

# MINUTES

## South Western Sydney Local Health District Board

Date: Monday 23 October 2017

Time: 3:30pm

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

### 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 (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	✓				
<i>Other Attendees</i>					
Ms Amanda Larkin, Chief Executive	✓		Dr Karuna Keat, Medical Staff Executive Council Representative	✓	
Ms Clair Ramsden, Director Operations	✓		Ms Nel Buttenshaw, Manager Executive & Board Secretariat	✓	
Mr Ross Sinclair, Director Finance	✓		Ms Sonia Marshall, Director, Nursing & Midwifery Services	✓	
Mr Ken Hampson, Director Clinical Governance	✓		Ms Simone Proft, Manager Planning	✓	
Ms Christine Feldmanis, Chair, Audit & Risk Management Committee	✓		Mr Bola Oyetunji, Audit Office of NSW	✓	

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
<b>Welcome</b>	<ul style="list-style-type: none"> <li>Ms Larkin introduced Mr Ken Hampson, recently appointed to the position of Director Clinical Governance. Mr Hampson comes to SWSLHD from Murrumbidgee LHD and has an extensive background in clinical governance.</li> <li>Introductions were made.</li> </ul>	
<b>2. ARMC</b> <b>2.1. Periodic Report</b>	<ul style="list-style-type: none"> <li>The Chair welcomed Ms Christine Feldmanis, Chair of the SWSLHD Audit &amp; Risk Management Committee to the meeting to present:               <ul style="list-style-type: none"> <li>Periodic Report (Agenda Item 2)</li> <li>Committee Matters (Agenda Item 10.3)</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• Ms Feldmanis highlighted: <ul style="list-style-type: none"> <li>• The current Committee composition includes Board members, Carolyn Burlew and John Gordon. Ms Jann Gardner was appointed in April 2017 and given her legal qualifications and involvement with the Hunter Medical Research Institute and Midwifery Board she has made an immediate valuable contribution. Mr Paul Apps, a long standing committee member resigned in April 2017 and a recommendation to fill this vacancy will be submitted to the November Board meeting.</li> </ul> </li> </ul>	
<p><i>Mr Bola Oyetunji joined the meeting at 3.34pm.</i></p>		
	<ul style="list-style-type: none"> <li>• In the period since 1 April 2017: <ul style="list-style-type: none"> <li>• The Committee has met on 4 occasions for regular meetings</li> <li>• All meetings have been constituted in accordance with the Charter</li> <li>• There have been no instances of conflicts of interest</li> <li>• There have been no matters raised in closed session with the external auditor.</li> </ul> </li> <li>• The Periodic Report is based on the requirements of the Committee’s Charter.</li> <li>• <b>Risk Management</b> The Committee receives regular updates on insurable risks relating to WHS and workers compensation claims (managed by TMF).  The Committee receives a presentation of risks at each meeting, usually one corporate and one clinical – taken from the Strategic Risk Register.  May – discuss the draft strategic directions and key priority areas – provide advice to the development of the <i>SWSLHD Strategic Plan to 2021</i>  July – Update regarding the SWSLHD policy framework and legislative compliance framework.  August – Risk 32 – Failure to prevent and treat healthcare associated infections  The Committee members witness the strong commitment from senior management to establish and embed enterprise-wide risk management practices across the LHD.</li> <li>• <b>Framework of Internal Controls</b> The Committee has no reason to believe that internal controls are not working well.</li> </ul>	

