Minutes - South Western Sydney Local Health District Board Meeting
Chairperson: Mr Sam Haddad
25 November 2019
Page 1 of 17

MINUTES

South Western Sydney Local Health District Board

Date: Monday 25 November 2019
Time: 3:30pm
Venue: Lecture Room, Bowral & District Hospital

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion/Decision/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. Welcome</td>
<td>• The Chair:</td>
</tr>
<tr>
<td></td>
<td>welcomed Board members and executive staff to the meeting.</td>
</tr>
<tr>
<td></td>
<td>• thanked Mr Barnett for the hospitality extended to the Board.</td>
</tr>
<tr>
<td></td>
<td>• highlighted the following agenda items of import:</td>
</tr>
<tr>
<td></td>
<td>• Presentations – ICT Transition and Liverpool Innovation Precinct: Investment Framework, Work Health &amp; Safety Report, Mental Health (within the Chief Executive’s Report) and strategies to manage demand.</td>
</tr>
<tr>
<td></td>
<td>• Dr Gray agreed to undertake the meeting evaluation.</td>
</tr>
</tbody>
</table>

1. Present and Apologies

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Sam Haddad (Chair)</td>
<td>✓</td>
<td></td>
<td>Dr Matthew Gray</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Dr David Abi-Hanna</td>
<td>✓</td>
<td></td>
<td>Prof Neil Merrett</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mrs Nina Berry</td>
<td>✓</td>
<td></td>
<td>Ms Kerrie Murphy</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mr Max Bosotti</td>
<td>✓</td>
<td></td>
<td>Mr Gary Reidy</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ms Christine Carriage</td>
<td>✓</td>
<td></td>
<td>Mr John Roach</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Prof Hugh Dickson</td>
<td>✓</td>
<td></td>
<td>Dr Shameran Slewa-Younan</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mr John Gordon</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Attendees

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Amanda Larkin, Chief Executive</td>
<td>✓</td>
<td></td>
<td>Dr Anthony Frankel, Medical Staff Executive Council Representative</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mr Ken Barnett, General Manager, Bowral &amp; District Hospital</td>
<td>✓</td>
<td></td>
<td>Ms Nel Buttenshaw, Manager Executive &amp; Board Secretariat</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ms Wendy Loomes, Director Information, Communication &amp; Technology (Item 8.1)</td>
<td>✓</td>
<td></td>
<td>Mr Bruno Zinghini, Executive Director, Health Infrastructure (Item 9.1)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mr David Ryan, Director Capital Works &amp; Infrastructure (Item 9.1)</td>
<td>✓</td>
<td></td>
<td>Mr Michael Henry, A/Director Strategy &amp; Investment, Health infrastructure (Item 9.1)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Agenda Item</td>
<td>Discussion/Decision/Recommendation</td>
<td>Responsible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <strong>Acknowledgment of Country</strong></td>
<td>• The Chair commenced the meeting by acknowledging the traditional owners of the land and paid respect to elders past and present.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 3. **Declaration of Interests** | • The Chair invited declarations of interest.  
  • Nil items were received. | |
| 4. **Confirmation of the previous minutes and action list** | • **MOTION:** A motion was moved by Mr Bosotti and seconded by Ms Murphy that the Minutes of the Board meeting held on 28 October 2019 be accepted as a true and accurate record subject to the following correction:  
  • Item 8.1 – final paragraph and final sentence  
    ‘Cost ratio performance’ indicator – It is a point in time indicator, and therefore doesn’t change [remove] measured annually [insert].  
  • The Motion was carried. | |
| 5. **Patient Story** | • Mr Barnett presented the story of ‘Mrs JW’ (an 83 year old, female) who in February 2019 was referred for orthopaedic surgery and assigned a Category C (surgery to be completed within 365 days) by her surgeon.  
  • Five months later – in July - Mrs JW contacted her local MP as she was concerned about the significant wait time for elective orthopaedic surgeries - on two previous occasions due to wait times and levels of pain, she had elected to pay for her surgery in the private sector.  
  • Mrs JW found herself in extreme pain on large amounts of medication that were negatively impacting her kidneys. She reported that her activities were severely restricted which was affecting her mood and enjoyment of life. Mrs JW felt that each long wait had caused more damage leading to more difficult procedures.  
  • The local MP write to the NSW Minister of Health conveying Mrs JW’s case and she was subsequently contacted by the Bowral & District Hospital Patient Liaison Officer (PLO) to discuss her concerns. The PLO booked Mrs JW into the Osteoarthritis Chronic Care team clinic (OACCP) and Anaesthetics Clinic for immediate review and support.  
  • Mrs JW was reviewed by the OACCP Team and was recommended for a Category change of C to B. This recommendation was sent to her surgeon for endorsement. Anaesthetics requested additional reviews due to a number of significant co-morbidities. | |
- Mrs JW had completed medical reviews required and was accepted for Surgery.
- Mrs JW had her knee replacement surgery in November and was discharged. She was very appreciative of the support received and the outcome.
- The Board discussed Mrs JW's escalation to her local MP, rather than directly with her doctors or the hospital.
- Ms Larkin confirmed that letters sent to patient’s state changes in their condition can be medically reviewed.
- Mr Barnett confirmed that GPs can refer to the OACCP Clinic and that at a local PHN meeting the Hospital undertook to provide further information about the Clinic to GPs.

