

MINUTES

South Western Sydney Local Health District Board

Date: Monday 24 October 2016
 Time: 3:30pm
 Venue: Board Room, District Office

1. Present and Apologies

Members	Pres.	Apol.	Members	Pres.	Apol.
Prof Phillip Harris (Chair)	✓		Mr John Gordon	✓	
Ms Carolyn Burlew		✓	Prof Neil Merrett		✓
Ms Christine Carriage	✓		Dr Matthew Gray	✓	
Prof Brad Frankum	✓		Mrs Nina Berry	✓	
Dr Shameran Slewa-Younan	✓		Ms Kerrie Murphy	✓	
Dr David Abi-Hanna	✓				
Other Attendees					
Ms Amanda Larkin, Chief Executive	✓		Dr Karuna Keat, Medical Staff Executive Council Representative	✓	
Ms Sonia Marshall, Director Nursing & Midwifery Services	✓		Mr Ross Sinclair, Director of Finance & Corporate Services	✓	
Ms Glenda Dingwall, Director Workforce & Development	✓		Mr Mark Zacka, Director Clinical Governance	✓	
Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
	<ul style="list-style-type: none"> Ms Larkin introduced Ms Sonia Marshall to the Board. Ms Marshall was recently appointed to the SWSLHD Director, Nursing & Midwifery Services position. 	
2. Declaration of Interests	<ul style="list-style-type: none"> The Chair invited declarations of interest. Nil were received. 	
3. Confirmation of the previous minutes and action list	<ul style="list-style-type: none"> <u>MOTION:</u> A motion was moved by Mr John Gordon and seconded by Prof Frankum that the Minutes of the Board meeting held on 26 September 2016 be accepted as a true and accurate record. The Motion was carried. 	

Dr Abi-Hanna and Ms Carriage joined the meeting at 3:36pm.

<p>4. Patient Story</p>	<ul style="list-style-type: none"> • Mr Zacka presented the story of ‘Eileen’ - a female patient who was married with three children was brought into hospital by ambulance and taken to the birthing unit after giving birth at home. The patient did not have any antenatal care and had not been booked in to hospital to give birth. • Eileen’s story highlighted significant issues in care and treatment relating to domestic violence and child protection issues. • 5 months after the patient and baby were discharged; the child was found to be unconscious at home and could not be resuscitated. The child was pronounced deceased in the emergency department due to child abuse and neglect. • An RCA was conducted on this case and all recommendations have been acted upon which included the development and implementation of a child protection escalation procedure, domestic violence and child protection training provided to staff, appropriate electronic forms were developed so that all relevant staff can view risk information. • Eileen’s story introduced the concept of ‘trauma informed practice’ – a program, organisation or system that is trauma informed, realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatisation. • In response to questions from Board members, Ms Larkin advised: <ul style="list-style-type: none"> • SWSLHD has some of the highest referral rates to the Department of Family & Community Services (FaCS). • Maternity related presentations do occur, although are rare, where the mother has not received antenatal care or is not known to the service. • A Section 20 referral was made in respect of one staff member. • The Trauma Informed Practice relates to all services, not just maternity. • Action: Provide clarification about medical record entries, i.e. there is not a ‘family’ medical record where child protection issues are identified with a particular child. • The Board <u>NOTED</u> the patient story. 	<p style="text-align: right;">Director Finance & Corporate Services</p>
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5. Business Arising

5.1 Basic Physician Trainee Networks

[26.09.16; Item 5.2]

