

MINUTES

South Western Sydney Local Health District Board

Date: Monday 26 June 2017

Time: 3:30pm

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

1. Present and Apologies

Members	Pres.	Apol.	Members	Pres.	Apol.
Prof Phillip Harris (Chair)	✓		Mr John Gordon		✓
Dr David Abi-Hanna	✓		Dr Matthew Gray		✓
Mrs Nina Berry	✓		Prof Neil Merrett	✓	
Mr Max Bosotti	✓		Ms Kerrie Murphy	✓	
Ms Carolyn Burlew	✓		Mr Gary Reidy	✓	
Ms Christine Carriage	✓		Dr Shameran Slewa-Younan	✓	
Prof Brad Frankum	✓				
Other Attendees					
Ms Amanda Larkin, Chief Executive	✓		Dr Karuna Keat, Medical Staff Executive Council Representative		✓
Ms Nel Buttenshaw, Manager Executive & Board Secretariat (minutes)	✓		Mr Ross Sinclair, Director of Finance	✓	
Ms Glenda Dingwall, Director Workforce & Development	✓		Ms Sonia Marshall, Director Nursing & Midwifery Service	✓	
Ms Suzie Snook, A/Director, Clinical Governance		✓	Ms Sally Whitten, Risk Governance Manager	✓	
Ms Niki Theodoropoulos, Director Strategic Communications & Media	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
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"> MOTION: A motion was moved by Prof Frankum and seconded by Mrs Berry that the Minutes of the Board meeting held on 22 May 2017 be accepted as a true and accurate record. <ul style="list-style-type: none"> The Motion was carried. 	

Ms T Theodoropoulos joined the meeting at 3.43pm

<p>4. Presentation</p>	<ul style="list-style-type: none"> • The Chairman introduced Ms Theodoropoulos, Director Strategic Communications & Media and introduced the Board members present. • Ms Theodoropoulos presented to the Board <i>'The Brilliance of Strategic Communications & Media'</i>, highlighting: <ul style="list-style-type: none"> • <u>Role and Function of the Unit</u> <ul style="list-style-type: none"> - Media relations - Corporate identity - Crisis management - Corporate & internal communications - Digital media - Fund raising - Stakeholder engagement • <u>The importance of strategic communication</u> <ul style="list-style-type: none"> - Relationships - Value - Customer - Success - Loyalty • <u>State of play – external</u> <ul style="list-style-type: none"> - 2016 crisis recovery - Change of Minister - Countdown to 2019 election - 2017-18 budget • <u>State of play – internal</u> <ul style="list-style-type: none"> - Transforming your Experience - Strategic Plan 2018-2021 - Future communication and media strategy • <u>The vision</u> <ul style="list-style-type: none"> - To position SWSLHD as the epicentre of healthcare innovation where thought leaders: <ul style="list-style-type: none"> - Launch cutting-edge and ground breaking research - Drive innovative healthcare solutions - Commit to safe and high quality patient centred care - Promote each facility as an employer of choice • <u>Marketing channels</u> <ul style="list-style-type: none"> - LinkedIn – thought leaders - Digital media – website, social media, electronic media - Quarterly magazine - Social media monitoring – what people are saying about us • <u>Crisis management</u> <ul style="list-style-type: none"> - The process by which an organisation deals with a sudden emergency situation & the steps : <ul style="list-style-type: none"> - Can happen at any time - Planned / unplanned • The Chairman invited comment and discussion. 	
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	<ul style="list-style-type: none"> • Ms Murphy suggested use of the term ‘critical’ incident, rather than ‘crisis’ incident. For example the recent announcement of funding for Campbelltown Hospital could be considered a ‘critical’ incident – that presents an opportunity. • Ms Theodoropoulos clarified that the vision presented is ‘team-based’ to enable an immediate response to improve the organisational profile. The team-based vision will align with the revised strategic plan. • Ms Theodoropoulos confirmed that social media platforms owned by SWSLHD, such as Twitter are monitored. • The Chairman suggested: <ul style="list-style-type: none"> • Stories showcasing innovation could be periodically presented via the Chief Executive to the Board, which was supported by Mr Bosotti. This has commenced with the presentation to the May • A plan is needed for the potential involvement of Board members in crisis media management / responses. 	<p><i>Chief Executive</i></p> <p><i>Director, Strategic Communication & Media</i></p>
<p>4.1 Annual Board Awards [28.11.16: Item 8.3]</p>	<ul style="list-style-type: none"> • Ms Theodoropoulos highlighted: <ul style="list-style-type: none"> • Following the 2016 Annual Public Meeting at which the Board presented an Award to the Wakeling Automotive Group for their ongoing support to the District through the Wheels for Life Program, work has progressed relating to draft selection process and criteria for a staff award. The need for a community award for an organisation that provides significant support to the LHD was also highlighted.. • A comprehensive Awards program, aligned with the Transforming Your Experience strategy is being developed for 2018. • As an interim measure the Board <u>APPROVED</u> two Awards for presentation at the 2017 annual public meeting: <ul style="list-style-type: none"> ○ Staff Member ○ Community Partner <p>Noting that the short-listed nominees will be presented to the Board for final selection.</p> • On behalf of the Board, the Chairman thanked Ms Theodoropoulos for her time and earlier presentation. 	<p><i>Director, Strategic Communication & Media</i></p>