6. **Chief Executive’s Report**

6.1 **Significant Issues**

- Ms Larkin spoke to the Chief Executive’s Report, circulated with the Agenda, highlighting:

  - **Safe Work Australia Update**
    - Work is progressing with agreements made under the Enforceable Undertaking.
    - SafeWork has been provided with the evidence of what has been achieved to date regarding this matter.
    - Routine reporting to the Board will continue.
  
  - **Capital Works Update**
    - Topping Out events have been held at Bowral & District and Campbelltown Hospitals.
    - Member for East Hills, Ms Wendy Lindsay joined Bankstown-Lidcombe Hospital executive and ED management in announcing the start of the ED redevelopment. Parking remains a challenge on the Site.

  - **JMOs Career Evening**
    - SWSLHD held its first careers evening for junior medical officers (JMOs) in October, providing an opportunity for JMOs to come together and learn about the career opportunities across the District, as well as the support available for staff.
- **Advisory Panel**

  The SWSLHD Advisory Panel was held on 29 October 2019, with the Board Chair and Chief Executive in attendance.

  The Chair has requested Taylor Street Advisory to develop a clear work plan, including outcomes for discussion over 3 to 4 meetings in 2020 to be endorsed by the SWSLHD Board.

  Mr Gordon requested the Board be reminded of Panel membership and outcomes.

  - **Action:** Provide the draft Work Plan (including outcomes), meeting dates, membership to the Board for endorsement.

- **Official Visitors Meeting**

  The Chief Executive and Mental Health Executive had a very productive and positive annual meeting with the Official Visitors and Principal Official Visitor for Mental Health on Tuesday 1 November 2019.

- **Service Access and Patient Flow**

  Overall, activity has slightly decreased.

  *Emergency Department Performance*

  - **Emergency Treatment Performance (ETP)**

    ETP improved in Oct 2019 at 59.89% when compared to last month (55.4%).

  - **Transfer of Care (TOC)**

    TOC improved in Oct 2019 at 84% when compared to last month (75%) and remained stable when compared to the same period last year (84.73%).

    Despite the increasing ambulance arrival rate, all sites were able to increase the number of timely (<30min) offloads when compared to the same month last year, with particular note of the 23% increase at Fairfield in number of timely offloads. Each site has specific strategies for managing TOC.

