

# MINUTES

## South Western Sydney Local Health District Board

Date: Monday 21 March 2016

Time: 3:30pm

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

### 1. Present and Apologies

<b>Members</b>	<b>Pres.</b>	<b>Apol.</b>	<b>Members</b>	<b>Pres.</b>	<b>Apol.</b>
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	✓				
<b>Other Attendees</b>					
Ms Amanda Larkin, Chief Executive	✓		Dr Anthony Frankel, Medical Staff Executive Council Representative	✓	
Mr Graeme Loy, Director Operations	✓		Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓	
Ms Christine Feldmanis, Chair, SWSLHD Audit & Risk Management Committee	✓				
<ul style="list-style-type: none"> <li>The Chair noted that Mr Conroy, Dr Gray and Dr Slewa-Younan had requested to leave the meeting early.</li> </ul>					

<b>Agenda Item</b>	<b>Discussion/Decision/Recommendation</b>	<b>Responsible</b>
<b>2. Report: SWSLHD Audit &amp; Risk Management Committee</b>	<ul style="list-style-type: none"> <li>The Chair welcomed Christine Feldmanis to provide a report on the activities of the Audit &amp; Risk Management Committee.</li> <li>Ms Feldmanis highlighted:               <ul style="list-style-type: none"> <li>The composition of the Committee, noting that Carolyn Burlew and John Gordon represent the SWSLHD Board.</li> <li>The arrangement of the report reflects the Committee's responsibilities:                   <ul style="list-style-type: none"> <li>Risk Management                       <ul style="list-style-type: none"> <li>The ARMC is aware that the Board receives regular and detailed updates on risk management</li> </ul> </li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>▪ The ARMC receives regular updates on insurable risks</li> <li>▪ The ARMC has received a detailed briefing on both disaster recovery plans and business continuity planning</li> <li>▪ The ARMC receives a presentation of two risks at each meeting; one corporate and one clinical risk</li> <li>▪ Recruitment requirements with the Enterprise-wide Risk Manager have delayed, but not halted progress.</li> </ul> <ul style="list-style-type: none"> <li>• Framework for internal controls <ul style="list-style-type: none"> <li>▪ At this time the ARMC are satisfied with the operation of internal controls.</li> <li>▪ For the 30 June 2015 year end a new reporting requirement was introduced (Treasury Policy) that requires the Director of Finance to submit a copy of a Letter of Certification (as to the effectiveness of the system of internal control over financial information) and supporting documentation to the ARMC for review.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• External accountabilities <ul style="list-style-type: none"> <li>▪ The 30 June 2015 year end financial statements were finalised in September 2015; within the Ministry of Health time-table. The quality of work performed in preparing the statements was of a high standard. This was supported by the minimal audit recommendations by the Audit Office.</li> <li>▪ The process of early close that was undertaken in March 2015, yielded good results and assisted in streamlining the workflow for the year end process.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• Internal audit <ul style="list-style-type: none"> <li>▪ A detailed audit plan is developed on a 5-year cycle, and updated annually.</li> <li>▪ The schedule of annual internal audit reviews is set after the entire internal audit universe is reviewed.</li> <li>▪ A copy of the universe was circulated with the report.</li> <li>▪ During the period 1.7.15 to 10.2.16, 22 reviews were carried out, arising from which were 128 recommendations, none of which were extreme risk and only 3 were high risk.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>▪ The ARMC noted that the Internal Audit Department does not have a full complement of staff.</li> <li>▪ The Unit recently lost a trainee staff member to another LHD offering a higher grade and salary. The Unit will continue the training strategy as a succession planning tool.</li> <li>▪ The ARMC sees staffing the Unit as a specific risk.</li> </ul> <ul style="list-style-type: none"> <li>• External audit <ul style="list-style-type: none"> <li>▪ For the period ending 30 June 2015, 7 Audit Office (AO) recommendations were identified in the interim and final phases of the 2015 audit, of these nil were extreme or high risk.</li> <li>▪ SWSLHD has now received the AO Client Services Plan for the 30 June 2016 year end.</li> <li>▪ Specific areas of focus by the AO this year will include: <ul style="list-style-type: none"> <li>▪ Ingham Institute of Applied Medical Research</li> <li>▪ UWS Clinical School at Campbelltown Hospital</li> <li>▪ Compliance with key laws and regulation and risk management</li> <li>▪ Revaluation of property, plant &amp; equipment</li> <li>▪ 2015 Auditor General’s Report to Parliament – recommendations specific to the Health Sector</li> <li>▪ Business System Changes</li> <li>▪ HealthShare – internal controls</li> </ul> </li> </ul> </li> <li>• In closing Ms Feldmanis noted that the ARMC had no specific concerns to raise with the Board.</li> </ul> <ul style="list-style-type: none"> <li>• On behalf of the Board the Chair thanked Ms Feldmanis for an informative report.</li> </ul>	
<i>Ms Feldmanis left the meeting at 4.05pm.</i>		
<b>3. Declaration of Interests</b>	<ul style="list-style-type: none"> <li>• The Chair invited declarations of interest.</li> <li>• Nil were received.</li> </ul>	
<b>4. Confirmation of the previous minutes and action list</b>	<ul style="list-style-type: none"> <li>• <b>MOTION:</b> A motion was moved by Prof Frankum and seconded by Mr Gordon that the Minutes of the Board meeting held on 15 February 2016 be accepted as a true and accurate record.</li> <li>• The Motion was carried.</li> </ul>	
<b>5. Patient Story</b>	<ul style="list-style-type: none"> <li>• Ms Larkin presented the story of “John”, by way of a videoed interview.</li> </ul>	