Ms Carriage joined the meeting at 3.45pm

	<ul style="list-style-type: none"> <li>• <b>External Accountabilities</b> The 30 June 2017 year-end financial statements preparation is now complete.</li>   <li>• <b>Internal Audit</b> A detailed Internal Audit Plan is developed on a 5-year cycle and reviewed / updated annually. In the period 1 March to 30 September 2017, 28 assurance, IT, special investigation, compliance certification and follow up reviews have been carried out. 83 internal audit recommendations were identified from these reviews (none of which were subject to 'management disagreement'; which is reflective of productive working relationships). <ul style="list-style-type: none"> <li>Nil extreme risk</li> <li>Nil high risk</li> <li>51 medium risk</li> <li>32 low risk</li> </ul> A number of the reviews related to the significant expense area of VMO claims and payments – all resulting recommendations were risk rated as low. </li>   <li>• <b>External Audit</b> The Committee have been introduced to the KPMG staff conducting the external audit of SWSLHD for the first time for the year ending 30 June 2017, on behalf of the Audit Office of NSW. Mr Oyetunji noted that the feedback from KPMG was positive.</li> </ul>	
<p><b>2.2 ARMC - Minutes</b></p>	<ul style="list-style-type: none"> <li>• The Minutes of the Audit &amp; Risk Management Committee meeting held on 22 August 2017 were circulated with the Agenda and <u>NOTED</u> by the Board.</li>   <li>• Ms Feldmanis commended the Internal Audit Team in relation to Committee meeting paperwork.</li> </ul>	
<p><b>2.3 ARMC - Charter</b></p>	<ul style="list-style-type: none"> <li>• The Board <u>APPROVED</u> the proposed amendments to the Committee Charter, as circulated with the Agenda, subject to the following amendment: <ul style="list-style-type: none"> <li>• Reporting lines – diagram - the addition of 'management' within the Committee title.</li> </ul> </li>   <li>• Ms Feldmanis highlighted the main changes: <ul style="list-style-type: none"> <li>• Clarification regarding the Board establishing the Committee</li> <li>• Format now in line with MoH requirements</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• Addition of Risk 'Management' to the Committee title</li> <li>• Additional point within 'authority' – 'obtain legal or other professional advice, as considered necessary to meet its responsibilities. The payment of costs for that advice by SWSLHD is subject to the prior approval of the Chief Executive.'</li> <li>• The Committee Chair now must be independent, previously that was considered 'good practice'</li> <li>• Independent means an officer that is drawn from the pre-qualified list.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Action:</b> Convey the Board's decision regarding the Charter to the Manager, Internal Audit for follow-up action.</li> </ul>	Secretariat
<b>2.3 ARMC – ICAC Matters</b>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the notifications to and received from the ICAC for the period 14 August to 9 October 2017, as circulated with the Agenda.</li> <li>• Mrs Feldmanis noted that the notifications are submitted to the Committee for review.</li> <li>• Ms Larkin provided further context in relation to the notification made to the ICAC regarding a staff member creating a false document to cover up alleged misconduct.</li> <li>• Prof Merrett noted that misconduct matters require reporting to the appropriate professional Council and / or College / University, etc.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Ms Feldmanis advised that she had been interviewed by Ernst &amp; Young as part of their independent review into the implementation of recommendations arising from the medical gases matter. Feedback received from Ernst &amp; Young was that information provided by interviewees has been consistent.</li> <li>• On behalf of the Board, the Chairman thanked Mrs Feldmanis and Mr Oyetunji for the informative presentation and ongoing work with the Committee.</li> </ul>	
<i>Mrs Feldmanis, Mr Oyetunji left the meeting and Ms Simone Proft joined the meeting at 4.05pm.</i>		
<b>3. Presentation – Draft Strategic Plan 2018-2021</b>	<ul style="list-style-type: none"> <li>• The Chair welcomed Ms Simone Proft, Manager Planning to the meeting.</li> <li>• Ms Proft highlighted: <ul style="list-style-type: none"> <li>• The <i>SWSLHD Corporate Plan 2013 – 2017</i> was developed in parallel with the <i>Strategic &amp; Healthcare Services Plan to 2021</i>.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• It was agreed in 2017 that rather than develop a new Corporate Plan, the District would develop a contemporary <i>Strategic Plan 2018-2021</i>.</li> <li>• Extensive consultation has been undertaken, including active involvement of the Board in defining the 6 Strategic Directions and associated Key Priority Areas.</li> <li>• Action-orientated strategies for each strategic direction articulate the District's proposed priorities.</li> <li>• After Board comments are incorporated into the draft plan it will be circulated to internal and external stakeholders for comment, with a view to final Board endorsement in December 2017 and launch in February 2018.</li> <li>• Approach to the Plan <ul style="list-style-type: none"> <li>• Based on the existing Vision, Mission, Principles</li> <li>• Transforming Your Experience has been incorporated</li> <li>• Information about 'our community' and 'our organisation' has been included</li> <li>• The future of health in south western Sydney is included</li> <li>• Strategic Directions are articulated</li> </ul> </li> <li>• Strategic Directions <ul style="list-style-type: none"> <li>• Safe, Quality Care</li> <li>• A Healthy Community</li> <li>• Collaborative Partnerships</li> <li>• A Healthcare System for the Future</li> <li>• Our People Make a Difference</li> <li>• A Leader in Research &amp; Teaching</li> </ul> </li> <li>• Feedback and comment was invited: <ul style="list-style-type: none"> <li>• The layout of the Plan is fundamentally different; now a contemporary approach with consistency of message</li> <li>• Transforming Your Experience is evident in the language</li> <li>• The Plan focuses internally and externally.</li> <li>• Success indicators <ul style="list-style-type: none"> <li>- suggest 'decrease' unplanned re-admissions, Success indicators – are we convinced of these metrics? how will we measure? consider measuring outcomes rather than volume.</li> </ul> </li> <li>• Include within the organisational structure (pg 21) Health Infrastructure and the Office of Preventative Health</li> <li>• Ensure consistency in the order of the Strategic Directions throughout the document</li> <li>• First paragraph of Mission is ambiguous.</li> </ul> </li> <li>• <b>Action:</b> Convey the Boards comments to the Manager, Planning.</li> </ul>	<p style="text-align: right;">Secretariat</p>
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	<ul style="list-style-type: none"> <li>On behalf of the Board the Chairman thanked Ms Proft for her informative presentation and time.</li> </ul>	
<i>Ms Proft left the meeting at 4.22pm.</i>		
<b>4. Declaration of Interests</b>	<ul style="list-style-type: none"> <li>The Chair invited declarations of interest.</li> <li>Prof Frankum advised that within the capacity of his AMA role he will be doing a media interview on 24 October 2017 regarding increased hospital activity, which may reference Campbelltown Hospital.</li> </ul>	
<b>5. Confirmation of the previous minutes and action list</b>	<ul style="list-style-type: none"> <li><u>MOTION</u>: A motion was moved by Prof Merrett and seconded by Mr Gordon that the Minutes of the Board meeting held on 25 September 2017 be accepted as a true and accurate record. <ul style="list-style-type: none"> <li>The Motion was carried.</li> </ul> </li> </ul>	
<b>6. Patient Story</b>	<ul style="list-style-type: none"> <li>Mr Hampson presented the story of a 60 year old male patient requiring bilateral knee replacement. Mr H was 189cm tall, weighed 156kg and had a BMI of 44. He was told by the Anaesthetists that he needed to lose weight to undergo surgery and that he would be removed from the waiting list if he did not lose weight.</li> <li>Mr H was not seen again until 2 weeks before his surgery was scheduled – due to staff changes in the Osteoarthritis Chronic Care Program. Hr H had not followed dietary and exercise requirements.</li> <li>Mr H and the Patient Liaison Officer (PLO) agreed Mr H had the capacity to lose weight as he had in the past given up alcohol. Together they planned that Mr H would immediately purchase shakes from the Chemist as total meal replacement to start that evening and see the GP the following day. The PLO arranged for physiotherapy to provide assistance with an exercise program.</li> <li>Ultimately Mr H lost 19kg and reduced his BMI to 38 (acceptable for surgery). Surgery was performed on 3 July 2017.</li> <li>Mr H now works voluntarily as a peer support person; assisting with group education and explains to others about the benefits of losing weight.</li> <li>The Board <u>NOTED</u> the patient story.</li> </ul>	

