

	<p><b>CHILD AND YOUTH MORTALITY REVIEW COMMITTEE</b></p> <p>Te Rōpū Arotake Auau Mate o te Hunga Tamariki, Taiohi</p> <p><b>Meeting Minutes</b>  <b>Wednesday 8 and Thursday 9 May 2008</b>  <b>9.00 am to 4.00 pm</b></p>
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<b>In Attendance:</b>	Nick Baker (NB), Barry Taylor (BT), Christopher Morris (CM), Anganette Hall (AH), Liz Craig (LC), Eru George (EG), Riana Manuel (RM), Annie Bermingham (AB), Kelly Anderson (KA)
<b>Apologies:</b>	Kelly Anderson (8 May 2008), Marie Connolly, Eru George (leaving 11am 9 May).
<b>Guests:</b>	Glenys Needs (GN) database group
<b>Secretariat:</b>	Trina Tautau (TT)

<b>Agenda Items:</b>	<b>Summary of Discussions and Decisions</b>
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<b>Opening</b>	Meeting opened up with karakia.
<b>Mins 16 April 2008</b>	True and Correct: RM, BT.
<b>Matters arising</b>	<p><u>Letter re SUDI</u> has gone out to health professionals. Letters have come in complaining about it already that it should have been tested in the market first and they were concerned that it replaced “back to sleep”. Committee feedback is that the language is very straight forward. Who else will it be sent out to? Will be good to get it in the media – will watch out for a positive opportunity.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li><b>1. TT to publish on CYMRC website and send out to Coordinators.</b></li> <li><b>2. AB will check to see if it’s going to be sent out more widely, for example, Plunket.</b></li> </ol> <p><u>Review Processes with MSD</u> – Child Death Review Processes: Discussion Paper (Draft) – will discuss after lunch.</p> <p><u>Mini Reviews</u> – resources have been included in the workplan.</p> <p><u>Suicide Prevention research</u>: Nick advertised that CYMRC data can be used for this. There has been a reasonable interest in this. It is proving easier than anticipated. Important that we should not let it get blinkered to means only.</p> <p><b>Action: NB write letter to Maria Cotter, AB to follow up with</b></p>

	<p>her re: her team to look at how we can coordinate data collection.</p>
Correspondence	<p><u>Child Safety Commissioner in Melbourne Victoria</u> Meeting on 2 and 3 June on promoting learning's from Child Death Enquiries and Reviews – where to from here? We have funding to send someone.</p> <p><b>Action:</b>  <ol style="list-style-type: none"> <li>1. GN will find out how relevant it is.</li> <li>2. TT will find out if two people can attend.</li> </ol> </p> <p><u>Email from Waikato Coordinator</u> Concern about post-mortem reports and suicide details being posted on the internet.</p> <p><b>Action: TT to notify Coordinators to report them to NetSafe, concerns around suicide and offensive items report to Maria Cotters team.</b></p> <p><u>Child Youth and Family Document reviewing SUDI deaths in their care</u> Copy handed out to Committee for their information.</p> <p><u>Letter regarding Palliative Care for non-resident children.</u> Decided this is not the group to address it. It is a highly political subject and we should remain neutral, and provide the Ministry with numbers.</p> <p><b>Action: Write a reply letter copied to Pat Tuohy saying our database suggests this is a problem, but small numbers. We believe it's an issue the Ministry should consider. NB will write letter.</b></p> <p><u>Angeline Tangaroa – Maori SIDS</u> Asking for data of SIDs/SUDI deaths. Letter was discussed by the Scientific Sub-Group and will be discussed later.</p> <p><u>Letter from SafeKids NZ</u> saying they would like to continue working with CYMRC. They are interested in focusing on increasing improvements in the area of transport.</p> <p><b>Action: NB will look at workplan to see if Road Traffic deaths are included.</b></p>
National Coordinator	<ul style="list-style-type: none"> <li>• Review, edit and complete Draft Handbook, working with CYMRC, Coordinators, Scientific Group and Ministry</li> <li>• Should become ex-officio group of CYMRC</li> <li>• Maintain an inventory of DHB LYCMRGs</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop systems for training, mentoring and leadership for coordinators to maintain quality and consistency</li> <li>• Maintain systems that ensure good communication with all local coordinators and chairs</li> <li>• Research and recommendation generation</li> <li>• Building strategic alliances</li> <li>• Lead role in the Local Coordinators Workshop</li> </ul> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. TT to draft up job description for National Coordinator.</li> <li>2. TT to check if the handbook has gone back to the Auckland area DHBs for them to endorse.</li> <li>3. NB follow up with Canterbury DHB Lawyer to see if he has retracted his email.</li> <li>4. TT/NB to follow up with Canterbury DHB Lawyer re DHB Lawyer Meeting to let them know of the process. TT to see if health legal would be able to attend with a rep of the Committee.</li> <li>5. TT to circulate handbook to committee.</li> </ol>
<b>Scientific Sub-Group</b>	<p>All data access to date has been within the datagroup only. We are now getting interest from outside the datagroup and CYMRC for use of the data and have drafted a Data Access Policy for this.</p> <p>Three levels of data access:</p> <p>Level 1: General data with no identifying information. Would need a small numbers reporting plan. Applications will be approved by Scientific Group.</p> <p>Level 2: Limited dataset access. Database Group could create some limits so restricted subset of cases pertaining to the kind of cases they are researching. Looking into secure server access.</p> <p>Level 3: Access to entire dataset. Will again need a secure server. Ethics committee approval.</p> <ul style="list-style-type: none"> <li>• Need a process for access of Maori data.</li> <li>• Have a requirement that someone with appropriate qualifications oversee the research.</li> </ul> <p>Maori SIDS has requested data from us.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. GN to provide draft tables of information around the Maori SIDS request to the Committee.</li> <li>2. LC to write letter saying that we are working on our policy at the moment. Can give non-identified data at present.</li> <li>3. NB/TT to put in workplan resources to write policy around Data Access and Research.</li> </ol>

