

MINUTES

South Western Sydney Local Health District Board

Date: Monday 27 May 2019

Time: 3:27pm

Venue: Seminar Rooms 5 & 6, Education Centre, Liverpool Hospital

1. Present and Apologies

<i>Members</i>	<i>Pres.</i>	<i>Apol.</i>	<i>Members</i>	<i>Pres.</i>	<i>Apol.</i>
Mr Sam Haddad (Chair)	✓		Dr Matthew Gray	✓	
Dr David Abi-Hanna	✓		Prof Neil Merrett	✓	
Mrs Nina Berry	✓		Ms Kerrie Murphy	✓	
Mr Max Bosotti	✓		Mr Gary Reidy	✓	
Ms Christine Carriage	✓		Mr John Roach	✓	
Prof Hugh Dickson	✓		Dr Shameran Slewa-Younan	✓	
Mr John Gordon	✓				
<i>Other Attendees</i>					
Ms Amanda Larkin, Chief Executive	✓		Dr Anthony Frankel, Medical Staff Executive Council Representative	✓	
Mr Dimi Palamidias, A/g Director of Finance	✓		Ms Sonia Marshall, Director Nursing & Midwifery and Performance	✓	
Mr Ken Hampson, Director Clinical Governance	✓		Ms Nel Buttenshaw, Manager Executive & Board Secretariat	✓	
Ms Rebecca Leon, A/g Director Workforce & Development	✓		Ms Karen McMEnamin, General Manager Liverpool Hospital	✓	

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
Welcome	<ul style="list-style-type: none"> The Chair welcomed Ms McMEnamin and Mr Hampson to the meeting. On behalf of the Board, the Chair extended thanks to Mr Hampson for his work at Fairfield Hospital. Dr Slewa-Younan agreed to undertake the meeting evaluation. 	
2. Acknowledgment of 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. 	
3. Declaration of Interests	<ul style="list-style-type: none"> The Chair invited declarations of interest. <ul style="list-style-type: none"> Nil were received. 	

<p>4. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> • MOTION: A motion was moved by Dr Abi-Hanna and seconded by Mrs Berry that the Minutes of the Board meeting held on 29 April 2019 be accepted as a true and accurate record, subject to the following amendment: <ul style="list-style-type: none"> • Item 6.2 – pg 10 <p>Ms Larkin confirmed that both SWSLHD and Sydney Local Health District are currently working on Clinical Services Plans and will meet to discuss what service delivery.</p> • The Motion was carried. 	
<p>5. Patient Story</p>	<ul style="list-style-type: none"> • Ms McMenamin read a letter received from a mental health client, highlighting a positive experience with Liverpool Hospitals Emergency Department. The letter highlighted the commitment of staff. • Ms McMenamin undertook to clarify provision of ongoing support to the client. • The Board expressed their gratitude to Ms McMenamin for sharing such a moving story. 	<p><i>Ms McMenamin</i></p>
<p>6. Business Arising</p>		
<p>6.1 Audit & Risk Management Committee (ARMC)</p> <p>Chair</p>	<ul style="list-style-type: none"> • [29.04.19; Item 6.3] • Ms Larkin highlighted: <ul style="list-style-type: none"> • The term of the current ARMC Chair is due to conclude on 30 June 2019. • Ms Jann Gardener (who joined the SWSLHD ARMC in mid-2017) is on the prequalification scheme as a member and is in the process of qualifying as a chair. • The ARMC chair must be appointed for a period of at least 3 years and a maximum period of 5 years. • The SWSLHD Board <u>APPROVED</u> for an offer of appointment of Chair, SWSLHD ARMC to be made to Ms Jann Gardner. • Action: Extend an offer of appointment of Chair, SWSLHD ARMC to Ms Jann Gardner for an initial term of 3 years. The offer is to be made in accordance with Treasury Policy Paper TPP15-03 Internal Audit and Risk Management Policy for the NSW Public Sector and the NSW Health Policy Directive PD2016_051 Internal Audit. 	<p>Chief Executive</p>