<b>7. Business Arising</b>		
<p><b>7.1 Risk Management Report</b> [25.09.17: Item 6.1.3]</p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Referral Note regarding the September Risk Management Report, as circulated with the Agenda.</li> <li>• The two risks (Risk IDs 512 and 513) noted under ‘new extreme / high risks’ were reported in error. The two new risks are both rated medium.</li> <li>• The Chairman reported a meeting with the Risk Governance Manager (held on 20.10.17). The LHD complies with the requirement to use the MoH Risk Management Framework. The ‘heat map’ within the Report was mislabelled; the column of ‘extreme’ will be labelled ‘catastrophic’ in future reports to the Board.</li> </ul>	
<p><b>7.2 KPI Report – Safety &amp; Quality</b> [25.09.17: Item 6.1.5]</p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Referral Note clarifying the reporting of the mental health service death within the Safety &amp; Quality Report to the Board, as circulated with the Agenda.</li> <li>• The narrative within the Report to the September Board meeting was expanded (in comparison to the information provided to the September Health Care Quality &amp; Safety Committee meeting) to include issues of concern.</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 Matters</p>	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• <b>Renal Dialysis – Bowral &amp; District Hospital</b></li> </ul> <p>In 2008 a donation was received from the Southern Highlands Renal Appeal (SHRA) which was used to purchase 2 dialysis units, one recliner chair and associated equipment. The equipment is only suitable for renal patients who are capable of dialysing at home.</p> <p>Current data indicates approximately 15 patients in the Wingecarribee LGA who self-dialyse at home and approximately 14 patients who travel to other facilities in SWSLHD for in-centre or satellite based services – due to their clinical needs.</p> </li> </ul>	