	<p><b>4. LC to create a policy on de-identified data now.</b></p> <p><b>5. Draft TOR that need to be completed.</b></p> <p><i>Terms of Reference:</i></p> <ul style="list-style-type: none"> <li>• Changes made to TOR.</li> <li>• Riana appointed as Maori member of Scientific group.</li> </ul>
<b>SIDS/SUDI Conference in Portsmouth, UK</b>	<p>BT would like to present some data at this international conference on SUDI. This data tells us what risk factors are present. Will stress to the conference how well CYMRC doing.</p> <p><b>Action: BT will give presentation of data to TT to disperse to CYMRC before he leaves</b></p>
<b>Swimming Pool Fencing Legislation</b>	<p>Submissions due on 30 June.</p> <p><b>Action: NB will do a draft of submission and will pass it around to the Committee before finalizing and submitting.</b></p>
<b>Suicide Research</b>	<p>Will keep this research in-house, and all findings will come back to CYMRC who will own the component</p>
<b>Maori SIDS Letter</b>	<p>TT will discuss with NZHIS who will be able to answer the questions in the correspondence.</p>
<b>James Hamill – Drowning Information</b>	<p><b>Action: NB Redirect him to Drownbase, and let him know we're working on our policy.</b></p>
<b>Policy for Scientific Sub-Group</b>	<p>Policy and data generation for research, will allow for this in the workplan.</p> <p><b>Action: NB to add to workplan, circulate final workplan to CYMRC ready to send to Minister on 1 June.</b></p>
<b>Data</b>	<p><b>Action:</b></p> <ol style="list-style-type: none"> <li><b>1. GN – Datagroup to review data as of 1 June close-off with final data tables to be completed by mid June.</b></li> <li><b>2. NB to draft report for September meeting.</b></li> </ol> <p>4 weeks to 1 Year: Table A</p> <ul style="list-style-type: none"> <li>• Once more DHBs run local CYMRC reviews, the number of cases awaiting Coroner should lessen.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Consistent routine transfer of care from LMC to both Wellchild and GP.</li> <li>• Appropriate understanding of privacy legislation to allow</li> </ul>

