

MINUTES

South Western Sydney Local Health District Board

Date: Monday 23 April 2018

Time: 3:30pm

Venue: Board Room, District Office

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 of Finance	✓		Ms Glenda Dingwall, Director Workforce & Development		✓
Ms Sonia Marshall, Director Nursing & Midwifery	✓		Mr Ken Hampson, Director Clinical Governance	✓	
Ms Christine Feldmanis, Chair SWSLHD Audit & Risk Management Committee	✓		Ms Brittany Knox, 1 st Year Student, SWSLHD Graduate Health Management Program	✓	

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
In-camera Session	<ul style="list-style-type: none"> The Board held an in-camera session. Ms Larkin, Ms Ramsden and Ms Buttenshaw attended. Ms Larkin and Ms Ramsden reported two significant issues relating to the General Managers of Fairfield and Bankstown-Lidcombe Hospitals. The Board concurred with actions taken by management. 	
2. Acknowledgment to Country	<ul style="list-style-type: none"> The Chair commenced the meeting by acknowledging the traditional owners of the land and paid respect to elders past and present. 	

<p>3. Declaration of Interests</p>	<ul style="list-style-type: none"> • The Chair invited declarations of interest. • The Chair reminded members that he is an employee of Sydney Local Health District, as previously declared. 	
<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 Mr Gordon and seconded by Dr Abi-Hanna that the Minutes of the Board meeting held on 26 March 2018 be accepted as a true and accurate record, subject to the following amendments: <ul style="list-style-type: none"> • Ms Larkin and Ms Buttenshaw attended the in-camera session. • Item 8.1.4 – Replace ‘nil’ with when the next Report is due. • The Motion was carried. 	
<p><i>Dr Keat, Mr Hampson, Ms Marshall, Mr Sinclair & Ms Knox joined the meeting at 4.26pm</i></p>		
<p>5. Patient Story</p>	<ul style="list-style-type: none"> • Ms Marshall presented the <i>My Experience Matters</i> app and highlighted: <ul style="list-style-type: none"> • <u>Background</u> <p>The program was developed following focus groups which were held in the initial consultation phase of developing the Transforming Your Experience Strategy.</p> • <u>About the app</u> <p>It is a 10 question patient survey tool developed to provide real time information on patient experience to individual units and departments, as well as aggregated information across departments and services. Survey participation is voluntary, not mandatory.</p> • <u>Current Situation</u> <p>The app is currently rolled out across three sites: Camden Hospital’s Rehabilitation Ward; Liverpool Hospital’s Cancer Therapy Centre; and, Bankstown-Lidcombe Hospital’s Respiratory Ward 2G. Rollouts to other wards will occur with full implementation to occur by December 2018.</p> <p>Various methods to collect patient feedback will be used including tablets, kiosks at key locations, embedded survey links on the intranet and other social media strategies. The team is working with the Interpreter Service to incorporate the top ten languages spoken within south western Sydney.</p> 	

	<ul style="list-style-type: none"> • <u>System Support</u> <p>System administration training is being provided for app administrators and managers across SWSLHD, including Quality Managers.</p> <p>A procedure has been developed defining the accountability and responsibility of each stakeholder group in the implementation, including engagement with volunteers and students to assist survey delivery.</p> <ul style="list-style-type: none"> • <u>Reports</u> <p>A number of reports will be available and issued, including:</p> <ul style="list-style-type: none"> - Self-generated push reports are provided tailored to the relevant hierarchy i.e. cost centre managers, general managers and SWSLHD Executive. - A heat map report against pre-determined benchmarks, in line with SWSLHD BHI and People Matter survey results. - A semi preloaded customer feedback report, to be displayed on ward / department Quality Boards detailing actions taken as a result of the feedback received. 	
6. Business Arising		
<p>6.1 CEs Report – Safe Work Australia [26.03.18: Item 8.1.1]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the <i>Guidelines for Boards: WHS and Due Diligence Information Sheet</i> and the related reporting templates, as circulated with the Agenda. • Ms Larkin highlighted: <ul style="list-style-type: none"> • Arising from the District’s response to the Section 155 Notice received from Safe Work Australia, the Board requested clarification of their obligations relating to Work Health & Safety (WHS), including reporting requirements. • <u>Background</u> <p>Following the changes to the work health and safety laws that commenced operation in NSW in January 2012 with the commencement of the NSW WHS Act 2011 and associated Regulation and Codes of Practice, the MoH released a guideline designed to specifically explain the general duties of due diligence as they apply to NSW Health board members, and provide some tools Boards can consider to assist them to demonstrate compliance with their obligations under the revised laws.</p>	