<p>Membership Eligibility</p>	<ul style="list-style-type: none"> The SWSLHD Board were <u>INFORMED</u> about the appointment of a Board member as a Member of the SWSLHD Audit and Risk Management Committee (ARMC) in accordance with Treasury Policy Paper TPP15-03 Internal Audit and Risk Management Policy for the NSW Public Sector and the NSW Health Policy Directive PD2016_051 Internal Audit. Ms Larkin highlighted that in the past the District has followed Treasury Policy, in that Board members appointed to the ARMC were listed on the prequalification scheme. Ms Murphy advised that she has recently applied for prequalification. Prof Dickson noted that future Board member appointments to the ARMC should be informed by skills mix. 	
<p>6.2 Improvement Measure: Recurrent Trade Creditors</p>	<ul style="list-style-type: none"> [29.04.19: Item 8.1.5] The SWSLHD Board <u>NOTED</u> the information received regarding the YTD Mar-19 figure of \$15,740 against the Improvement Measure (KA105): 'Recurrent Trade Creditors > 45 days correct and ready for payment'. Mr Palamidas highlighted that the breach was experienced Statewide (for March and April 2019) and relates to a reporting issue (last working day of the month). Mr Palamidas undertook to follow up the pre-dated reporting option, as suggested by Mr Roach. 	<p><i>Mr Palamidas</i></p>
<p>7. New Business</p>		
<p>7.1. Medical & Dental Appointments Advisory Committee</p>	<ul style="list-style-type: none"> The SWSLHD Board considered the request from the Chief Executive to appoint Dr Sharon Paull, Director of Medical Services, Bankstown-Lidcombe Hospital, to the Medical & Dental Appointments Advisory Committee (MDAAC), and resolved to <u>ENDORSE</u> the request. Action: Convey the Board's approval to Medical Services for further action. 	<p>Secretariat</p>

8. Standing Items		
8.1 Chief Executive's Report		
<p>8.1.1 Current Significant Matters</p>	<ul style="list-style-type: none"> • (Refer also Chairman's Report – Minute Item 8.3.2] • Ms Larkin spoke to the Significant Issues Section of the CE Report as circulated with the Agenda and highlighted: <ul style="list-style-type: none"> • <u>Transforming Your Experience</u> <p>Reaffirmed progress on a number of key elements, including:</p> <ul style="list-style-type: none"> ▪ My Experience Matters – allows collection of 'real time' patient experience information at the point of care. The LHD is working toward outcomes reporting to be submitted to the Health Care Quality & Safety Committee. ▪ Executive Rounding ▪ Core Chat – program developed to support staff to have difficult conversations. • <u>Fairfield Hospital ED</u> <p>The company undertaking refurbishment works in the Fairfield Hospital Emergency Department and Browne Street Mental Health has entered voluntary administration. The LHD is negotiating with the administrator to engage another builder to complete works on both sites. This matter is also being discussed at the Finance and Assets Committee.</p> <ul style="list-style-type: none"> • <u>Budget Position</u> <p>This item will be discussed further in the KPI Report.</p> <ul style="list-style-type: none"> • <u>SLA Negotiation Update</u> <p>A fourth round meeting between SWSLHD and the MoH has been scheduled for 30 May to finalise the draft SLA 2019/20 (including how the Treasury Cap will be applied to the growth funding, purchasing model and activity targets). The negotiation process includes clinician engagement.</p> <p>A presentation highlighting the process, implications and changes to previous year will be made to the June Board Meeting.</p> <p>A meeting with the Board Chair will be held post the fourth round negotiation meeting to communicate the outcomes and determine next steps.</p>	<p><i>Secretariat</i></p>

