

MINUTES

South Western Sydney Local Health District Board

Date: Monday 24 June 2019

Time: 3:27pm

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

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
0. Welcome	<ul style="list-style-type: none"> The A/g Chair welcomed Mr Niven to the meeting and advised that Mr Roach would arrive late due to his attendance at the Council of Board Chairs meeting. Prof Merrett agreed to undertake the meeting evaluation. 	

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 (A/g Chair)	✓	
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 Palamidis, 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	✓		Mr Tobias Niven, 1st Year Student – Graduate Health Management Program	✓	
Mr David Ryan, Director, Capital Works & Infrastructure	✓		Ms Simone Proft, Manager Planning	✓	
Ms Sally Whitten, Risk & Policy Manager	✓		Ms Christine Feldmanis, Chair, Audit & Risk Management Committee		✓

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
2. Acknowledgment of Country	<ul style="list-style-type: none"> The A/g 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 A/g Chair invited declarations of interest. Prof Merrett advised his appointment to the International Advisory Committee for Oesophageal Cancer (World Health Organisation). Action: Update the Board's Declarations of Interest Register. 	<p>Secretariat</p>
<p>4. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> MOTION: A motion was moved by Mr Bosotti and seconded by Mr Gordon that the Minutes of the Board meeting held on 27 May 2019 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 presented the story of Mrs J – 62yo female – a palliative care inpatient at Camden Hospital, following a diagnosis of small cell carcinoma in 2018. Mrs J's son wrote a letter praising the care provided to and the interaction with his mother by staff – providing him a sense of confidence and assurance of her well-being during his absence. Mrs J's son resides in the UK, although visits. Through social media staff were able to coordinate a visit by a public identity to Mrs J (who she greatly admired), which was covered by local media. The story highlights the commitment of staff. Action: Write a letter to the staff acknowledging their efforts, to be signed by the Board Chair. 	<p>Director, Clinical Governance</p>
<p>6. Business Arising</p>		
<p>6.1 KPI Report – Service Access & Patient Flow</p>	<ul style="list-style-type: none"> [27.05.19; Item 8.1.5] In response to the action: Clarify the risk and mitigation strategies relating to the increase in ED presentations (including triage category 1 - 3 patients) Ms Marshall highlighted: <ul style="list-style-type: none"> Examination of the data has indicated a significant increase in Triage 1-3 presentations as a percentage of total presentations over the last 5 years. Raw data, by hospital, of increases in presentations including acuity (refer Triage category) and the top 10 presenting conditions (consistent across all hospitals) was circulated with the Agenda. Despite the increase in demand, the Incidence Rate (died in ED) has reduced. 	

	<ul style="list-style-type: none"> • Mitigating strategies are in place, with a focus on models of care, workforce review (skills mix and total FTE) and external ED supports. In particular Liverpool and Campbelltown Hospitals have seen a corresponding increase in FTEs. Award requirements determine ED staffing ratios – which is by beds, rather than the number of patients. Predicative data is also used to roster ED staffing which varies by season and by shift. • Prof Dickson noted that increases in ED activity have a potential to impact on inpatient units, particularly ICU. Ms Larkin reported the LHD ICU bed capacity and noted an increase of 2 ICU beds as a result of 2019/20 SLA negotiations. Prof Dickson noted further work being undertaken by Prof Hillman in relation to ICU – appropriateness of admissions / interventions against outcomes and quality of life. • Ms Marshall reported that the Executive is regularly examining ED demand and staffing. 	
<p>6.2 Ongoing Support</p>	<ul style="list-style-type: none"> • [27.05.19: Item 5] • The SWSLHD Board <u>NOTED</u> the referral note describing the arrangements for ongoing care for and support to the patient described in the patient story presented to the May Board meeting, as circulated with the Agenda. 	
<p>7. Standing Items</p>		
<p>7.1 Chief Executive's Report</p>		
<p>7.1.1 Current Significant Matters</p>	<ul style="list-style-type: none"> • 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>SLA Negotiation Update</u> <p>From a State perspective, the decline in revenues (from less stamp duty) has meant that the 5% growth provided to Health is not sustainable. NSW Treasury have set the forward growth rates for the next ten years and it is reducing every year. Overall, NSW Health was provided 4.5% growth (including the leap year day), compared to 4.7% in 2018/19.</p> <p>SWSLHD was provided 4.9% growth including the leap year day – excluding the leap year funding the growth received is 4.7% - the same as 2018/19. The growth received represents a good result, considering that the election commitments need to be met from within the existing NSW Health budget.</p> 	