<table>
<thead>
<tr>
<th>Chief Executive</th>
<th></th>
</tr>
</thead>
</table>
## Surgery

- **Overdue elective surgery**

  As at 31 October 2019, the LHD achieved zero overdue elective surgery patients ([applicable to patients who are on the surgery waiting list and calculated at a point in time (last day of each month)] for one of three benchmarks, as follows:

  - Category 1 – 0 (target – 0)
  - Category 2 – 23 (target – 0)
  - Category 3 – 88 (target – 0)

  Unplanned demand associated with winter peaks in activity has necessitated rescheduling of some surgical work (predominantly Cat 3) which is evident in the overdue data above. Liverpool accounts for the predominant proportion of overdue work and is working with their surgical teams and the SWSLHD Waitlist Manger on recovery over the next 3 months.

- **Mental Health**

  In response to the continued increasing levels of demand and pressure in the emergency departments, acute mental health beds and the community mental health services, SWSLHD and the NSW MoH met on 18 November 2019 to discuss:

  - The need for a transparent process to access high acuity beds
    - Resulted in a teleconference hosted by MoH (held 3 days / wk)
  
  - A suite of local initiatives
    - Including use of private sub-acute beds
    - Resulted in the MoH requesting a proposal to reconfigure existing beds to increase higher acuity capacity. Such a reconfiguration will require enhanced staffing.

  - Present a Business Case – Community Mental Health 24-hour flexible housing, treatment and support.

- **Board Discussion**

  - Ms Larkin confirmed that mental health patients, regardless of any dual diagnosis or co-morbidity are treated based on clinical need.
Historically mental health have not expended full budget allocation, primarily due to recruitment difficulties. Potentially these funds will be used to accelerate / fund the local initiatives described.

The current mental health / ED model of care may benefit from review (cited medical, surgical assessment units to be complemented by a mental health assessment unit – separate to PECC). Currently risk is concentrated within ED. Models of care are a contributor to capital planning.

Finance and Activity

Budget Result

For the month of October the LHD had an expense favourability of $2.0M and revenue un-favourability of $0.3M. The YTD result being $0.2M un-favourable in expense and $0.9M un-favourable in revenue.

Activity Result

As at the time of reporting the most current available data expressed in National Weighted Activity Units (NWAU) is for YTD September, results indicate that SWSLHD is 98.8% of YTD target (1.2% under – usually 1% over).

Current advice is that the update of state data tables will be carried out in November. Targets will be reviewed following receipt of December data.

State and Territories Health Ministers’ Meeting

The State and Territories Heath Ministers met on 27 September 2019, and agreed a new National Health Reform Agreement (NHRA) - the foundation for rebalancing Australia’s healthcare system to reduce demand on hospital services and improve access to community based and preventative care. Other productive discussions on a range of opportunity areas for collaboration (i.e. public adult dental services, etc) were held.

Matters arising from the meeting were outlined in a joint letter to the Commonwealth Health Minister. The NHRA was prioritised for discussion at the COAG Health Council meeting (held on 31 October and 1 November 2019).
### 6.2 Risk Management

- Ms Larkin spoke to the Risk Management Report, circulated with the Agenda and highlighted:
  - There are no LHD risks referred to the Board from Board Committees in October 2019.
  - There were no new Extreme/ High LHD risks approved for entry on the LHD Enterprise Risk Register at the Enterprise Risk Management Committee (ERMC) meeting on 9 October 2019. The next ERMC meeting is scheduled for 11 December 2019.
  - Risks discussed at the Aboriginal Health Committee meeting held in October have not as yet been escalated to this Register, due to timing.

### 6.3 Media & Marketing

- The Board CONSIDERED the Media & Marketing Report, circulated with the Agenda.
- Ms Larkin highlighted the Channel 9 positive feature about the District’s multidisciplinary team room’s technology.