		<ul style="list-style-type: none"> • <u>Audit Office: Governance of Local Health Districts</u> The Auditor General’s Report tested the drivers for the health system reform in 2011 including the Health Performance Framework. Key findings included that “the quality and extent of clinician engagement in LHD decision making has not fulfilled the expectations of devolution”. <p>The MoH response to the Audit Office in relation to the recommendations arising from the report was circulated with the Agenda.</p> <p>In response to the Chair’s invitation for comments / observations the Board considered that systems and structures are in place, i.e. clinical stream structure, meetings, input to planning processes, surveys, etc. Measures of success exist, i.e. clinician attendance Clinical Quality Council and Medical Staff Council meetings. The term ‘engagement’ may be interpreted as ‘approval’ by clinicians.</p> • <u>SafeWork Australia</u> Further development of provisionally supported actions is being undertaken prior to their further consideration by the Enforceable Undertaking Panel in July 2019. The actions include: <ul style="list-style-type: none"> ▪ Contractor induction kiosks in all acute facilities ▪ CAMMS (risk management tool) rollout to departmental level ▪ Improving health and WHS literacy for CALD communities ▪ Independent audit of contractor policy and procedures • <u>Senior Staffing Update</u> Mr Ken Barnett commences on 3 June 2019 – General Manager, Bowral and District Hospital. <p>Recruitment to the Director, People and Culture position is progressing.</p> <p>The Director of Finance position has been advertised.</p> 	
8.1.2	Risk Mgt	<ul style="list-style-type: none"> • The Board <u>CONSIDERED</u> the Risk Management Report, as circulated with the Agenda. • Ms Larkin highlighted that there are no LHD risks referred to the Board from Board Committees February to April 2019 and there were no new Extreme / High LHD risks approved for entry 	

		on the LHD Risk Register at the 10 April 2019 SWSLHD Enterprise Risk Management Committee meeting.	
8.1.3	Regulatory Environment	<ul style="list-style-type: none"> The Board <u>CONSIDERED</u> the Regulatory Environment Report, as circulated with the Agenda. 	
8.1.4	Work Health & Safety Report	<ul style="list-style-type: none"> The Board <u>CONSIDERED</u> the Work Health & Safety Report, as circulated with the Agenda. Ms Leon highlighted: <ul style="list-style-type: none"> <u>Key Indicators</u> <p>The 2018/19 quarterly targets are on track, except the number of new psychological claims lodged. The rate is low but increasing, potentially in response to the new legislation whereby claims are provisionally accepted.</p> <u>Workers Compensation Strategies and Improvement Areas</u> <p>The LHD, in consultation with EML, is reviewing the current process of managing psychological claims. SWSLHD in conjunction with EML have held an education day on 7 May 2019.</p> <p>‘Operation Upgrade’ continues – targeting Totally Unfit claims.</p> <u>WHS Focus Areas and Strategies</u> <p>The top 3 incident causes:</p> <ul style="list-style-type: none"> Body Stressing Falls/Trips/Slips Being hit by moving objects <u>SafeWork NSW Improvement Notices</u> <p>The seven Improvement Notices are all related to one incident that occurred in the Medical Assessment Unit, Liverpool Hospital in December 2018. The Notices were issued on 23 January 2019. An Improvement Plan was implemented with the last of the Notices completed and cleared by SafeWork NSW on 3 May 2019.</p> <u>Cost of Claims</u> <p>SWSLHD is currently working with EML to provide clear comparable costings for psychological and physical injury claims. These were not available at the time of the report.</p> 	