	<ul style="list-style-type: none"> <li>• 'John' shared his experience (both positive and negative) as an inpatient, admitted to Campbelltown Hospital via ambulance, following a motor bike accident where he fractured his right leg.</li> <li>• John's issues included: <ul style="list-style-type: none"> <li>• waiting for surgery (10 days due to swelling)</li> <li>• not sleeping well at night due to noise</li> <li>• nurses seemed to take a long time to answer the buzzers at night and on weekends</li> <li>• frustration about answering the same questions multiple times (at time of surgery – theatre checking procedure)</li> <li>• pain management after surgery</li> <li>• praise for his care (changing of bed sheets and bathing)</li> </ul> </li> <li>• Ms Larkin reported that a framework for future patient interviews by video was being developed.</li> <li>• The Board <u>NOTED</u> the patient story.</li> </ul>	
<b>6. Business Arising</b>		
<p><b>6.1 Chief Executive's Report</b> [15/2/16; Item 7.1]</p>	<ul style="list-style-type: none"> <li>• The SWSLHD Board <u>NOTED</u> the Referral Note regarding low volume cancer surgery at Bankstown-Lidcombe Hospital, as circulated with the Agenda.</li> <li>• Mr Loy highlighted: <ul style="list-style-type: none"> <li>• Data reported to the Board's February 2016 meeting was accurate</li> <li>• The data collection methodology</li> <li>• Arrangements regarding the partnership with Illawarra Local Health District</li> </ul> </li> <li>• <b>Action:</b> Report to the Health Care Quality &amp; Safety Committee comparative (with other LHDs) Length of Stay (LoS) data.</li> </ul>	Mr Loy
<p><b>6.2 KPI Report – Service Access and Patient Flow</b> [15.2.16; Item 6.2.2]</p>	<ul style="list-style-type: none"> <li>• The SWSLHD Board <u>NOTED</u> the Referral Note regarding the potentially preventable hospitalisation (PPH) admission target, as circulated with the Agenda.</li> <li>• Mr Loy highlighted: <ul style="list-style-type: none"> <li>• The SWSLHD Service Agreement lists PPH as a service measure, not a performance indicator and as such it does not have a target or benchmark.</li> <li>• Under current ABF methodology, 2015/16 funding for acute admitted care is adjusted down by 662 NWAU as a result of</li> </ul> </li> </ul>	