	<p><i>Reporting</i></p> <p>The NSW MoH also developed a template as a resource for LHD Boards to guide the development of their own regular reporting requirements on WHS matters.</p> <p>This template is not intended to set out a mandatory set of reporting requirements; however its primary purpose is to suggest areas or topics of possible reporting or potential ways of presenting information or data that may be of assistance.</p> <ul style="list-style-type: none"> • <u>Current Situation</u> <p><i>Reporting</i></p> <p>SWSLHD reports key performance indicators suggested in the WHS and Due Diligence reporting template on a quarterly basis to the Board. In addition reports are made to the Audit & Risk Management Committee.</p> <p>Workforce & Development are benchmarking with other LHDs to determine their Board reporting arrangements (including frequency) and will make a recommendation back to the Board about this.</p> <p><i>Obligations</i></p> <p>Board members are considered officers with due diligence obligations in respect of how they carry out statutory functions under the Health Services Act 1997.</p> <ul style="list-style-type: none"> • Action: Arrange for the Board to receive WHS refresher training at the next Planning Workshop (20 August 2018). 	<p>Director, Workforce & Development</p>
<p>6.2 KPI Report – People & Culture [26.03.18: Item 8.1.5]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note clarifying the Improvement Measures KPI for Workplace Injuries, as circulated with the Agenda. 	
<p>6.3 KPI Report – Service Access & Patient Flow [26.03.18: Item 8.1.5]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note providing a weekly snapshot of District-wide data, as circulated with the Agenda, for: <ul style="list-style-type: none"> • ED admissions and presentations • ET Performance and target • Ms Ramsden highlighted that the data (12-18 March 2018): <ul style="list-style-type: none"> • Excludes obstetric, NICU/Special care Nursery and hospital in the home – to ensure that the data set is homogenous with respect to ED accessible beds. 	

	<ul style="list-style-type: none"> • Indicates: <ul style="list-style-type: none"> • Demand and access is challenged at the start of the week, with a greater number of presentations resulting in admissions • The admission rate at the weekend is lower; due to lower acuity patients presenting • No significant increase in ETP from Monday to Friday in comparison to the weekend. • When presentations exceed 230 at Liverpool Hospital and 200 at Campbelltown Hospital patient flow is adversely affected. 	
<p>6.4.1 Options Paper: Use of funds from licensed premises [26.03.18: Item 6.3]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note providing options for the receipt of funds from licensed premises, as circulated with the Agenda. • Mr Sinclair highlighted: <ul style="list-style-type: none"> • <u>Background</u> <p>Licensed premises currently provide a range of services and support to the community including sporting organisations, schools, health organisations, non-government and community organisations. The level of donations support received by the LHD represents less than 5% of total donations/fundraising received annually. The value of donations received from licensed premises is between \$250k to \$350k annually.</p> • <u>NSW MoH Position</u> <p>The NSW Health Policy Directive PD2009_067 “Fundraising Policy” is the overarching policy and includes the receipt of donations as a form of fundraising. As such, any mention of fundraising includes donations.</p> <p>The Policy, while not making explicit mention of donations received from “licensed premises”, does have a set of principles outlined in Section 7 - the Principles prescribed in the policy outline that NSW Health should not accept a donation that could be deemed to impact the public goodwill it has.</p> 	