	<p>In principle, the Board supported the establishment of a renal dialysis service at Bowral &amp; District Hospital. The Board’s preference is for the service to be established as part of the Hospital’s redevelopment.</p> <p>Interim strategies e.g. door to door travel and a review of patient flow arrangements will be progressed immediately.</p> <ul style="list-style-type: none"> <li>• <b>Strategic Stakeholder Engagement</b></li> </ul> <p><u>Thrive</u> The Districts new quarterly magazine provides an opportunity to highlight the exciting work happening across the District. The publication has an external focus and copies have been sent to health industry partners and stakeholders.</p> <p><u>SWS Advisory Panel</u> The inaugural Advisory Panel meeting has been arranged for 20 November 2017.</p> <ul style="list-style-type: none"> <li>• <b>Capital Assets</b></li> </ul> <p>Buildings identified with cladding will be assessed to determine any issues, a risk assessment completed and an action plan developed. The assessment is being coordinated by Health Infrastructure as part of a state-wide response/strategy.</p> <ul style="list-style-type: none"> <li>• <b>Disability &amp; Carers Strategy</b></li> </ul> <p>Copies of the <i>Disability &amp; Carers Strategy 2017-2022</i> were tabled. SWSLHD launched the Strategy on 22 September 2017 as part of the SWSLHD Consumer &amp; Community Annual Conference.</p> <ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Current Significant Issues section of the Chief Executive’s Report, as circulated with the Agenda.</li> </ul>	
<p>8.1.2 - Regulatory Environment</p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Regulatory Environment section of the Chief Executive’s Report, as circulated with the Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• A review of processes and governance in place for policy documents across SWSLHD facilities and services is currently in the planning phase and due for completion in December 2017.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• A communique has been circulated across SWSLHD facilities and services to outline new requirements including no development of new policies at facility or service level from 1 September 2017. Local practices will be determined by a process.</li> <li>• As at 30 September 2017 there were 273 District level policy documents. Of these, 24% are past their due date, a reduction from 36% in January 2017.</li> <li>• The SWSLHD Legislative Compliance Summary Register has been developed, with 258 pieces of legislation (including Acts and Regulations) which have been categorised into 49 compliance topics.</li> </ul>	
8.1.3 - Risk Management	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Risk Management section of the Chief Executive's Report, as circulated with the Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• There are no LHD risks referred to the Board from Board committees for this month.</li> <li>• There was one new Extreme / High Risk approved for entry on the LHD Risk Register at the SWSLDH Enterprise Risk Management Committee meeting: <ul style="list-style-type: none"> <li>• Risk ID 523 – <i>Inability to recruit staff specialist psychiatrists within acute care mental health services</i> – current risk rating 'high'. VMO recruitment is a mitigation strategy.</li> </ul> </li> </ul> </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>• The Chair highlighted that the Report includes: <ul style="list-style-type: none"> <li>• Causation statements from completed RCA reports</li> <li>• 3 new serious incidents since the last report, which will undergo an RCA: <ul style="list-style-type: none"> <li>○ One of the cases is a missed torsion of testicle. Prof Merrett advised that the College recently released a statement that enables urologists / general surgeons</li> </ul> </li> </ul> </li> </ul>	