- The SWSLHD Board NOTED the Referral Note providing results of the Royal Australasian College of Physicians (RACP) Part 1 exam for the Basic Physician Training (BPT) Networks involving Bankstown-Lidcombe, Campbelltown, and Liverpool/ Fairfield Hospitals over the past 3 years.
- Ms Larkin highlighted the 3 BPT Networks:
 - Royal Prince Alfred – includes, Royal Prince Alfred, Bankstown, Balmain, Dubbo, Bathurst, and Alice Springs.
 - St Vincent’s South West – includes St Vincent’s, Campbelltown and Wagga Wagga.
 - Liverpool – includes Liverpool, Fairfield and Hawkesbury.
- The exam includes a written and oral component. Results over the past 3 years (2014, 2015, and 2016) have been consistent, except for the Liverpool/Fairfield Network in 2016.
- Following the result of 42% received in 2016 in the clinical component by the Liverpool Network, a review will be undertaken, which is due by November, to identify areas for improvement.
- **Action:** Provide the results of the review to the SWSLHD Research & Teaching Committee.
- Prof Frankum noted his role as Chair of the Clinical Exam Committee and reported that overall the pass rate (average 70%) has not increased substantially, although the number of candidates has. Preparation for exams is very rigorous in most Networks and the candidates are very well prepared. The Royal Prince Alfred and St Vincent Hospital Networks have historically had very high pass rates, compared to the national averages.
- Dr Abi-Hanna clarified the application process, i.e. 1st or 2nd year residents apply to the Network for a position. The number of applications for the Liverpool/Fairfield Network has been increasing.
- Prof Harris clarified the exam process, i.e. candidates must pass the written component prior to sitting the clinical component, for which 2 attempts are allowed.

Director,
Medical
Services

Dr Keat joined the meeting at 4:00pm

<p>5.2 Aboriginal Health [26.09.16: Item 5.6]</p>	<ul style="list-style-type: none"> The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda regarding the continuation of the Smoking Cessation Advisor (SCA) position to reduce smoking rates in the Aboriginal community. Ms Larkin reported that the SCA position will be maintained beyond the MoH funding period (30 June 2017). Ms Larkin clarified the NSW MoH Program, 'Quit for New Life' (QFNL) is a state-wide initiative that aims to reduce smoking rates in pregnant and new mother of Aboriginal babies, and their householder members. The SCA is an ATSI specific position implementing the QFNL Program in the Aboriginal community. A reduction in smoking in pregnancy rates coincides with the implementation of the Program and the position. Outcomes will continue to be monitored. The Board supported the Aboriginal Health Committee's recommendation to maintain the SCA position on an ongoing basis. 	
<p>6. Standing Items</p>		
<p>6.1 Chief Executive's Report</p>	<ul style="list-style-type: none"> Ms Larkin highlighted: <ul style="list-style-type: none"> <u>Update: Medical Gases Incident: Bankstown-Lidcombe Hospital</u> <p>In conjunction with the escalation to Level 2, within the Performance Framework, the first monthly meeting between the MoH and SWSLHD was held on 21 October 2016. The purpose of the meetings is to ensure that recommendations arising from the Reports and any other issues raised relating to the incidents, are addressed and implemented in full. Most of the recommendations are the responsibility of the MoH. SWSLHD submitted an Action Plan noting progress. No specific feedback.</p> <p>The Secretary issued correspondence to the Board Chairman in relation to Board member attendance at performance review meetings. This correspondence was discussed at the special meeting of the Board held on 14 October 2016.</p> <p>Action: Submit the Action Plan to the Board on an ongoing basis.</p> <p>The District Engineering Services Working Group has met twice and is considering a preliminary report by Capital Insight (independent consultants).</p> 	<p>Chief Executive</p>