	<ul style="list-style-type: none"> • <u>Options</u> <p>Option 1 – The District does not accept donations / fund raising from any licensed premises due to potential health impacts</p> <p>Option 2 – Continue to receive donations / fundraising from licensed premises under the auspice of the NSW MoH Policy Directive.</p> <p>Option 3 - Continue to receive donations / fundraising from licensed premises under the auspice of the NSW MoH Policy Directive and refer for approval to the SWSLHD Finance & Assets Committee.</p> <ul style="list-style-type: none"> • The majority of the SWSLHD Board members were in favour of Option 1 and requested that the District signal the likely intention to the NSW MoH for advice prior to formally endorsing. • Action: Signal to the NSW MoH the Board’s preference to implement Option1 and request advice. 	Director of Finance
<p>6.4.2 Current Services / Programs [26.03.18: Item 6.3]</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note providing programs / services and referral options relating to gambling support, as circulated with the Agenda. • Action: Provide direct advice to Mr Reidy regarding gambling support programs available through the Nepean-Blue Mountains LHD. 	Director of Operations
7. New Business		
<p>7.1. Changes to the Health Legislation Amendment Act 2018</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the correspondence received from the Deputy Secretary, People & Culture, NSW MoH, as circulated with the Agenda. • Ms Larkin reported that the letter highlights two changes made by amending the Act to the provisions of the <i>Health Services Act</i> which require the Board’s notation / attention: <ul style="list-style-type: none"> • The Health Secretary has critical oversight, governance and control functions under the Act relating to the NSW public health system and is the overall system manager. In order to clarify the role of the Health Secretary as the overall system manager the amending Act amends S28 of the <i>Health Services Act</i> to clarify that the board of an LHD or speciality health network cannot exercise its functions in a way that is inconsistent with the Health Secretary. 	

	<ul style="list-style-type: none"> • Under the <i>Health Services Act</i> the board of a local LHD or specialty health network may only terminate the employment of a chief executive with the concurrence of the Health Secretary. However no similar restriction has applied in respect of other health executives. • Amongst the other amendments made by the amending Act, separate advice will be provided to the health system about significant changes relating to root cause analysis teams. These changes will commence on a date to be proclaimed, likely to be later in 2018 and the Clinical Excellence Commission is currently developing an implementation plan to support these changes. 	
8. Standing Items		
8.1. Chief Executive's Report		
8.1.1 – Current Significant Matters	<ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • <u>Immunisation Incident</u> <p>On 7 April 2018 an immunisation issue at Fairfield Hospital was raised. An overview of actions taken was provided including future ordering arrangements, via Pharmacy. As a result a SAC 2 Root Cause Analysis will be undertaken.</p> • <u>Samsung Visit</u> <p>On 16-17 April 2018 the Chief Executive, Prof Bokey & Prof Chow accompanied by Mr Moore, Deputy Chief Executive, Liverpool City Council undertook a visit to Samsung in Korea. The visit included a number of site visits to Samsung facilities and digital healthcare world and presentations/meetings between the parties.</p> <p>SWSLHD and Samsung have commenced the first partnership through a research endeavour to be conducted at Liverpool and Campbelltown Hospitals.</p> • <u>Culturally Appropriate Spaces</u> <p>NSW Health recently (16 March 2018) updated its state-wide policy (PD2018_010 - Emergency Department Patients Awaiting Care) to bring it in line with the National Safety and Quality Health Service Standards for Aboriginal and Torres Strait Islander people.</p> <p>The District's Critical Care Stream is leading the implementation of this policy in conjunction with the Operations Directorate, Aboriginal Health Unit and the District Health & the Arts Committee.</p> 	

- Service Level Agreement 2018/19 negotiations

The second (of three) negotiation meeting between SWSLHD and the NSW MoH was held on 11 April 2018.

4.4% has been offered from Treasury, this was down from the 4.8% offered in 2017/18. The NSW MoH is going back to Expenditure Review Committee to argue that 4.8% is the requirement for NSW.

The next negotiation meeting will be scheduled for late April 2018 to finalise the LHDs position.

- Leading with a Governance Mindset Program

On 9 April 2018, the District hosted the final workshop of the Program, aimed to embed good governance within our facilities and services. Executive team members of all services and facilities were in attendance.