	<p>PPH performance.</p> <ul style="list-style-type: none"> <li>• Current draft proposals for 2016/17 ABF show an adjustment down by 275 NWAU based on PPH performance (it is expected to be reduced further). <ul style="list-style-type: none"> <li>○ A significant number of hospitalisations are complex cases (32% of diabetes admissions) or surgical cases (33% of diabetes admissions).</li> </ul> </li> <li>• Within the context of 2016/17 ABF target negotiations, SWSLHD has proposed qualifications to the PPH measure to exclude surgical and complex cases.</li> <li>• Analysis of PPH data indicates that the District's risk in relation to PPH adjustment arises from a large number of admitted patients coded with a principal diagnosis of Diabetes Mellutis.</li> </ul>	
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**7. Standing Items**

<p>7.1 <b>Chief Executive's Report</b></p>	<ul style="list-style-type: none"> <li>• The Chief Executive's Report was circulated with the Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• <b>Fairfield Hospital</b> Fairfield Hospital is a 220 bed major metropolitan hospital. The Hospital provides services to the local LGA and is home to the Whitlam Joint Replacement Centre (a recognised centre of excellence for elective orthopaedic surgery). In addition, a dedicated hand centre has been established at the Hospital.</li> </ul> <p>There are approximately 36,000 presentations to the emergency department and 1,800 babies born at the Hospital each year.</p> <p>The District is currently supporting the Hospital in the management of a number of matters including:</p> <p><i>Master Planning</i> The Hospital recently completed a master planning exercise. Due to the physical capacity, remodelling of the Emergency Department, Emergency Short Stay Unit and Medical Assessment unit will occur in 2016/17; funded by the District. This necessitates a move of the GP Academic Unit to community health.</p> <p><i>High Dependency Unit</i> Temporary appointment of Liverpool Hospital Intensive</p> </li> </ul>	
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Care Specialist Visiting Medical Officers to provide Senior Medical cover for Fairfield Hospital HDU, currently on a month by month roster. Previously the roster was covered by Bankstown-Lidcombe.

A model of care is being finalised based on the ACI ICU model of care document to effectively service Fairfield Hospital.

#### *Obstetrics & Gynaecology*

Concerns were raised by the Clinical Excellence Commission through the Chief Executive regarding Fairfield Hospital Maternity Service. Reports are being provided to the Health Care Quality & Safety Committee.

The Liverpool Hospital's Midwifery Clinical Nurse Consultant is at Fairfield Hospital for three months to assist with service improvements of the Maternity service. Weekly meetings are being held with clinical staff, Fairfield Hospital and District Executive to work through issues. Recruitment to the Special Care Nursery and Midwifery is in progress. There is strict adherence to guidelines and exclusion criteria for high risk pregnancies.

#### *Paediatrics*

Recruitment processes are underway to enable the hospital to provide 24 hour paediatric registrar cover.

#### *Anaesthetics*

There is a lack of second anaesthetist on call to provide back up for second surgical or obstetric emergencies.

The College of Anaesthetics has approved the use of current Anaesthetic Trainee Registrars as second on call. The Trainees will be supervised at all times.

- **'People Matter' Survey**

The people matter survey is a whole of government employee survey, due to run between 26 April and 31 May. The Your Say Survey is a health-specific employee survey. It will be difficult for the LHD to engage staff in the people matter survey due to the timing. The District continues to implement plans against the 2015 your say survey results.

- **Oran Park Family Health**

The update should read that the process to procure a pathology provider will 'now' commence (rather than 'not').

