

MINUTES

South Western Sydney Local Health District Board

Date: Monday 26 February 2018

Time: 2:45pm

Venue: Hospitality Suite B, William Inglis Hotel, Warwick Farm

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 (Deputy Chair)	✓		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 Glenda Dingwall, Director Workforce & Development	✓	
Ms Sonia Marshall, Director Nursing & Midwifery Services	✓		Mr Ken Hampson, Director Clinical Governance	✓	
Ms Sally Whitten, Risk Governance Manager	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
Welcome	<ul style="list-style-type: none"> The Chair welcomed members and attendees to the first SWSLHD Board meeting of 2018 and noted that the preceding launch of the Strategic Plan reflects that the Local Health District (LHD) is entering a new phase. 	
2. Acknowledgment to Country	<ul style="list-style-type: none"> The Chair commenced the meeting by acknowledging the traditional owners of land and paid respect to elders past and present. 	
3. Declaration of Interests	<ul style="list-style-type: none"> The Chair invited declarations of interest. Mr Gordon reported his appointment to the Audit & Risk Committee of the Audit Office, NSW. Action: Add Mr Gordon's declaration to the Board's Declarations of Interest Register. 	Secretariat

<p>4. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> • <u>MOTION</u>: A motion was moved by Prof Frankum and seconded by Dr Abi-Hanna that the Minutes of the Board meeting held on 11 December 2017 be accepted as a true and accurate record. • The Motion was carried. 	
<p>5. Patient Story</p>	<ul style="list-style-type: none"> • Mr Hampson read a letter of appreciation received to the Campbelltown Hospital website. • Ms H’s letter expressed appreciation regarding the positive behaviour and caring attitude of numerous (named) staff involved in her journey within the Psychiatric Emergency Care Centre (PECC) Unit at Campbelltown Hospital in February 2018. 	
<p>6. Business Arising</p>		
<p>6.1 Proposed Planning Workshop Dates [11.12.17: Item 6.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding the 2018 Board Planning Workshops, as circulated with the Agenda. • The Chairman noted that two planning workshops have been scheduled for 2018 – 30 April and 20 August. • The Board <u>AGREED</u>: <ul style="list-style-type: none"> • Workshop 1 – 30 April 2018 <ul style="list-style-type: none"> ○ Topics for discussion: <ul style="list-style-type: none"> • Women’s Health in SWSLHD <ul style="list-style-type: none"> ○ On the advice of the Health Care Quality & Safety Committee - opportunity to take a ‘deep dive’ into a service (i.e. previously received a presentation on mental health). • Health Care Delivery in the Future <ul style="list-style-type: none"> ○ Initial discussion with Ernst & Young has occurred regarding a speaker. ○ <u>Action</u>: Ensure a practical approach is emphasised in the scope. • Board Reporting <ul style="list-style-type: none"> ○ In line with the Board’s previous request to refresh reporting arrangements, Mr Neaverson (AICD) has been engaged to review current arrangements and provide advice / recommendations. The Scope strongly suggests Board input is required. 	<p>Ms Larkin</p>

	<ul style="list-style-type: none"> • Workshop 2 – 20 August 2018 <ul style="list-style-type: none"> ○ Suggested topics for discussion included: <ul style="list-style-type: none"> • Take advice from the Health Care Quality & Safety Committee regarding another ‘deep dive’ into a clinical service • Report back on previous topics covered in Workshops over the past few years – in the context of Board succession planning • Revisit the Board reported risks ○ The Chair advised that members will be canvassed in relation to final discussion topics closer to the date. ○ Due to Ms Wallace’s (NOUS Group) unavailability, the Board <u>AGREED</u> to engage another facilitator for Workshop 2. 	<p style="text-align: right;"><i>Secretariat</i></p> <p style="text-align: right;">Ms Larkin</p>
<p><i>Dr Keat joined the meeting at 3.08pm</i></p>		
<p>6.2 Revised Model By-laws [11.12.17: Item 6.2]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note regarding the proposed Model By-laws, as circulated with the Agenda. • Compliance Audit <p>The Board <u>NOTED</u> the additional compliance audit (undertaken by Internal Audit) results describing current practice against the By-laws for committees.</p> <ul style="list-style-type: none"> • Model By-laws <p><u>Summary of Previous Decisions</u> The Board <u>NOTED</u> the summary of its previous decisions relating to the proposed Model By-laws, noting that Part 5 – Clause 15 – should include (as per December 2017 Minutes) the Director of Finance as the Secretariat of the Finance & Assets Committee.</p> <p><u>Proposed Model By-laws - amendments</u> The Board further considered the proposed Model By-laws with amendments (as previously agreed), using tracked changes, as circulated with the Agenda:</p> <p>Part 3 – Clause 5 – The Board <u>AGREED</u> that no amendment to the proposed Model By-laws was required, based on Dr Keat’s acceptance.</p>	