	<p>The MoH have advised that further work is required in relation to the HR related investigation matters.</p> <ul style="list-style-type: none"> • <u>Transforming Your Experience</u> <p>Work continues to develop the Transforming Your Experience framework which will be launched at the SWSLHD Annual Public meeting.</p> <p>The framework (high level vision and priorities for ensuring high quality and safe services and transforming patient and staff experience) is underpinned by a leadership strategy (which defines the SWSLHD commitment to strengthen leadership and provides a model for staff leadership). To date over 1000 staff members have been consulted.</p> <p>The framework and strategy are supported by an implementation and evaluation plan. The implementation plan is intended to speak to the 'heart of our staff' and will be complemented by a video.</p> <p>Prof Frankum noted that overcoming cynicism will be a challenge and in this respect the framework is a potential reputational risk.</p> <p>The Chair reflected the Board's original vision of becoming 'the safest LHD' and requested further advice on how the framework will deliver this vision.</p> <p>Action: Clarify how the Transforming Your Experience Framework will deliver the Board's vision to be 'the safest LHD'.</p> <ul style="list-style-type: none"> • <u>Reports: Dosing of Cancer Patients</u> <p>The NSW Chief Cancer Officer has recently released two reports relating to the dosing of cancer patients.</p> <p>The SWSLHD Cancer Services Clinical Stream Director, Professor Geoff Delaney is a metropolitan LHD cancer representative on the State-wide steering committee, established to implement the related recommendations.</p> <p>The plan has been revised to review, by way of random audit, 1% of patients state-wide. For SWSLHD this equates to approximately 200 patients. A report on the review is due by June 2017. SWSLHD is in the process of establishing our local review team.</p> <ul style="list-style-type: none"> • <u>SWSLHD Annual Consumer & Community Participation Conference</u> <p>The very successful 10th Annual Conference was held on 21 October 2016 at which the 'Donate Life Arabic DVD Project' was launched.</p>	<p>Chief Executive</p>
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	<ul style="list-style-type: none"> • <u>People Matters Employee Survey</u> <p>Overall SWSLHD received a 25% response rate, an increase of 10% on the previous survey in 2014. Headline results for SWSLHD:</p> <ul style="list-style-type: none"> • 65% - Engagement index, which is consistent with NSW Health and the NSW Public Sector (also 65%), and remains the same from the previous PMES survey in 2014. (Note, the engagement index is not comparable to the previous YourSay survey results). • 61% - Culture index, which is a significant improvement from the 2015 YourSay result, reported at 53% (8% improvement). NSW Health average was 57%. • 51% - Senior management (NSW Health average was 45%) • 60% - Communication (NSW Health average was 57%) • 71% - High performance (NSW Health average was 68%) • 67% - Public sector values (NSW Health average was 64%) • 67% - Diversity and Inclusion (NSW Health average was 65%) <p>Survey results will be analysed and further considered by the Finance & Assets Committee.</p> <p>Action: Submit the People Matters Employee Survey results and analysis to the Finance & Assets Committee.</p> <ul style="list-style-type: none"> • <u>Bowral & District Hospital Redevelopment</u> <p>The invitation to submit an Expressions of Interest (Eoi) to partner closed on 14 October 2016. One application was received which will be reviewed.</p> <p>A further meeting with staff is planned for 26 October 2016, at which Health Infrastructure representatives will attend with the Chief Executive.</p> <ul style="list-style-type: none"> • Mr Gordon is representing the Chair at a Health Partnerships briefing meeting on 27 October 2016. • Prof Frankum reported ongoing state-wide union activity relating to the Eoi. • Ms Murphy reported concerns raised by the Community Network. <ul style="list-style-type: none"> • <u>eMR 2 Go Live at Bankstown-Lidcombe Hospital</u> <p>The eMR 2 functionality was turned on for the Hospital on Wednesday 5 October 2016. Clinicians provided positive feedback.</p>	<p style="text-align: center;">Director, Workforce & Development</p>
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	<ul style="list-style-type: none"> • <u>Beyond Health Research & Innovation Showcase</u> <p>The Showcase held 18 and 19 October 2016 was very successful, attracting over 500 participants and culminating in dinner and the Awards Ceremony.</p>	
6.2 Performance – KPI Report	<ul style="list-style-type: none"> • The KPI Report was circulated with the Agenda. 	
6.2.1 – Safety & Quality	<ul style="list-style-type: none"> • Mr Zacka highlighted: <ul style="list-style-type: none"> • KPIs remain consistent. • There were seven new serious incidents since the last report, which will undergo an RCA. One relates to disruption and partial loss of computer services to Cancer Services due to malware. • Mr Zacka provided a summary of incident 2213402-20, a mental health case, widely reported in the media, in response to Mr Gordon’s request. • Ms Murphy noted the comparison of the SABSI rate within the narrative should read ‘the rate is ‘lower’ than the same month in 2015.’ • The Chair noted that the Australian Commission on Safety & Quality (ACS&Q) has published seven events that should not occur and asked that a dashboard arrangement be included in future reports to the Board. <p>Action: Include SWSLHD performance against the events noted by the ACS&Q within the Dashboard.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Safety & Quality component of the KPI Report. 	Director Clinical Governance
6.2.2 – Service Access & Patient Flow	<ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • <u>Performance Update</u> <p>The MoH have written providing a performance update for July 2016, highlighting the domains of service access & patient flow, financial performance, activity, outpatients, safety & quality, mental health and people & culture.</p> • <u>Emergency Treatment Performance</u> <p><i>Liverpool Hospital</i> Factors contributing to a decline in ETP performance during August include:</p>	