	<p>The highest percentage growth rate has been in non-admitted services, which reflects a concerted effort by NSW Health to influence models of care and move patients out of acute care settings.</p> <p>All facilities have received growth, based on population, specifically at Campbelltown & Liverpool Hospitals in the acute and ED streams.</p> <p>Action: Discuss offline:</p> <ul style="list-style-type: none"> - The application of growth funds to Bankstown-Lidcombe Hospital with the MSEC Chair. - Expansion of the INR Service with Dr Abi-Hanna. <p>Specific initiatives provided for in the growth money received include: ICU beds, NICU bed, Cardiothoracic Surgery, expanded INR service, annualisation of some 2018/19 services.</p> <p>2019/20 will focus on consolidation. The LHD is bringing forward a deficit. Clinical and Non-clinical Working Groups are being established to review existing models of care and practices – with a view to improving efficiencies and outcomes.</p> <p>Action: A presentation to the July Board meeting of the 2019/20 Service Level Agreement will include a detailed analysis and a summary of changes to last year.</p> <ul style="list-style-type: none"> • <u>Health Beyond Research & Innovation Showcase</u> <p>Over 1,000 delegates attended the Showcase over two days. The Showcase featured excellent keynote speakers, including Lucy Brogden who provided an insightful presentation.</p> <ul style="list-style-type: none"> • <u>Senior Staffing Update</u> <p>Mr Ken Barnett commenced on 3 June 2019 – General Manager, Bowral and District Hospital.</p> <p>A preferred applicant has been identified for the Director, People and Culture position. Further detail will be provided to the July Board meeting.</p> <p>The Director of Finance position has been advertised and interviews will be conducted on 1 July 2019.</p>	<p>Chief Executive</p> <p>Chief Executive & A/g Director Finance</p>
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8. New Business		
<i>Mr Roach, Mr Ryan and Ms Proft joined the meeting at 4.04pm</i>		
<p>8.1 SWSLHD Virtual Care Strategy</p>	<ul style="list-style-type: none"> • The A/g Chair welcomed Ms Simone Proft and Mr David Ryan to present the SWSLHD Virtual Care Strategy, as circulated with the Agenda. • Ms Proft highlighted: <ul style="list-style-type: none"> • The Strategy has been developed as a collaborative project and has involved extensive consultation with clinicians and administrators across the LHD. Deloitte was engaged to assist with the development of the Strategy. The Strategy has been considered by the Clinical & Quality Council. • Perpetuating historical models of care into the new and expanded hospital redevelopments carries risk, as additional hospital capacity will not be enough to meet growing demand and changing consumer expectations. Virtually enabled models of care will be fundamental to solving the capacity gap and represent a significant opportunity. • There are many virtual care initiatives that already exist in SWSLHD – which are not yet integrated or at scale. • The Strategy sets out the direction (a 10-year vision) for future models of care design enabled by technology and will ensure that the implications for redevelopment planning are considered upfront and that initiatives are integrated and coordinated across the LHD. • An overview of the Strategy: <ul style="list-style-type: none"> ○ Short-term (3yrs) <ul style="list-style-type: none"> ▪ Deliver more care in the community ▪ Deliver acute care more efficiently ▪ Distribute more care, in ambulatory, outpatient and community settings ○ Medium-term <ul style="list-style-type: none"> ▪ Virtual care scaled and embedded in everyday practice and redevelopments ○ Long-term <ul style="list-style-type: none"> ▪ Connected health and social service systems with consumers empowered to maintain health and well-being • Ms Proft clarified: <ul style="list-style-type: none"> • That implementation of the Strategy is being discussed with Health Share, eHealth, NSW MoH and ACI regarding models of care. 	