	<p>to treat a child over 7 years of age. Previously these patients required transfer.</p> <ul style="list-style-type: none"> <li>○ Mr Hampson noted two cases of a patient returned to theatre for removal of a suture needle retained during wound closure following a caesarean section (only one reported in this month). The cases resulted in a Safety Notice being issued.</li> <li>● A previous review regarding falls incidents indicated that the majority of falls occur after meal times. A full-time Falls Coordinator (physiotherapist) position has been established and a focus on patient rounding is being progressed.</li> <li>● The Health Care Quality &amp; Safety Committee is discussing the Maternity Review undertaken at Fairfield Hospital.</li> <li>● The Board <u>NOTED</u> the Safety &amp; Quality component of the KPI Report.</li> </ul>	
<p>Access &amp; Patient Flow</p>	<ul style="list-style-type: none"> <li>● Ms Ramsden highlighted: <ul style="list-style-type: none"> <li>● As at September 2017, activity has reduced following the winter period. The District's full year performance for ETP (at 56.5%) remains below target.</li> <li>● For the month of September 2017 the Districts TOC performance (at 80.23%) decreased in comparison to the same period last year (87.76%). However ambulance arrivals across all facilities increased by 11.6% when compared with the same period last year.</li> </ul> </li> <li>● Prof Frankum noted that the number of patients waiting in the ED &gt; 24 hours has nearly doubled, in comparison to the same period last year (265 to 151).</li> <li>● The Board <u>NOTED</u> the Access &amp; Patient Flow component of the KPI Report.</li> </ul>	
<p>People &amp; Culture</p>	<ul style="list-style-type: none"> <li>● The Board <u>NOTED</u> the People &amp; Culture component of the KPI Report.</li> <li>● Ms Larkin highlighted: <ul style="list-style-type: none"> <li>● Work Health &amp; Safety <ul style="list-style-type: none"> <li>● WHS is a focus area in response to TMF results.</li> <li>● A strategy 2017-2020 has been developed, aligned to Transforming Your Experience.</li> <li>● WHS Audits have commenced</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• A Workforce Safety Committee has been established – facility managers and service directors are re-focussing strategies to manage claims and develop prevention strategies</li> <li>• Leave liability remains a challenge. As at September 2017 there were 4,945 employees with excessive leave. 24.44% of these employees have submitted a leave plan.</li> <li>• Performance Development Review compliance remains a focus in line with feedback received when developing Transforming Your Experience.</li> <li>• The increase in premium staff usage is a result of an unprecedented increase in activity over winter.</li> <li>• The Board <u>NOTED</u> the People &amp; Culture component of the KPI Report.</li> </ul>	
<p style="text-align: center;">Finance &amp; Activity</p>	<ul style="list-style-type: none"> <li>• Mr Sinclair highlighted: <ul style="list-style-type: none"> <li>• Overall the Net Cost of Service unfavourability was \$2.4M. Year- end actuals are forecast to meet budget. Contributing to the unfavourability: <ul style="list-style-type: none"> <li>• Surge bed activity was high due to the significant influenza season over the winter period. As a result overtime costs rose in employee related expenses.</li> <li>• \$1.8M of TMF Workers Compensation Premium over budget with the total Premium of \$15.9M booked in the YTD result.</li> </ul> </li> <li>• Expenditure was on budget for the month.</li> <li>• Own source revenue was on budget for the month.</li> <li>• The small creditor payment performance target was achieved in the month.</li> <li>• As at YTD August 2017 the activity results indicate that SWSLHD is 101.2% of YTD target.</li> <li>• The September YTD target variance for the surgical wait list is 268 below. Additional lists are planned for 2017.</li> </ul> </li> <li>• The Board <u>NOTED</u> the Finance &amp; Activity component of the KPI Report.</li> </ul>	