### 6.4 Work Health & Safety

- Ms Larkin spoke to the Work health & Safety and Workers Compensation Report, circulated with the Agenda and highlighted:
  - The current quarter saw an increase in claims notifications, claims rate per 100 FTE and psychological claims.
  - The top 3 incident causes: Aggression (physical) (reflecting increased activity in ED and mental health), body stressing and falls, trips & slips.
  - **Action:** Provide advice regarding any trend (where and when) of body stressing incidents.
  - The management structure of WHS across the LHD is being reviewed and related strategies (need to focus also preventive) and reporting will be refreshed.
| **6.5 Strategic Plan Progress** | • The next Report is due in December 2019. |
| **7. Chairman’s Report** |  |
| **7.1 Board Strategy Session** | • The Board **DISCUSSED** the arrangements and the Agenda for the next Strategy Session in January 2020.  
• The Chair highlighted an overview of the agenda and invited comments and discussion:  
  • Agenda is introspective in scope – may benefit from group discussion on an issue  
  • How does the Board leverage the Minister’s attendance? Suggested areas to highlight, that set SWSLHD apart, are TYE and the Board Engagement Strategy.  
  • 1 hour for strategic priorities may not be sufficient.  
  • **Action:** Set time for discussion at the December Board meeting to determine the discussion topics to leverage the Ministers attendance at the Strategy Session. |
| **7.2 Reflection: LHD & Specialty Network Annual Board Conference** | • The Chair invited reflective feedback on the Annual Board Conference (held 4 November 2019).  
• Overall a very positive conference.  
• The Break-out Session ‘Partnering with local organisations’ was considered very productive.  
  • **Action:** Seek advice on the process used to determine Session Facilitators and Chairs. |

**Ms Loomes joined the meeting at 4.45pm**

| **8. Business Arising** |  |
| **8.1 ICT Transition** | • The Chair welcomed Ms Wendy Loomes, Director ICT to the meeting.  
• The SWSLHD Board **RECEIVED** a presentation regarding the ICT Transition, as recommended by the SWSLHD Finance & Assets Committee.  
• Ms Loomes highlighted:  
  • **Background**  
    • The decision to separate (from Sydney LHD) the shared ICT Service occurred in late 2015 |
A shift in the role of ICT services; from a service that was once focused on providing support to a service that drives the how, when and where care is provided, how patient information is gathered, stored and shared and innovative solutions

LHD’s were of sufficient size and maturity to have dedicated ICT functions and had different priorities and strategic intent

The transition was undertaken in a phased approach

Agreed principles of transition guided the process

ICT Transition commenced officially in January 2016 with approximately 138 FTE to relocate as well as hardware and shared applications

ICT Transition Governance

A snapshot of the Transition Governance Committees was provided, reporting to the peak SWSLHD & SLHD ICT Transition Steering Committee.

The transition process has been supported by many workshops – technical, clinical and HR related

End Goals

Creation of an independent SWS ICT Service

Shared eMR domain in place with refreshed /new governance

Operational move to Gov DC of shared eMR Domain and other applications and processes as required

Split of hardware, applications and processes from SLHD

Staff that feel valued and empowered within a new culture

Steps to Get There

ICT Transition has been carried out under 3 phases from 2016-2019:

2016 - Gap analysis, planning, new organisational charts

Phase 1 March 2017 - Creation Director ICT SWS, move of Business and Finance, reception, web service, desktop and communications plus hardware, application and contracts

Phase 2 July 2017 - Two Project Managers and Clinical System Training unit

Phase 2 July 2018 - Data Centre Service staff plus hardware, application and contracts

Phase 3 September 2019 - Reporting, Integration and Application staff remainder of data centre plus
Phase 3 November 2019 - January 2020 - eMR/Clinical Systems staff, two operators

- **Budget**
  - Total cost $10,846.118
  - Shared charges reduced over three year period for employee related costs and goods and services, including contracts, as many were eliminated

- **Outcomes**
  - An ICT Service:
    - That can operate autonomously with units within the structure functioning independently
    - That is in control of its business decisions
    - That will operate with the shared eMR Domain and shared eMR governance - however have control on a daily basis regarding the clinical applications team tasks and function
    - That will be able to innovatively and proactively respond to immediate issues for resolution or facilitate technology plans for the future

- **Ms Loomes confirmed:**
  - Her role in the State-led Digital Hospital Steering Committee.
  - Staff were given a choice in relation to place of work as part of the transition process.
  - On behalf of the Board, the Chair thanked Ms Loomes for her informative presentation and conveyed congratulations to her and the ICT Team in relation to the transition.

