

MINUTES

South Western Sydney Local Health District Board

Date: Thursday 17 December 2015

Time: 3:30pm

Venue: The Hermitage, Leumeah

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 Mark Zacka, Director Clinical Governance	✓		Mr Ross Sinclair, Director of Finance	✓	
Ms Jacqui Cross, Director Nursing & Midwifery Services	✓		Ms Glenda Dingwall, Director Workforce & Development	✓	
Mr John O'Connor, Director KPMG	✓		Ms Sue Shilbury, Director, KPMG	✓	
Mr Stephen Johnson, Manager, Performance	✓				

<i>Agenda Item</i>	<i>Discussion/Decision/Recommendation</i>	<i>Responsible</i>
2. Presentation	<ul style="list-style-type: none"> The Chair welcomed Mr O'Connor and Ms Shilbury, KPMG to present the 'potential revenue augmentation opportunities' report and Mr Stephen Johnson, Manager, Performance, SWSLHD to the meeting. As a result of the May 2014 Board Planning Workshop, SWSLHD engaged KPMG to assist the District with a review of its underlying performance as it related to the District's Activity Based Funding (ABF) price. The objective of the review was to assist the District to develop a better understanding of its financial position in comparison to other Districts. 	

	<ul style="list-style-type: none"> • Project Overview <p>KPMG developed a four-phased approach to delivering the required project objectives. The four project phases were:</p> <ul style="list-style-type: none"> • Phase 1 – Project initiation • Phase 2 – Data analysis <ul style="list-style-type: none"> • The key factors impacting on an ABF price are: <ul style="list-style-type: none"> ▪ The level of activity delivered – both volume and complexity ▪ The cost of delivering the services ▪ The scope of services included in the price calculation ▪ The Ministry of Health determine the NSW state price and the respective LHD prices, based on the data submitted as part of the annual costing process • Phase 3 – Develop opportunities • Phase 4 – Opportunities development 	
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Dr Abi-Hanna joined the meeting at 3.36pm & Prof Merrett at 3:40pm

