

## NSLHD Board

### MEETING DETAILS

**Date:** Tuesday 22 August 2017 commencing 4:30pm

**Venue:** Boardroom, NSLHD Executive Unit, Royal North Shore Hospital

**Present:**

Mr Trevor Danos AM	Board Chair
Dr Dianne Ball	Board Member
Adjunct Professor Ann Brassil	Board Member – teleconference until 6:30pm
Professor Mary Chiarella	Board Member
Mr Andrew Goodsall	Board Member
Mr Brad Goodwin	Board Member
Mr Anthony Hollis	Board Member
Ms Beata Kuchcinska	Board Member - teleconference
Dr Harry Nespolon	Board Member
Adj. Associate Professor Annette Schmiede	Board Member
Mr Keith Skinner	Board Member
Dr Michelle Mulligan	Board Member designate

**In attendance:**

Mr Graeme Loy	Acting Chief Executive NSLHD
Mr Christopher Thomson	A/Director Finance & Corporate Services
Ms Elizabeth Curran	Executive Director Operations NSRHS & NSLHD
Dr David Jollow	Chair, Medical Staff Executive Council
Ms Judith Hogan-Wright	Secretariat

**Apologies:**

Mr Don Marples	Board Member
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### PRE MEETING DETAILS – commencing at 4:00pm

Prior to the commencement of the Board meeting, NSLHD Board and the Chair, Medical Staff Executive Council held a 30 minute discussion with senior executives from Ryde Hospital (Mr Matthew Noone, Site Operations Manager, Dr Darlene Mathens, Director Medical Services and Mr Brian Bonham, Director Nursing & Midwifery) to get a better understanding of the issues facing Ryde Hospital.

Action items arising from the discussion:

**Action 1:** The Acting Chief Executive (A/CE) to update as necessary the Ryde Master Plan and the Ryde Clinical Services Plan including by reference to patient flows from Western Sydney LHD, growth corridors, bed growth and the implications of the new Northern Beaches Hospital; due October 2017.

**Action 2:** The Secretariat to circulate the Executive Summary of the Ryde Master Plan and the Ryde Clinical Services Plan; due as soon as possible, post Action 1 above.

**Action 3:** A presentation to be arranged to update the Board on the Ryde Master Plan and the Ryde Clinical Services Plan by the Executive Director Operations, NSRHS (EDOP); due late 2017.

**Action 4:** The Board to be briefed on how the data, analytics and risk assessment on Ryde Hospital can be disaggregated from the Royal North Shore Hospital in the current reporting of the North Shore Ryde Health Service by the A/CE; due October 2017.

**Action 5:** The EDOP to brief the Board, out of session and within the next fortnight, on matters to be raised at upcoming breakfast meetings involving staff members and Board members.

**Action 6:** The Board to be briefed on lessons learnt from the transition to the new childcare arrangements at Ryde Hospital by the A/CE; due March 2018.

## BOARD MEETING DETAILS – commencing at 4:30pm

The Board Chair welcomed the Acting Chief Executive, Mr Graeme Loy to the Board meeting and introductions were made to those in attendance.

Adjunct Associate Professor Vicki Taylor has tendered her resignation as Chief Executive, NSLHD and the Board Chair acknowledged her achievements at the District since 2011 and wished her well in her new role.

**Action:** The Secretariat to prepare a letter of appreciation and thanks to Adjunct Associate Professor Vicki Taylor on behalf of the Board.

The Board Chair also welcomed Dr Michelle Mulligan an Anaesthetist, Clinical Director for the Division Surgery & Anaesthesia at Royal North Shore Hospital and Clinical Network Director Surgery & Anaesthesia NSLHD, pending her formal letter of appointment to the Board from the Minister of Health.

Adjunct Professor Ann Brassil has stepped down as Deputy Chair, a role she has fulfilled since 2011 and Adjunct Associate Professor Annette Schmiede has been appointed in this role. The Board Chair thanked Adjunct Professor Brassil for her work during her time as Deputy Chair and welcomed Adjunct Associate Professor Schmiede as Deputy Chair.

The Board Chair distributed to the Board the template for a name badge and sought comments.

**Action:** Board members will provide suggestions to the Secretariat on their preferred name badge format; due ASAP by the Secretariat with final name badges to be distributed at the September Board meeting. Name badges in the new format will be distributed to all staff in due course, cascading down from the NSLHD executives.