	<ul style="list-style-type: none"> <li>• <b>Sub-acute mental health</b> Hume Housing are a non-government organisation.</li> <li>• <b>Strengthening existing well performing service networks</b> A working group has been established to develop governance arrangements and the model of care, which will include revenue opportunities, for the MIMIC Robotic Simulation Training System.</li> <li>• <b>HETI Awards</b> <b>Actions:</b> Seek broader publicity in relation to the District's success in the recent HETI Awards.  Issue a letter to Dr West conveying the Board's congratulations.</li> </ul>	<p><i>Ms Larkin</i></p> <p><i>Secretariat/ Chairman</i></p>
<p><b>7.2 Performance – KPI Report</b></p>	<ul style="list-style-type: none"> <li>• The KPI Report was circulated with the Agenda.</li> <li>• <b>Action:</b> Align the Report and Meeting Agenda (sections)</li> </ul>	<p><i>Secretariat</i></p>
<p>7.2.1 – Safety &amp; Quality</p>	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• There were six (6) new serious incidents since the last report which will undergo a Root Cause Analysis (RCA). One incident (Bowral Hospital) relates to a foreign body that was surgically removed from the patient's abdomen.</li> </ul> </li> </ul> <p>Table 2 – Causation Statements from completed RCAs Report</p> <ul style="list-style-type: none"> <li>• <b>Action:</b> 2007542-20: Dr Abi-Hanna requested that he receive a copy of the coronial report when it is available.</li> <li>• 2011724-40: Mr Loy reported that ambulance transfer is available for patients ED to ED. Non-emergency patient transport (NEPT) is used in other cases. NEPT requires on-line booking and may take 24 hours to occur. A meeting has been arranged between the LHD and Ambulance to discuss transfer of urgent, but not emergency patients.</li> <li>• <b>Action:</b> Include the date that the case was originally sent to the Board meeting when it is reported complete – to enable members to refer back to the original paperwork, as appropriate.</li> </ul> <ul style="list-style-type: none"> <li>• The Board <b>NOTED</b> the Safety &amp; Quality component of the KPI Report.</li> </ul>	<p><i>Mr Zacka</i></p> <p><i>Mr Zacka</i></p>
<p><i>Mr Conroy left at 5:15pm</i></p>		

7.2.2 – Service Access & Patient Flow	<ul style="list-style-type: none"> <li>• Mr Loy highlighted: <ul style="list-style-type: none"> <li>• Liverpool Hospital’s emergency treatment performance (ETP) performance remains below target.</li> <li>• The increase in numbers of mental health patients staying in ED greater than 24 hours is due to the inability to access mental health beds.</li> </ul> </li> <li>• <b>Action:</b> Confirm transfer of care (ToC) performance data within the Dashboard - it appears to be the same as last month and doesn’t align with the narrative.</li> <li>• The Board <b>NOTED</b> the Service Access &amp; Patient Flow component of the KPI Report.</li> </ul>	<i>Mr Loy</i>
7.2.3 – People & Culture	<ul style="list-style-type: none"> <li>• The Board <b>NOTED</b> the People &amp; Culture component of the KPI Report.</li> </ul>	
7.2.4 – Finance & Activity	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• The YTD (January) net cost of service was unfavourable - \$0.8M. Year end actuals are forecast to meet budget.</li> </ul> </li> <li>• Mr Loy highlighted: <ul style="list-style-type: none"> <li>• The 18.1% variance to target for mental health acute relates to the inability access beds. An overnight stay in a designated mental health bed is required (not clinical diagnosis).</li> <li>• The 5.6% variance to target for mental health – sub acute relates to not capturing all the data.</li> <li>• The 8.2% variance to target for non-admitted is a result of a focus on capturing sub-acute data.</li> </ul> </li> <li>• The Board <b>NOTED</b> the Finance &amp; Activity component of the KPI Report.</li> </ul>	
7.2.5 – Service Reports	<ul style="list-style-type: none"> <li>• The Service Reports were circulated with the Agenda. <ul style="list-style-type: none"> <li>• Reports for the following services were circulated with the Agenda: <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Drug Health</li> <li>• Population Health</li> <li>• Primary &amp; Community Health</li> <li>• Oral Health</li> <li>• Office of Preventive Health</li> </ul> </li> </ul> </li> </ul>	