	<ul style="list-style-type: none"> • Key Findings <p>KPMG has identified a number of key findings, including:</p> <p>The SWSLHD price per NWAU is the lowest of all the LHDs and has been consistently below the State average price for the last three years.</p> <ul style="list-style-type: none"> • The acuity of the casemix of SWSLHD is lower than the State Index and this is thought to have a relationship with cost. The Acuity Index represents the average NWAU per Encounter. • The adjusted NWAU has not changed over the last three years, while the unadjusted NWAU reflects a small increase in acuity. • The measure of acuity is lower for all streams including admitted activity only. • Year on year movement in the NWAU price of SWSLHD is consistent with the year on year movement in the State price. • The movement in the price is likely impacted by the scope of products and treatment of specific loadings included in the ABF model used by the MoH. <p>The benchmarking data highlighted the following:</p> <ul style="list-style-type: none"> • Nursing staffing expenditure per weighted activity unit appears considerably lower at SWSLHD when benchmarked with peers. 	
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	<ul style="list-style-type: none"> • When benchmarked the medical staffing expenditure per weighted activity unit appears lower than the selected peer health services. • Compared to the benchmark peer health services administration staffing expenditure per weighted activity unit appears slightly lower than the peers. • All sites except for Campbelltown have lower ED NWAU costs than the State average cost, which in all likelihood reflects lower staffing levels in the EDs. <ul style="list-style-type: none"> • Data Analytics <ul style="list-style-type: none"> • Price Analysis – Funding Distribution <ul style="list-style-type: none"> • Variances in Teaching Training & Research (TTR) and transition grants are noted • The exact composition of block funds for LHDs is not able to be determined • Price Analysis – Cost per acute NWAU <ul style="list-style-type: none"> • The value is calculated based on adjustment to the NWAU associated with private patients. • SWSLHD private patient adjustment is 4.1% • It is unclear from the NSW Health ABF model the methodology used to calculate the adjustment or the impact it may have on price • DNR Analysis <ul style="list-style-type: none"> • SWSLHD has a low proportion of expenditure on population health and community based care and a lower percentage spend on teaching and research • Price Analysis – Cost per acute NWAU <ul style="list-style-type: none"> • Acute admitted activity represents the major component of an LHD's activity • Compared to the NSW average cost (0.81%) there has been greater annual growth at Liverpool (3.0%) and Bankstown (3.8%), and Fairfield (1.3%) • There has been a decrease in the average cost at Campbelltown and Bowral • ED activity growth at Liverpool has been consistent with the state-wide growth rate. • Opportunities for Consideration <p>KPMG has identified two broad categories of options to augment the District's existing funding. The initial categories identified are:</p> <ul style="list-style-type: none"> • Increase revenue streams outside the ABF model <ul style="list-style-type: none"> • Specific block funding for targeted activities, eg. primary/community care, drug and alcohol, mental health services 	
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	<ul style="list-style-type: none"> • Funding for integrated care and public health initiatives • Specific funding for teaching, training and research • Increase revenue within the ABF framework <ul style="list-style-type: none"> • Increase higher acuity activity – grow super speciality services • Introduce a state-wide service • Discussion <ul style="list-style-type: none"> • The need to invest to support ongoing financial management efficiency. • Consider specialist services for the community • Next round of costings have been completed and indicate the state price is decreasing • Coding rigour in SWSLHD is comparable to other LHDs • Next Steps <ul style="list-style-type: none"> • KPMG are meeting with District staff regarding the next steps on 21 December 2015. • The data and information will be used as part of the negotiations around the 2016/17 service agreement. • The Chair thanked Mr O'Connor and Ms Shilbury for their informative presentation. 	
<i>Ms Shilbury, Mr O'Connor & Mr Johnson left the meeting at 4.35pm</i>		
3. Declaration of Interests	<ul style="list-style-type: none"> • The Chair invited declarations of interest. • Nil were received. 	
Confirmation of the previous minutes and action list	<ul style="list-style-type: none"> • <u>MOTION:</u> A motion was moved by Dr Abi-Hanna and seconded by Prof Merrett that the Minutes of the Board meeting held on 23 November 2015 be accepted as a true and accurate record. • The Motion was carried. 	
4. Patient Story	<ul style="list-style-type: none"> • Mr Zacka presented the story of “Shane”, articulated in a letter authored by a family member of Shane’s to the NSW Health Minister to describe their experience. • Shane had presented to the emergency department to seek help for ongoing mental health issues. • Shane waited for almost 2 full days within the emergency department for a bed, and was ultimately discharged in order to keep a previous appointment with his GP and psychologist. • Shane’s story personalises previous Board discussions about the lack of acute mental health beds. 	

	<ul style="list-style-type: none"> The Board <u>NOTED</u> the patient story. 	
6. Business Arising		
6.1 Chief Executive's Report [23/11/15; Item 6.1]	<ul style="list-style-type: none"> The SWSLHD Board <u>NOTED</u> the update and membership to the Steering Committee for the 'comprehensive approach to quality and safety' strategy, as circulated with the Agenda. Ms Larkin highlighted: <ul style="list-style-type: none"> Two consumer representatives were invited to the initial consultation workshops: Mr Geoff Berry and Ms Sharon Smith. Further to the workshops, a small steering committee was established. Ms Sharon Smith (Chair, CCC) was invited to be a member as a Consumer and Community Council delegate. Due to the Steering Group being small, one representative was recommended. 	
6.2 KPI Report [23/11/15; Item 6.2.2]	<ul style="list-style-type: none"> The SWSLHD Board <u>NOTED</u> the update regarding the plan to address Liverpool Hospital's deteriorating Emergency Treatment Performance (ETP), as circulated with the Agenda. Mr Loy highlighted: <ul style="list-style-type: none"> A Liverpool Hospital Access to Care Recovery Plan has been developed which included Liverpool Hospital's ETP performance data to trajectory in response to Liverpool Hospital's deteriorating ETP. A renewed focus until the end of financial year: <p>Phase One</p> <ul style="list-style-type: none"> Re-engineering the governance structure including clinician involvement in driving the clinical change that is required. As part of the changes to the governance, emphasis will be placed upon accountability. The recruitment of the Director of Nursing & Midwifery Services at Liverpool Hospital will enable a renewed approach to senior nursing involvement in the Whole of Hospital Program. <p>Phase Two</p> <ul style="list-style-type: none"> Continued use and monitoring of the robust dataset to 	