As a result of workshop 1, facilities and services were given the task to create action plans that support embedding governance within their teams. The final workshop enabled facilities and services to report on their progress and present on their action plans.

- Research & Innovation Showcase

Being held on 6 and 7 June 2018 at the William Inglis Hotel Warwick Farm, the Health Beyond Research & Innovation Showcase theme for 2018 is "Building better healthcare for the future". There will be an emphasis on innovation, technology, automation and importantly on providing the necessary infrastructure for a healthy community. The Showcase aims to draw attention to developing a vision for the national and global future of Healthcare.

- The Growing Healthy Kids Action Plan

A joint signing of the Growing Healthy Kids Charter by the SWSLHD Chief Executive and the Campbelltown City Council Mayor was held on 11 April 2018, representing the support and commitment to address childhood obesity in the Campbelltown Local Government Area and lead the way for other organisations and key stakeholders to demonstrate their commitment.

- The Board NOTED the Chief Executive's Report, as circulated with the Agenda.

8.1.2 - Regulatory Environment	<ul style="list-style-type: none"> The next Regulatory Environment Report is due to the May 2018 Board meeting. 	
8.1.3 - Risk Management	<ul style="list-style-type: none"> The Board <u>NOTED</u> the Risk Management Report, as circulated with the Agenda. Ms Larkin highlighted: <ul style="list-style-type: none"> There are no LHD risks referred to the Board from Board Committees this month. There were no new Extreme or High LHD risks approved for entry on the LHD Risk Register at the SWSLHD Enterprise-wide Risk Management Committee meeting held on 20.03.18. 	
8.1.4 – Work Health & Safety	<ul style="list-style-type: none"> The next Work Health & Safety Report is due to the May 2018 Board meeting. 	
8.1.5 - KPI Report		
Safety & Quality	<ul style="list-style-type: none"> Ms Hampson highlighted: <ul style="list-style-type: none"> <u>SAC 1 Incidents & Completed RCAs</u> <p>There were four new serious incidents since the last report which will undergo an RCA. There were five new incidents reported to the Health Care Quality & Safety Committee meeting in February 2018 however were not reported to the Board’s February or March meetings. CGU are reviewing the reporting processes over the December/January period to ensure reporting of new incidents requiring an RCA is consistent.</p> <p>In relation to Incident 2581518-20 Mr Hampson reported that a further ligature review will be undertaken across the District.</p> <p>In relation to Incident 2588464-20 Prof Frankum noted, in the context of the redevelopment, the need for additional resources at Campbelltown Hospital.</p> The Board <u>NOTED</u> the Safety & Quality component of the KPI Report. 	