8.1.5	KPI Report		
	Safety & Quality	<ul style="list-style-type: none"> • The Board considered the Safety & Quality component of the KPI Report, as circulated with the Agenda. • Mr Hampson highlighted: <ul style="list-style-type: none"> • The YTD rate of fall related injury in hospitals was 0.11 per 1000 bed days and did not meet the target (<0.11). Falls prevention is one of the key clinical priorities of the LHD. • The three new serious incidents since the last report, which will undergo an RCA. • There was two sentinel events reported since the last report. • There were five RCAs completed since the last report. <ul style="list-style-type: none"> ○ The Board discussed the informed consent arrangements for patients who decline the use of blood and blood products. 	
	Access & Patient Flow	<ul style="list-style-type: none"> • The Board considered the Access & Patient Flow component of the KPI Report, as circulated with the Agenda. • Ms Marshall highlighted: <ul style="list-style-type: none"> • Demand continued to increase in April 2019. In comparison to the same period last year an increase in ED presentations (10.4%), Ambulance arrivals (15.9%) - the increase at Fairfield and Campbelltown Hospitals was highlighted, Admissions from ED (4.4%). The trend of increasing activity continues. • In April 2019, Emergency Treatment Performance (ETP) was 60.24%, compared to 70.01% for the same month in 2018. Bowral Hospital has been added to the ETP watch list. Performance support meetings are being held with facilities across the District to support and monitor plans. • Action: Clarify the risk and mitigation strategies relating to the increase in Triage 2 presentations and provide the age demographics for Triage 1-3 presentations. 	Director, Nursing & Midwifery and Performance

	<ul style="list-style-type: none"> As at 30 April the LHD achieved zero overdue elective surgery patients for one of three benchmarks; plans are in place to support surgery performance. The number of surgical cases undertaken at Campbelltown Hospital was highlighted. 	
People & Culture	<ul style="list-style-type: none"> The Board considered the People & Culture component of the KPI Report, as circulated with the Agenda. Ms Leon highlighted: <ul style="list-style-type: none"> <u>Excess Annual Leave Liability</u> <p>As at 2 May 2019 the number of employees with excessive leave increased in comparison to the last quarter (just under \$3M). The result reflects the post-Christmas / school holiday period and the transfer of leave balances for Junior Medical Officers who commenced in February 2019.</p> <u>Performance Development Review Rates</u> <p>The overall compliance rate as at 5 May 2019 is 65.53%; a decrease from the previous month at 66.30%. PDR compliance is being routinely discussed at meetings with General Managers and Service Directors.</p> <ul style="list-style-type: none"> <u>Aboriginal Workforce</u> <p>SWSLHD Aboriginal Workforce representation has remained steady at just above 2.06%; an increase of 0.02% since the previous reporting period.</p> <ul style="list-style-type: none"> <u>Workers Compensation</u> <p>The new SWSLHD Manager, Workers Compensation commenced 20 May 2019.</p>	
Finance & Activity	<ul style="list-style-type: none"> The Board considered the Finance & Activity component of the KPI Report, as circulated with the Agenda. Mr Palamidas highlighted: <ul style="list-style-type: none"> <u>Budget Result</u> <p>Overall the LHD had a net cost of service un-favourability to budget in the month of April, with expenditure un-favourable (\$7.4M) and revenue favourable (\$2.2M) to budget.</p> 	

	<p>High surge bed activity has continued for hospitals, particularly at Liverpool Hospital. YTD the District has seen continued surge bed and demand pressures post Winter.</p> <p>The expected decrease in staffing numbers at the end of winter has not yet occurred, placing pressure on employee related expenses. The average FTE numbers have increased by 3.7% (pay fortnight 22) in comparison to the same period last year.</p> <p>The LHD is forecasting a full-year \$22.4M unfavourability in Expense, a \$4M favourability in Revenue and a \$1.6M unfavourability in provision for doubtful debts.</p> <p>Mr Palamidas undertook to review the \$12M annual leave provision detailed in the Finance & Assets Committee papers.</p> <p>There is a continued focus on turnaround plans and roadmaps across all the facilities and a major exercise has been undertaken to reset staffing profiles to an affordable base within our available budget, reviewing use of security staff for specialising of mental health clients. Longer term strategies include an emphasis on procurement and maximising facility fees.</p> <ul style="list-style-type: none"> • <u>Activity</u> <p>At the time of reporting the most current data available expressed in NWAU is for March 2019; results indicate that SWSLHD is 100.5% of YTD target.</p>	<p><i>Mr Palamidas</i></p>
<p>8.1.6 Service Reports</p>	<ul style="list-style-type: none"> • The following Service Reports were circulated with the Agenda: <ul style="list-style-type: none"> • <u>Mental Health</u> <p>Ms Larkin highlighted that the service had performed very well in the recent accreditation process (20-24 May 2019). Five 120-day notices were received and are being actioned.</p> • <u>Primary & Community Health</u> <p>Action: Explain the performance reported (in the Dashboard) against Other Measure: Potentially preventable HITH presentations to hospital.</p> <ul style="list-style-type: none"> • <u>Drug Health Services</u> <p>No items were highlighted.</p>	<p>GM, P&CH</p>