	<p>sharing of information to support the wellbeing of children – good collaborative practice.</p> <ul style="list-style-type: none"> <li>• Developing a consistent response following the death of the child that ensures appropriate investigation, and support and follow up for the family.</li> <li>• Everyone’s responsibility to ensure babies and infants have a safe place to sleep. Supporting this process as well as the support given to car seat provision.</li> <li>• Modelling good sleeping practices should start straight after birth.</li> </ul>
<b>SUDI</b>	<p>SUDI Data</p> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Increase focus on Maori families.</li> <li>• Focus on a safe place to sleep in the first six months of life.</li> <li>• Note there are some trends we don’t quite understand.</li> </ul> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. <b>GN to look at SUDI deaths by areas. Colour coded map for SUDI deaths.</b></li> <li>2. <b>AB will check maternity data collection processes around smoking in pregnancy status.</b></li> <li>3. <b>BT/GN will try and get first month data.</b></li> <li>4. <b>GN – add rates for each age group by DHB_Res age group.</b></li> </ol> <p>SUDI Workshop</p> <p>At the time of the workshop it was agreed that every three years we would hold a workshop. Next year’s workshop would be based on implementation of knowledge.</p> <p>Workshop aimed at health sector: midwives, Plunket, SUDI, Maori SIDS, teen parents.</p> <p>A good opportunity to showcase the power of the information CYMRC has. Would be good to go back to NZHIS to find out maternal data of SUDI deaths for last five years.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. <b>TT/NB add project to workplan.</b></li> <li>2. <b>Date for workshop and 2009 May meeting: 13, 14, 15 May 2009.</b></li> <li>3. <b>Hold it on a marae – Hamilton is a suggestion.</b></li> </ol>
<b>Reports to QIC from PMMRC and CYMRC</b>	<p>Please note these reports for your information. Item 5 on PMMRC is very important with regard to access to pathology services. Better access to pathology services will be included as</p>

	a recommendation in the next annual report.
	Meeting closed: 4.30pm
<b>9 May 2008</b>	9.15 Meeting start
<b>In Attendance:</b>	CYMRC: Nick Baker (NB), Barry Taylor (BT), Kelly Anderson (KA), Chris Morris (CM), Riana, Annie Bermingham (AB), Eru George (EG), Anganette Hall (AH), Liz Craig (LC), Russell Franklin (RF)
<b>Guests:</b>	Ralph Lane, Susan Wauchop, Nicola Atwool, Donna McKenzie, Glenys Needs (GN)
<b>Secretariat:</b>	Trina Tautau (TT)
<b>Agenda Items:</b>	<b>Summary of Discussions and Decisions</b>
<b>Presentations from Advisors</b>	
Ministry of Education – Ralph Lane	<ul style="list-style-type: none"> <li>• Work with interagency suicide team.</li> <li>• National Incident database.</li> <li>• Outdoor incident reviews (about one per year).</li> <li>• Youth Suicide Prevention Guidelines Review; Advice for programme provision.</li> <li>• Youth suicide – truancy – suspension (risk factors) – database for this.</li> <li>• Resources: Safety and EOTC, Traumatic Incident guidelines, Young People at risk of suicide – a guide for schools, Youth Suicide Prevention in Schools – a practical guide, The NZ Suicide Prevention Strategy.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Are there guidelines around funerals etc? Is the body at school, do students attend funeral? <b>Ralph will take the question back.</b></li> <li>• How accessible is the team to the schools? Immediately – someone would be on deck all day everyday.</li> <li>• Progress on the education number for school children? Will be in place sometime next year.</li> <li>• What happens in the situation when a student has a serious terminal illness and dies? That's a traumatic incident so the same team is used. The team works with students and teachers.</li> </ul> <p><b>Action: BT to discuss with MOE about data sharing.</b></p>
Ministry of Health –	<ul style="list-style-type: none"> <li>• Te Kokiri – The Mental Health and Addiction Action Plan</li> </ul>