	<p>The Board <u>AGREED</u> the two further amendments to the Model By-laws were required, as follows:</p> <ul style="list-style-type: none"> ○ Part 4 –10 (1) - Subject to sub-clause 2, the quorum for any meeting is a majority <u>50%</u> of the appointed number of members ○ Part 5 – (14) (3) – The Chairperson of the Audit and Risk Committee may not be the chairperson of the Finance and Performance-Assets Committee (or other similar committee) <p>The Board <u>AGREED</u> to submit the proposed Model By-laws, using tracked changes, to the Secretary, NSW Ministry of Health for information / approval, as appropriate in 21 days from the date of the meeting – in accordance with Part 3 (4).</p> <p>Action: Submit the proposed Model By-laws, with agreed amendments using tracked changes, to the Secretary, NSW Ministry of Health for information / approval. Provide a copy to the Board (out of session) and the Medical Staff Executive Council.</p>	Secretariat
<p>6.3 Complaint to Board [11.12.17: Item 8.2.1]</p>	<ul style="list-style-type: none"> ● The SWSLHD Board <u>NOTED</u> the Referral Note advising that several attempts have been made to meet with Mrs TR to discuss her concerns, as circulated with the Agenda. ● The Board requested the following action: ● Action: Send a letter to Mrs TR noting the endeavours made to date and reiterating the offer to meet at Mrs TR’s convenience. 	Secretariat
<p>6.4 Complaint to Board [11.12.17: Item 8.2.1]</p>	<ul style="list-style-type: none"> ● The Board <u>NOTED</u> the Referral Note summarising the outcome of the meeting with Mr RL and others on 21 December 2017, as circulated with the Agenda. ● Ms Larkin advised that the actions agreed at the meeting have been completed, as follows: <ul style="list-style-type: none"> ● A copy of the independent investigation report has been submitted to the Health Care Complaints Commission. ● A letter has been sent to Mr RL including an apology and advice on the actions taken by the Mental Health Service to address his concerns following completion of the independent investigation. 	

	<ul style="list-style-type: none"> • The Official Visitor will review the December 2016 incident as referenced in Mr RL's last letter to the SWSLHD Board Chair. • The Board considered their role of the management of Mr RL's complaint and noted that the actions requested have been undertaken and <u>AGREED</u>, unless new issues are raised, no further action will be taken by the Chief Executive or Board. 	
<p>6.5.1 Board Planning Workshop - Report [11.12.17: Item 6.6.1]</p>	<ul style="list-style-type: none"> • The Board <u>ENDORSED</u> the amended Report of the Board Planning Workshop held in October 2017), as circulated with the Agenda. • The amendments were made to (6) – <i>Mental Health: Strengthening our services</i> section following a review by Ms Murphy. 	
<p>6.5.2 Board Planning Workshop - Mental Health [27.11.17: Item 8.2.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the summary and full Action Plan in response to the action arising at the Board Planning Workshop (October 2017) – Strengthening Mental Health Services (MHS), as circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • The MHS has developed an Action Plan, describing focus areas underway to improve aspects of mental health services, including: <ul style="list-style-type: none"> • Access to mental health beds <ul style="list-style-type: none"> ○ Reflected on a presentation to the Senior Executive Forum meeting of 23 February 2018 regarding mental health. It has been suggested that access to acute mental health beds should occur within a State-wide model, such as accessing ICU beds. • Seclusion & Restraint • Quality & Safety <ul style="list-style-type: none"> ○ A workshop is planned for 27 February 2018 involving the Mental Health Service, Clinical Governance Unit, South Eastern Sydney LHD and the Clinical Excellence Commission to develop a quality and safety framework. This piece of work is considered fundamental to change within the Service. • Staffing & Leadership • Culture & Engagement 	