	<ul style="list-style-type: none"> • As the Strategy represents a 10-year vision it is considered agile and impact would be minimal if a State-wide strategy is introduced. Capabilities for models of care and infrastructure will be built in. • Next steps involve the development of a detailed business case (including data modelling) and consideration of the Strategy in the redevelopment projects. • Regional LHDs have already adopted such strategies, out of necessity. • The Board <u>APPROVED</u> the Strategy in principle and requested: <ul style="list-style-type: none"> • that introduction of the Strategy is aligned with development of services in accordance with the clinical service and redevelopment plans • that a monitoring mechanism is established • Action: Convey the Board’s decision to Capital Works & Infrastructure. 	Secretariat
<i>Mr Ryan and Ms Proft left and Ms Whitten joined the meeting at 4.50pm.</i>		
7. Standing Items (Cont.)		
7.1.2 Risk Mgt	<ul style="list-style-type: none"> • The Board <u>CONSIDERED</u> the Risk Management Report, as circulated with the Agenda. • Ms Whitten highlighted: <ul style="list-style-type: none"> • The update of the Strategic Risks for oversight by the Board • Changes to the LHD Enterprise Risk Register since the last quarterly update provided to the Board in March 2019: <ul style="list-style-type: none"> • No new extreme or high risks approved • No de-escalated risks • Two closed risks: <ul style="list-style-type: none"> • Risk ID 6 – Sufficient funding for maintenance of assets (combined with Risk ID 513 ‘Failure to generate capital funding to fulfil the Asset Strategic Plan’). • Risk ID 24 – Failure to plan for changing environmental conditions (risk actions covered in other LHD risks, historical risk now managed through sustainability risk). 	

		<ul style="list-style-type: none"> • SWSLHD has reported all Strategic Risks and 'High' rated LHD Enterprise risks in the reporting period (January – March 2019) to the NSW MoH. SWSLHD is awaiting further advice from MoH regarding any changes to the revised reporting format. • Ms Larkin clarified that risks relating to College accreditation processes are reported through facility based risk registers, escalated as appropriate and through the facility teaching and research reports, considered at the Research & Teaching (Board) Committee. • Actions: <ul style="list-style-type: none"> • Clarify nil reported risks for Facilities & Assets on the LHD Enterprise Risk Register. • Provide the LHD-wide Enterprise risk register to Prof Dickson. 	Risk & Policy Manager
<i>Ms Whitten left the meeting at 5.00pm</i>			
7.1.3	Regulatory Environment	<ul style="list-style-type: none"> • The next Report is due to the July meeting. 	
7.1.4	Work Health & Safety Report	<ul style="list-style-type: none"> • The next Report is due to the August meeting. 	
7.1.5	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"> • There were eight new serious incidents since the last report, which will undergo an RCA. Three of the incidents related to consent; as a result each facility was requested to conduct a snapshot audit of consent and timeout procedures. Results were favourable; Bowral & District Hospital have been requested to repeat the audit. <p>Facilitation of a 'speaking up for safety' workshop at Bankstown-Lidcombe Hospital. A safety culture assessment will also be undertaken at Bankstown-Lidcombe and Campbelltown Hospitals.</p> • Prof Merrett reported extensive discussion about the time-out procedure at the surgical M&M meeting. • Action: Clarify the three sentinel events reported in 2015. 	Director, Clinical Governance