Colin Hamlin	<p>2006-2015 identified action areas for Child and Youth.</p> <ul style="list-style-type: none"> <li>• Child &amp; Youth Mental Health work: Youth Forensic MH &amp; AOD project, Maternal and Infant MH project, Co-existing Disorders project, Inter-agency projects.</li> </ul> <p>Discussion</p> <ul style="list-style-type: none"> <li>• Our local groups have identified problems with children falling between the gaps, and those who have parents who with MH issues.</li> <li>• Recommendations from our local groups could be shared with other agencies.</li> <li>• BT worries that this does not seem to be how it is at the grass roots. How do we change that to a working together model?</li> <li>• Not only do MH services need to recognise AOD problems, but vice versa. Colin agrees – and says AOD services a generally much more amenable to the notion that they could benefit from training of recognizing MH issues, but not the other way around – attitudes need to change.</li> <li>• CM – the paradigm shift. Currently the national service frameworks are being reviewed in consultation with the sector, including people outside of the health sector – the thrust of these reviews will look at a more flexible way of health delivery. There will be a lot of workforce and training that needs to go with this.</li> </ul>
Ministry of Youth Development – Susan Wauchop	<ul style="list-style-type: none"> <li>• Would like to see regular free health care for child and youth up to 18.</li> <li>• Enough people available in services that understand youth development – increase the knowledge of vulnerable points in youth development.</li> <li>• Investment needs to be put into bringing services together.</li> <li>• Ministry is advocating for a holistic approach.</li> <li>• Supportive of community based one stop shops.</li> <li>• Fund a number of youth programmes around the country.</li> <li>• Working with a number of interagency projects.</li> </ul> <p>Discussion</p> <ul style="list-style-type: none"> <li>• What's not clear is the process for catalyst for change has not yet been changed yet. Their role is to have discussions with the agencies who hold the money. Are beefing up their production of meta-analysis, they're going to have these on their website – for example, do school based health services improve youth health? It will be progressively available online.</li> <li>• RW – Waikato have a free system for youth up to 25, and still there is bad access. Thinks we need ease of access, not necessarily free access.</li> </ul>

	<ul style="list-style-type: none"> <li>• Workforce is key as the specialist knowledge is imperative.</li> <li>• Recommendations from Peter Watson's work – would be good to have this available for the Committee.</li> </ul>
Office of the Children's Commission – Nicola Atwood	<ul style="list-style-type: none"> <li>• Will be paying more attention on their visits.</li> <li>• Last week visited all three residencies in Christchurch (very vulnerable population): They are desperate to get Forensic MH services; no clear pathways or services in the community that meets their needs.</li> <li>• The most vulnerable children are getting the least integrated care.</li> <li>• Some young people are spending up to 2-3 years in residences, on remand – sometimes awaiting psychiatric reports.</li> <li>• Not able to get sufficient wrap around services when they leave residence and go back to the community.</li> <li>• Are working alongside CYF with monitoring work.</li> <li>• Proactive work around investigations – everywhere they've visited comments that they don't have enough resources and aren't supported.</li> <li>• Proactive work around investigations – a major piece of work around immigration – parents don't have legal status and have no access to free education and health care – 300 families in Christchurch alone (not accurate figures). This is creating huge vulnerability. Came up with a concern around children who have come into the country under the legal process as they have high needs. The report will be coming out later in the year</li> <li>• Report on poverty – Looking at definitions, controversies around poverty. Young peoples' views and perceptions around poverty – will be out later this year.</li> <li>• At very early stages of mental health project/investigation. Focusing on children under 12 who have experienced traumatic life events and their access to services.</li> <li>• Investigation around bullying – looking at focusing on schools and coming up with a resource around what can be done in the school environment that can make a difference. Will be getting a children and young persons' perspective on this. Bullying is really high on childrens list of things that really worry them.</li> <li>• S59 repeal – the office has taken a real hammering over this. Have come to accept is that there are parents who have been made fearful around the issue of child discipline. There is a need for education and to get some positive messages out there. Revamping "choose to hug", putting a piece in the back of the resource that spells the law out and will help with the anxiety around this issue.</li> <li>• Family Violence Taskforce – has been invited to join the working group. Is too big an issue not to be involved. Is</li> </ul>