<p>Service Reports</p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> Reports for the following services as circulated with the Agenda.</li> <li>• A number of issues were highlighted through the Reports: <ul style="list-style-type: none"> <li>• Drug Health <ul style="list-style-type: none"> <li>• Inpatient Withdrawal Management Unit <ul style="list-style-type: none"> <li>• The unusually high number of withdrawals from the Program during July (47) against medical advice relates to a number of factors including the nature of the clients and the inability to smoke.</li> </ul> </li> </ul> </li> <li>• Population Health <ul style="list-style-type: none"> <li>• BreastScreen <ul style="list-style-type: none"> <li>• An internal accreditation survey identified issues related to clinical governance. The Service has developed a detailed action plan and commenced implementation with a specific focus on recruitment to key clinical positions.</li> </ul> </li> <li>• HIV Testing <ul style="list-style-type: none"> <li>• The Report states one sexual health clinic within the District.</li> <li>• <u>Action:</u> Clarify – Clinic at Campbelltown.</li> </ul> </li> </ul> </li> <li>• Primary &amp; Community Health <ul style="list-style-type: none"> <li>• Service Developments <ul style="list-style-type: none"> <li>• A newly commissioned pathology service, Australian Clinical Labs, has commenced operation in Oran Park Family Health.</li> <li>• <u>Action:</u> Provide advice regarding accessibility of results via Powerchart.</li> </ul> </li> </ul> </li> <li>• Oral Health <p>Performance relating to adult assessment and treatment times relates to the increase in Syrian refugees.</p> </li> <li>• Mental Health <ul style="list-style-type: none"> <li>• Mental Health Acute Seclusion Rate <ul style="list-style-type: none"> <li>• The Report implies an assumption that seclusion is required.</li> </ul> </li> <li>• Macarthur Community Health <ul style="list-style-type: none"> <li>• The Macarthur Community Mental Health Centre has temporarily relocated from the Browne Street location to Queen Street.</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p>GM, P&amp;CH</p>
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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 Marshall &amp; Mr Hampson left the meeting at 5.47pm.</i>		
<b>9.2 Chairman’s Report</b>		
9.2.1 – Board Membership	<ul style="list-style-type: none"> <li>The Chairman advised that for those members whose terms expire in 2018 an opportunity via EoI for re-appointment (maximum term is 10 years) will be circulated through the NSW MoH.</li> </ul>	
9.2.2 - Correspondence Received	<ul style="list-style-type: none"> <li>The Board <b>NOTED</b> correspondence received from (and the acknowledgment letter sent to) Mrs TR regarding the care and treatment her husband received at the Liverpool Hospitals Emergency Department. A final response to Mrs TR is being prepared.</li> <li>The Board <b>NOTED</b> correspondence received from Mr SS (and the response letter sent) regarding three lifts at Liverpool Hospital.</li> <li>The Board <b>NOTED</b> correspondence received from (and the acknowledgement letter sent) to Ms EC on behalf of Public Health First regarding the future development of Bowral &amp; District Hospital. <ul style="list-style-type: none"> <li>The Board <b>RESOLVED</b> to respond to Public Health First offering an opportunity to present to some Board members prior to the December Board meeting.</li> <li><b>Action:</b> Draft correspondence to Public Health First for the Chairman’s signature.</li> </ul> </li> </ul>	Secretariat / Chairman
9.2.3 - Council of Board Chairs	<ul style="list-style-type: none"> <li>The Chairman highlighted topics of discussion at the Council of Board Chairs Forum held on 3 October 2017, which included: <ul style="list-style-type: none"> <li>Secretary’s Address - safety &amp; quality is a focus area</li> <li>Minister’s Address</li> <li>Board Role in the NSW Health System</li> <li>Clinician Engagement – mechanisms</li> </ul> </li> </ul>	