		<ul style="list-style-type: none"> • <u>Population Health</u> <p>No items were highlighted.</p> <ul style="list-style-type: none"> • <u>Oral Health</u> <p>Ms Larkin highlighted:</p> <ul style="list-style-type: none"> • The Bankstown North Oral Health Clinic is moving due to an expansion project relating to the current site (school). • The 'Failed to Attend' rate is over 9% for April 2019; despite appointment confirmation strategies. 	
8.1.7	Media & Marketing Report	<ul style="list-style-type: none"> • The Board considered the Media & Marketing Report, as circulated with the Agenda. • Ms Marshall clarified the number of media enquiries relating to the graph. 	
8.1.8	Strategic Plan Report	<ul style="list-style-type: none"> • The next report is due to the July Board meeting. 	
<i>Ms Marshall, Mr Palamidias, Ms Leon, Ms McMenamain & Mr Hampson left the meeting at 5.27pm.</i>			
8.2 Correspondence			
8.2.1	Board Chair, IIAMR	<ul style="list-style-type: none"> • The Board <u>CONSIDERED</u> the invitation from the Ingham Institute for Applied Medical Research (IIAMR) to host a joint Board meeting and dinner. • Action: Convey to the IIAMR the Board's acceptance of their invitation and make / communicate necessary arrangements. 	Secretariat
8.2.2	Board Chair, Karitane	<ul style="list-style-type: none"> • The Board <u>NOTED</u> correspondence to/from the Karitane Board Chair. • The SWSLHD Board Chair has accepted the invitation to attend the Karitane Board meeting on 30 May 2019. 	

8.3 Chairman's Report			
8.3.1	Strategy Session – 1 April 2019	<ul style="list-style-type: none"> • [29.04.19; Item 8.3.1] • The Board <u>APPROVED</u> the draft action plan, circulated with the Agenda, to implement the agreed next steps arising from the Strategy Session held on 1 April 2019. • Action: List the next steps, including time-frames, on the Board's Action List. 	Secretariat
8.3.2	Board Agenda Review	<ul style="list-style-type: none"> • The Chair spoke to the Referral Note circulated with the Agenda and highlighted elements of the proposed refresh as follows: <ul style="list-style-type: none"> • Inclusion of a key strategic focus area (as agreed at the April Strategy Session) for discussion (approx. 45 minutes) at each meeting. The initiative may involve a presentation by (internal / external) a subject matter expert. • The CE Report to focus on highlighting, by exception, key areas of concern – including trends and response strategies. <ul style="list-style-type: none"> • Review of the KPI & Services Report to occur by the appropriate Board Committee. • Committee reporting is imperative to the Board's deliberations. It is suggested that the Committee's provide a summary of highlights for submission. Committee minutes and papers are available to all Board members via Diligent. • The Board supported in principle the proposed refresh and agreed to trial the revised arrangements from the July meeting. 	Chair / Secretariat
8.3.3	Nomination Committee – Work Plan	<ul style="list-style-type: none"> • [29.04.19; Item 6.3] • The Board <u>APPROVED</u> the updated Work Plan for the functions of the Nominations Committee, as circulated with the Agenda. • The Board <u>AGREED</u> to commence the relevant Board meetings 30 minutes earlier. • Action: Update the 'items due calendar' to reflect the in-camera sessions and the meeting Schedule to reflect new meeting times. 	Secretariat