	<ul style="list-style-type: none"> <li>• <b>Mental Health</b> <ul style="list-style-type: none"> <li>• The Board highlighted the ongoing challenges for the mental health service, particularly relating to beds and staffing.</li> <li>• <b>Action:</b> Present a mental health workforce report, with a focus on recruitment strategies in the next report.</li> </ul> </li> <li>• <b>Drug Health</b> <ul style="list-style-type: none"> <li>• <b>Action:</b> Clarify the 9% target for 'Aboriginal - % of clients'.</li> </ul> </li> <li>• The Board <u>NOTED</u> the Service Reports.</li> </ul>	<p><i>Ms Dingwall &amp; Dr Jones</i></p> <p><i>Ms Harvey</i></p>
<p><b>7.3 Work Health &amp; Safety Report</b></p>	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> the Work Health and Safety Report for the period October to December 2015 and incident statistics for the month of January 2016, as circulated with the Agenda.</li> <li>• Mr Loy highlighted <ul style="list-style-type: none"> <li>• Six critical infrastructure incidents reported</li> <li>• The addition of claims and time lost within the report</li> </ul> </li> <li>• <b>Action/s:</b> <ul style="list-style-type: none"> <li>• Define 'whole person impairment'</li> <li>• Provide a comparative report – staff injuries (with other LHDs or other industry – lost time)</li> </ul> </li> </ul>	<p><i>Mr Loy</i></p>
<p><i>Dr Slewa-Younan left the meeting at 5.45pm</i></p>		
	<ul style="list-style-type: none"> <li>• Item 8.1 – Health Care Quality &amp; Safety Committee – minutes of 2 March 2016 meeting were addressed – refer minute item listed below.</li> </ul>	
<p><i>Dr Gray left the meeting at 5.55pm</i></p>		
<p><b>7.4 Chairman's Report</b></p>	<ul style="list-style-type: none"> <li>• <b>Liverpool Hospital Cancer Services Development</b></li> </ul> <p>The Board <u>NOTED</u> correspondence from doctors and the Chairman's acknowledgement regarding cancer services development at Liverpool Hospital, as circulated with the Agenda.</p> <p>The Chief Executive and District staff together with Prof Delaney and Dr Moylan have recently met with Health Infrastructure regarding south western Sydney growth (current and proposed) and Liverpool Stage 2.2, which includes cancer services development. Health Infrastructure provided an overview of the current capital program, which is fully committed.</p> <p>The Board supported the Chief Executive's position to include cancer services development within Liverpool Hospital's Stage 2.2</p>	

	<p><b>Action:</b> The Board agreed for the Chairman to respond.</p> <ul style="list-style-type: none"> <li> <b>Board Training Proposal</b>            The Board <u>AGREED</u> to participate in a one-day <i>Governance for Directors and Officers in the Public Sector</i> course, facilitated by the Australian Institute of Company Directors.   <b>Action:</b> Make arrangements for Board members to attend the course.         </li> <li> <b>Council of Board Chairs Meeting</b>             An announcement regarding the Secretary is expected prior to Dr Foley's departure, in 3 weeks.             The Secretary's presentation highlighted:           <ul style="list-style-type: none"> <li>- Most LHDs are now close to the average cost per NWAU</li> <li>- The previous rising trend in the average cost per NWAU is now levelling out</li> <li>- NSW is being recognised nationally for the achievement</li> <li>- 4 adjustors in the forthcoming service level agreements:               <ul style="list-style-type: none"> <li>o Treatment for stroke patients</li> <li>o Mental health visits within 7 days of discharge</li> <li>o Telehealth</li> <li>o Emergency Treatment Performance</li> </ul> </li> <li>- A presentation by Professor McCaughan highlighted variations in costs per procedure. The Council resolved that Board Chairs should be asking questions about clinical variation and costs per procedure within their LHD.               <ul style="list-style-type: none"> <li>o The Chair and Chief Executive are currently discussing the matter.</li> </ul> </li> </ul> </li> <li> <b>Planning Day</b>             Ms Murphy and Ms Burlew noted their apologies. The Board <u>AGREED</u> to cancel the Planning Day scheduled for 8 April 2016.         </li> </ul>	<p><i>Secretariat / Chairman</i></p> <p><i>Secretariat</i></p>
<b>8. Committees of the Board</b>		
<b>8.1 Health Care Quality &amp; Safety</b>		
8.1.1- Minutes	<ul style="list-style-type: none"> <li>The Minutes of the Health Care Quality &amp; Safety Committee meeting held on 2 February 2016 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Dr Gray highlighted:</li> </ul>	

