at 5.55pm</i>		
8.1.6 - Media & Marketing	<ul style="list-style-type: none"> <li>The Board <b>NOTED</b> the Media &amp; Marketing Report.</li> </ul>	
8.1.7 – Strategic Plan Update	<ul style="list-style-type: none"> <li>Nil.</li> </ul>	
<i>Ms Ramsden joined the meeting at 6.05pm.</i>		
<b>8.2. Chairman’s Report</b>		
<b>8.2.1 – Correspondence received – DR J</b>	<ul style="list-style-type: none"> <li>The Chairman reported correspondence received from Dr J during the month, pursuant to practice. Copies of the correspondence and related responses were circulated with the Agenda.</li> </ul>	
<b>8.2.2 - Correspondence received – Mr L</b>	<ul style="list-style-type: none"> <li>The Chairman reported further correspondence received during the month from Mr L, pursuant to practice. Copies of the correspondence and related responses were circulated with the Agenda.</li> <li>The Board agreed for Ms Larkin to continue management of Mr RL’s complaint/s, as previously discussed, noting that threats are unacceptable.</li> <li><b>ACTION:</b> Arrange for a risk assessment to be undertaken of the complaint.</li> </ul>	Chief Executive
<b>8.2.3 - Correspondence received – Ms H</b>	<ul style="list-style-type: none"> <li>The Chairman reported further correspondence received during the month from Ms H, pursuant to practice. Copies of the correspondence and related responses were circulated with the Agenda.</li> </ul>	

<p><b>8.2.4 – Board Evaluation Report</b></p>	<ul style="list-style-type: none"> <li>• Not discussed.</li> <li>• <b><u>ACTION:</u></b> Bring forward to August 2017 meeting.</li> </ul>	<p>Secretariat</p>
<p><b>9. Committees of the Board</b></p>		
<p><b>9.1. Health Care Quality &amp; Safety</b></p> <p>Minutes</p>	<ul style="list-style-type: none"> <li>• The Minutes of the Health Care Quality &amp; Safety Committee meeting held on 5 July 2017 were circulated with the Agenda and <b><u>NOTED</u></b> by the Board.</li> <li>• Prof Merrett highlighted: <ul style="list-style-type: none"> <li>○ Item 4.2 – Mental Health and Seclusion</li> <li>○ Item 5.1 – Death Review Criteria</li> <li>○ Item 7.1 – National Health Reform Agreement Addendum Implementation</li> <li>○ Item 7.2 – Capability Assessment: Review of maternity services</li> </ul> </li> <li>• The Board noted that in relation to 6.2.2 – Coronial Inquests and new SAC 1 Incidents, that any recommendations progressed at Campbelltown will be implemented LHD wide.</li> </ul>	
<p><b>9.2. Finance &amp; Assets</b></p> <p>Minutes</p>	<ul style="list-style-type: none"> <li>• The Minutes of the Finance &amp; Assets Committee meeting held on 16 June 2017 were circulated with the Agenda and <b><u>NOTED</u></b> by the Board.</li> </ul>	
<p><b>9.3. Audit &amp; Risk Mgt</b></p> <p>Minutes</p>	<ul style="list-style-type: none"> <li>• The Board <b><u>NOTED</u></b> that the minutes of the Audit &amp; Risk Management Committee held on 13 July 2017 were not yet available.</li> </ul>	
<p>ICAC matters</p>	<ul style="list-style-type: none"> <li>• The Board <b><u>NOTED</u></b> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period from 14 June to 12 July 2017 <ul style="list-style-type: none"> <li>• No matters were referred to the ICAC</li> <li>• No matters were referred by the ICAC</li> </ul> </li> </ul>	
<p>Corporate Governance</p>	<ul style="list-style-type: none"> <li>• The Board <b><u>NOTED</u></b> the : <ul style="list-style-type: none"> <li>• A requirement of the NSW Health Corporate Governance and Accountability Compendium is for the SWSLHD Board to complete the Corporate Governance Attestation Statement for 2016/2017 and submit the Statement to the Ministry of Health by 31 August 2017.</li> <li>• The Attestation Statement and spread sheet were reviewed by the SWSLHD Audit and Risk Management Committee at their meeting on 13 July 2017.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• There is one proposed qualification: <ul style="list-style-type: none"> <li>• Creditor level for small business creditors for the month of December 2016 did not comply with Ministry of Health requirements. One small trade creditor invoice amounting to \$135 exceeded the 30 days payment required.</li> <li>• The invoice was due to paid by Wednesday 4 January 2017 and the receipting hold on the invoice had been rectified by that date. The KPI non-compliance was caused because the next payment run made by Healthshare on SWSLHD’s behalf was not until Thursday 5 January 2017. The invoice in question was paid one day late on 5 January 2017.</li> </ul> </li> <li>• <b>ACTION:</b> Amend all references to ‘Finance and Asset Committee’ to ‘Finance and Assets Committee’.</li> <li>• <b>ACTION:</b> Reference to ‘Health Care and Quality’ on page 171 of 191 to be amended to be ‘Health Care Quality and Safety’.</li> <li>• The Board <b>APPROVED</b> the Chair and the Chief Executive sign the Corporate Governance Attestation Statement for 2016/2017 following amendment of approved updates, prior to submitting to the Ministry of Health.</li> <li>• <b>ACTION:</b> The Chairman and Chief Executive to sign the Corporate Governance Attestation Statement for 2016/2017.</li> </ul>	<p>Secretariat</p> <p>Secretariat</p> <p>Chairman/ Chief Executive</p>
<p>Internal Audit &amp; Risk Management</p>	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• Under Section 1.8 of the Ministry of Health Policy Directive on Internal Audit (PD 2016_051): <ul style="list-style-type: none"> <li>• The Chief Executive must submit an annual attestation statement to the Ministry of Health by 17 July 2017 stating that the organisation complies with the directive.</li> <li>• A copy of the final completed Internal Audit and Risk Management Attestation Statement must be communicated to the Audit and Risk Committee and to the Board.</li> </ul> </li> <li>• The Audit and Risk Management Attestation Statement has been discussed at the 13 July 2017 Audit and Risk Management Committee meeting.</li> <li>• Area to note: <ul style="list-style-type: none"> <li>• Section 2.2 – The Audit and Risk Management Committee is to comprise of at least three members, and no more than five, the majority who are not to be members of the Board, employees of or contracted to provide services to the District. Since September 2016, the Committee has had four member – independent, chair, one independent member and two board members. It is noted that the Committee is made up of 50% independent members. The circumstances were that one independent member passed away and a replacement was in the process of being appointed when another member resigned to decrease his workload</li> <li>• The District does not have a formally documented Compliance Management Framework. The District is currently implementing a more comprehensive system and framework for monitoring compliance with legislation and policies.</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> the Internal Audit and Risk Management Attestation Statement for 2016-2017.</li> </ul>	
<b>9.4. Research &amp; Teaching</b> Minutes	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> that the next meeting of the Research &amp; Teaching Committee will be held on 3 August 2017.</li> </ul>	
<b>9.5. Aboriginal Health</b> 9.5.1- Minutes	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> that the minutes of the Aboriginal Health Committee meeting held on 22 June 2017 were not yet available.</li> </ul>	
<b>10. Consumer &amp; Community Council</b>		
10.1- Minutes	<ul style="list-style-type: none"> <li>The Minutes of the Consumer &amp; Community Council meeting held on 7 July 2017 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<b>11. New Business</b>		
	<ul style="list-style-type: none"> <li>Nil items.</li> </ul>	
<b>12. Items for Information</b>		
<b>12.1. Board Schedules</b>	<ul style="list-style-type: none"> <li>The Board Calendar is available from the Govdex website.</li> <li>The 2017 Board meeting &amp; events summary has been published on Govdex.</li> <li>Ms Larkin highlighted that the 2017 Annual Public Meeting will be held in Bowral.</li> </ul>	
<b>13. Other Business Without Notice</b>		
	<ul style="list-style-type: none"> <li>The Chair invited other business without notice.</li> <li>Ms Larkin advised that included in the Secretary's visit to SWSLHD was a visit to Banks House.</li> <li>The Board noted that Prof Harris will be on annual leave and returning on 18 August 2017.</li> <li>The Board noted that Prof Merrett will be an apology for the next Board meeting scheduled for Monday 28 August 2017.</li> </ul>	
<b>14. Close/Next Meeting</b>	<p>The meeting closed at 6.50pm. The next meeting will be held:</p> <p>Monday 28 August 2017, Drug Health 2.30pm – 3.30pm – Facility/Service Visit 3.30pm – 6.30pm – Board Meeting.</p>	