Ms N Theodoropoulos left the meeting at 4.10pm.

<p>5. Patient Story</p>	<ul style="list-style-type: none"> Ms Larkin presented the story of 'David', a 42 year old man admitted for day surgery (to remove skin cancers from his face) but would stay overnight post operatively. David had a peg tube due to previous surgery and was receiving gravity feeds. David's mother made a formal complaint about her sons care, highlighting his fasting period of 36 hours and the unavailability of the required feed and equipment, despite her previous offer to supply same. The story highlights the importance of listening to carers and staff attitude. Prof Merrett noted that ACI Guidelines related to fasting have been issued, however clinician compliance is subjective. Action: Submit the Guidelines for further discussion to the District's Clinical Quality Council & Critical Care Stream meeting. The Board <u>NOTED</u> the patient story. 	<p>A/Director, Clinical Governance</p>
<p>6. Business Arising</p>		
<p>6.1 Role of Camden Hospital Emergency Department [22.05.17: Item 5.1]</p>	<ul style="list-style-type: none"> The SWSLHD Board <u>NOTED</u> the Referral Note, circulated with the Agenda. Ms Larkin highlighted: <ul style="list-style-type: none"> The current staffing enhancement for Camden and Campbelltown Hospitals is part of a staged approach to enhance clinical service provision at both sites. The first stage, currently submitted, focuses on Campbelltown Hospital. It is proposed that the second stage will include Camden Hospital. Dr Abi-Hanna requested a comparison of the current staffing with the proposed staffing (enhanced) for day, evening and night shifts. Action: Provide a staffing comparison, current and proposed staffing (enhanced) at Camden Hospital Emergency Department. 	<p>Chief Executive</p>

<p>6.2 KPI Report – Quality & Safety [24.04.17; Item 6.1.4 & 22.05.17; Item 6.14]</p>	<ul style="list-style-type: none"> The SWSLHD Board <u>NOTED</u> the Referral Note regarding the sentinel event component of the Quality & Safety Section of the KPI Report, circulated with the Agenda. Ms Larkin highlighted: <ul style="list-style-type: none"> Reporting periods are based on calendar years. For 2017, there has been 1 sentinel event reported (30 May 2017). Sentinel events do not have a Ministry of Health target set. The LHD target for all sentinel events should reflect a zero tolerance and the reporting data have been updated accordingly. If no sentinel events occur a ‘zero’ will be inserted. 	
<p>6.3 Service Reports [24.04.17; Item 6.1.4]</p>	<ul style="list-style-type: none"> The SWSLHD Board <u>NOTED</u> the Referral Note regarding privacy arrangements relating to information shared at the Safety Action Meeting, circulated with the Agenda. Ms Larkin provided a background to the initiative and highlighted the key legislation and protocols guiding information exchange: <ul style="list-style-type: none"> The NSW <i>Crimes (Domestic and Family Violence) Act 2007</i> governs information sharing related to Safety Action Meetings. SWSLHD is guided by the NSW Government Safer Pathway Domestic Violence Information Sharing Protocol, Safety Action Meeting Manual and Domestic Violence and Child Protection Guidelines for information management and compliance of Safer Pathways information sharing. Action: Clarify if the client information considered at meetings is for clients that are deemed ‘at risk’. 	<p>Chief Executive</p>
<p>6.4 SWSLHD Delegations Manual [24.04.17; Item 5.21]</p>	<ul style="list-style-type: none"> The SWSLHD Board <u>APPROVED</u> proposed amendments to the Delegations Manual in response to the recent legislative changes, as follows: <ul style="list-style-type: none"> Section 1.5 – Role of the Board <p style="color: green;">Recommendations for dismissal of the Chief Executive. Responsible for the employment of the Chief Executive (including appointment and removal).</p> 	