<p>Access & Patient Flow</p>	<ul style="list-style-type: none"> • Ms Ramsden highlighted: <ul style="list-style-type: none"> • <u>Emergency Treatment Performance (ETP)</u> <p>ETP for March 2018 – 66.35%; YTD – 63.08% compared to the >=81% target. Despite the 7% increase in ED presentations and extra 432 patients were afforded a timely journey (< 4 hrs).</p> <p>Both Liverpool & Campbelltown Hospitals continue as participants in the MoHs ‘Patient Flow Collaborative’ initiative and are subject to the ‘ETP Watch’.</p> <p>An overview of strategies implemented to improve ETP was provided, including review of emergency short stay models of care and fast track arrangements.</p> • <u>Transfer of Care (ToC)</u> <p>ToC performance for March 2018 at 89.35% has decreased in comparison to the same period last year by approximately 1%. An overview of contributing factors at Liverpool Hospital was provided, i.e. triage category shifts, minor increase in Ambulance arrivals, etc.</p> • <u>Unplanned Readmissions</u> <p>Performance for March 2018 at 6.6% is below the same period last year (6.9%) and below the 7% target. The agreed improvement strategy is a facility-led ‘28 day Readmission Program’ is underway.</p> <p>Action: Confirm the data provided for Fairfield Hospital, which appears low.</p> • <u>Surgery</u> <p>As at 31 March performance to the zero target for all overdue elective surgery targets:</p> <p>Cat 1 – 0 Cat 2 – 3 (a decrease from 14 as at 28.2.18) Cat 3 – 15 (a decrease from 18 as at 28.2.18)</p> <p>Action: Update the related table to indicate ‘month’ and / or ‘YTD’ for clarity.</p> • The Board <u>NOTED</u> the Access & Patient Flow component of the KPI Report. 	<p>Director of Operations</p> <p>Director of Operations</p>
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<p>People & Culture</p>	<ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • <u>Workers Compensation</u> <p>Remains a significant focus area with four educational workshops convened about Return to Work.</p> • <u>Performance Development Review (PDR) Rates</u> <p>The District's overall compliance rate for the month is 60.7%, an increase to the previous month (58.7%).</p> <ul style="list-style-type: none"> • <u>People Matter Employee Survey</u> <p>The Survey will be open between 1 -30 June 2018.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the People & Culture component of the KPI Report. 	
<p>Finance & Activity</p>	<ul style="list-style-type: none"> • Mr Sinclair highlighted: <ul style="list-style-type: none"> • <u>Finance</u> <p>Performance to budget was favourable for the month. Continued budget phasing will be undertaken to meet strategy and growth requirements for the forecast period.</p> <p>A decline in private patient conversion is attributed to the ongoing increases in private health insurance premiums and/or patients only holding ancillary cover.</p> <p>Small vendor payment performance achieved the target of 100% paid within 30 days and all trade creditors were paid within 45 days.</p> • <u>Activity</u> <p>Results (is for YTD February 2018) indicate that SWSLHD is 100.6% of the YTD target.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. 	
<p>Services</p>	<ul style="list-style-type: none"> • The following Service Reports were circulated with the Agenda. The Chair invited comment / questions: <ul style="list-style-type: none"> • <u>Mental Health</u> <p>The Board considered that if read literally, the Absconding patient (Type 1) # 1 incident would be impossible.</p> 	

	<ul style="list-style-type: none"> • <u>Primary & Community Health</u> No items were highlighted. • <u>Drug Health Services</u> No items were highlighted. • <u>Population Health</u> The positive progress in the Quit for New Life Program was noted. • <u>Oral Health</u> The sustained downturn in demand for general child dental services was noted. • 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 – Feedback	<ul style="list-style-type: none"> • The Chair reported the topics of discussion at his meeting with the Minister, NSW Health on 18.04.18: <ul style="list-style-type: none"> • Liverpool Hospital Health & Academic Precinct • Joint Meeting between SWSLHD and Western Sydney LHD Boards (scheduled for 17 July 2018) 	
8.2.2 – Correspondence Received	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the email correspondence received from Mr RL dated 28.03.18, as circulated with the Agenda. • The Board <u>AGREED</u> that no new issues were raised by Mr RL and therefore no response is required. • Ms Larkin advised that the matter remains ongoing via the Health Care Complaints Commission. 	
8.2.3 – Correspondence Received	<ul style="list-style-type: none"> • The Board <u>NOTED</u> correspondence received from The Hon Greg Hunt MP, Federal Minister for Health, as circulated with the Agenda. • The Chairman highlighted that Minister Hunt has written to all LHDs and Specialty Health Networks in response to claims being made by the NSW Government funding for public hospitals. 	