	<ul style="list-style-type: none"> • Reporting to the Health Care Quality & Safety Committee • Ms Larkin confirmed the arrangements between the mental health and drug & alcohol services. 	
6.6 Finance & Assets Committee [11.12.17: Item 9.2]	<ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the Referral Note advising that Risk ID 345 (Failure to receive appropriate referrals may result in non-compliance for ACAT responses to Priority 1, 2, 3 referral types) has been reallocated to the Health Care Quality & Safety Committee from the Finance & Assets Committee. 	
6.7 Readmission Rates [11.12.17: Item 8.1.7]	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note providing a comparison of the SWSLHD readmission rate compared to other LHDs, as circulated with the Agenda. • Prof Merrett noted that the District-wide rate is below the Service Level Agreement KPI but 1% above peer hospitals. • Ms Ramsden highlighted that facilities have established working parties to review current top principle diagnosis contributing to unplanned readmission rates and developing mitigating strategies. A report on strategies and impact will be provided to the Health Care Quality & Safety Committee. 	
6.8 Sustainability Plan [11.12.14: Item 6.1.1]	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the draft Sustainability Action Plan, as circulated with the Agenda. • Mr Sinclair undertook to incorporate comments made by the Board into the final Plan, including: <ul style="list-style-type: none"> • Time-frames within the Plan that are 'Ongoing' should be replaced with 'annual review' to allow for measurement. • Ensure the Plan reflects the NSW MoH Policy Directive relating to disposable theatre items. • Consider renewable energy sources for emergency generators. • It was noted that Health Infrastructure was not supporting the National Australian Built Environment Rating System. 	<i>Mr Sinclair</i>

<p>6.9 ED Admissions [11.12.17: Item 6.4]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note providing data on ED admissions, as circulated with the Agenda. • Ms Ramsden highlighted: <ul style="list-style-type: none"> • The average admissions per week from ED by hospital • The decrease in number since July 2017 results from a change in the NSW MoH Policy for counting admissions • Additional inpatient beds have opened at Liverpool and Campbelltown Hospitals • Services participate in the Districts Whole of Hospital Program, i.e. Primary & Community Health - increase the number of Compacts and Hospital in the Home referrals. • Prof Merrett noted that the data presented is crude and the increase in Triage category 1 and 2s have increased. 	
<p>7. New Business</p>		
<p>7.1. Joint Board Meeting</p>	<ul style="list-style-type: none"> • The Board <u>AGREED</u> to the proposed joint meeting with the Western Sydney Local Health District Board (WSLHD), as described in the Referral Note circulated with the Agenda. • Ms Larkin noted the purpose of the meeting is to: <ul style="list-style-type: none"> • Receive a regional briefing from the Department of Planning & Environment • Discuss a partnership agreement – to collaborate on four priorities and conduct a signing ceremony. • The Chair advised that WSLHD have proposed 17 July 2018 as the meeting date, noting that the Secretary NSW MoH will be in attendance. • Action: Canvass Board member availability to attend a joint meeting on 17 July 2018 and advise the Chairman and Chief Executive. 	<p>Secretariat</p>

<p>8. Standing Items</p> <p>8.1. Chief Executive's Report</p>		
<p>8.1.1 – Current Significant Matters</p>	<ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • eMR Outage <p>As part of the Whole of Government initiative the eMR application moved onto new servers at the Government Data Centre. The move required the eMR to be inaccessible for approximately 12 hours. No major issues were experienced during this outage. An unplanned outage had been experienced prior to the planned outage – downtime procedures were enacted.</p> • Bankstown Feasibility Study <p>The feasibility study regarding future options for Bankstown-Lidcombe Hospital is considered a cabinet in confidence document.</p> <ul style="list-style-type: none"> • Honours & Awards <ul style="list-style-type: none"> ▪ Action: On behalf of the Board send a letter to A/Prof Kohler congratulating him on his recent Honorary Medal (OAM) of the Order of Australia. • The Board <u>NOTED</u> the Chief Executive's Report, as circulated with the Agenda.	<p><i>Chairman / Secretariat</i></p>
<p><i>Ms Whitten joined the meeting at 4.34pm</i></p>		
<p>8.1.2 - Regulatory Environment</p>	<ul style="list-style-type: none"> • Nil. 	
<p>8.1.3 - Risk Management</p>	<ul style="list-style-type: none"> • Ms Whitten highlighted: <ul style="list-style-type: none"> • The LHD Enterprise Risk Register (58 open risks) was reviewed by the SWSLHD Audit & Risk Management Committee on 19 February 2018 and the SWSLHD Enterprise Risk Management Committee on 20 February 2018. • The following changes have been made to the LHD Enterprise Risk Register since the last update provided to the Board in September 2017. 	