	<ul style="list-style-type: none"> Section 7.1 - Staff establishment and appointments Approving request to advertise a vacancy within establishment full time equivalent (FTE) or advertise for a casual employee (subject to availability of funds) for the following positions: Chief Executive and Health Executive Service Secretary-SWSLHD Board Health Executive Service and Executive positions Chief Executive The Chairman noted that the delegation prescribed at Section 1.5 should be undertaken with the concurrence of the Secretary. Action: Update the Delegations Manual and publish the revised version. 	Secretariat
7. Standing Items		
7.1 Chief Executive's Report		
6.1.1 - Significant Issues	<ul style="list-style-type: none"> Ms Larkin provided a summary of significant issues including: <ul style="list-style-type: none"> Mental Health Review On 22 May 2017 Health Minister Brad Hazzard and Mental Health Minister Tanya Davies announced a review of the practice of seclusion, restraint and observations across the NSW mental health system. The review will consider whether existing legislation, policy, clinical governance and practice standards are consistent with national standards, international best practice and the expectations of patients and the community. A final report and recommendations on a pathway for the reduction of seclusion and restraint practices in NSW will be completed by early December. Sunday Telegraph – Bankstown-Lidcombe Hospital Medical Gases Incident On 9 June 2017 journalist (Ben Pike) contacted NSW Health media requesting an update on the outcomes of the recommendations contained in the Bankstown-Lidcombe Hospital Medical Gases Incident: Final Report. In response NSW Health issued a statement. The related article was published - Daily Telegraph, Sunday 11 June 2017. 	

	<ul style="list-style-type: none"> • Joint Press Conference <p>A joint press conference was held on Saturday 17 June 2017 at Campbelltown Hospital at which the NSW Premier announced \$632 million for Campbelltown Hospital as part of the NSW State budget.</p> <p>The Board was represented at the event by Chairman, Prof Phillip Harris and Prof Brad Frankum.</p> <p>The budget also included planning money for Liverpool Hospital.</p> <ul style="list-style-type: none"> • The Board <u>NOTED</u> the significant issues section of the Report, as circulated with the Agenda. 	
<i>Ms Whitten joined the meeting at 4.36pm</i>		
7.1.2 - Regulatory Environment	<ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • The policy process is continuing. • The Board <u>NOTED</u> the Regulatory Environment section of the Report, as circulated with the Agenda. 	
7.1.3 - Risk Management	<ul style="list-style-type: none"> • Ms Whitten highlighted: <ul style="list-style-type: none"> • Since the last report to the Board: <ul style="list-style-type: none"> • Two new 'extreme / high risks' have been added to the Register relating to: <ul style="list-style-type: none"> • Failure to communicate / consult with stakeholders regarding Bowral & District Hospital. • Management of refrigerated medicines. • Two risks have been 'closed / de-escalated': <ul style="list-style-type: none"> ○ Lack of access to infrastructure and resources to manage bariatric patients - was closed as this risk was opened in 2014 and has a number of controls in place relating to improved planning / resourcing in order to manage bariatric patient management and is also one the risk register of Facilities and Services. ○ Risk of aggression and violence in the mental health setting – was de-escalated to Mental Health Services (transferred out of the LHD risk register and into the Mental Health Services risk register) as a new 	