<p>8.3.4 Board Communication & Engagement Strategy</p>	<ul style="list-style-type: none"> The Chair reported his review of reports and papers relating to a Strategy, including a previous Board Working Party, draft Strategy's provided by the NOUS Group and Taylor Street Advisory Group. The Board <u>AGREED</u> to receive a paper proposing options for a focussed approach to drive engagement and communication. Action: Present a Paper to the Board for further discussion. 	<p>Chief Executive</p>
<p>8.3.5 Leave</p>	<ul style="list-style-type: none"> The Chair advised that he is taking leave between 24 June and 15 July 2019. Dr Gray has agreed to act as the Board Chair during this period. 	
<p>9 Committees of the Board</p>		
<p>9.1 Health Care Quality & Safety Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Health Care Quality & Safety Committee meeting held on 1 May 2019 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. Prof Merrett highlighted: <ul style="list-style-type: none"> <u>Item 7.3.1 - Emergency Department Patient Survey results 2017-18</u> The BHI report provides results relating to various aspects of care in the Emergency Department. SWSLHD results were lower than the state average. The survey results broadly highlight the issues related to lack of parking; courtesy of staff; lack of trust and confidence in staff; treating with respect and dignity and provision of enough privacy; communication issues relating to explanation of care and receiving conflicting information; engagement of patient in care planning and discharge; access and waiting time; and cleanliness. Older facilities especially Bankstown Hospital were the worst performing facilities. <u>Item 7.3.2 - Feedback received from the Ministry of Health re: SWSLHD Safety and Quality Accounts 2018-19</u> The Committee considered the feedback received from the Ministry of Health regarding 2018-19 Safety and Quality Accounts of SWSLHD. Overall the feedback was positive. 	

	<p>The Committee endorsed the Chief Executive’s proposal to engage external auditors to review the Accounts prior to submission to the Board and the MoH. The independent review will enhance credibility of the information presented and support a similar level of rigour to the Safety and Quality Accounts that are applied to the Financial Accounts.</p> <ul style="list-style-type: none"> • Action: Submit the scope / Terms of Reference of the review to the Audit & Risk Management Committee for consideration. 	Director, Clinical Governance
<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 19 April 2019 2019 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. 	
<p>Annual Committee Self-Assessment</p>	<ul style="list-style-type: none"> • Mr Gordon highlighted that overall the response was positive and aligned between the members and attendees. • The Board <u>APPROVED</u> the: <ul style="list-style-type: none"> - Summary Report arising from the Annual Committee Self-Assessment; and - Proposed amendments to the Committee’s Terms of Reference • Mr Gordon undertook to review the Terms of Reference in the context of the Board meeting agenda refresh, previously discussed. 	Mr Gordon
<p>Delegations Manual</p>	<ul style="list-style-type: none"> • The Committee considered the proposed amendments to the Delegations Manual. The proposed amendments incorporate: <ul style="list-style-type: none"> • The LHD realignment • Clarification of and update of policy directives for workforce related delegations. • Minor general updates • Ms Larkin confirmed that version control is included at Appendix 2. • The SWSLHD Board <u>APPROVED</u> the proposed amendments to the SWSLHD Delegations Manual, without amendment. • Action: Update and publish the revised Manual. 	Secretariat