	<ul style="list-style-type: none"> Mr Hampson responded that it is too early to realise the impact of eMeds in relation to the sentinel event category – Medication error. 	
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"> In May 2018 SWSLHD experienced an increase (when compared to 2018) in emergency department demand: <ul style="list-style-type: none"> ED presentations - + 9.72% Ambulance arrivals - + 18.77% Admissions from ED - + 3.69% In May 2019, Emergency Treatment Performance (ETP) was 59.45%, compared to 65.93% for the same month in 2018. Liverpool and Campbelltown Hospitals remain on the ETP watch list. PAT meetings, hosted by the NSW MoH are being held twice each week. Demand is impacting on surgical capacity – bed and ICU bed availability. As at 31 May the LHD achieved zero overdue elective surgery patients for one of three benchmarks. The ETP target is 81% - in response to a review of the selected performance indicators by LHD (April 2019). 	
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"> The approaching winter season limits the ability to reduce the excessive leave liability. <ul style="list-style-type: none"> Action: A presentation will be made to the Finance & Assets Committee regarding strategies used to reduce the excessive leave liability. Due to the ongoing downward trend of PDR compliance across the LHD, monthly targets are being developed. SWSLHD Aboriginal Workforce representation has remained steady at just above 2.0%; an increase of 0.07% coincides with the commencement of the trainee intake. 	A/g Directors Workforce & Finance

	<p>Advertising under the SWSLHD Aboriginal Targeted Recruitment Program has slowed significantly – and will be discussed further at the Aboriginal Health (Board) Committee.</p> <ul style="list-style-type: none"> As at today SWSLHD has reached a 38% rate of staff completing the People Matter Employee Survey, with a closing date of 29 June 2019 it appears that the previous survey return rate of 40% will be surpassed. Action: Include recognition of staff effort in the next Chairman’s column within District News. The new SWSLHD Manager, Workers Compensation commenced 20 May 2019. Meetings at all sites with the Return to Work Coordinators are being held to build relationships. 	Secretariat
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 May, with expenditure un-favourable (\$6.2M) and revenue favourable (\$1.0M) to budget.</p> <p>High surge bed activity has continued for hospitals, particularly at Liverpool Hospital. YTD the District has experienced 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 5% in comparison to the same period last year.</p> <p>A review of patients impacted by the reclassification of ICU bed types at Liverpool Hospital has been completed and resulted in 42% of patients being identified as needing to be changed to a bed type that reflected a 1:1 nurse to patient ratio. The related patient records have been updated resulting in an additional 131 NWAU being added to the activity actuals.</p> <p>The LHD is forecasting full-year unfavourability in Expense, a favourability in Revenue and an unfavourability in provision for doubtful debts.</p> 	

		<p>Action: Prof Merrett suggested rephrasing the term 'affordable FTE' to reflect the delivery of safe, quality patient care.</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 April 2019; results indicate that SWSLHD is 100.4% of YTD target.</p> <p>The YTD variance - Admissions from Surgical Waitlist at Campbelltown Hospital has a (negative) financial impact. Performance is being discussed with the General Manager.</p>	A/g Director Finance
7.1.6	Service Reports	<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>The Mental Health Service undertook its organisational-wide assessment on 24 May 2019. The Assessors provided positive feedback during the summation session with staff. An Action Plan has been developed to address the five AC120 recommendations received.</p> • <u>Primary & Community Health</u> <p>No items were highlighted.</p> <ul style="list-style-type: none"> • <u>Drug Health Services</u> <p>No items were highlighted.</p> • <u>Population Health</u> <p>No items were highlighted.</p> • <u>Oral Health</u> <p>No items were highlighted.</p>	
7.1.7	Media & Marketing Report	<ul style="list-style-type: none"> • The Board considered the Media & Marketing Report, as circulated with the Agenda. 	
7.1.8	Strategic Plan Report	<ul style="list-style-type: none"> • The next report is due to the July Board meeting. 	