	<p>related LHD risk was opened, Risk ID 512 “Patient aggression/ behavioural disturbance in acute care settings.”</p> <ul style="list-style-type: none"> • There are a total of 59 risks on the Register. <ul style="list-style-type: none"> • Ms Whitten clarified: <ul style="list-style-type: none"> • The heat map indicates there are no risks on the Register with an extreme consequence. • Risks are ‘actual’ rather than ‘potential’. • Risks within Table 2 are presented by corporate area of action and are allocated an overall risk rating and an overall tolerance risk rating. <ul style="list-style-type: none"> • Ratings (i.e. high, medium or low) are assigned using a matrix of likelihood and consequence. • Ms Whitten clarified that the Top 10 Risks submitted to the NSW Ministry of Health (MoH) are taken from the Risk Register, however the reporting periods differ. The MoH submission (Attach 1) is for the Jan-Mar 2017 period and the Report to the Board is for the Apr-Jun 2017 period. • Ms Whitten highlighted the significantly improved enterprise-wide risk management training rates, described within Table 4 of the Report. • The Board <u>NOTED</u> the Risk Management section of the Report, as circulated with the Agenda. • On behalf of the Board, the Chairman thanked Ms Whitten for her Report. 	
<p><i>Ms Whitten left the meeting at 5.00pm.</i></p>		
<p>7.1.4 – WHS Report</p>	<ul style="list-style-type: none"> • The Board <u>NOTED</u> the Work Health & Safety section of the Report, as circulated with the Agenda. • Ms Dingwall highlighted: <ul style="list-style-type: none"> • Notifications have remained steady in the last three years; at between 87 and 97 claims per quarter across the last four quarters. The SWSLDH has implemented a number of strategies to improve performance including: 	

	<ul style="list-style-type: none"> • <u>Body stressing prevention strategies</u> It was agreed that a Body Stressing Injury Prevention Working Party be established on preventative strategies so as to minimise body stressing claims across the nursing workforce. • <u>Falls prevention strategies</u> 27% of reported slips were due to wet floors. SWSLHD facilities/ services have been reminded that the Workplace Inspections program should help identify potential slip, trip and falls hazards. • <u>Physical aggression management strategies</u> The number of physical aggression reports reported remains steady. There was a notable increase in reports from Mental Health Services specifically, the Adolescent Unit in Campbelltown Hospital as well as in the Mental Health High Dependency Unit in Liverpool Hospital. SWSLHD continues to roll out the Violence Prevention and Management training to all workers in high risk areas such as Mental Health Services. • <u>Pre-employment Health Assessment Program</u> SWSLHD is working on the development of a Pre-employment Health Assessment Program for prospective appointees as part of the SWSLHD's Recruitment, Selection & Appointment process. This will present an opportunity to actively engage with prospective employees in health discussions to assist the worker and the organisation to maintain good health and reduce the likelihood of injury. • Ms Dingwall also highlighted a number of workers compensation strategies, specifically the Worker Injury Screening & Early Intervention (WISE), a program that assists in the early identification of high risk claims and flags the development of early intervention strategies. • Ms Dingwall confirmed that all reporting of bullying and harassment is recorded but that it may be under reported. The SWSLHD has a protected disclosure policy. • In relation to the Due Diligence Report (Attach 1), the improved performance in education initiatives was noted, i.e. WHS training for managers at 65% and manual handling at 88.5%. • The Board noted the increase in incident trends (since March 2017) relating to body stressing, slips trips & falls, aggressive incidents, however noted the mitigating strategies highlighted 	
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	<p>by Ms Dingwall earlier.</p> <ul style="list-style-type: none"> The Board AGREED to undertake a refresher Due Diligence training session. Actions: <ul style="list-style-type: none"> Include the Lost Time Injury Rate in the next Report. Arrange a Due Diligence training refresher session for the Board. 	Director, Workforce & Development
7.1.5 - KPI Report	<ul style="list-style-type: none"> The KPI Report was circulated with the Agenda. 	
Safety & Quality	<ul style="list-style-type: none"> Action: Discuss the completed RCA cases of 2330113-20 and 2328670-20 directly with Dr Abi-Hanna. The Chairman suggested that a trend report may be more valuable than the current dashboard arrangement (for all indicators within the KPI Report). Ms Larkin noted the opportunity to refresh reporting, in line with new service level agreement (SLA). Action: Refresh reporting to the Board (KPI & Service Reports) in line with the 2017/18 SLA> The Board NOTED the Safety & Quality component of the KPI Report. 	A/Director, Clinical Governance Chief Executive
Service Access & Patient Flow	<ul style="list-style-type: none"> Ms Larkin highlighted: <ul style="list-style-type: none"> Emergency Treatment Performance, including key strategies implemented to address the identified factors contributing to unmet targets, for example the PRIMED Project at Campbelltown Hospital – which provides a timeline of admission (excl. mental health) from the ED by day of week. Prof Frankum advised that the Campbelltown Hospital’s Clinical & Quality Council have written to the District Council regarding the number of mental health patients waiting in the ED. The District remains on track to achieve the full year target for Overdue Elective Surgery Patients. An overview of key strategies to support performance was provided. The Board NOTED the Service Access & Patient Flow component of the KPI Report. 	