	<ul style="list-style-type: none"> <li>Item 4.1 – Fairfield Hospital’s Obstetrics &amp; Gynaecology Review Reported also by the Chief Executive in her Report.</li> <li>Item 4.2 – Liverpool ICU ANZICS Report For over a year Liverpool Hospital has been within the 95% confidence interval. <b>Action:</b> The Board accepted the Committee’s recommendation to congratulate Liverpool Hospital on this sustained performance, by way of letter to the Director, ICU.</li> <li>Item 5.2.2 – Emergency Department Patient Survey Results A noticeable shift in the number of questions that were previously rated as ‘lower than the State’ to ‘same as the state average’ in the recent survey.</li> <li>Dr Gray confirmed that the coronial recommendations following the inquest into the death of AG in 2015 were not of note for the Board</li> </ul>	Mr Zacka / Chairman
<b>8.2 Research &amp; Teaching</b>		
8.2.1- Minutes	<ul style="list-style-type: none"> <li>The Minutes of the Research &amp; Teaching Committee meeting held on 4 February 2016 were circulated with the Agenda and <b>NOTED</b> by the Board.</li> <li>Prof Frankum noted that a verbal report was provided to the February Board meeting.</li> </ul>	
<b>8.3 Finance</b>		
8.3.1- Minutes	<ul style="list-style-type: none"> <li>The Minutes of the Finance Committee meeting held on 19 February 2016 were circulated with the Agenda and <b>NOTED</b> by the Board.</li> </ul>	
8.3.2- Delegations Manual	<ul style="list-style-type: none"> <li>The Board <b>APPROVED</b> the proposed amendments to the SWSLHD Delegations Manual, V10 without amendment.</li> <li>Ms Larkin clarified that some amendments were administrative in nature, and others were clarifications of previously approved amendments.</li> </ul>	
<b>8.4 Audit &amp; Risk Mgt</b>		
8.3.1- Minutes	<ul style="list-style-type: none"> <li>The Minutes of the Audit &amp; Risk Management Committee meeting held on 23 February 2016 were circulated with the Agenda and <b>NOTED</b> by the Board.</li> </ul>	
8.3.2- ICAC Matters	<ul style="list-style-type: none"> <li>The Board <b>NOTED</b> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 1 February to 3 March 2016.</li> <li>One matter was reported to the ICAC.</li> </ul>	

	<ul style="list-style-type: none"> <li>No matters were referred by ICAC.</li> </ul>	
<b>8.5 Aboriginal Health</b>		
8.4.1- Minutes	<ul style="list-style-type: none"> <li>The next meeting of the Aboriginal Health Committee is scheduled for 24 March 2016.</li> </ul>	
<b>9. Consumer &amp; Community Council</b>		
9.1- Minutes	<ul style="list-style-type: none"> <li>The Minutes of the Consumer &amp; Community Council meeting held on 5 February 2016 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Ms Murphy reported that it was a good first meeting of the year with a focus on business planning for the year ahead.</li> </ul>	
<b>10. New Business</b>		
	<ul style="list-style-type: none"> <li>No new business items.</li> </ul>	
<b>11. Items for Information</b>		
<b>11.1 Public Relations Report</b>	<ul style="list-style-type: none"> <li>A Referral Note regarding public relations matters for February 2016 was circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>The March 2016 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<b>11.2 Board Schedules/ Dates</b>	<ul style="list-style-type: none"> <li>The 2016 Board Calendar is available from the Govdex website.</li> <li>The 2016 Board Items Due Calendar is available from the Govdex website.</li> </ul>	
<b>12. Other Business without Notice</b>		
	<ul style="list-style-type: none"> <li>The Chair invited other business without notice.</li> <li>Nil items received.</li> </ul>	
<b>13. Close /Next Meeting</b>	<p>The meeting closed at 6.30 pm.</p> <p>The next meeting is scheduled for Monday 18 April 2016 at the District Office.</p>	