<b>10. Committees of the Board</b>		
<p><b>10.1 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 4 October 2017 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Dr Gray highlighted: <ul style="list-style-type: none"> <li>• Item 5 – Mental Health: Monthly Seclusion Rate Report</li> </ul> <p>The Committee discussed seclusion rates, related issues and compliance with policy.</p> <li>• Item 6.3 – Fairfield Hospital: O&amp;G Service – culture work</li> </li></ul> <p>The Committee noted the update in relation to the work being undertaken to improve culture in the Fairfield Hospital Maternity Service. The Program includes a focus on having the right leaders in appropriate positions. An update has been scheduled for April 2018.</p> <ul style="list-style-type: none"> <li>• Item 8.2 – Fairfield Hospital: Review of Maternity &amp; Neonatal Service</li> </ul> <p>The Committee noted the update in relation to the review of O&amp;G led by Prof Nicholls. A further report will be considered by the Committee’s November meeting.</p>	
<p><b>10.2 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 15 September 2017 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<p><b>10.3 Audit &amp; Risk Management</b></p>	<ul style="list-style-type: none"> <li>• (Refer Minute Item 2)</li> </ul>	
<p><b>10.4 Research &amp; Teaching</b></p> <p>Minutes</p>	<ul style="list-style-type: none"> <li>• Minutes of the Research &amp; Teaching Committee held on 12 October 2017 will be submitted to the November Board meeting.</li> </ul>	
<p><b>10.5 Aboriginal Health</b></p> <p>Minutes</p>	<ul style="list-style-type: none"> <li>• Minutes of the Aboriginal Health Committee held on 28 September 2017 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Ms Carriage highlighted: <ul style="list-style-type: none"> <li>• The Aboriginal Health Committee reviews a strategic priority at each meetings, the focus area for the September meeting was Child and Family.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• SWSLHD has a range of programs in place to support Aboriginal families during the antenatal, postnatal and early childhood years. The programs are based around geographic areas and are broken up to cover the Southern and Northern parts of the Local Health District and focus on engaging with families that have vulnerabilities. There are currently over 300 families engaged in SWSLHD's Aboriginal Child and Family programs.</li> <li>• In 2016 SWSLHD was successful in securing additional funding from the Commonwealth Department of Health to extend these services and create a new program called Two to School, which enables continued engagement with vulnerable families to support early childhood development and the transition to primary school.</li> <li>• A re-alignment of Social Work resources in Primary and Community Health in 2016 provided an opportunity to review the psychosocial model for the Aboriginal Child and Family programs. Based on the outcomes of the review and consultation process the concept for developing the Close the Gap Psychosocial Service was developed. The priority target groups for the service will be pregnant women and Aboriginal families with children aged 0 -5, which aligns with the age ranges for our Aboriginal sustained home visiting programs.</li> </ul>	
Committee Self-Assessment	<ul style="list-style-type: none"> <li>• The Board <u>ENDORSED</u> the summary report arising from the annual self-assessment and the proposed amendments to the Terms of Reference.</li> <li>• <b>Action:</b> Convey the Board's decision to the Committee Secretariat.</li> </ul>	Secretariat
<b>10.6 Nominations</b> Minutes	<ul style="list-style-type: none"> <li>• The Minutes of the Nominations Committee meeting held on 20 September 2017 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<b>11 Consumer &amp; Community Council</b>		
Minutes	<ul style="list-style-type: none"> <li>• The Minutes of the Consumer and Community Council meeting held on 6 October 2017, as circulated with the Agenda were <u>NOTED</u> by the Board.</li> </ul>	
<i>Ms Carriage left the meeting at 6.37pm</i>		