	<p>inform decisions and planning.</p> <p>Phase Three</p> <ul style="list-style-type: none"> • Planning will commence from February 2016 for addressing patient flow issues for Winter 2016. 	
<p>6.3 KPI Report [23/11/15; Item 6.2.5]</p>	<ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the information regarding results of Mental Health KPIs, as circulated with the agenda. • Mr Sinclair highlighted: <ul style="list-style-type: none"> • Tier 2 Mental Health: Acute Post-Discharge Community Care – follow up within 7 days (%) • Service Measure – Mental Health: EAP: patients admitted to a mental health inpatient bed within 4 hours of arrival in ED (%) • A difference in the results for these KPIs published under Quality and Safety and for Mental Health - The definitions are the same within each dashboard. The difference derives from the inclusion of Braeside in the Quality and Safety result and the exclusion of Braeside from the Mental Health result. The inclusion criteria for each KPI will be made consistent for future reports with the inclusion of Braeside for both measures. 	
<p>6.4 Finance Committee [23/11/15; Item 7.2.1]</p>	<ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the Referral Note regarding the NSW Privacy Manual. • Ms Larkin highlighted: <ul style="list-style-type: none"> • The use of patient information for the purpose of operating a NSW health service, and treatment of patients is generally permitted under privacy law, as it is considered a directly related purpose of the agency’s reason for holding such information. • The NSW Health Privacy Manual advises that if the activity could be undertaken by using/disclosing de-identified information, the health service should proceed in that way. This may involve converting identifiable information into de-identified information. • The Board <u>AGREED</u> that all data reports provided to the SWSLHD Board that identify individuals and contain personal or health information are de-identified prior to being tabled. 	
<p>7. Standing Items</p>		

<p>7.1 Chief Executive's Report</p>	<ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • Starring Item – 2016 Leadership Forum The 2015 SWSLHD Leadership Forum was held on 4 December 2015 with 87 clinical and corporate senior leaders across the District participating. The Forum was themed around the Districts' transformational journey towards becoming a High Performing Organisation. Key note speakers included Mr Geraint Martin, Chief Executive Counties Manukau Health, New Zealand and Professor Ian Jacobs, President and Vice Chancellor of UNSW Australia addressing Leadership, improvement & the third revolution in healthcare, and reflections on leadership: Reaching a shared vision and making it happen. The Report has now been received and the Forum was evaluated very positively. Results of the Report will inform strategy and planning for the 2016 Forum and the detailed work of the 'Comprehensive Approach to Quality and Safety Strategy Committee'. • Annual Public Meeting SWSLHD held its Annual Public Meeting (APM) at the Bankstown Arts Centre. The APM was well attended by staff and community representatives. During the APM, the Year In Review document and video was launched, which provided some highlights from the past year. The Health Snapshot document and video was also launched, which profiles the health of people living in south western Sydney. • Update: SWSLHD Academic Units – Stages 2 and 3 There were 16 applications for 'new unit' grants and 10 applications for enhancements. The Review Panel has recommended four applications each to the Chief Executive. A maximum of 2 applications will be awarded for each group. • Family and Community Services (FaCS) SWSLHD is currently mapping existing partnership activities between SWSLHD and Family and Community Services (FaCS). To date, an extensive list of partnership programs have been developed, with key partner contacts identified and a shortlist of priority partnership initiatives developed for 2016. • Update: Your Say Survey The Your Say Action Plan has been submitted to, and supported by, the SWSLHD Workforce Committee. 	
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	<p>The Action Plan was developed in consultation with General Managers and Service Directors and each facility and service has one to two actions that focus on the areas of improvement identified through Your Say.</p> <p>The most common theme across facilities and services was communication with staff while the key focus area for the District is building line manager capability.</p> <ul style="list-style-type: none"> • Western Sydney University & SWSLHD Clinical School Minister Skinner visited Campbelltown Hospital to turn the first sod on the Western Sydney University Macarthur Clinical School on 11 December 2015. Dr Abi-Hanna represented the SWSLHD Board. • Vulnerable Families SWSLHD P&CH has recently received notification of our successful application for the “2 to School” three year funding (\$1.2m) from the Ministry of Health to implement this program across SWSLHD. The program targets Aboriginal children aged 2 to 5 years, allowing Child and Family Nurses, Aboriginal Health Workers, Social workers and Speech Pathologists to provide health screening and intervention for a cohort of children to ensure they have a healthy transition to school. • Wi-Fi Infrastructure The installation of Wi-Fi is a significant infrastructure project, supported by the District, and will enable clinicians, guests and patients to be connected and stay connected, resulting in improved communication processes. Wi-Fi capability is now complete for the Eastern Campus, Liverpool Hospital and Camden and Campbelltown Hospitals. Bankstown-Lidcombe and Fairfield Hospitals required power capability to enable Wi-Fi, which is in the process of being cabled, with an anticipated completion by end of January 2016. <p>The next phase of the infrastructure project will be to enable Wi-Fi in Community Health and Mental Health sites. This work will be planned for in the 2016/17 budget projections.</p> <ul style="list-style-type: none"> • IM&TD The Checkley Group have been engaged to support SWSLHD in the transitional split between SWSLHD and SLHD of IM&TD. A detailed plan will be presented to the Board in early 2016. 	
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	<ul style="list-style-type: none"> • Surgery The benchmark number of overdue elective surgery patients for all three clinical priority categories is zero. As at 30 November 2015 the LHD achieved one of three benchmarks. <p>There has been a decrease in Clinical Priority Category 3, overdue patients from 131 as at 31 October 2015 to 69 as at 29 November 2015. There has been a decrease in the number of overdue elective surgery patients for Clinical Priority Category 2, with a reduction from 36 overdue patients as at 31 October 2015 to 22 overdue patients as at 29 November 2015.</p> <p>Key strategies to support surgery performance, specifically at Campbelltown Hospital, include:</p> <ul style="list-style-type: none"> ○ Theatre session length adjustment ○ Additional emergency theatre sessions ○ Cross credentialed VMOs to assist in patient transfer where appropriate ○ Investment in flexible Cystoscopy equipment ○ Continued recruitment for nursing <p>The year-end forecast is 39 overdue surgical cases (23 orthopaedic and 16 ophthalmology).</p> <p>Action: Provide the Waiting List Policy to the Board.</p> • The SWSLHD Board <u>NOTED</u> the Chief Executive’s Report. 	Mr Loy
<p>6.2 Performance – KPI & Service Reports</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> that the KPI & Service Reports were unavailable for December, due to the data used to inform the reports being unavailable at the time of business paper circulation. • Safety & Quality • Service Access & Patient Flow • People & Culture • Finance & Activity 	

<p>6.3 Work Health & Safety Report</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Work Health & Safety Report, as circulated with the Agenda. • Mr Loy highlighted: <ul style="list-style-type: none"> • Critical Incidents There was one critical infrastructure incident reported for the July to September 2015 period; a fire event at Liverpool Hospital on 14 August 2015. • Staff, Visitor & Contractor Related Incidents There were no physical assaults reported to the Police during October 2015. • TMF Total claim notifications in the April – June 2015 quarter decreased by 8.1%. Weekly payments have increased for the April to June 2015 quarter by 12.5% - due to payment of a wage reimbursement schedule backlog. • Actions: <ul style="list-style-type: none"> • Provide a copy of the Quarterly Report – Bullying & Harassment - to the MoH to the Health Care Quality & Safety Committee on an ongoing basis. • Review the Dashboard Due Diligence Report – some status items are ‘black’, and others are ‘ongoing’ or ‘in progress’ and marked ‘green’. 	<p>Ms Dingwall</p> <p>Mr Loy</p>
<p>6.4 Chairman’s Report</p>	<ul style="list-style-type: none"> • <u>Update: Academic Health Science Partnership</u> Awaiting legal advice via the Legal Branch, NSW Ministry of Health on the draft constitution. SWSLHD have taken on the project management role. • <u>Combined Board Dinner</u> Dinner with the South Western Sydney Primary Health Network Board was held at Peppers Craigieburn, following the SWSLHD Board meeting on 23 November and considered a successful and useful event. Action: Issue a formal invitation to the SWSPHN Board regarding a combined dinner in 2016, hosted by the SWSLHD Board. 	<p>Ms Buttenshaw</p>

	<ul style="list-style-type: none"> • <u>Final Draft Report: Board Planning Workshop</u> <p>The Board <u>NOTED</u> the Final Report of the Planning Day held in November 2015 and commended the NOUS Group on the accurate reflection of the discussion.</p>	
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 2 December 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Merrett highlighted: <ul style="list-style-type: none"> • Item 4.3 – Increasing trend of SAC 2 incidents and complaints – Campbelltown Hospital • Increased activity in ED contributed to the higher number of complaints received. Access and communication remained the two main reasons for complaints. • Increased reporting of cases relating to mental health patients absconding from ED and hospital acquired infections has resulted in increased number of SAC 2 incidents. It was noted that the number of RCA completed in the recent period has reduced. • Item 4.4 – Death Review Backlog - Liverpool Hospital • The increase in the number of death reviews and related time-frames is being addressed by a number of strategies including, the Death Review Nurse now working an additional 1 day per week. • Item 5.1.4 – Reporting Matrix for 2016 • The Committee approved the reporting matrix for 2016 and included: <ul style="list-style-type: none"> ▪ Six monthly review of reporting matrix ▪ Annual review of clinicians attendance at facility Clinical Councils ▪ Domestic Violence - Data and actions ▪ Child at Risk – Data and actions • Ms Larkin clarified the role of the MoH with respect to coronial matters. 	

7.2 Finance		
7.2.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the Finance Committee meeting held on 20 November 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. • Mr Gordon highlighted: <ul style="list-style-type: none"> • Item 8.1 – Birth Rate Plus Birth Rate Plus is the workforce planning methodology developed for maternity services that is mandated for use in NSW in the Public Health System Nurses’ and Midwives’ (State) Award 2015. The Birth Rate Plus profile is calculated every three years. As a result of recent reviews estimated enhancement costings required to implement the current Birth Rate Plus FTE requirements are being discussed by the Committee. The item is listed for further discussion at the December Finance Committee meeting. • Item 5.1 – Finance Related Risk Register - My Aged Care Gateway The National Disability Insurance Scheme (NDIS) is scheduled to be operational from 1 July 2016 and may have a financial impact for the District.. Ms Larkin noted that a presentation regarding NDIS will be provided to the February Board meeting. • Item 8.4 – Efficiency Program Review The MoH has requested all LHDs undertake a review of corporate services. Consultants have been engaged to determine contestability. • Action: The Finance Committee to include Highlight Items for the Board within its Minutes. 	Mr Gordon / Mr Sinclair
7.3 Audit & Risk Mgt		
7.3.1- Minutes	<ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 24 November 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Burlew highlighted: <ul style="list-style-type: none"> • Item 4.1 – Risk Management Ms Oong, Associate Director, Corporate Governance, NSW MoH, provided a presentation to the Committee on risk management. 	

	<p>The Committee noted that performance audits are not routinely provided to LHD Chief Executives and the NSW Audit Office representatives agreed to follow up this matter.</p> <ul style="list-style-type: none"> Item 6.3 – Excess Annual Leave <p>The Committee noted that an excess leave plan has been submitted by most staff.</p> <ul style="list-style-type: none"> Item 7.5.1 – Work Health & Safety <p>The excellent performance relating to ‘return to work’ was noted.</p> <ul style="list-style-type: none"> Mr Gordon highlighted: <ul style="list-style-type: none"> Internal Audit <p>The structure and FTE of the SWSLHD Internal Audit team was comparable to other LHDs.</p> <ul style="list-style-type: none"> Item 6.2 – AMO Invoicing <p>The Committee is continuing to monitor AMO invoicing.</p>	
7.3.2- ICAC Matters	<ul style="list-style-type: none"> The Board NOTED the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 6 November to 7 December 2015. No matters were reported to the ICAC. No matters were referred by ICAC. 	
7.3.3- Annual Report - Chair	<ul style="list-style-type: none"> The Board NOTED the Annual Report, circulated with the Agenda, provided by the Chair, Audit & Risk Management Committee. The Chairman reported that he had met with Ms Feldmanis, Chair, Audit & Risk Management Committee recently. Discussion included the broader risk issues and the Committee’s role regarding clinical risk. Action: Schedule two presentations per annum to the Board. 	Ms Buttenshaw
7.4 Aboriginal Health		
7.4.1- Minutes	<ul style="list-style-type: none"> The next meeting of the Aboriginal Health Committee is scheduled for 23 March 2016. 	

7.5 Research & Teaching		
7.5.1- Minutes	<ul style="list-style-type: none"> The Minutes of the Research & Teaching Committee meeting held on 3 December 2015 were circulated with the Agenda and <u>NOTED</u> by the Board. Dr Abi-Hanna highlighted: <ul style="list-style-type: none"> Item 4.1 – Issues arising from Fairfield Hospital’s Teaching & Research Report <p>Dr Harry Doan’s (Director of Medical Services attendance at the meeting to clarify previous issues raised regarding the Facility Teaching Report was very informative and a useful initiative.</p> Item 5.3 – Research Australia Membership The Board <u>ENDORSED</u> the Committee’s recommendation to join Research Australia for 12 months, followed by a review. 	Prof Frankum / Ms Buttenshaw
8. Consumer & Community Council		
8.1- Minutes	<ul style="list-style-type: none"> The Board <u>NOTED</u> that the Council’s Annual Conference was held in November 2015. 	
9. New Business		
	<ul style="list-style-type: none"> No new business items. 	
<i>Dr Keat left the meeting at 6.07pm</i>		
10. Items for Information		
10.1 Public Relations Report	<ul style="list-style-type: none"> A Referral Note regarding public relations matters for November 2015 was circulated with the Agenda and <u>NOTED</u> by the Board. Ms Larkin reported that the recruitment process for the Director position is underway. The December 2015 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. 	
10.2 State of the NSW Public Sector	<ul style="list-style-type: none"> The Board <u>NOTED</u> the ‘State of NSW Public Sector: 2015 Summary Report’, circulated with the agenda. 	
10.3 Board Schedules/ Dates	<ul style="list-style-type: none"> The 2015 Board Calendar is available from the Govdex website. The 2015 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. • Dr Abi-Hanna noted his attendance at Anna Thornton’s (Director of Nursing & Midwifery at Liverpool Hospital) farewell earlier in the day. • Prof Merrett noted that the presentation by KPMG was excellent. • Ms Murphy enquired regarding any further update about the outcome of legislative changes affecting LHD Boards. • The Chair wished members and attendees a happy and festive Christmas and new year. 	
12. Close /Next Meeting	<p>The meeting closed at 6.14 pm.</p> <p>The next meeting is scheduled for Monday 15 February 2016 3:30-6:30 Board Room, District Office, SWSLHD</p>	

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