	<ul style="list-style-type: none"> ○ Three new Extreme/High risks added to the Register <ul style="list-style-type: none"> ○ Confirmed that Risk ID 522 “Failure to plan, implement, evaluate and sustain a comprehensive and integrated care strategy” (Risk ID 8 & 349 combined and new risk developed) does incorporate the eMR. ○ There were three LHD risks closed / de-escalated during the reporting period, following advice from the Enterprise Risk Management Committee and relevant Risk Owners. <ul style="list-style-type: none"> ● Ms Whitten clarified the tolerance risk rating applied to Risk ID 511 – management of refrigerated medications. ● The Board <u>NOTED</u> the Risk Management Report, as circulated with the Agenda. 	
<i>Ms Whitten left the meeting at 4.43pm</i>		
8.1.4 – Work Health & Safety	<ul style="list-style-type: none"> ● Nil. 	
8.1.5 - KPI Report		
Safety & Quality	<ul style="list-style-type: none"> ● The Report indicates that there were 3 new serious incidents since the last Report to the Board. ● Action: Clarify that the 3 new incidents were included within the Completed RCAs Report. ● Mr Hampson advised that a SWSLHD Safety Notice was issued as a result of Incident – 2480092-20. ● The Board <u>NOTED</u> the Safety & Quality component of the KPI Report. 	Mr Hampson
Access & Patient Flow	<ul style="list-style-type: none"> ● Ms Ramsden highlighted: <ul style="list-style-type: none"> ● The District performance, YTD Jan-2018 for ETP is 60%. A number of key improvement strategies are being implemented, particularly at Liverpool and Campbelltown Hospitals – which has resulted in an overall improved performance result for February 2018. Other strategies include: ● Mental Health – reviewing model of a mental health nurse in Ambulance at Western Sydney LHD (reduced ED presentations to Westmead by up to 80%). 	

	<ul style="list-style-type: none"> • Exploring a streaming model for non-admitted patients. • Mr Gordon noted the significant improvement in Transfer of Care with 5,674 ambulances offloaded within the benchmark time in January 2018, compared to 5,130 in the same period last year. • The Board <u>NOTED</u> the Access & Patient Flow component of the KPI Report. 	
People & Culture	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the People & Culture component of the KPI Report. • Ms Dingwall highlighted: <ul style="list-style-type: none"> • The District Workforce Committee recently approved the SWSLHD Wellbeing Plan which includes implementation of a staff fitness program. • In January 2017 SWSLHD commenced safety audits. To date 6 facilities and 4 services have completed the audits. Facilities averaged 90% compliance and Services 77.5% compliance. • An Accountability Framework, which includes a monthly meeting with insurers, is being developed to support workers compensation strategies. • A budget allocation has been provided to support backfilling of 209 employees with excessive leave that have not taken leave in the past 12 months. • The Board <u>NOTED</u> the People & Culture component of the KPI Report. 	
Finance & Activity	<ul style="list-style-type: none"> • Mr Sinclair highlighted: <ul style="list-style-type: none"> • Overall the Net Cost of Service unfavourability was \$0.5M YTD. • Own source revenue was on budget for the month. • The small creditor payment performance target was achieved in the month. • As at YTD December 2017 the activity results indicate that SWSLHD is 101.6% of YTD target. • The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. 	

Services	<ul style="list-style-type: none"> • Ms Larkin highlighted sections of the Service Reports, circulated with the Agenda: <ul style="list-style-type: none"> • Mental Health <ul style="list-style-type: none"> • A significant improvement in seclusion rate & duration (2017/18 compared to 2016/17) due to the introduction a new model of care and seclusion of risk management plans. • There were 2 episodes of absconding type 1 (from a mental health unit) reported during January 2018. • The NSW MoH is planning to build a Civil Secure Unit at Campbelltown Hospital. The funding is separate to the redevelopment. The functional design brief of the Unit will be incorporated into the overall Campbelltown Hospital redevelopment. • Primary & Community Health • Drug Health Services <ul style="list-style-type: none"> • Action: In relation to the indicator – Incidence of Neonatal Abstinence Syndrome requiring medication (non-Aboriginal) – clarify the denominator factor. • Population Health <ul style="list-style-type: none"> • Breast Screen - The National Quality Management Committee granted the SWSLHD Breast Screen service a 12mth accreditation to 10 June 2019. The 12 mth extension allows the Service to complete recruitment to key positions and demonstrate sustained improvements in key areas of performance. • Oral Health • The Board <u>NOTED</u> the Service Reports component of the KPI Report. 	
8.1.6 – Media & Marketing Report	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Media & Marketing Report, as circulated with the Agenda. 	
8.1.7 – Strategic Plan Update	<ul style="list-style-type: none"> • Nil. 	
8.2 Chairman’s Report		
8.2.1 – Board Committee Membership	<ul style="list-style-type: none"> • The Board <u>CONFIRMED</u> the Committee memberships for 2018, as circulated with the Agenda, subject to the following corrections: <ul style="list-style-type: none"> • Mr Reidy & Dr Gray are members of the Nominations Committee. 	<i>Secretariat</i>

8.2.2 – Correspondence Received	<ul style="list-style-type: none"> The Board <u>NOTED</u> the correspondence exchange with Dr W, as circulated with the Agenda. Action: Provide a brief to the Board regarding the receipt of funds from licensed premises including the MoH position. 	Ms Larkin
8.2.3 – Correspondence Received	<ul style="list-style-type: none"> The Board <u>NOTED</u> the correspondence received from the Minister of Health, following the October Council of Board Chairs meeting, as circulated with the Agenda. 	
8.2.4 – Correspondence Received	<ul style="list-style-type: none"> The Board <u>NOTED</u> the correspondence exchange with Mrs BM regarding her late husband’s admission to Liverpool Hospital as circulated with the Agenda. 	
8.2.5 – Public Health First	<ul style="list-style-type: none"> The Board <u>NOTED</u> the notes arising from the meeting held on 11 December 2017 between representatives of the Board and Public Health First regarding the Bowral & District Hospital redevelopment. 	
9. Committees of the Board		
9.1 Research & Teaching Minutes	<ul style="list-style-type: none"> The Minutes of the Research & Teaching Committee held on 7 December 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. Prof Frankum highlighted: <ul style="list-style-type: none"> The Committee received a presentation from Prof Chris Levi providing an update on SPHERE initiatives That Allied Health has developed a Research Strategic Action Plan. Allied Health is well placed in the research space having recently appointed a Professor of Allied Health and a new Director of CANR (Centre of Applied Nursing Research). The Minutes of the Research & Teaching Committee held on 1 February 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. Prof Frankum highlighted: <ul style="list-style-type: none"> The Research & Ethics Office has been requested to report back to the Committee in relation to the decrease in the number of ethics applications. 	

	<ul style="list-style-type: none"> • The Committee received a presentation and made comment in relation to the Research Implementation Plan 2017-2022 being developed by District Nursing & Midwifery. • Ingham Institute - Prof Barton has resigned from the Research Director position and recruitment is underway. Mr Daryl Harkness has been appointed to the Chief Executive Officer position. • An announcement regarding the SWSLHD Director of Research position will be made shortly. 	
--	---	--

Prof Frankum left the meeting at 5:34pm

<p>9.2 Health Care Quality & Safety</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Health Care Quality & Safety Committee meeting held on 6 December 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Merrett highlighted: <ul style="list-style-type: none"> • Item 6.1.6 – ANZICS Report Liverpool Hospital remains within the funnel plot in the last report, which includes data for the April-June 2017 period. • Item 6.3 – Mental Health : Monthly seclusion rate and policy compliance Previously discussed at the Board meeting in an earlier topic. • Item 6.1.9.1 – Accreditation - Fairfield Hospital 3 Advanced Completion (AC90) recommendations will be made regarding risk management, patient identification and procedure matching. The Committee has requested a report on progress. • Item 6.1.9.2 – Accreditation – Mental Health 1 Advanced Completion (AC90) recommendation was made regarding Banks House. • The Minutes of the Health Care Quality & Safety Committee meeting held on 7 February 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Merrett highlighted: <ul style="list-style-type: none"> • Item 6.5 – Bankstown-Lidcombe Hospital: Cold Chain Breach Recommendations arising from related reports have been implemented. The NSW MoH has advised the matter is now closed. 	
---	--	--

	<ul style="list-style-type: none"> Item 6.8 – Fairfield Hospital: Review of Maternity & Neonatal Service The Committee received a report regarding implementation of recommendations arising from the Review undertaken by Prof Nicolls. A further report will be received in six months. Item 6.1 – Unplanned Readmissions The revised benchmark in the SLA is 7%. The District’s overall rate is 6.8%. The Committee noted the planned strategies to reduce the readmission rate. Facility level analysis of DRGs for frequent readmissions has been refreshed and the top DRGs are being targeted. 	
<p>9.3 Finance & Assets</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Finance & Assets Committee meeting held on 15 December 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. Ms Burlew noted no specific issues arising from the December 2017 meeting. At the February 2018 meeting, time was spent on the planned eMR outage and electricity issues at Bankstown-Lidcombe and Fairfield Hospitals 	
<p>9.3 Audit & Risk Management</p> <p>Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Audit & Risk Management Committee meeting held on 8 December 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. Ms Burlew highlighted: <ul style="list-style-type: none"> A presentation by Prof Bokey regarding the da Vinci Robotic Surgical System A discussion regarding the finalised Audits (August-November 2017 period). Mr David Daniels has replaced Mr Bola Oyetunji as the Audit Office, NSW representative on the Committee. 	
<p>ICAC Matters</p>	<ul style="list-style-type: none"> The Board <u>NOTED</u> the notifications to (5) and received from (nil) the ICAC for the period 29 November 2017 to 9 February 2018, as circulated with the Agenda. Action: Provide further information to the Board regarding the notification of the allegation that cites the SWSLHD Board. 	<p>Secretariat</p>

<p>9.4 Aboriginal Health</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Aboriginal Health Committee meeting held on 4 December 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Carriage highlighted: <ul style="list-style-type: none"> • Item 6.4 – Aboriginal Workforce The Committee noted a decrease in Aboriginal workforce numbers and requested marketing for working at SWSLHD document for discussion at the March 2018 meeting. • Item 7.1 – <i>Got It</i> Program In 2017 the Ministry put out a tender for the development of a cultural adaptation of the Got It program specifically for Aboriginal children and families and SWSLHD was selected as the preferred organisation to lead this work (the only LHD out of 60 applications). <p>Got It! is a school-based program led and delivered by specialist NSW Child and Adolescent Mental Health teams in partnership with school staff and the Department of Education. Got It! teams work collaboratively with education staff, parents/carers and children to provide an evidence-informed approach to address these problems early and get on track in time.</p> 	
<p>9.5 Nominations</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The next meeting of the Nominations Committee is scheduled for 23 April 2018. 	
<p>10 Consumer & Community Council</p>		
<p>Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Consumer and Community Council meeting held on 1 December 2017 and 2 February 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Mr Reidy suggested a future ‘patient story’ could be delivered by the CCC. 	<p><i>Mr Hampson</i></p>
<p>11 Items for Information</p>		
<p>11.1 Board Schedules</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the 2018 Board meeting & events summary. • The Chair highlighted amendments noted on the Schedule as follows: <ul style="list-style-type: none"> • 10 September 2018 - LHD & Speciality Network Board Conference • 23 November 2018 – Annual Public Meeting 	
<p>12 Other Business Without Notice</p>		

	<ul style="list-style-type: none"> • The Chair invited other business without notice. <ul style="list-style-type: none"> • Mr Gordon noted his leave of absence for the June and July 2018 Board meetings. 	
13 MSEC Feedback	<ul style="list-style-type: none"> • The Chair invited feedback/issues from the Medical Staff Executive Council. • Dr Keat highlighted: <ul style="list-style-type: none"> • eMR outage • eMeds rollout at Campbelltown Hospital in the week commencing 26 February 2018 • Medical Staff Council quorums 	
14 Close/Next Meeting	<ul style="list-style-type: none"> • The meeting closed at 6.36pm. The next meeting will be held: <ul style="list-style-type: none"> ○ Monday 26 March 2018 ○ 2:30pm – Site Visit ○ 3.30pm – Board meeting ○ Bankstown-Lidcombe Hospital 	
<i>Dr Abi-Hanna, Prof Merrett, Prof Frankum, Dr Keat, Ms Larkin, Ms Buttenshaw, Mr Sinclair, Ms Dingwall, Mr Hampson & Ms Marshall left the meeting</i>		
In-camera	<ul style="list-style-type: none"> • The Board held an in-camera session to discuss a letter received from the Secretary, NSW Ministry of Health (MoH). 	