8.2 Correspondence		
8.2.1 Ms CV	<ul style="list-style-type: none"> The Board <u>NOTED</u> correspondence to/from Ms CV regarding the care and management of her late father at Bankstown-Lidcombe Hospital. A copy of the final response to Ms CV will be considered at the July Board meeting. Prof Merrett confirmed that reporting of medico-legal cases occurs to the Health Care Quality & Safety Committee as part of the reporting matrix. 	
8.3 Chairman's Report		
8.3.1 Council of Board Chairs	<ul style="list-style-type: none"> The A/g Chair reported his partial attendance at the Council of Board Chairs meeting held earlier in the day, highlighting discussion topics: <ul style="list-style-type: none"> The health budget in the context of the State budget. Customer experience portfolio – the current ED Concierge Project Importance of liaison with NSW MoH for contentious issues Recent Auditor-General's Report – governance of LHDs (previously discussed by the SWSLHD Board) BHI presentation on system performance. Ms Marshall reported further on the ED Concierge Project, highlighting: <ul style="list-style-type: none"> The State-wide pilot, based on the Service NSW model, involves a number of hospitals, including Liverpool. The pilot was conducted between January and June 2019 and will be followed by a formal evaluation. The Pilot involves the ability to provide e-feedback (multi-lingual), triage occurring in the waiting area, general charging availability for electronic devices, etc. Action: Present the pilot to the Consumer & Community Council for consideration and feedback. 	Director, Nursing & Midwifery and Performance
<i>Ms Marshall, Mr Palamidis, Ms Leon & Mr Hampson left the meeting at 5.40pm.</i>		
9 Committees of the Board		
9.1 Health Care Quality & Safety Minutes	<ul style="list-style-type: none"> The Minutes of the Health Care Quality & Safety Committee meeting held on 12 June 2019 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. 	

	<ul style="list-style-type: none"> • Prof Merrett highlighted: <ul style="list-style-type: none"> • <u>Item 7.1 - Sentinel Events</u> Discussed within the Safety & Quality Section of the KPI Report. • <u>Item 7.2.5 – ANZICs Report</u> The most recent ANZICS CORE Report (October to December 2018) indicates improvement in the standardized mortality rates across the LHD. Marked improvements in the outcomes for Liverpool Hospital over the past 5 years were noted and congratulations were extended to the Clinical Director, Critical Care, who has been invited to present the next iteration of the Report. • <u>Item 7.2.6 – Committee Reporting Matrix</u> A number of amendments to the Committee’s reporting matrix (a review is undertaken each 6 months). Action: Consider the mitigation strategies of the potential risk of receiving the Violence, Abuse & Neglect Report on an annual basis – notwithstanding the CE’s Significant Issues Report and the Primary & Community Health Tier 1 indicators. 	<p>Director, Clinical Governance & Committee Chair</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 17 May 2019 2019 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. • Mr Gordon highlighted: <ul style="list-style-type: none"> • <u>Item 5.1 – Liverpool Health & Academic Precinct (LHAP)</u> The Committee’s recommendation that the Board receive a presentation on the LHAP Governance will be taken up as part of the presentations / discussions planned on the 4 agreed strategic focus areas – Infrastructure. • <u>Item 7.2 – Capital Funded Projects Report</u> The Board has previously discussed (May meeting) the actions being taken resulting from the construction company for Browne St (mental health) and Fairfield ED being placed into receivership. 	

	<p>The Committee further discussed contractor management and has requested a briefing to cover bank guarantees and insurance aspects.</p>	
<p>SWSLHD Top 5 Asset Strategic Priorities</p>	<ul style="list-style-type: none"> • The Board APPROVED in principle the SWSLHD Asset Strategic Priorities for submission to NSW MoH, subject to further consideration of the priority order by the SWSLHD Clinical & Quality Council. • Ms Larkin highlighted that when comparing the priorities to those submitted in 2018: <ul style="list-style-type: none"> • Bowral & District Hospital Redevelopment (now funded) is replaced with the Fairfield Health Neighbourhood • Bankstown-Lidcombe Hospital Redevelopment is replaced with the Virtual Care Strategy • Re-costing ‘supported growth in SWS planned precincts’ to accurately reflect the costings provided by Health Infrastructure for Glenfield, Leppington, Oran Park and Bringelly. • The revised priorities follow: <ul style="list-style-type: none"> • Supporting growth in SWS planned precincts <ul style="list-style-type: none"> - Glenfield - Leppington - Campbelltown - Oran Park (Stage 3) - Wilton New Town - Bringelly - Macarthur Community (Menangle) • SWSLHD Virtual Care Strategy • Campbelltown Health Neighbourhood • Liverpool Health & Academic Precinct • Fairfield Health Neighbourhood • Action: Convey the Board’s decision to the Director, Capital Works & Infrastructure – for submission to the NSW MoH. 	<p>Secretariat</p>
<p>9.3 Aboriginal Health Minutes</p>	<ul style="list-style-type: none"> • The next meeting of the Aboriginal Health Committee is scheduled for 27 June 2019. 	
<p>9.4 Research & Teaching Minutes</p>	<ul style="list-style-type: none"> • Minutes of the Research & Teaching Committee meeting held on 20 June 2019 were not available to be circulated with the Agenda. • Dr Abi-Hanna reported that as part of the Committee Self-assessment process the Terms of Reference and membership were being reviewed. 	

<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 21 May 2019 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. Mr Gordon highlighted: <ul style="list-style-type: none"> <u>Item 7.3.1 – Observation on early close procedures</u> <p>Key issues identified in the Early Close Procedure Report prepared by the NSW Audit Office were positive: financial statements are prepared in accordance with the MoH proforma statement; all appropriate disclosures were made in the statements and all requirements were complied with; and the LHD engaged an independent external valuation firm to perform a revaluation of property, plant and equipment for the 2019 financial year – resulting in a significant increase in value.</p> 	
<p>Periodic Report</p>	<ul style="list-style-type: none"> The SWSLHD Board <u>CONSIDERED</u> the Periodic Report (January – May 2019) provided by the Audit and Risk Management Committee, circulated with the Agenda. Action: The Board recognised the significant work and contribution made by Ms Feldmanis during her terms on the Audit & Risk Management Committee and <u>AGREED</u> that a letter of recognition be sent. 	<p>Secretariat / Chair</p>
<p>ICAC Matters</p>	<ul style="list-style-type: none"> The Board <u>CONSIDERED</u> the report of matters received (nil) from or referred to (nil) the ICAC for the period 13 May 2019 to 11 June 2019 as circulated with the Agenda. The ICAC is also informed (quarterly) of staff’s misuse of information – for this period one matter was notified. 	
<p>10 Consumer & Community Council</p>	<ul style="list-style-type: none"> The Minutes of the Consumer & Community Council (CCC) meeting held on 7 June 2019 were circulated with the Agenda and <u>CONSIDERED</u> by the Board. Prof Dickson & Mr Reidy highlighted: <ul style="list-style-type: none"> Excellent presentations (Items 3.1 & 3.2) received regarding Oral Health and Transforming Your Experience. The value of the information exchange between the CCC and the Board. Ms Larkin advised that positive feedback has been received regarding Prof Dickson and Mr Reidy’s attendance at CCC meetings. 	

	<ul style="list-style-type: none"> • Action: Clarify with the Consumer & Community Participation Unit that CCC meeting minutes should reflect Board member representatives as ‘attendees’ rather than ‘members’. 	Secretariat
11 MSEC Feedback	<ul style="list-style-type: none"> • Dr Frankel reported highlights from the recent MSEC meeting: <ul style="list-style-type: none"> • Increase in activity / demand generally • Board Chair is attending the August MSEC meeting • Advocacy of the MSEC relating to the SLA 2019/20 negotiations • All facility / service MSCs are now represented on the MSEC including Mental Health and Fairfield Hospital. 	
12 Items for Information	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the 2019 Board Meeting & Events Summary, as circulated with the Agenda. 	
13 Other Business Without Notice	<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. Prof Merrett highlighted: <ul style="list-style-type: none"> • Timing of the meeting – concluded on time. • Good amount of discussion; most involved. • Respectful tone. • Cross-checking of facts and data demonstrated good awareness. • Sense of community needs / wants throughout debate and discussions. • Excellent performance of Acting Chair. 	
14 Close / Next Meeting	<ul style="list-style-type: none"> • The meeting closed at 6.30pm. The next meeting will be held: <ul style="list-style-type: none"> • Monday 22 July 2019 – Bankstown-Lidcombe Hospital • 2.30 – 3.30pm –Site Visit • 3.30 – 6.30pm – Board Meeting 	