<b>12 New Business</b>		
<p><b>12.1 Board Award</b></p>	<ul style="list-style-type: none"> <li>• The Board <u>APPROVED</u> the recommendation for the Transforming Your Experience: Excellence in safe and quality healthcare Award to be presented at the Annual Public Meeting on 3 November 2017.</li> <li>• <b>Action:</b> Convey the Board's decision.</li> </ul>	<p>Ms Buttenshaw</p>
<p><b>12.2 Campbelltown Clinical Services Plan</b></p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Revised Abridged Clinical Services Plan for Macarthur to 2031, which will be used to inform Stage 2 of the Hospitals redevelopment, as circulated with the Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• In May 2017 the Board approved the Plan for submission to the NSW MoH. Subsequently the MoH provided formal comments on the Plan.</li> <li>• Key issues highlighted in the discussions with the MoH included: <ul style="list-style-type: none"> <li>○ Significant population growth in Macarthur region – the planning exercise indicates a requirement for 798 acute overnight and day only beds by 2031 with an additional 47 'Hospital in the Home' beds.</li> <li>○ Models of care and length of stay will reflect the increasing acuity and complexity of services that will be provided in the future as part of the transition to a tertiary referral hospital.</li> <li>○ The number of maternity beds in the Plan reflects the higher birth rate that is occurring in the Macarthur region and the rate of housing releases.</li> <li>○ The national mental health service planning framework planning methodology has been incorporated in the mental health planning.</li> <li>○ Noting the significance of the project, comprehensive workforce and ICT plans will need to be developed.</li> </ul> </li> </ul> </li> </ul>	
<p><b>12.3 Enhanced Paediatric Capacity Plan to 2031</b></p>	<ul style="list-style-type: none"> <li>• The Board <u>APPROVED</u> the Enhanced Paediatric Capacity Plan 2031, as circulated with the Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• The Plan will be used to inform the enhancement of District-wide paediatric services and infrastructure as proposed as part of the Stage 2 redevelopment of Campbelltown Hospital.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• The Plan aligns with the Abridged Clinical Services Plan for Macarthur to 2031.</li> <li>• Changes to existing models of care will be required to meet the challenges of the future. These include a shift to ambulatory and community based services, increase in the provision of short stay and day only units and streaming of children and adolescents through a targeted Paediatric Emergency Department.</li> <li>• The Plan has proposed an uplift of paediatric services at Campbelltown Hospital with most clinical services at Role Delineation Level 5 with a Close Observation Care Unit at level 4 as well as further development of LHD-wide services.</li> </ul>	
<p><b>12.4 Bowral Clinical Services Plan</b></p>	<ul style="list-style-type: none"> <li>• The Board <b>NOTED</b> the Bowral &amp; District Hospital Clinical Services Plan (2015) and Addendum (2017), as circulated with the Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• The Bowral &amp; District Hospital Clinical Services Plan (CSP) was completed in 2015 to inform the planning for the proposed redevelopment of the hospital. An Addendum CSP was developed in 2017 to support the development of the Final Business Case.</li> <li>• The 2015 CSP reflects population and service activity projections to 2026. The Addendum includes an update of the planning parameters outlined in the CSP with updated population projections (released at the end of 2016) and an extended planning timeframe of 2031.</li> <li>• <b>Action:</b> Clarify the percentage increase cited within Section 3 – Projected Population Growth:  “it is estimated that from 2016 to 2031, only this age cohort will be experiencing any growth (80%) whilst all other age groups....”</li> <li>• On the 31 April 2017, the LHD received a request under the Freedom of Information Act from the Wingecarribee Shire Council to release the CSP. As well there have been repeated requests from members of the community arising through consultation over the hospital redevelopment. As a result was agreed to release to release the CSP.</li> <li>• <b>Action:</b> Clarify if the Plan has been released publically.</li> <li>• The CSP identifies a need for 34 additional inpatient beds. The proposed redevelopment will supply an additional 10 inpatient beds</li> </ul> </li> </ul>	<p>Mgr, Planning</p> <p>Mgr, Planning</p>

	<ul style="list-style-type: none"> <li>The Addendum CSP, subsequent to consultation with the SWSLHD Board will be submitted to Ministry of Health for consideration</li> </ul>	
<b>13 Items for Information</b>		
<b>13.1 Board Schedules</b>	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> the availability on Govdex of the: <ul style="list-style-type: none"> <li>Board Calendar.</li> <li>2017 Board meeting &amp; events summary.</li> </ul> </li> </ul>	
<b>14 Other Business Without Notice</b>		
	<ul style="list-style-type: none"> <li>The Chair invited other business without notice. <ul style="list-style-type: none"> <li>Prof Frankum advised his apologies for the November 2017 Board meeting.</li> <li>Ms Burlew advised she may be late to the November 2017 meeting.</li> <li>Mr Gordon conveyed, on behalf of Dr Abi-Hanna, that the Liverpool Hospital Ball held on 21.10.17 was a great success.</li> <li>Ms Murphy considered that the timing for some items of business was insufficient.</li> <li>The Chairman highlighted a change in venue for the November 2017 meeting. The Board meeting will be held at Campbelltown Hospital.</li> <li>Dr Keat noted that Registrars are not fulfilling their contracts by taking leave.</li> </ul> </li> </ul>	
<b>15 Close/Next Meeting</b>	<ul style="list-style-type: none"> <li>The meeting closed at 7.00pm. The next meeting will be held: <ul style="list-style-type: none"> <li>Monday 27 November 2017, Campbelltown Hospital. <ul style="list-style-type: none"> <li>2.30pm- Facility / Site Visit</li> <li>3.30pm – Board meeting</li> </ul> </li> </ul> </li> </ul>	