<p>9 Committees of the Board</p>		
<p>9.1 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 4 April 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Dr Gray highlighted: <ul style="list-style-type: none"> • <u>Item 6.3 – Fairfield Hospital: Progress Report, Culture Improvement in O&G Service</u> <p>The Committee received a progress report on improving culture within the O&G service at Fairfield Hospital. The Committee recognised the improvements in models of care and leadership roles and the reduction in (maternity) staff vacancies.</p> • <u>Item 7.1.5 – Excess Annual Leave – Clinical Staff</u> <p>The Committee received a report (as at 28.3.18) identifying that there are 3,857 clinicians (medical, nursing & allied health) with excess leave. Of these clinicians, 260 have not taken leave in the last 12 months. Of these 260 clinicians 230 have no leave plan submitted.</p> <p>Whilst recognising the issues and challenges in managing leave, the Committee expressed concern and the continued high number and have a requested a further report.</p> <ul style="list-style-type: none"> • <u>Item 7.1.7 – Committee Self-Assessment</u> <p>The Committee agreed to submit proposed amendments to its Terms of Reference to the Board for approval.</p>	
<p>9.2 Finance & Assets</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Finance & Assets Committee meeting held on 16 March 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Burlew highlighted: <ul style="list-style-type: none"> • <u>Item 5.1 – Presentation; Campbelltown Hospital Redevelopment</u> <p>The Committee received a presentation on the redevelopment of Campbelltown Hospital.</p> • <u>Item 6.4 – Excess Annual Leave</u> <p>The Committee received an update regarding excessive leave management within the ‘Workforce Report’.</p>	

	<p>The financial liability for February 2018 has increased when compared to the same period last year. The General Manager presented management strategies for Liverpool Hospital.</p> <ul style="list-style-type: none"> • <u>Item 6.3 – ICT Report</u> <p>The Chair noted that the Electronic Record for intensive Care (eRIC) is not a Cerner platform, as stated.</p> <p>Ms Larkin clarified that the transition of the eMR application teams remains under review.</p>	
<p>9.3 Research & Teaching</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Research & Teaching Committee meeting held on 5 April 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Frankum highlighted: <ul style="list-style-type: none"> • <u>Item 6.1 – Literacy Resources for SWSLHD Clinicians</u> <p>The Committee approved video resources created to build research capacity within SWSLHD. The project was funded by SWS Research and includes short narrated videos/power point presentations on key research topics and links to department in SWSLHD that can provide further assistance. The project has been led by A/Prof Sarah Dennis, Professor of Allied Health.</p> • <u>Item 7.1 – Clinical Trials</u> <p>The Committee received feedback from Prof Bokey about the successful Clinical Trials Workshop held at Liverpool Hospital on 15.02.18. The Workshop was attended by approximately 55 people and discussion points centred on the Melbourne Health model – sustainable funding and staffing requirements.</p> <ul style="list-style-type: none"> • <u>Item 7.2 – MRI Linac & New Prostrate Cancer Drug Trial</u> <p>The MRI-Linac achieved a milestone in its progress toward clinical trials, which are planned to commence later this year. This month the Team successfully imaged and irradiated a laboratory rat. The imaging was performed during the radiation treatment; a world first for this unique magnet and radiation beam alignment design. In another step toward human clinical trials, the IIAMR has engaged a mechanical design consultancy to develop and build a prototype of a patient rotating system. This will be a unique system with no metal elements to be used in a strong MRI magnet. It will support positioning and rotating an adult patient enabling radiation oncology treatment of internal solid tumour.</p>	

	<p>A progress update on a clinical trial of C2, the new perspective prostate cancer drug, in the Liverpool Hospital Phase I Clinical Trials Centre. This drug was developed by the IIAMR and a Western Sydney University oncology research team led by Associate Professor Kieran Scott. The drug has demonstrated cancer targeting capacity in in-vitro laboratory research and in small animal studies. To date three patients have been enrolled.</p>	
<p>9.4 Aboriginal Health Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Aboriginal Health Committee meeting held on 22 March 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Carriage highlighted: <ul style="list-style-type: none"> • <u>Item 6.2 – KPI Dashboard Update</u> <p>The Committee received the:</p> <ul style="list-style-type: none"> • NSW Health 2018 Aboriginal Health Dashboard comparative graphs for LHDs and SHNs; and the • SWS Aboriginal Health Dashboard Report <p>and have requested a comparative review of the SWS and State data to assess areas for potential improvement.</p> • <u>Item 7.1 – Campbelltown Hospital Redevelopment</u> <p>The Committee have been advised of an opportunity to acknowledge the traditional owners of the land within the redevelopment process.</p> <p>A presentation to the next meeting will focus on the framework to be utilised to ensure Aboriginal input into the design and recognition of the traditional owners, history of the local area and links with Tharawal Aboriginal Medical Service, ensuring a culturally appropriate space.</p>	
<p><i>Ms Feldmanis joined the meeting at 6.05pm</i></p>		
<p>9.5 Audit & Risk Management Periodic Report</p>	<ul style="list-style-type: none"> • The Chairman welcomed to the meeting Ms Christine Feldmanis, SWSLHD Audit & Risk Management Committee Chair. • Ms Feldmanis thanked the Board for the opportunity to present the Committee’s Periodic Report for the period 1 October 2017 to 31 March 2018 and highlighted: <ul style="list-style-type: none"> • <u>Executive Summary</u> <ul style="list-style-type: none"> • The current composition of the Committee, which includes John Gordon and Carolyn Burlew as Board representatives. 	