<p>9.3 Aboriginal Health</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Aboriginal Health Committee meeting held on 18 April 2019 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. • Ms Carriage highlighted: <ul style="list-style-type: none"> • <u>Item 6.1 – Oral Health</u> <p>The Committee considered the progress against Oral Health strategies specified in the SWSLHD Aboriginal Health Plan 2017 – 2021.</p> <p>Specific pathways developed to improve access to oral health services for Aboriginal people were discussed, including:</p> <ul style="list-style-type: none"> ○ The KARI OOHC Pathway ○ Paediatric Referral Pathways as part of the SWSLHD Two to School Program and Tharawal Aboriginal Medical Services’ Dental Team. ○ Dedicated monthly clinics at the Bowral and Tahmoor Oral Health centres, specifically for the Aboriginal community. • <u>Item 6.4 – Risk Register</u> <p>The Committee agreed that a new risk should be added to the LHD Enterprise Risk Register for ‘Discharge against medical advice for Aboriginal people’ from ED.</p> <ul style="list-style-type: none"> • <u>Item 6.5 – Aboriginal Workforce</u> <p>Facilities nominally identified a number of positions, which were quarantined for the program that the Aboriginal Workforce Team in good faith recruited against. However at the conclusion of the recruitment process there were a number of positions that were no longer available due to the budget position.</p> <p>The Aboriginal Workforce Team has managed this situation by re-allocating trainees into other vacancies where available or advising applicants that roles will be held for them in the second traineeship intake scheduled for later this year.</p>	
<p>9.4 Research & Teaching</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The next meeting of the Research & Teaching Committee meeting will be held on 20 June 2019. 	
<p>9.5 Audit & Risk Management</p> <p>Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 11 April 2019 (financial statements) were circulated with the Agenda and <u>CONSIDERED</u> by the Board. 	

ICAC Matters	<ul style="list-style-type: none"> The Board <u>CONSIDERED</u> the report of matters received (nil) from or referred to (one) the ICAC for the period 12 April to 13 May 2019, as circulated with the Agenda. 	
10 Consumer & Community Council	<ul style="list-style-type: none"> The Minutes of the Consumer & Community Council meeting held on 3 May 2019 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. Prof Dickson highlighted the excellent presentations (Items 3.1 & 3.2) received regarding media & communications and sustainability. The Council agreed to receive regular reports regarding sustainability initiatives across the LHD. Mr Reidy highlighted (Item 7) correspondence received from the Primary Health Network Community Advisory Group Chair proposing a meeting. 	
11 MSEC Feedback	<ul style="list-style-type: none"> Dr Frankel reported highlights from the recent MSEC meeting: <ul style="list-style-type: none"> <u>Liverpool Medical Staff Council</u> <p>Further to discussion at the Council meeting regarding the WESTIR Report, correspondence had been received. Dr Frankel outlined the specific concerns, which relate to baseline funding and the potential impact on patient safety as a result, in the context of increasing activity and the overall workload of the JMOs.</p> <p>The Board considered that the issues raised a further to those previously discussed by the Board. The matters raised were referred to the MoH and subsequently meetings between the Minister and MSEC representatives and the Secretary and MSEC representatives were convened. At the meetings an overview of the funding arrangements and resource investment strategies was provided, i.e. Leading Better Value Care were discussed.</p> <p>The Board requested the Chief Executive to meet again with the MSC.</p> <p>Action: Meet with the Liverpool Hospital Medical Staff Council.</p> <u>Bowral Medical Staff Council</u> <p>An independent review of senior medical staffing is being requested.</p>	<p>Chief Executive</p>

<p>12 Items for Information</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the 2019 Board Meeting & Events Summary, as circulated with the Agenda. 	
<p>13 Other Business Without Notice</p>	<ul style="list-style-type: none"> • The Chair invited other business without notice. <ul style="list-style-type: none"> • Nil were received. • The Chair invited the meeting evaluation. Dr Slewa-Younan highlighted: <ul style="list-style-type: none"> • The tone of the meeting was collegial and involved interesting discussion. All matters were executed. • Timing of the meeting – commenced early but ended late. 	
<p>14 Close / Next Meeting</p>	<ul style="list-style-type: none"> • The meeting closed at 7.04pm. The next meeting will be held: <ul style="list-style-type: none"> • Monday 24 June 2019 • Board Room, District Office • 3.30 – 6.30pm – Board Meeting 	