---

8.2 **Performance – ETP, TOC and Surgical Waitlist**

- The SWSLHD Board **CONSIDERED** the update regarding strategies and action plans that are being implemented to improve performance and address surgical wait lists.

- **Ms Larkin highlighted:**
  - **Strategies to improve performance**

  **Access and Demand Workshop**

  - A workshop was held on 3 October 2019 with the General Managers, Chief Executive and the Director Nursing, Midwifery & Performance.
The key actions from this workshop were broken down into short, medium and long term strategies and include:

**Short (immediate)**

In partnership with the Systems and Performance Branch at the NSW MoH convene workshops (booked for 4 and 12 December) to:

- Review internal governance strategies
- Implementation of strategies to increase discharges before midday
- Link with Transfer of Care
- Undertake an administrative audit regarding Triage 2 and Triage 3 at each site.
- Undertake review of latent capacity.

**Medium (6-12 mths)**

- Review models of care for geriatric outreach services and map all LHD services that provide support to residential care facilities
- Review and monitor length of stay strategies for all facilities.

**Long (12mths plus)**

- Review medical neighbourhood model regarding hospital avoidance and ensure better integration with Leading Better Value Care.

**Actions planned to address overdue cases on the surgical wait list**

- Reconciliation at Liverpool of Waitlist numbers and times of surgery to realign the schedule to the need
- Individual discussions with three surgeons by Liverpool Director Surgery to address specific issues
- Analysis to be undertaken regarding the number of patients coming off the surgical waitlist at Bankstown and Campbelltown (already undertaken at Liverpool). This is to ensure that the surgical sessions are allocated appropriately to meet the demand.
- Current demand strategies are ED focussed, however demand relating to maternity services is significantly increasing and will be taken up in future Whole of Hospital meetings.

*Mr Ryan, Mr Henry and Mr Zinghini joined the meeting at 5.37pm*
<table>
<thead>
<tr>
<th>New Business</th>
<th>9.1 Investment Framework: Liverpool Innovation Precinct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- The SWSLHD Board RECEIVED a presentation regarding the Liverpool Innovation Precinct.</td>
</tr>
<tr>
<td></td>
<td>- Mr Henry highlighted:</td>
</tr>
<tr>
<td></td>
<td>- <strong>Precinct Strategy</strong></td>
</tr>
<tr>
<td></td>
<td>The master plan that sets how Liverpool will maximise the NSW Government’s $740 million Liverpool Hospital redevelopment was launched on Monday 28 October 2019.</td>
</tr>
<tr>
<td></td>
<td>The NSW Minister for Planning and Public Spaces, Rob Stokes officially launched the <em>Land Use Analysis and Precinct Strategy</em> at Liverpool’s research hub, the Ingham Institute for Applied Medical Research.</td>
</tr>
<tr>
<td></td>
<td>The strategy is about going to potential investors with a united vision that says Liverpool is ‘open for business’ and ready to work with international technology, medical and innovative organisations.</td>
</tr>
<tr>
<td></td>
<td>- <strong>Purpose of Education Research Hub (ERH)</strong></td>
</tr>
<tr>
<td></td>
<td>It is proposed that the Liverpool Health &amp; Academic Precinct (LHAP) will include a new build for the displaced education and research facilities which will provide opportunities for greater collaboration with education and research partners.</td>
</tr>
<tr>
<td></td>
<td>By recognising this opportunity, the IIAMR, multiple universities and the SWSLHD have expressed a willingness to participate in the development of the ERH as a comprehensive integrated facility that fosters collaboration and translation in research and education.</td>
</tr>
<tr>
<td></td>
<td>- An overview of the governance, subject land (Health) and Agreed Concept to Model was provided.</td>
</tr>
<tr>
<td></td>
<td>- <strong>Planning</strong></td>
</tr>
<tr>
<td></td>
<td>- Concepts are in accordance with the LEP.</td>
</tr>
<tr>
<td></td>
<td>- Government Architect will be consulted for advice on acceptability of the massing.</td>
</tr>
<tr>
<td></td>
<td>- The Concept Development from various perspectives and scale was showcased.</td>
</tr>
<tr>
<td></td>
<td>- Examples of Comparable Developments in Liverpool were showcased</td>
</tr>
<tr>
<td></td>
<td>- <strong>Strategy for Third Party Investment</strong></td>
</tr>
<tr>
<td></td>
<td>- Opportunity will be anchored by the parties SWSLHD/WSU/INGHAM based upon their allocated tenant areas.</td>
</tr>
<tr>
<td></td>
<td>- The land will remain in HAC ownership.</td>
</tr>
</tbody>
</table>
- An overview of the Commercial Framework was provided.

**Next Steps**
- **Action:** Formal SWSLHD Board endorsement will be sought by the February 2020 meeting.

---

**Mr Ryan, Mr Henry and Mr Zinghini left the meeting at 6.17pm.**

10. **Key Strategic Focus Area**
- Nil items.

11. **Committees of the Board**

11.1 **Health Care Quality & Safety**
- The Minutes of the Health Care Quality & Safety Committee meeting held on 2 October 2019 were circulated with the Agenda and CONSIDERED by the Board.
- Prof Dickson chaired the meeting and highlighted:
  - **Item 5 – Transforming Your Experience (TYE)**
    - The Committee discussed the progress of the TYE Leadership Strategy.
      - All the eight strategies outlined in the Strategy are progressing as planned.
      - A research proposal has been submitted to evaluate the TYE Leadership Academy.
  - **Item 8.1 – Chief Executive’s Update**
    - Access to mental health beds
      - Discussed at length under the Chief Executive’s Report.
    - Maternity services
      - The Chief Executive highlighted recent incidents involving maternity services. The issues have been discussed with the Clinical Excellence Commission. RCA investigations will be undertaken.

11.2 **Finance & Assets**
- The Minutes of the Finance & Assets Committee meeting held on 18 October 2019 were circulated with the Agenda and CONSIDERED by the Board.
- Mr Gordon highlighted:
  - **Item 5.1 – Status of Expense Savings Against Ministry Targets**
    - The Strategic Focus Area presentation - Finance & Budget is scheduled for December 2019. The presentation will include the status of expense savings against Ministry targets.
Other highlight items were reported to the October Board meeting:

- Item 5.2 – Mobile Dental Service Program
- Item 6.2.2 – Service Reports – Mental Health Service Accreditation

Highlight item 6.2.1 - Services, Access and Patient Flow relating to mental health ED presentations and the significant increase in patients due to in the season of was discussed under the Chief Executive’s Report.

<table>
<thead>
<tr>
<th>11.3 Audit &amp; Risk Management Minutes</th>
<th>The minutes of the meeting of the Audit &amp; Risk Management Committee meeting held on 19 November 2019 were not available and will be submitted to the December Board meeting.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11.4 Research &amp; Teaching Minutes</th>
<th>The next meeting of the Research &amp; Teaching Committee will be held on 5 December 2019.</th>
</tr>
</thead>
</table>

| 11.5 Aboriginal Health Minutes | The Minutes of the Aboriginal Health Committee meeting held on 24 October 2019 were circulated with the Agenda and CONSIDERED by the Board.  

- Ms Carriage highlighted:  
  - **Item 6.1.1 – Alignment with Australia Health Ministers Advisory Council’s Framework for Cultural Safety**  
    - The Australian Health Minister’s Advisory Council (AHMAC) has developed a framework that includes six key domains that underpin the delivery of culturally safe healthcare:  
      - Whole-of-organisation approach and commitments  
      - Communication  
      - Workforce development and training  
      - Consumer participation and engagement  
      - Stakeholder partnerships and collaboration  
      - Data, planning, research and evaluation  
    - The District has an ongoing agenda to improve the cultural responsiveness of the organisation through a range of strategies.  
    - The District has completed an analysis of each of the Domain areas and where SWSLHD is at in terms of addressing the fundamental elements and what further work is required. |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
- The Committee agreed to report annually on the agreed areas of action against the Cultural Safety Framework.