	<ul style="list-style-type: none"> ○ An increase in surgical activity, which has contributed to 2136 more bed days, compared to last year has impacted on the availability of beds for patients admitted through the ED. This will be further analysed. ○ ED presentations have not increased, but admissions have. <p>A number of key strategies to improve performance have been implemented, including participation in the Ministry of Health’s 90 day challenge.</p> <p>Dr Abi-Hanna requested that any review of access to Liverpool include return transfers, which usually involve Non-emergency Patient Transport. Ms Larkin confirmed that there are improvement opportunities relating to Liverpool’s performance.</p> <p><i>Campbelltown Hospital</i></p> <p>Factors contributing to a decline in ETP performance during August include:</p> <ul style="list-style-type: none"> ● Patients awaiting Residential Aged Care Facility (RACF) placement remain high. ● An increase (of 310) in elective surgery cases, compared to last year. ● The higher level and number (of 953) compared to last year of admissions through to the ward, ICU, and operating theatres. <p>A number of key strategies to improve performance have been implemented.</p> <p>Prof Frankum noted the over target result (8.9%) for emergency at Campbelltown, which reflects a significant increase in emergency presentations.</p> <p>Ms Larkin noted that a further 30 beds are planned to open and recruitment efforts relating to BirthRate Plus are underway.</p> <ul style="list-style-type: none"> ● <u>Surgery</u> <p>For the month of August the LHD achieved all 3 benchmarks for elective surgery access performance.</p> <p>As at 31 August the LHD achieved 1 of 3 benchmarks – category 1 patients. 7 Overdue Category 2 patients and 43 overdue Category 3 patients.</p> <ul style="list-style-type: none"> ● The Board <u>NOTED</u> the Service Access & Patient Flow component of the KPI Report. 	<p>Via Chief Executive</p>
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<p>6.2.3 – People & Culture</p>	<ul style="list-style-type: none"> • Ms Dingwall highlighted: <ul style="list-style-type: none"> • <u>Performance Review</u> <p>For the month of August 2016, 64.52% of staff had a performance review within the last 12 months. This performance is an improvement on July 2015 (47.5%).</p> <p>To achieve the 90% target, District Workforce & Development continues to work with facilities and services to improve performance. The Mental Health Service has been noted as an area of concern. The Service has agreed to specific strategies, which are monitored on a weekly basis.</p> • <u>Recruitment Improvement</u> <p>As at August 2016 the average time taken from request to recruit to approve/decline/defer recruitment is 13 days; a decrease from the same period last year when the average time was 22 days.</p> <ul style="list-style-type: none"> • The Chair invited Ms Marshall to say a few words. <ul style="list-style-type: none"> • Ms Marshall reflected on her first weeks in the role, conducting site visits – specifically Fairfield and Bankstown-Lidcombe Hospitals, reconciling BirthRate Plus requirements and facilitating workshops relating to the deficit in midwifery positions and exploring maternity models of care, and establishing relationships with our nursing partners, i.e. universities. • The Board <u>NOTED</u> the People & Culture component of the KPI Report. 	
<p>6.2.4 – Finance & Activity</p>	<ul style="list-style-type: none"> • Mr Sinclair highlighted: <ul style="list-style-type: none"> • <u>Finance</u> <ul style="list-style-type: none"> ○ Performance to budget YTD September was unfavourable. ○ Expenditure was favourable for the month, but unfavourable YTD September (\$3.1M), mainly due to employee related expenses due to winter activity, surgery and surge bed utilisation. ○ Own source revenue was unfavourable for the month, but favourable YTD September (\$1.1M). Own source revenue performance is improved over last year, key drivers are improved private patient strategy and improved single room fees. ○ Overall the Net Cost of Service (NCoS) unfavourability YTD September was 41.9M. 	