From an action item from the Finance, Risk and Performance Committee (FRAP), the electronic delivery mechanism for the delivery of FRAP and Board papers is being investigated. The Board directed that this will not include further development within the NSLHD's existing Microsoft SharePoint platform, but be sourced from readily available 'commercial off the shelf' vendor supplied software without any customisation. Other LHDs and Health agencies will be investigated as to their methods of electronic delivery of meeting papers. There is the possibility of aligning with other LHDs to gain preferred pricing. For those FRAP and Board members who require hard copies, this will continue to be made available.

**Action:** The Board to provide to the Secretariat any information on electronic delivery software providers of meeting papers; this will be relayed to the FRAP committee.

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## 1. Presentation

### 1.1 Board Audit & Risk Committee

The Board noted the annual report to the Board covering the past and planned activities for the Board Audit & Risk Committee (BARC) and Mr John Hunter, Independent Chair BARC provided additional information.

Mr Hunter expanded on the various matters pertaining to the BARC committee and the meetings held with the Ministry of Health, other LHD Directors of Finance and Audit and with the Auditor General. It was noted that the BARC committee members are working well, the working relationship with the Director Internal Audit (DIA) is exemplary and the employment of the Chief Risk Officer has provided strength to the organisation. A concern is that too many audits are undertaken and the recommendation to reduce the number of audits has been conveyed to the DIA. Mr Hunter was pleased with the 93% of audit recommendations either implemented or currently in progress by the Internal Audit directorate. Mr Hunter also added that the optimal working relationship between NSLHD and the Audit Office of NSW (AO) is to be commended.

Key challenges for the District in the opinion of the BARC were mentioned as well as other matters of general concern raised by the Ministry of Health (MoH) and by the AO. They included the NDIS, building cladding, JMOs, sources of revenue, codes of conduct and conflicts, use of trust funds, IT systems, privacy and backlog of maintenance. The Board Chair advised that these matters have also been identified by the Board and are either on the agenda for discussion or will be addressed in the coming months. The A/CE also added comments on the challenges discussed and advised that these are known by the MoH and a number are common to other LHDs.

The AO will be conducting performance audits over the 2017/18 period covering: risk management, culture and capability, cyber security, benefits realisation of HealthRoster and other IT projects. During 2018/19 the AO will be conducting audits on performance against the Aboriginal Health Plan and in 2019/20 a follow up audit on activity based funding and will review governance arrangements within each LHD and the impact of the NDIS on health services.

**Action:** The BARC members to receive the endorsed NSLHD Board minutes; to be arranged by the Secretariat.

Following on from items discussed above, a late tabled document issued by the Commonwealth was circulated covering Private Patients in Public Hospitals for information. As NSLHD has one of the highest percentage of private health insurance coverage by population, the financial implications to NSLHD in the tabled document was discussed.

**Action 1:** Comments on the Private Patients in Public Hospitals to be provided as soon as possible.

**Action 2:** The Acting Director Finance & Corporate Service (A/DF&CS) to undertake financial modelling on the immediate and short term/ medium term effects commencing with prosthetics; due October 2017.

**Action 3:** The A/DF&CS to seek from Health Infrastructure (HI) financial models on the implications to the NSLHD once Northern Beaches Hospital (NBH) is operationalised; due October 2017.

The Chair updated the Independent Chair BARC on other matters that have been identified by the Board: Trust Fund management and investment, local IT systems, compatibility between the NSLHD and the NBH IT systems, culture assessment conducted by EY and maintenance backlogs.

From a question from a Board member, Mr Hunter advised that he speaks with other chairs of Health audit and risk committees to inform himself of and compare what audits are conducted by other LHDs.

The Chair thanked Mr Hunter for an informative update on the Board Audit & Risk Committee.

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## 2. Patient Story

### 2.1 Complaint letter

The A/CE spoke to a letter from a patient regarding a discharge summary and the response and follow-up by the NSLHD. Whilst the patient commented on the high level of care received whilst an in-patient, the patient was concerned regarding the level of information provided on the discharge summary. On receipt of the complaint letter, the patient was contacted and a review was undertaken. The A/CE commented on the improvements that will be undertaken to improve written communication, reduce time to respond to patients' complaints, emphasis on plain English writing and importantly, greater focus on empathy and compassion.

**Action 1:** The EDOP to provide a management plan to inculcate the above-mentioned improvements in addressing difficult issues / handling of complaints; due by October 2017

**Action 2:** The EDOP to provide a paper on the data analytics of the complaints received by the NSLHD; due October 2017.

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## 3. Attendance / Apologies / Quorum / Conflict of Interest

Attendance and apologies were noted.

The Chair requested all attendees to declare any conflicts of interest at this meeting.

There were no conflicts of interests declared.

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## 4. Confirmation of Minutes

### 4.1 NSLHD Board meeting held 18 July 2017

Minutes of the meeting were confirmed as a true and accurate record of the meeting.

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## 5. Ongoing Business (in conjunction with Action List)

### 5.1 Talent Development / Growing Capacity

The A/CE updated the Board and noted that all areas that were surveyed showed an improvement post Talent Development with 45 instances of staff improving their position within the organisation post undertaking the Talent Development program.

The Board noted that it is challenging for NSLHD staff members to be informed on all the programs that are available. Time commitment for staff training was discussed and a solution may be virtual training. The A/CE advised that a considerable amount of training is readily available via on-line training.

**Action 1:** The Research, Innovation, Teaching and Education (RITE) committee to undertake a review of the training available to the staff of NSLHD, both internal and external, and report back to the Board. Presentation due in December 2017.

**Action 2:** A presentation to be arranged at a later date by the Workforce & Culture Directorate on the overall strategy of staff training; due early 2018.

#### 5.1.1 Revised Action Plan for Implementing the Talent Development Framework (TDF) – July 2017

#### 5.1.2 Talent Development – 12 month evaluation

#### 5.1.3 Talent Development – Results and Outcomes

The Board **noted** all the above tabled documents.

## **5.2 Temperature Check: Ernst & Young Culture & Leadership Report**

The Board noted the tabled document and the Board Chair provided background and an update. The motivation to engage Ernst & Young (EY) to undertake this investigation was prompted by the Board Chair's observance of instances of non-adherence of the CORE values exhibited within NSLHD. The A/CE spoke of full involvement by the NSLHD executives and management, the integration of a communication strategy and to ensure engagement by the whole of the organisation to ensure positive culture for the District.

There was discussion by Executives and Board members on a program to identify and work through roadblocks that hinder innovation, collaboration and creativity.

The Board noted instances of the lack of clarity on roles and responsibility especially operational responsibility, signoffs, delegations, clinical responsibilities etc. and suggested that a document be produced that outlines the roles and responsibilities within the District.

**Action:** A document is to be prepared that outlines the roles and responsibilities within the District by the A/CE; due November 2017.

The Board agreed to proceed to the next steps with EY. The Board identified the need to ensure that the EY work is done in a way that takes full advantage of and does not duplicate existing NSLHD in-house culture improvement initiatives.

## **5.3 Clinical Services Plan 2015-2022**

The Board **noted** the tabled document.

## **5.4 National Disability Insurance Scheme (NDIS)**

The Board **noted** the tabled document. The Board Chair noted that at the September Board meeting the NDIS paper needs to be comprehensive and should address all the issues and concerns previously identified by the Board.

## **5.5 Enforceable Undertaking / work Health Safety**

The Board **noted** the tabled document.

## **5.6 RNSH Public Private Partnership – Financial Arrangements**

The Board Chair provided background information on the past conversations with the MoH regarding the financial implications to the District in relation to the soft service arrangements for the period 2017 to 2020. The A/CE relayed the outcomes from a recent meeting between MoH and NSLHD and reiterated the position of the MoH, as confirmed by the Secretary, that NSLHD and HealthShare need to work to identify ongoing efficiencies. The Board Chair will update the Board on this matter as it progresses. For the time being, this matter is now closed.

## **5.7 Corporate Governance Update**

The tabled referral note covering the matters: new Model By-Laws, Delegations Manual, Corporate Governance Plan was **noted** by the Board. The Board Chair advised that the matters in the referral note pertaining to the Delegations Manual do not fully address the issues previously raised. The Board will await the final Model By-Laws from the MoH due in October 2017 and post the endorsement of these By-Laws, the Board will undertake a self-audit of compliance.

**Action:** The A/CE to table a paper covering the Delegations Manual at the September Board meeting.

## **5.8 Pedestrian access to Royal North Shore Hospital (RNSH)**

The tabled referral note was **noted** by the Board and the A/CE provided information on how other LHDs address the difficulties of site access experienced by staff, visitors and patients. The A/CE was confident that a suitable resolution to difficult site access at RNSH will be identified and stated that attention will shortly be given to site access at other hospitals in the District. In the

meantime a survey is progressing to fully understand all the issues, improved signage and way-finding devices are under investigation and volunteers have been approached and are reported to be very pleased to participate.

**Action:** The EDOP to present to the Board an holistic approach for improved pedestrian access but also vehicular access in and around Acute Services Building (ASB) and the North Shore Private Hospital; due October Board meeting.

#### **5.9 NSLHD Strategic Plan – Performance Measures**

The referral note was **noted** by the Board and the A/CE advised that the performance measures are close to being finalised and this will be presented at the September Board meeting.

#### **5.10 Fire Performance of External Wall Cladding**

The Board **noted** the tabled document and requested the updates on the two outstanding matters be investigated and re-tabled for the Board's information at the September Board meeting.

**Action:** An updated referral note to be presented at the September Board meeting addressing the two outstanding matters.

#### **5.11 Graduate Health Management Program**

The Board **noted** the tabled document and fully supported the Graduate Program to commence within NSLHD in 2018.

#### **5.12 Committee Support**

The Board Chair conveyed to the A/CE the Board's dissatisfaction with the quality of committee support. The A/CE advised the Board on the methods and opportunities to improve secretarial support and to provide strategic executive leadership of these committees.

**Action:** The A/CE to present to the Board a resolution to the committee support covering both the secretarial support and the strategic executive leadership of these committees; due September Board meeting.

#### **5.13 Annual Public Meeting**

The Board Chair updated the Board on the planned meeting with the Director Corporate Communications to improve the format and content of the Annual Public Meeting (APM). There was discussion on the possibility of other venues (other than the Kolling Building) that might be suitable to hold the APM.

**Action:** A referral to the Consumer, Community, Carer & Communication (CCCC) Committee and to the Board will be tabled at the September Board meeting covering the 2017 APM seeking the Board's approval.

#### **5.14 Brown Building – Rehabilitating the Site**

The Board Chair updated the Board on the meeting held between HI and NSLHD for the sourcing of clean fill to remediate the area on which the Brown Building was sited.

**Action:** The A/CE to contact HI and to seek a resolution to rehabilitating the Brown Building site; due September Board meeting.

#### **5.15 Meeting with Healthscope managing director**

The Board Chair updated the Board on the recent meeting with the CEO of Healthscope and other senior officers from that company. The Board Chair reported that the meeting was constructive and that these meetings will now occur on a quarterly basis.

#### **5.16 Breakfast with the Board**

**Action:** The 'Breakfast with the Board' events will commence on 14 September 2017 and are planned up to April 2018.

### **5.17 Fundraising Options**

The Board Chair updated the Board on the recent fundraising achievements by the Kolling Foundation. The extension for the fundraising agreement is still progressing and is due to be signed by the end of August 2017. The Board will continue to receive reports and papers as per the “step plan” that has previously been tabled, including long term options for fundraising within the District. An options paper is being developed.

**Action:** The Board Chair will update the Board at the September Board meeting and arrange a presentation by the Chief Executive Officer, Kolling Foundation covering the fundraising vision of the Foundation; date to be confirmed.

### **5.18 Junior Medical Officer (JMO) Wellbeing**

The Board **noted** the tabled referral note and the work currently being undertaken by the District for the wellbeing of JMOs was discussed. To ensure that the JMOs are able to provide open feedback, a dinner for JMOs, Board members and NSLHD Executives has been arranged for early September; refer to item 6.1.1.

### **5.19 Board Workshops**

The Board Chair updated the Board on the workshops now scheduled: Quality & Safety on 3 November 2017, Strategic Planning on 4 November 2017 and Risk on 6 February 2018.

### **5.20 Ryde Hospital Childcare**

The Board **noted** the tabled referral note and the earlier discussion with senior executives of Ryde Hospital.

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## **6. Standing Business**

### **6.1 Board Chair Report**

The Chair outlined the matters which have occupied him over the last month and also provided the following tabled documents providing detailed information on:

#### **6.1.1 Junior Medical Officer Input and proposed dinner**

The Board **noted** the report. A dinner has been arranged for 6 September; refer to item 5.18.

#### **6.1.2 Patients Aren't Widgets**

The Board **noted** the paper tabled for the information of the Board.

The Chair discussed the relocation of the NSLHD Executives currently located in Building 51 scheduled for demolition this year. Alternative locations were considered and rejected due to the age of the buildings, the sub-optimal office layouts or the renovation costs. The Board Chair advised that a temporary solution has been identified to move the affected staff into the Douglas Building. A long term solution for a permanent location for the NSLHD Executives is required, one that preserves the clinical space in the Douglas Building, possibly involving a revisiting of the RNSH Master Plan.

Also discussed was the appointment of an Interim Director for the Kolling Institute, Professor Carolyn Sue. Meetings for the governance restructure have commenced.

The Board Chair advised that there is an opportunity to have a video conference on 19 September with the CEO of St. John of God Health Care from Perth to learn of their experience in commissioning a new hospital not dissimilar to Northern Beaches Hospital.

The Board Chair distributed a late tabled document in reference to lack of clinical space at Royal North Shore Hospital. The Board was agreed that a face to face meeting be arranged with the author to address the matters listed within the letter.

**Action:** The Board Chair will correspond with the author to acknowledge the letter and to propose a face to face meeting with relevant stakeholders to be arranged by NSLHD Executives.

The Board Chair commented on the Hornsby Stage 2 development estimates and mentioned a potential shortfall and the prioritising of the development projects.

The Board discussed and recommended the reestablishment of the position of General Manager, RNSH.

The Board conveyed to the A/CE that it had no objection to being contacted direct by members of staff and that any suggestion to the contrary was wrong and should be dispelled. In conjunction with this, it is important that staff are familiar with the identity of Board members.

The A/CE advised the Board on the MoH's approach to 'Code Brown' and other declared disaster situations and the interlinking of agencies and the leadership roles in these responses.

**Action:** The Board to receive a presentation in 2018 covering disaster preparedness, due March 2018.

### **6.1.3 Cover Sheet for Board papers / presentations**

The Board Chair discussed the tabled document. The A/CE will provide an alternative document for consideration.

**Action:** The A/CE to circulate out of session a cover sheet for papers and presentations for the Board/Board Committees for consideration. If approved this cover sheet to be utilised at September Board meeting and ongoing.

## **6.2 Chief Executive Report**

The Board **noted** the report and was taken as read.

## **6.3 NSLHD Board – Finance Risk and Performance (FRAP) Report – June 2017**

The Board **noted** the report and the report was taken as read.

The A/DF&CS commented that the July 2017 financial position was within expectation. In response to the action item covering Over Drawn Trust Fund Balances, the A/DF&CS advised that vigorous actions have been undertaken by the Special Purpose & Trust (SP&T) team as set out in more detail in June SP&T report, overdrawn balances have reduced by 45% from \$321k in May to \$175k in June with July balances reducing further still to \$74k.

The Board discussed how annual budgets cascade down to site, and to networks.

### **6.3.1 NSLHD 2017/18 Forecast**

The report was **noted** and on current projection there will be a deficit. The Board spoke of the many items that will have impact on the projections and the roadmaps that will guide the District to a balanced budget. It was agreed that premium labour is a key risk to a balanced budget. Discussion covered the administrative impact of 'red tape' and the methods to assist management to focus on operational issues, rather than processing paperwork.

### **6.3.2 2016/17 Financial Statements**

The report was **noted** and taken as read.

### **6.3.3 Bad Debt Write Offs**

The referral note was **noted** and taken as read. It was suggested that a quarterly report be tabled on NSLHD litigation matters.



**Action:** The A/CE to present to the Board the method and template of a quarterly report on litigation for consideration; due September Board meeting.

#### **6.3.4 Corporate Governance Attestation Statement**

The Statement and the accompanying supporting documents were **noted** by the Board.

The Board resolved that the financial statements for the fiscal year ended 30 June 2017 be approved and authorised the Acting Chief Executive and the Board Chair to sign the financial statements.

**Action 1:** The A/CE will arrange for a covering letter to the Secretary, NSW Health to accompany the Corporate Governance Attestation Statement.

**Action 2:** The A/CE to provide to the Board, via out of session communication, information covering the three public interest disclosures as mentioned in the Statement.

#### **6.4 NSLHD Risk Report – District, Site & Service**

##### **6.4.1 Enterprise Risk Management Report by District**

##### **6.4.2 Enterprise Risk Management Report by Site**

The Board **noted** the above tabled documents. The Chair advised that the Chief Risk Officer is progressing towards identifying the risks on a facility level.

#### **6.5 MoH Performance summary of all LHDs – June 2017**

The report was **noted** with NSLHD remaining on Level 0.

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### **7. New Business**

#### **7.1 NSLHD Partnerships / Collaboration Program**

The Board **noted** the paper prepared by the Chair, RITE and was thanked by the Board for an insightful document. It was recommended that a response from the NSLHD is required covering resourcing, roles and responsibilities and the next steps.

**Action:** The A/CE to prepare a response addressing the points noted in the paper; due September Board meeting.

#### **7.2 Complaint regarding care at Royal North Shore Hospital**

The Board **noted** the referral note and was taken as read.

#### **7.3 NSLHD IT Plans 2016-2022**

The Board **noted** the plans and in particular the ICT Plans for the Board's information.

**Action:** The A/CE to prepare a paper on emerging IT projects and the NSLHD IT annual work plan; due October Board meeting.

#### **7.4 RNS South Campus Decant**

The Board **noted** that referral note and was taken as read.

#### **7.5 Australian Medical Association (AMA) / Australian Salaried Medical Officers Federation (ASMOF) NSW Hospital Health Check – NSLHD Analysis**

The Board **noted** the referral note and the accompanying analysis. There were comments on the high proportion of VMOs in comparison to Staff Specialists within the District. In response it was noted that Staff Specialists may not be fulltime but fractional employees and it should be considered that VMOs play an important role due to their flexibility of service provision.

## **7.6 NSLHD Strategic Plan 2017-2022 – update of activity**

The referral note was considered and the Board approved the inclusion of updated 2016/17 activity data into the NSLHD Strategic Plan 2017-2022

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## **8. NSLHD Committee Reports**

### **8.1 Board Audit & Risk Committee (BARC)**

The Board **noted** the endorsed BARC Terms of Reference and the draft June 2017 minutes.

### **8.2 Clinical Council**

The Board **noted** the endorsed July 2017 minutes. The Board sought clarification on the statement of “universal first home visit within two weeks” on page 2 of the minutes.

**Action 1:** The EDOP to provide clarification on the comments “universal first home visit within two weeks” listed on page 2 of the Clinical Council July 2017 minutes; due September 2017.

**Action 2:** The EDOP to provide information on the functioning of the Mental Health Drug & Alcohol Clinical Council; due September Board meeting.

### **8.3 Consumer, Community, Carer & Communication (CCCC) Committee**

The Board noted the draft minutes July 2017 minutes.

### **8.4 Finance, Risk and Performance (FRAP) Committee**

The Board **noted** the endorsed July and draft August 2017 minutes.

### **8.5 Health Care Quality Committee (HCQC)**

The minutes were identified as incorrect and requested the draft July 2017 minutes be amended and be represented at the September Board meeting. There was discussion on the focus for the HCQC. The A/CE advised that there strong focus on quality and safety on a state level.

**Action:** The HCQC to identify reporting to the Board pertaining to SAC1 and SAC2 and also to prepare a report from the HCQC Chair to identify any matters of significance including trends; due date will be advised by the Chair HCQC post extensive work to be undertaken covering the HCQC and the Quality & Safety Workshop planned for November 2017.

### **8.6 Medical Staff Executive Council**

Nil available – next meeting 14 August 2017.

### **8.7 NSLHD & Sydney North Primary Health Network Executive Council**

Nil available – next meeting 30 August 2017.

### **8.8 Research, Innovation, Teaching and Education (RITE) Committee**

Nil available – next meeting 15 September 2017.

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## **9. Correspondence**

### **9.1 Correspondence and response regarding bed status**

The Board **noted** the correspondence.

### **9.2 Correspondence and response regarding carer accommodation**

The Board **noted** the correspondence.

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## **10. Date, Time and Venue for Next Meeting**

19 September 2017, commencing at 4:30pm, Boardroom, Building 51, RNS campus.

**Meeting Closed: 8:25pm**

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**CERTIFIED A CORRECT RECORD**

**By Mr Trevor Danos AM, Chair  
On 19 September 2017**