**Item 6.1.3 – Respecting The Difference Evaluation**

- Respecting the Difference is a cultural competence training program for all NSW Health staff which aims to ensure NSW Health facilities and organisations are:
  - Culturally inclusive and safe for both Aboriginal staff and patients; and
  - Better equipped to support the needs of Aboriginal patients.

- Respecting the Difference includes both a face-to-face and online training component the District currently has 92% of staff compliant for the online training component and 79% for face to face, which is among the highest compliance rates for the state.

- Ms Carriage confirmed that the cultural safety initiatives used may inform other programs.

### 12. Other Committees

**12.1 Consumer & Community Council Minutes**

- The Minutes of the Consumer & Community Council Committee meeting held on 1 November 2019 were circulated with the Agenda and **CONSIDERED** by the Board.

- Prof Dickson highlighted:
  
  **Item 3.2 – Clinical Trials**

  The CCC received a presentation about Research and Teaching. The LHD Research Strategy was circulated to members. The Research Office spoke about key activities and how consumers could be better included. The recently appointed Director of Clinical Trials Unit has been invited to present an update to the Council in 2020.

  Compensation for attendance at meetings was also (again) mentioned.

- **Item 3.4 – MEM Patient Survey Results**

  Members received a presentation on the My Experience Matters (MEM) data from TYE Coach Margaret Chapman. Items of note where the positive and negative experiences of patients and carers; cleanliness and food often rated low.
<table>
<thead>
<tr>
<th><strong>Item 9.6 – Oral Health Service</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Services (OHS) consumer delegate spoke about and instigated a good discussion about her recent OHS meeting and consumers there participating in positive and informative exchange with OHS staff about the projects and its efforts to address oral hygiene, and overall impact on general health and wellbeing of the population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>12.2 Medical Staff Executive Council Minutes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- The next meeting of the Medical Staff Executive Council will be held on 12 December 2019.</td>
</tr>
<tr>
<td>- Dr Frankel highlighted:</td>
</tr>
<tr>
<td>- One third of staff have not taken leave.</td>
</tr>
<tr>
<td>- The increasing demand is not reflected in staffing numbers.</td>
</tr>
<tr>
<td>- Equity of services is becoming an issue.</td>
</tr>
</tbody>
</table>

Prof Merrett left the meeting at 6.30pm.

<table>
<thead>
<tr>
<th><strong>13 Items for Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1 Correspondence</td>
</tr>
<tr>
<td>- Nil items.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>13.2 Items Due Calendar</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- The SWSLHD Board NOTED the Items Due Calendar, circulated with the Agenda and published on Diligent.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>13.3 Meeting &amp; Events Summary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- The SWSLHD Board NOTED the 2019 Meeting &amp; Events Summary – circulated with the Agenda and published on Diligent.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>14 Other Business Without Notice</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Chair invited other business without notice.</td>
</tr>
<tr>
<td>- The Chair advised that an invitation to meet with the Board following the December meeting and to attend the Christmas Dinner had been extended to the former Board Chair, Prof Phil Harris.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>15 Meeting Evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Chair invited the meeting evaluation. Dr Gray highlighted the following observations:</td>
</tr>
<tr>
<td>- Acknowledged the Secretariat for the pre-meeting arrangements.</td>
</tr>
<tr>
<td>- Good expectations, set by the Chair, and highlighting Agenda items of import.</td>
</tr>
<tr>
<td>- Good conduct of members – engaged, questions and discussion occurred through the Chair, minimal use of technology throughout the meeting.</td>
</tr>
<tr>
<td>- Good patient story – reinforcing patient experience.</td>
</tr>
<tr>
<td>- Previously the Board had requested additional time to be allocated for CEs Report – 55 minutes</td>
</tr>
</tbody>
</table>
- Appreciated the intermission break.
- Good Committee reports.
- Need to remember time to feedback following Site Visits.

<table>
<thead>
<tr>
<th>16</th>
<th>Close / Next Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The meeting closed at 6.40pm. The next meeting will be held:</td>
</tr>
</tbody>
</table>