Ms Feldmanis, Ms Gardner and Mr Lucas (appointed in November 2017 – Mr Lucas is an experienced Committee member having previously chaired the NSW Treasury’s Committee for eight years) are the independent representatives.

- During the reporting period the Committee has met on 2 occasions for regular meetings. All meetings have been constituted in accordance with the Committee Charter, there have been no instances of conflicts of interest, attendance has been excellent and there have been no matters raised with the external auditor. The most recent meeting included a site tour of Liverpool Hospital. Of note to the Committee was the positive staff interactions witnessed.

Risk Management

Within the risk management responsibilities the ARMC oversees a number of facets, including that:

- The SWSLHD has a strategic approach to risk management by maintaining a high level strategic risk register that dovetails with the Risk register as promulgated by the MoH. The ARMC is aware that the Board has regular and detailed updates on Risk Management at each board meeting.
- The ARMC receives regular updates on the insurable risks relating to WHS and workers compensation claims as managed by TMF.

The ARMC receives a presentation of risks at each regular meeting; usually one corporate and one clinical risk. These are taken from the SWSLHD Strategic Risks Register. Presentations received since 1 October 2017 have included: An update on Risk 437 – Failure to provide safe care in maternity services and Risk 27 – Failure to recognise / respond to patients whose condition deteriorates in an acute care setting.

It is the opinion of the ARMC members that risk management within and across the entire LHD is now working well and is continuing to be a focus area across SWSLHD as the principles and methodologies are becoming more embedded and considered ‘business as usual’ work practices. The ARMC members witness the strong commitment from the senior executive to establish and embed strong enterprise wide risk management practices across the LHD. The ARMC will continue to oversee the governance processes associated with risk management practices at SWSLHD and assist in strengthening all internal protocols and processes wherever possible.

Framework for internal controls

The ARMC satisfies itself about the effectiveness of the framework of internal controls via a number of different but inter-related methods. These include:

- results of both planned internal and external audit reviews
- the number and result of special request investigations undertaken by Internal Audit and the any resulting reporting to ICAC or other external bodies
- the timeliness, accuracy and completeness of all financial reporting
- the ability and willingness of management to attest to the effectiveness of internal controls

At this time the ARMC have no reason to believe that internal controls are not working well at SWSLHD.

External accountabilities – financial statement preparation and accuracy

The year-end financial statements preparation is already in progress with the finance team lead by Mr Ross Sinclair and Mr Dimi Palamidis now undertaking the mandatory 31 March hard close work.

Internal Audit

A detailed Internal Audit Plan is developed on a five year cycle and reviewed and updated annually. The schedule of annual internal audit reviews is set after the entire internal audit universe is reviewed and ranked with reference to each individual audit focus area's risk ratings, and the time elapsed since the area was last audited.

In the period from 1 October 2017 to 31 March 2018, 29 Assurance, IT, special investigation, Compliance Certification and Follow-up reviews have been carried out, covering both the District and hospital / medical facilities.

96 internal audit recommendations were identified from these reviews. In summary:

- Nil were extreme risk
- Nil were high risk
- 62 were medium risk
- 34 were low risk

The risk ratings were determined using the Risk Matrix from the District's Enterprise Risk Management Policy.

The ARMC is satisfied with the work performed by Internal Audit. The ARMC notes that recommendations accepted by management are implemented in a timely manner.

	<p style="text-align: center;"><u>External Audit</u></p> <p>The ARMC notes that the NSW Audit Office will again use the services of KPMG to complete the 30 June 2018 year-end financial audit. The KPMG partner continues from last year however this year the Audit Office signing executive will be Mr David Daniels. Our previous AO executive, Mr Bola Oyetunji has taken a role with the National Audit Office in Canberra.</p> <p>The Client Service Plan for the year ending 30 June 2018 has been received and the timetable of works has been scheduled so as to meet both the NSW MoH and NSW Treasury’s reporting timeframes. The cost of the external audit has increased marginally with the planned hours of actual audit work remaining constant.</p> <ul style="list-style-type: none"> • In closing Ms Feldmanis noted that the ARMC had no specific concerns to notify the Board. • The Chair invited questions / comments. <ul style="list-style-type: none"> • Mr Gordon noted the excellent calibre of and input from the independent members. • The Chair thanked Ms Feldmanis for her attendance and excellent presentation. 	
<i>Ms Feldmanis left the meeting at 6.25pm</i>		
Minutes	<ul style="list-style-type: none"> • The Board noted that the Minutes of the Audit & Risk Management Committee meeting held on 12 April 2018 were not yet available. 	
ICAC Matters	<ul style="list-style-type: none"> • The Board NOTED the notifications to (nil) and received from (nil) the ICAC for the period 9 March to 9 April 2018, as circulated with the Agenda. 	
<p>9.6 Nominations</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The Chairman provided a verbal report arising from the Nominations Committee meeting held 23 April 2018, immediately preceding the Board meeting and highlighted: <ul style="list-style-type: none"> • The Committee considered actions as prescribed by the Board at their in-camera session held 26 March 2018. Arising from this discussion will be a formal recommendation to the Board relating to ‘how the Board can demonstrate its leadership role and support of TYE’. 	

	<ul style="list-style-type: none"> The Committee discussed the current LHD Board refresh process noting that SWSLHD will have three vacancies as at 31 December 2018. Board members were invited to consider and suggest appropriate (refer skills mix) potential replacements to the Chair or Secretariat (noting the 20 May 2018 closing date for new nominations). Mr Gordon suggested potentially drawing from the SWS Advisory Panel. 	<i>Board Members</i>
10 Consumer & Community Council	<ul style="list-style-type: none"> The Minutes of the Consumer and Community Council meeting held on 6 April 2018 were circulated with the Agenda and <u>NOTED</u> by the Board. 	
11 Items for Information	<ul style="list-style-type: none"> The Board <u>NOTED</u> the 2018 Board meeting & events summary. The Chair highlighted upcoming events as follows: <ul style="list-style-type: none"> 30 April 2018 – Board Planning Workshop 6-7 June 2018 – Research Show Case 17 July 2018 – Joint Board meeting with Western Sydney Local Health District. 	
12 Other Business Without Notice	<ul style="list-style-type: none"> The Chair invited other business without notice. Apologies for the May Board meeting were received from Ms Burlew and Dr Slewa-Younan. 	
13 MSEC Feedback	<ul style="list-style-type: none"> The Chair invited feedback/issues from the Medical Staff Executive Council. Dr Keat highlighted major discussion topics from the April Council meeting: <ul style="list-style-type: none"> <u>eMR 2</u> The Director ICT will attend the next meeting to clarify down-time procedures and use of clinical forms in the outpatient clinics. <u>By-laws</u> A guide for Medical Staff Councils has been produced and disseminated to support compliance. <u>Recruitment</u> Concerns were raised about the transparency relating to recruitment requests. 	

	Action: Follow up the lung function position cited as an example and respond directly to Dr Keat.	Chief Executive
14 Close / Next Meeting	<ul style="list-style-type: none"> • The meeting closed at 6.40pm. The next meeting will be held: <ul style="list-style-type: none"> • Monday 28 May 2018 • 2.30pm-3.30m – Facility / Site Visit • 3.30pm – Board meeting • Education Centre, Liverpool Hospital 	