	<p>going to be tackling the primary and secondary end, about what happens in communities.</p> <ul style="list-style-type: none"> <li>• Going to be the Office's Advisor on the Family Violence Death Review Committee.</li> </ul> <p>Discussion</p> <ul style="list-style-type: none"> <li>• What umbrella do refugee children come under? Dept of Immigration, refugee services.</li> <li>• Whose role do you think it is to sort out a chaotic child who receives chaotic services? Needs to be addressed at high level, but there needs to be a lot of work in the middle. There is a fragmented approach from Health and Education.</li> <li>• Active case management is key.</li> <li>• Te Ara Tukutuku is the key.</li> <li>• There is a lot of ambivalence around removing children from families. Argument is we have to be engaging with these families when mum is pregnant. Offer the families the opportunity to work for change which means intensive case managed coordinator, intensive wraparound – has to be long term funding. If the family refuses or chooses to engage we have to make the decision early that the child cannot remain in that environment, and do something that guarantees that child a family for life.</li> <li>• Enormous frustration from NGO sector as they can see what could be done but there's lack of funding.</li> <li>• 14 or 15 year olds that don't want to live at home – it seems they're not being listened to at times because their parents are still responsible for them, should we be forcing them to be at home? There a huge accommodation issues for children, this tells us there is a significant gap. There are only the NGOs and it's variable.</li> </ul>
<p><b>Te Puni Kokiri – Donna McKenzie</b></p>	<ul style="list-style-type: none"> <li>• Has been a shift in TPK over the last few years. Are developing a policy which is a strength based approach – Maori succeeding as Maori.</li> <li>• A shift has come from funding programs to making investments in a range of areas – resources, leadership and knowledge which all contribute to overall life quality. Involved in a really wide range of work.</li> <li>• One of the focuses is on investments that enhance whanau outcomes.</li> <li>• Key priority next year is realizing young peoples potential – especially education, training and entrepreneurship.</li> <li>• Specific things: effective interventions work by MOJ – developing a programme for action for Maori. This will contribute to overall wellness to individuals, whanau and hapu.</li> <li>• Te Whakaruruhau – 24 hour service for domestic violence in</li> </ul>

Waikato – support all women, but particularly Maori women and their whanau.

- Mana social services in Rotorua is looking at positive engagement in youth – to reduce likelihood of them being suspended.
- Assisting MH Foundation to establish.
- Assisting in the production of wahakura.
- Programme in Wainuiomata focusing on children – started with holiday program – recently arranged apprentices with Welltech. Are supporting the rollout of the programme into other areas.
- Active members for taskforce on action for family violence and sexual violence.
- Member of HEHA.

### **Discussion**

- Wahakura – BT – currently there are no studies showing that they protect babies, nor whether they would maintain their shape and function over time. There's quite a lot of work to be done before the Committee can support it. TPK are training weavers for the baskets, not the actual case of promoting them.
- What would be an appropriate way of getting the SUDI message out to Maori families? TPK have community social workers, the Kohanga Reo network would be appropriate also.

**Action: TT to get the contact of Kohanga Reo – contact National Trust.**

LCYMRG recommendations from their annual reports could be grouped – crude and unprocessed – can be clustered for example, Police, Childrens Commission, TPK, Education. Go out to Advisors six weeks prior to meeting so they can come back to the Committee with what work is being done around those recommendations. Will be a process of testing our recommendations before they're published in annual report.

- MYD – enormously valuable as thinks our recommendations should be beefed up
- OCC – Would help immensely as it would help feel like the meetings would be more useful and focused.
- TPK – very useful as she'd be able to get in touch with regional offices

We'll have to vet the recommendations before they're sent out. Might be a few mistakes in the early stages and they wouldn't be able to be shared very widely. Committee will put standard