	<ul style="list-style-type: none"> ○ Year end actuals are forecast to meet budget. ○ Small creditor performance remained strong in September with the 100% target achieved. • <u>Activity</u> At the time of reporting the most current available data expressed in National Weighted Activity Units (NWAU) is for YTD August. The August 2016 activity results indicate that SWSLHD is at 102% of the YTD target. • <u>Surgery</u> Less than target admissions from the surgical wait list for September have moved the District's YTD target variance from 68 above target in August to 8 below target in September. • The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. 	
6.2.5 – Service Reports	<ul style="list-style-type: none"> • Service Reports for the following services were circulated with the Agenda. <ul style="list-style-type: none"> • Mental Health • Drug Health • Population Health • Primary & Community Health • Oral Health • The Reports were taken as read with questions and / or commentary invited: • Ms Larkin advised that Oral Health would be discussed next month, particularly the adult treatment waiting lists. • Action: Clarify 'Monthly Occupancy Rate' KPI for Primary & Community Health. • Dr Slewa-Younan noted the 3 serious incidents involving community mental health consumers during September, all of which attracted media attention. • The Board <u>NOTED</u> the Service Reports. 	Director of Finance & Corporate Services
<i>Mr Zacka, Mr Sinclair, Ms Marshall & Ms Dingwall left at 5:23pm.</i>		

6.3 Chairman's Report

- The Chairman reported:

- Correspondence Received: Secretary, NSW MoH

Receipt of correspondence (circulated with the Agenda) from the Secretary, NSW MoH regarding the Bureau of Health Information (BHI) 'Hospital Quarterly' for the April to June quarter, release on 7 September.

The publication attracted a large amount of negative media upon its release. The Secretary noted that this was largely as a result of the misinterpretation of the data and in some instances, error. The correspondence sought to clarify aspects of the publication.

- Reflection: Board Planning Workshop

The Workshop, held on Friday 14 October was considered successful and informative. The topic areas of risk management and role of services and facilities provided an opportunity for in-depth discussion and consideration.

Ms Larkin confirmed that actions arising from Board planning workshops are included within the Action List submitted to each Board meeting.

The Chair considered that the Panel (including clinicians) was valuable and it would be useful to build this format into site / facility visits.

- AICD Board Training: Evaluation Report

On 19 November Board members attended a one day in-house training program 'Governance for Directors in the Public Sector', provided by the Australian Institute of Company Directors. A copy of the Evaluation Report was circulated with the Agenda.

- Correspondence Received: Mr T

Reported receipt of an email on 5 October 2016 from Mr T.

The Chair outlined previous attempts to address the ongoing concerns raised by Mr T, including referrals to the ICAC, Health Care Complaints Commission and the NSW Ombudsman.

The Board requested that independent legal advice be sought relating to a response to Mr T.

Secretariat

	<p>Action: Seek independent legal advice about a response to Mr T.</p> <ul style="list-style-type: none"> • <u>Academic Health Science Partnership: Update</u> <p>Applications for the Director position have now closed with interviews planned in late November.</p> <p>Pending finalisation of the draft Constitution the Council have determined a Memorandum of Understanding.</p> <p>Applications for clinical streams have been considered. The NH&MRC have released an EoI for recognition as an 'Advanced Health Research Translation Centre', closing on 6 December. It is considered a critical step for the AHSP to gain recognition.</p>	<p><i>Secretariat</i></p>
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7. Committees of the Board

<p>7.1 Health Care Quality & Safety</p> <p>7.1.1- Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Health Care Quality & Safety Committee meeting held on 5 October 2016 were circulated with the Agenda and <u>NOTED</u> by the Board. • Dr Gray highlighted: <ul style="list-style-type: none"> • Item 4.1 – Birth Rate Plus <p>As previously discussed by Ms Marshall. The Committee noted recruitment strategies and current arrangements to ensure patient safety. A further update has been requested in April 2017.</p> • Item 4.3 – Fairfield Hospital’s O&G Service <p>The Committee noted the improvement in mandatory training rates, oversight arrangements for maternity services and recruitment efforts relating to a Midwifery Manager. A further update has been requested in April 2017.</p> <ul style="list-style-type: none"> • Item 4.4 – Report: Correct Commissioning of Gas Outlets <p>The Committee noted the report outlining the compliance to commissioning processes for medical gas works across the LHD over the past 5 years (excluding the works completed at Bankstown-Lidcombe Hospital in July 2015).</p> <ul style="list-style-type: none"> • Item 4.5 – Inquiry under S 122 of the Health Services Act: Off-protocol prescribing of chemotherapy <p>The Committee received a report relating to the MOSAIQ system (as discussed in the Chief Executive’s Report to the</p>	
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	<p>September Board meeting) and consent to treatment arrangements.</p> <ul style="list-style-type: none"> In relation to Item 4.2, Prof Frankum clarified FONT mandatory training – Fetal welfare assessment, Obstetric emergencies and Neonatal resuscitation Training. Ms Larkin advised that guidelines are being developed for multi-disciplinary team meetings. A structure and tools to support performance reviews for clinicians exist. A focus on the role (and education) of the Heads of Department in this process is required. An audit of performance reviews for VMO and staff specialists will be undertaken. Training for Heads of Department will be reviewed. 	<p><i>Director Workforce & Development</i></p>
<p>7.2 Finance & Assets</p> <p>7.2.1- Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Finance & Assets Committee meeting held on 16 September 2016 were circulated with the Agenda and <u>NOTED</u> by the Board. Mr Gordon highlighted monitoring of maintenance and capital works matters. The Minutes of the Special Finance & Assets Committee meeting held on 16 September 2016 were circulated with the Agenda and <u>NOTED</u> by the Board. Mr Gordon highlighted: <ul style="list-style-type: none"> The Committee agreed on the concepts and principles of the plan in relation to the Academic Health Science Partnership and agreed to: <ul style="list-style-type: none"> Seek independent legal advice in relation to the draft constitution Convene a teleconference to further discuss the Partnership – which was held on 13 October 2016. In response to Mrs Berry’s reflection about the minutes and the subsequent discussion, the Chair advised that SWSLHD will continue to engage in the process and will sign the documents, if appropriate noting the balance between structure and dynamics. 	
<p>7.3 Audit & Risk Mgt</p> <p>7.3.1- Minutes</p>	<ul style="list-style-type: none"> The Minutes of the Audit & Risk Management Committee meeting held on 16 August 2016 were circulated with the Agenda (and carried forward from the September 2016 Board meeting) and <u>NOTED</u> by the Board. Mr Gordon highlighted: <ul style="list-style-type: none"> The passing of Mr Barrie Martin. Ms Larkin advised that a meeting with the Committee chair is scheduled to progress recruitment of an independent committee member. 	

	<ul style="list-style-type: none"> • Item 7.6.3 – Of the eight recommendations made by the NSW Audit Office, seven have been completed, but require ongoing management and review and one does not require any further action, as advised by the MoH. • The Minutes of the Audit & Risk Management Committee meetings held on 30 August 2016 were circulated with the Agenda (and carried forward from the September 2016 Board meeting) and <u>NOTED</u> by the Board. • Mr Gordon highlighted: <ul style="list-style-type: none"> • The Committee recommendations, as follow, have been enacted as previously agreed: <ul style="list-style-type: none"> • Financial Statements for the SWSLHD for the year ended 30 June 2016 be referred to the SWSLD Board and signed by the Chief Executive and Director of Finance. • Financial Statements for the SWSLHD Special Purpose Service Entity for the year ended 30 June 2016 be referred to the SWSLD Board and signed by the Chief Executive and Director of Finance. • The Board endorsed the Committee’s suggestion that Mr Oyetunji, Director Financial Audit Services, Audit Office of NSW present with the Committee Chair at a future Board meeting. • Action: Invite Mr Oyetunji, Director Financial Audit Services, Audit Office of NSW to accompany Ms Feldmanis to the November Board meeting. 	<i>Secretariat</i>
7.3.2- Committee Charter	<ul style="list-style-type: none"> • The Board <u>ENDORSED</u> the proposed change to the Committee Charter, as follows: <ul style="list-style-type: none"> • ‘and the Board’ to be added to the “review risk management plans and provide advice to the Chief Executive” sentence, under Risk Management in the ‘Committee Roles & Responsibilities’ section (page 2 of the Charter). • Action: Advise the Committee of the Board’s endorsement of the proposed amendment to the Charter and publish same. 	<i>Secretariat</i>
7.3.3- ICAC Matters	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 12 September to 6 October 2016. <ul style="list-style-type: none"> ○ One matter (a doctor used and disclosed confidential patient information in an attempt to evade paying a parking fine) was referred to the ICAC. 	

<i>Ms Murphy left the meeting at 6:36pm</i>		
9. New Business		
9.1 Proposed 2017 Meeting & Event Summary – SWSLHD Board	<ul style="list-style-type: none"> • The Board <u>ENDORSED</u> the proposed meeting & event summary for 2017. • Action: Publish the 2017 summary on Govdex and include the following events: <ul style="list-style-type: none"> • Research & Innovation Showcase • Leadership Forum • SWSLHD Quality & Safety Showcase & Awards • Nursing Symposium 	<i>Secretariat</i>
10. Items for Information		
10.1 Public Relations Report	<ul style="list-style-type: none"> • A Referral Note regarding public relations matters for September 2016 was circulated with the Agenda and <u>NOTED</u> by the Board. • The October 2016 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. 	
10.2 Board Schedules/ Dates	<ul style="list-style-type: none"> • The 2016 Board Calendar is available from the Govdex website. • The Board <u>NOTED</u> the meeting and events summary, circulated with the Agenda, highlighting the following upcoming event: <ul style="list-style-type: none"> • Thursday 10 November – Annual Public Meeting, Karitane • The 2016 Board Items Due Calendar is available from the Govdex website. 	
11. Other Business Without Notice		
	<ul style="list-style-type: none"> • The Chair invited other business without notice. • The following requests for a leave of absence were approved: <ul style="list-style-type: none"> ▪ Dr Abi-Hanna - November 2016 ▪ Mr Gordon – July 2017 	
12. Close /Next Meeting	<p>The meeting closed at 6:46 pm.</p> <p>The next meeting is scheduled for Monday 28 November 2016:</p> <p>2:30 – 3:30pm Site Visit Primary & Community Health (location to be confirmed)</p> <p>3:30 – 6:30pm Board meeting</p>	