People & Culture	<ul style="list-style-type: none"> The Board <u>NOTED</u> the People & Culture component of the KPI Report. 	
Finance & Activity	<ul style="list-style-type: none"> Mr Sinclair highlighted: <ul style="list-style-type: none"> Expenditure is favourable YTD May-17. Own source revenue was favourable for the month, YTD and compared to last year. Small creditor payment performance in May achieved the 100% target. NCoS current trend indicates favourability for year end. YTD April 2017 results indicate that the District is at 98.7% of its activity YTD target. The 2017/18 budget letter has been received. A presentation on the 2017/18 Service Level Agreement, including budget will be made to the July meeting of the Board. The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. 	<i>Director of Finance</i>
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 Ms Larkin suggested that members review the Drug Health Report, which highlights a number of important developments. The Chairman suggested that the Service Reports be provided by exception. Action: Provide the Service Reports by exception. 	Chief Executive
7.1.5 - Media & Marketing	<ul style="list-style-type: none"> The Board <u>NOTED</u> the Media & Marketing Report. Ms Larkin highlighted the launch of the SWSLHD Aboriginal Health Strategic Plan, scheduled for 29 June 2017. 	
<i>Ms Marshall & Ms Dingwall left the meeting at 5.37pm</i>		

<p>7.2 Chairman's Report</p>		
<p>7.2.1 – LHD & Specialty Network Conference</p>	<ul style="list-style-type: none"> Members considered that the LHD & Specialty Network Board Conference held on 19 June 2017 was informative. 	
<p>7.2.2 – Correspondence received</p>	<ul style="list-style-type: none"> The Chairman reported correspondence received from Dr J during the month, pursuant to practice. Copies of the correspondence and related responses were circulated with the Agenda. Members noted that an independent investigator has been appointed to review claims made by Dr J and claims made by other staff about Dr J. 	
<p>7.2.3 – Correspondence received</p>	<ul style="list-style-type: none"> The Chairman reported further correspondence received during the month from Mr L, pursuant to practice. Copies of the correspondence and related responses were circulated with the Agenda. Ms Larkin provided a brief overview of the matter and advised that a further meeting has been scheduled with Mr L in July 2017. The Board considered that key strategic elements raised as highlighted by Dr Slewa-Younan & Ms Murphy need to be considered. Action: Respond again to Mr L, reiterating the Board's apologies, outlining expectations relating to his behaviour and how to engage with services and note that the Chief Executive will continue to work with him. 	<p>Chairman / Secretariat</p>
<p>7.2.4 – Nominations Committee</p>	<ul style="list-style-type: none"> The Chairman advised that following the EoI process the following members have been selected for the Nominations Committee: <ul style="list-style-type: none"> Dr Gray Ms Murphy Ms Burlew Mr Reidy Prof Harris The draft Committee Terms of Reference will be considered at the inaugural meeting. 	<p>Secretariat & Chair</p>