	<p>confidentiality. We will develop a small policy on this – it might be that if advisor can't attend submit a 1 page report.</p> <p><b>Action: TT/NB to develop policy around recommendations to advisors.</b></p>
<p><b>Family Violence Death Reviews</b></p>	<p>The proposal of CYMRC Coordinators to do FVDR is agreed in principle. However there is concern around the resourcing and in particular funding.</p> <p>There needs to be clarity around the resourcing of personnel – job descriptions for the different processes needs to be formalised so CYMRC Coordinators are not expected to do all of the gathering of information etc. Funding will need to be sourced for the reviews.</p> <p>There is a problem with the model that will be used to carry out the review process, as in the past with regard to case conferencing. It needs to be clarified what class of person or what type of person is going to be made an agent. At the moment it's defined as individuals who will be invited to review the case.</p> <p>Some of the learning's from the Auckland example can be made available for Tanith Robb – thick report produced by Alison Stewart.</p> <ul style="list-style-type: none"> <li>• In principle we're agreeing with the idea.</li> <li>• We want the resourcing situation considered.</li> <li>• What infrastructure is going to be put in place at a national level.</li> <li>• Suggest to the FVDRC that a member of CYMRC be on the Committee.</li> </ul> <p><b>Action: TT to discuss with FVDR implementation team</b></p>
<p><b>Local Coordinators</b></p>	<p>Wanted more feedback from CYMRC to the local meetings.</p> <p>Have possibly addressed this with the appointment of a National Coordinator</p> <p>Need to do a newsletter to all of the members of our local groups. National members attending local review groups, this could be incorporated.</p> <p>Sharing of the recommendations to advisors will help with this. The lists could be sent back to the local committees also.</p> <p>Put in a registrar placement for each year, who could share some of the work with the National Coordinator.</p>

<p><b>Annual Report</b></p>	<p>Has come back from the Minister of Health with approval to publish, but the Minister has asked that a forward is included by Minister Chadwick.</p> <p><b>Data</b></p> <p><b>1-4 years</b> Fig B</p> <ul style="list-style-type: none"> <li>• Take SUDI out and put those deaths into the unexplained deaths.</li> <li>• Label “awaiting coroners” as “insufficient information”.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Comment – there is no comment to make around the trend of this age group</li> </ul> <p><b>5-9 Years</b></p> <p><b>10-14 Years</b></p> <ul style="list-style-type: none"> <li>• Figure D – change all of the pie graphs to breakdown the Unintentional Injury instead of Medical.</li> <li>• Put the top three medical causes into the pie graph and group the rest under “other medical”.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>15-19 Years</b></p> <p><b>20-25 Years</b></p> <p><b>Combined figure:</b></p> <ul style="list-style-type: none"> <li>• Change the labels so that they are in order of appearance.</li> </ul> <p><b>Leading causes:</b></p> <ul style="list-style-type: none"> <li>• Include the main age group breakdown by leading causes, broken down into sex.</li> </ul> <p><b>Transport:</b></p> <ul style="list-style-type: none"> <li>• Use the graph – by age group and sex.</li> </ul> <p>Discussion: it raises questions and there will be further analysis of transport deaths</p> <p><b>Neoplasms:</b></p> <ul style="list-style-type: none"> <li>• Will not include this in the report.</li> </ul> <p><b>Congenital</b> – Leave out</p>
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	<p><b>Infection</b> – Will leave in</p> <p><b>Nervous system</b> – Leave out</p> <p><b>Drowning:</b></p> <ul style="list-style-type: none"> <li>• Leave in – again this raises aspects that will be analysed further in the future.</li> </ul> <p><b>Fire</b>– Leave out</p> <p><b>Circulatory System</b> – Leave out</p> <p><b>Assault:</b></p> <ul style="list-style-type: none"> <li>• Put in – mention FVDR</li> </ul> <p><b>DHB for five years by age group:</b></p> <ul style="list-style-type: none"> <li>• Use three age bands for rates</li> </ul> <p><b>Deaths occurring in each DHB region</b> – Leave out</p> <p><b>Non-residents of New Zealand:</b></p> <ul style="list-style-type: none"> <li>• Keep non-resident countries, change the table into a pie graph</li> </ul> <p><b>Suicide</b></p> <p><b>By means</b> – leave out</p> <p><b>Gender by age graph</b></p> <p><b>Ethnicity by gender graph</b></p> <p><b>NZ dep by gender graph</b></p> <p>With a numbers table that gives you more detail</p> <p>Will not use any of the Maori reports as we have in the workplan to do a review on Maori deaths.</p>
<b>Meeting Closed</b>	<b>4.00pm</b>
<b>Next meeting: Venue:</b>	11 and 12 September 2008 Wellington Mercure on Willis Hotel
<b>Minutes Approved:</b>	Signature:  Date: