

MINUTES



South Western Sydney Local Health District Board

Date: Monday 27 July 2015

Time: 2:30pm

Venue: Seminar Rooms 5 & 6, T & R Moore 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>
Prof Phillip Harris (Chair)	✓		Mr John Gordon	✓	
Ms Carolyn Burlew	✓		Mr Mark (Jack) Johnson	✓	
Ms Christine Carriage	✓		Prof Neil Merrett	✓	
Prof Brad Frankum		✓	Dr Matthew Gray	✓	
Mr Frank Conroy	✓		Mrs Nina Berry	✓	
Dr David Abi-Hanna	✓		Ms Kerrie Murphy	✓	
Dr Shameran Slewa-Younan	✓				
Other Attendees					
Ms Amanda Larkin, Chief Executive	✓		Dr Karuna Keat, Medical Staff Executive Council Representative	✓	
Mr Graeme Loy, Director Operations	✓		Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓	
Mr Greg King, Director of Finance	✓		Mr Mark Zacka, Director, Clinical Governance	✓	
Ms Glenda Dingwall, Director, Workforce & Development	✓		Ms Jacqui Cross, Director of Nursing & Midwifery		✓
Mr Albert Chan, 2 nd Year Student, Graduate Health Management Program (Finance)					

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
Presentation – Liverpool Hospital	<ul style="list-style-type: none"> • Ms Robynne Cooke, General Manager, Liverpool Hospital provided the Board with a presentation – “12 months in and the next 12...”, as recently provided to the Hospital’s Heads of Department and Nurse Unit Managers. • A copy of the presentation was circulated with the Agenda. • Ms Cooke highlighted: <ul style="list-style-type: none"> • Liverpool City • Liverpool development • The first few months • Building the Capability – The Business • Keeping an eye on... • How do we define ourselves? • Communication – promotion • The future 	

	<ul style="list-style-type: none"> • The future and opportunities • Training and research • The present challenges • High performing organisations • Australia’s premier hospital • Clinical engagement • Vision <ul style="list-style-type: none"> • Ms Cooke advised the top 3 priorities as: <ul style="list-style-type: none"> • Whole of Hospital Program / access • Budget • Profile – internal/external • Prof Merrett requested that the concept of training, i.e. skills centre and the potential for robotic surgery to be incorporated into the future role. • Dr Slewa-Younan requested that a CALD perspective be incorporated into the ‘secret shopper’ concept. • Compare and contrast NSW and Victorian Health systems – Ms Cooke advised that: <ul style="list-style-type: none"> • The challenges are similar • A difference in relation to the role of the NSW MoH and the District • Some centralisation, such as eHealth and HealthShare is of benefit. 	
<i>Mr Johnston joined the meeting at 3.27pm</i>		
<p>2. Confirmation of the previous minutes and action list</p>	<ul style="list-style-type: none"> • <u>MOTION:</u> A motion was moved by Mr Gordon and seconded by Ms Burlew that the Minutes of the Board Meeting held on 22 June 2015 be accepted as a true and accurate record, subject to the following corrections: <ul style="list-style-type: none"> • Item 7.4 – Work Health & Safety Report 3rd dot point – replace persons with persons’ • ‘Item 7.4 – Chairman’s Report’ – replace Item 7.4 with Item 7.5. • The Motion was <u>CARRIED</u>. • Mr Conroy advised, further to his advice at the June meeting regarding a leave of absence for October, that he will be an apology for the September Board meeting. 	
<p>3. Declaration of Interests</p>	<ul style="list-style-type: none"> • The Chairman invited declarations of interest. • Nil were received. 	
<p>4. Patient Story</p>	<ul style="list-style-type: none"> • Mr Zacka presented the story of an 85 yo female patient who was admitted to the Bowral & District Hospital from her aged care facility. 	

	<ul style="list-style-type: none"> The patient story highlighted communication and interface with staff, which resulted in a complaint regarding a perceived poor experience from the patient's daughter. Mr Zacka reported the District's response to the complaint which included a written apology, updating the next of kin details and discussions with staff. Mr Zacka reported that all complaints are acknowledged within 5 days and that SWSLHD performs very well against the KPI for complaint resolution within 35 days and noted that some complaint resolution processes involve face to face meetings. The Board <u>NOTED</u> the patient story. 	
5. Business Arising		
5.1 KPI Report – Service Reports [22/6/15; Item 7.3]	<ul style="list-style-type: none"> Mental Health Service Report – Clarify Project Air The Board <u>NOTED</u> the Referral Note regarding Project Air, as circulated with the Agenda. Ms Larkin confirmed that Project Air is funded (by the University of Wollongong). 	
5.2 Work Health & Safety Report [22/6/15; Item 7.4]	<ul style="list-style-type: none"> Advise and arrange training for those Board members who did not complete training in 2013 Provide advice regarding the reported increase in weekly payments The Board <u>AGREED</u> to undertake work health & safety training, prior to the October Board meeting, as proposed in the Referral Note circulated with the Agenda. Action: Coordinate the Board member work health & safety training prior to the October Board meeting. The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda, clarifying the reported 2.4% increase in weekly payments (TMF Workers Compensation) in comparison to the previous quarter and 18.3% in comparison to the same period last year. Mr Loy highlighted: <ul style="list-style-type: none"> The 18.3% increase in weekly payments (TMF Workers Compensation) year-on-year is predominately attributed to delays in payments made by the insurer for the March 2014 quarter. TMF reported that these delays were due to uncertainties in how to process public holidays from December 2013 to January 2014. 	Mr Loy / Ms Buttenshaw

6. Standing Items

6.1.1 Chief Executive's Report – Starring Item

- The Chief Executive's Report – Starring Item – Draft 2015/16 Service Agreement, was circulated with the Agenda.

- Ms Larkin highlighted:

Overview

- On an annual basis the LHD enters a service level agreement with the NSW Ministry of Health.
- The structure of the Agreement is:
 - Purpose and objectives
 - Strategic context
 - Regulatory and legislative framework
 - The NSW Health Performance Framework
 - Variation of the Agreement
 - Summary of Schedules
 - A – Strategic Priorities
 - B – Services & Facilities
 - C – Budget
 - D – Volumes & Levels
 - E – Performance Measurers
 - F – Governance Requirements
- Key system priorities for 2015/16 include:
 - Whole of Hospital program
 - Reducing unwarranted clinical variation
 - Integrated care strategy
 - Public specialist outpatient services
 - Living Well: A strategic plan for mental health
- Key focus areas for 2015/16 are:
 - Reducing smoking rates amongst Aboriginal populations
 - Local accountability and clinician engagement
 - Workplace culture (YourSay Survey)
 - National Disability Insurance Scheme
 - Other priority plans and initiatives

Summary of Changes

- Structure
 - The structure of the service agreement is the same as the 2014/15 agreement.
- Purpose and Objectives (p6)
 - No significant change to this section.
- Strategic Context (p7)
 - Specific reference to the following has been added:
 - Commonwealth government to cease the National Health Reform Agreement in 2017/18
 - The Reform of Federation process

	<ul style="list-style-type: none"> ▪ The Commonwealth review of Medicare Benefits Scheme items ▪ Primary Care, plus the creation of Primary Health Networks <ul style="list-style-type: none"> • Regulatory & Legislative Framework (p8) <ul style="list-style-type: none"> ▪ No significant change to this section. • The NSW Health Performance Framework (p9) <ul style="list-style-type: none"> ▪ No change to this section. • Variation of the Agreement (p10) <ul style="list-style-type: none"> ▪ No change to this section. • Summary of Schedules (p11) <ul style="list-style-type: none"> ▪ The following Schedules have been removed: <ul style="list-style-type: none"> ▪ NSW Kids & Families ▪ NSW Health Pathology ▪ HealthShare NSW and eHealth ▪ The following Schedules have been added: <ul style="list-style-type: none"> ▪ Provision of State-wide Support Services <p><u>Schedule A</u></p> <p>No change.</p> <p><u>Schedule B</u></p> <p>No significant change.</p>	
<p>Aboriginal Health Committee</p>	<ul style="list-style-type: none"> • Refer to Minute Item 8.5 – Aboriginal Health Committee 	
<p><i>Ms Carriage left the meeting at 4.23pm</i></p>		
	<p><u>Schedule C</u></p> <p>Mr King highlighted aspects of Schedule C, as follows:</p> <ul style="list-style-type: none"> • Schedule C of the Agreement specifies the activity, expenditure and revenue budgets. • The growth in activity from the baseline agreed with the NSW Ministry of Health (MoH) is 10,736 NWAUs – an increase of 3.6%. • The expenditure budget is \$1,617.0M – an increase of \$84.2M (5.5%) in comparison to the 2014/15 annualised budget. • The increase in expense budget includes a number of components, including: <ul style="list-style-type: none"> • Funding for activity increases • Price and salary escalation • Specific funding to increase nursing FTE 	

- Post natal depression
- Commonwealth dental

- The revenue budget is \$1,579M – an increase of \$94.2M (6.3%) compared to the 2014/15 annualised budget. The revenue budget is made up of Government contributions (\$1,370.2M) and “own source” revenue (\$209.2M)
- General fund “own source” revenue has increased from \$177.7M in 2014/15 to \$194.0M in 2015/16 – an increase of \$16.2M (9.1%).

2015/16 Budget

- Mr King tabled the revised expense and revenue budgets.
- Mr King provided a detailed overview of the 2015/16 budget and highlighted:
 - Expenditure Budget Increase
 - Escalation
 - The 2015/16 budget includes a State average efficient escalation factor of 2% on funded expenditure, excluding non-escalated items, i.e. National Partnership Agreements for ACAT and ATSI Aids. Depreciation and SP&T are also not escalated.
 - Some expenditure items have been escalated at a rate greater than efficient escalation, i.e. NGOs.
 - Given that some of the escalation items will vary between LHDs, the overall composite escalation factor will be specific to each LHD. The composite rate for SWSLHD is 2.32%.
 - ABF Growth Funding
 - SWSLHD has been provided with total ABF growth funding of \$41.2M, which includes a component for the additional costs of the leap year in 2016.
 - Included in the total ABF growth funding for SWSLHD are enhancements, negotiated with the MoH during the 2015/16 Service Agreement negotiation process – converted to NWAU 15 and funded at the State price:
 - Campbelltown Hospital Development
 - Reduce Ophthalmology wait times
 - Paediatric Surgery
 - Reduce elective surgery wait times
 - Election Commitments
 - SWSLHD has been provide with funding for the

	<p>following election commitments:</p> <ul style="list-style-type: none"> - additional nursing and midwifery and support positions - Post natal depression <ul style="list-style-type: none"> • <u>Other expenditure and Budget Enhancements and Adjustments</u> <ul style="list-style-type: none"> ▪ Funding for the roll-out of PROcure ▪ Commonwealth Dental NPA ▪ Regional Assessment Services ▪ TMF Premium Adjustment • <u>Revenue Budget Increase</u> <ul style="list-style-type: none"> • The Revenue budget increases for 2015/16 comprise: <ul style="list-style-type: none"> ▪ Price increase ▪ Volume increase ▪ Performance increase ▪ Other revenue budget adjustments • The final revenue increase target is the sum of the (above) four components and is added to the 2014/15 revenue budget. The target is at an LHD level and it is the responsibility of the LHD to allocate this target among facilities. • Excluding Government contributions, the revenue budget for SWSLHD increased by \$13.0M • The Board <u>RESOLVED</u> to sign the 2015/16 Service Agreement. • ACTION: The Chairman and Chief Executive to sign the 2015/16 Service Agreement. 	<p>Ms Buttenshaw</p>
<p>6.1.2 Chief Executive's Report</p>	<ul style="list-style-type: none"> • The Chief Executive's Report for June 2015 was circulated with the Agenda. • Ms Larkin highlighted the following items: <ul style="list-style-type: none"> • <u>Innovation Forum</u> Arising from the 2014 Innovation Forum held in November 2014, using 'open space technology', five projects have been approved for funding and delivery in 2015/16, including: <ul style="list-style-type: none"> • <i>My Pregnancy</i> phone application for SWSLHD residents • Developing an environmentally stable workforce • A trial of mobile access to resourceful technology • Improving dental outcomes for people living in residential facilities • Liverpool Hospital staff garden and break-out space <p>Participants of the 2014 Forum were targeted at Nurse Unit Manager and below. Planning is underway for the 2015</p>	

	<p>Forum and 'management' staff will be targeted.</p> <ul style="list-style-type: none"> • <u>The Hub - Miller</u> The HUB, is a Miller community development initiative funded by SWSLHD. Following an external review of Community Health Services, a recommendation was made to transition The HUB, a community development enterprise, to the management of a suitable external partner, including an appropriate non-government organisation (NGO) provider. A meeting with volunteers and community members on 9 July 2015 attracted some media attention. • The Board <u>NOTED</u> the Chief Executive's June 2015 Report. 	
7.2 Performance – KPI Report	<ul style="list-style-type: none"> • The June 2015 KPI Report was circulated with the Agenda. 	
7.2.1 – Safety & Quality	<ul style="list-style-type: none"> • Mr Zacka highlighted: <ul style="list-style-type: none"> • The completion of an audit of ligature points in acute mental health inpatient units, as a result of a recent death (1907961-20). An immediate interim response has been made. A full response will require significant investment. The case was discussed at a recent meeting between the Chief Executive and representatives of the Official Visitors Program. • In relation to 1853697-20, during investigations aspects of care that were not ideal may be identified. • The Board <u>NOTED</u> the Safety & Quality component of the KPI Report. 	
7.2.2 – Service Access & Patient Flow	<ul style="list-style-type: none"> • Mr Loy highlighted: <ul style="list-style-type: none"> • <u>NEAT</u> An overview of performance over the past 3 years notes a positive trend, with improvements in each Winter period. • <u>ED > 24 hours</u> Performance has declined for mental health patients in the ED > 24 hours. A total of 50 patients were recorded in June 2015, in comparison to 12 in 2014. • The Board <u>NOTED</u> the Service Access & Patient Flow component of the KPI Report. 	
7.2.3 – People & Culture	<ul style="list-style-type: none"> • Ms Dingwall highlighted: <p><u>Excessive Leave</u></p> <ul style="list-style-type: none"> • Workforce will be reviewing excess leave further and implementing supportive strategies to assist managers in managing excessive leave, i.e. offering eligible staff the ability to cash out components of excessive leave. <p><u>Sick Leave</u></p> <ul style="list-style-type: none"> • HETI training (sickness & absence management) will soon be 	

	<p>available and managers will be made aware that the training is available.</p> <ul style="list-style-type: none"> • A decrease in sick leave of 5% each year is the target. <p><u>Aboriginal Employment Initiatives</u></p> <ul style="list-style-type: none"> • The newly appointed Aboriginal Workforce Manager is currently reviewing the Aboriginal Recruitment Strategy to identify opportunities for improvement and additional strategies to increase recruitment and retention of Aboriginal employees. • The Aboriginal workforce (as a proportion of total workforce) is relatively stable for May 2015 at 1.76%. • Action: Provide data (location and type/grade of positions) relating to Aboriginal staff. • The Board <u>NOTED</u> the People & Culture component of the KPI Report. 	Ms Dingwall
7.2.4 – Finance & Activity	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. • The Board thanked Mr King for his outstanding contribution to the SWSLHD. • Mr Gordon, on behalf of the Finance Committee and Ms Burlew, on behalf of the Audit & Risk Management Committee conveyed thanks to Mr King for his significant contribution to the respective Committees. 	
7.3 Performance – Service Reports	<ul style="list-style-type: none"> • The June 2015 Services Report was circulated with the Agenda. • 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 	
	<ul style="list-style-type: none"> • Ms Larkin highlighted the following items from within the Mental Health Service Report: <ul style="list-style-type: none"> • <u>Strategic Plan</u> The Mental Health Plan 2014-15 has been completed. The Plan was approved by the SWSLHD Clinical & Quality Council and endorsed by the Mental Health Consumer, Carer and Community Council. <p>The Plan will receive a Gold Star rating (awarded by the Australian Council of Healthcare Standards [ACHS]) in respect of the consultation that occurred to develop the</p> 	

	<p>Plan.</p> <ul style="list-style-type: none"> • <u>Accreditation</u> The Mental Health Service undertook the EQuIP National Survey between 20-14 July 2015. At the Summation it was reported that the Service will receive 15 'met with merit' ratings. <p>Action: Convey the Board's congratulations to the Mental Health Service regarding their accreditation result.</p> • Actions: In relation to the Service Report Dashboards: <ul style="list-style-type: none"> • Confirm the accuracy of the reported actual for YTD 2014/15 in relation to: <ul style="list-style-type: none"> ▪ Drug Health Service – 697,614 'Needle syringe program: units of injecting equipment' ▪ Population Health – 580,103 'Needle and syringe distribution in the public sector (including automatic dispensing mechanism)' • Oral Health - Clarify the threshold status of red for: <ul style="list-style-type: none"> ▪ Failure to attend (%) – target is 9.10%, with both the month and YTD data indicating 8.35% and 8.10% respectively • The Board <u>NOTED</u> the Service Reports. 	<p>Ms Buttenshaw</p> <p>Ms Larkin</p>
<p><i>Mr King, Mr Zacka and Ms Dingwall left the meeting at 5:55pm.</i></p>		
<p>7.4 Chairman's Report</p>	<ul style="list-style-type: none"> • <u>Role of the Consumer & Community Council</u> The Board <u>NOTED</u> the paper circulated with the Agenda regarding the role of the Consumer & Community Council (CCC) and its relationship with the SWSLHD Board. <p>The Chairman highlighted that the CCC is not a Board Committee.</p> <p><u>Academic Units & Launch</u> The Board <u>NOTED</u> the Referral Note regarding the progression of Stage One of the SWSLHD Academic Units, circulated with the Agenda.</p> <p>Ms Larkin highlighted:</p> <ul style="list-style-type: none"> • Following an Eol period, a Reference Group chaired by an independent member (Prof Britton, Sydney LHD) met in June and nominated 3 Units to be recognised as a SWSLHD Academic Unit: <ul style="list-style-type: none"> ○ South Western Sydney Academic Radiation Oncology ○ South Western Sydney Academic Department of Respiratory and Sleep Medicine ○ South Western Sydney Academic Mental Health Program 	

	<ul style="list-style-type: none"> The winners will be announced at a formal Launch. The Board will receive a formal invitation. The Expression of Interest for Stage Two is currently being finalised. Action: Arrange for the Board to receive a precise from Radiation Oncology & Mental Health. (The Board received a precise from Prof Marks which included the Department of Respiratory and Sleep Medicine in 2014). <u>Chairman's Leave</u> The Board NOTED the Referral Note, circulated with the Agenda, regarding the Chairman's leave period between 29 July and 21 October 2015. Ms Burlew has received a comprehensive handover. <u>Invitation from Karitane Board</u> The Board indicated in principle support to join the Karitane Board for dinner in 2016. Action: Convey the SWSLHD Board's acceptance of the invitation to dinner – to occur in 2016 due to the commitment of the 2015 SWSLHD Board schedule. <u>UNSW Dinner</u> The Chairman reported his and the Chief Executive's attendance at a Dinner hosted by Prof Jacobs, the recently appointed President & Vice-Chancellor of UNSW relating to the development of an Academic Health Science Partnership. A further dinner has been planned which the Chief Executive and A/g Board Chair will attend. The SWSLHD's participation in the Partnership should consider the following conditions: <ul style="list-style-type: none"> That the LHD is a senior member of the Partnership That the LHD's membership is joint with UWS That the outcome/s for the LHD must be equitable to the inputs of the LHD 	<p>Ms Buttenshaw</p> <p>Ms Buttenshaw</p>
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8. Committees of the Board		
8.1 Health Care Quality & Safety		
8.1.1 - Minutes	<ul style="list-style-type: none"> The Minutes of the Health Care Quality and Safety Committee meeting held on 1 July 2015 were circulated with the Agenda and NOTED by the Board. Prof Merrett highlighted the following item: <ul style="list-style-type: none"> Item (5.2.1) – <i>Hospitals Quarterly</i> (Jan-Mar, 2015), Bureau of Health Information (BHI Report): <ul style="list-style-type: none"> Bankstown-Lidcombe Hospital showed improvement in Average Length of Stay (ALoS). Liverpool and 	

	<p>Campbelltown Hospitals have longer LoS than their peer group.</p> <ul style="list-style-type: none"> • Bankstown-Lidcombe, Fairfield, Bowral and Camden Hospitals were above the State average for NEAT performance. • All SWSLHD facilities showed improved Transfer of Care (ToC) times compared to the previous quarter. • Action: Convey the Board's congratulations to Bankstown-Lidcombe Hospital regarding their improved performance • Action: In relation to Item (5.1.3) – Medico Legal Cases <ul style="list-style-type: none"> • Confirm the period stated as ending May 2015 • Confirm the total number of medical negligence cases, the impact on the premium and payment arrangements. 	<p>Ms Buttenshaw</p> <p>Mr Loy</p>
8.2 Finance		
8.2.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the Finance Committee meeting held on 19 June 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. 	
8.3 Audit & Risk Mgt		
8.3.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 26 May 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. • In relation to Item (7.6.2) – Finalised Audits, Ms Larkin clarified that 'terminated' means 'separated' from the organisation. 	
8.3.2 – Matters referred to the ICAC	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 10 June to 13 July 2015. • Ms Larkin highlighted: <ul style="list-style-type: none"> • There was one matter reported to the ICAC relating to 'the recruitment of friends and relatives' • There were no matters referred from the ICAC. 	
8.4 Research & Teaching		
8.3.1- Minutes	<ul style="list-style-type: none"> • The next meeting of the Research & Teaching Committee meeting is scheduled for 6 August 2015. 	

8.5 Aboriginal Health Committee		
8.5.1- Minutes	<ul style="list-style-type: none"> The Minutes of the Aboriginal Health Committee meeting held on 25 June 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. Ms Carriage highlighted: <ul style="list-style-type: none"> Item (5.1) – Draft Terms of Reference <ul style="list-style-type: none"> The Committee’s Terms of Reference will be submitted to the August 2015 Board meeting for endorsement. An Aboriginal Health Strategic Plan is an imminent project. 	
8.6 Consumer & Community Council		
8.6.1- Minutes	<ul style="list-style-type: none"> The Minutes of the Consumer & Community Council meeting held on 5 June 2015, circulated with the Agenda were <u>NOTED</u> by the Board. Action: Discuss the standard of meeting documentation and the need to update the Terms of Reference with the Manager, Consumer & Community Participation. 	Ms Larkin
9. New Business		
9.1 MDAAC Appointments	<ul style="list-style-type: none"> The Board <u>APPROVED</u> the recommendation within the Referral Note circulated with the Agenda to endorse the following interim memberships to the Medical and Dental Appointments Advisory Committee (MDAAC), in accordance with the SWSLHD By-laws (Part 9): <ul style="list-style-type: none"> Dr Mushtaq Malik Dr Harry Doan Action: Convey the Board’s decision/approval to the District Director, Medical Services. 	Ms Buttenshaw
10. Items for Information		
10.1 Public Relations	<ul style="list-style-type: none"> A Referral Note regarding public relations matters for June 2015 was circulated with the Agenda and <u>NOTED</u> by the Board. The July 2015 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. 	
11. Other Business without Notice		
	<ul style="list-style-type: none"> The Chairman invited other business without notice. <ul style="list-style-type: none"> No items were raised. 	

12. 2015 Board Calendar	<ul style="list-style-type: none"> • The 2015 Board Calendar is available from the Govdex website. • The 2015 Board Items Due Calendar was circulated with the Agenda, and <u>NOTED</u> by the Board. 	
13. Close /Next Meeting	<p>The meeting closed at 6:38pm.</p> <p>The next meeting is scheduled for Monday 24 August 2015 3:30-6:30 Board Room, District Office, Liverpool Hospital, Eastern Campus</p>	

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