8. Committees of the Board		
<p>8.1 Health Care Quality & Safety</p> <p>8.1.1- Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Health Care Quality & Safety Committee meeting held on 7 June 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Merrett highlighted: <ul style="list-style-type: none"> <u>Item 4.1 – Fairfield Hospital</u> The Committee noted the implementation progress of the Quality and Safety Framework and the supporting Maternity Action Plan at Fairfield Hospital. A further update has been requested in 6 months. <u>Item 5.1.6 – Hand Hygiene Performance</u> The Committee noted the overall compliance of 85.7% (an increase of 0.8% from the last period) for SWSLHD, compared to the NSW rate (85.3%) and National average (84.6%) (for the reporting period Nov-16 to Mar-17). <u>Item 6.2 – Commonwealth Home Support Program Services (CHSP)</u> The Committee noted that aged care and rehabilitation respite services are funded under the CHSP. PwC has undertaken a review of CHSP services managed by LHDs and the MoH – preliminary recommendations require LHDs to de-commission and/or disinvest in all non-clinical CHSP services. The NSW / ACT CHSP Office has verbally approved for the transfer to take place. <p>The Board <u>ENDORSED</u> the Committee’s recommendation to disinvest in CHSP services.</p>	
<p>8.2 Finance & Assets</p> <p>8.2.1- Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Finance & Assets Committee meeting held on 19 May 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. • Mrs Berry highlighted: <ul style="list-style-type: none"> • The Committee will be reviewing the risk register at their July 2017 meeting. • Item 6.1 – Concessional Car Parking. Ms Larkin noted that the soft launch commenced today, 26 June 2017. • Mr Sinclair confirmed that the decrease in activity reported for Bankstown-Lidcombe Hospital is attributed to the complexity / acuity of patients seen, as substantiated by a recent audit. 	
<p>8.3 Audit & Risk Mgt</p> <p>8.3.1- Minutes</p>	<ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 23 May 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. 	

	<ul style="list-style-type: none"> Ms Larkin provided clarification in relation to the audit on payments to staff specialists and visiting medical officers that due to the number of 'areas for improvement' identified these were subsequently changed to 'unsatisfactory'. 	
8.3.2- 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 from 9 May to 14 June 2017. <ul style="list-style-type: none"> No matters were referred to the ICAC No matters were referred by the ICAC. 	
8.4 Research & Teaching 8.4.1- Minutes	<ul style="list-style-type: none"> The Minutes of the Research & Teaching Committee held on 1 June 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. Prof Frankum highlighted: <ul style="list-style-type: none"> Prof Chris Levi has commenced in his role of Director, The Sydney Partnership for Health, Education, Research & Enterprise (SPHERE). Interviews have been held for the interim position, SWSLHD Research Director and an announcement is expected shortly. The Board <u>ENDORSED</u> the Committee's proposed changes to the Terms of Reference. 	
8.5 Aboriginal Health 7.5.1- Minutes	<ul style="list-style-type: none"> The Board <u>NOTED</u> that the minutes of the Aboriginal Health Committee meeting held on 22 June 2017 were not yet available. 	
9. Consumer & Community Council		
8.1- Minutes	<ul style="list-style-type: none"> The Minutes of the Consumer & Community Council (CCC) meeting held on 2 June 2017 were circulated with the Agenda and <u>NOTED</u> by the Board. Mr Reidy highlighted the role for CCC members within the Transforming Your Experience program. 	
10. New Business		
10.1	<ul style="list-style-type: none"> Nil items. 	

11. Items for Information		
11.1 Board Schedules/ Dates	<ul style="list-style-type: none"> The Board Calendar is available from the Govdex website. The 2017 Board meeting & events summary has been published on Govdex. 	
12. Other Business Without Notice		
	<ul style="list-style-type: none"> The Chair invited other business without notice. Prof Merrett advised his apologies for the August 2017 meeting. Action: Confirm the date for the October Board Planning Workshop. 	Secretariat
13. Close /Next Meeting	<p>The meeting closed 6.35pm.</p> <p>The next meeting is scheduled for Monday 24 July 2017 – District Office (3.30pm-6.30pm).</p>	