

# MINUTES



## South Western Sydney Local Health District Board

Date: Thursday 11 December 2014

Time: 3:15pm

Venue: Library, Campbelltown Arts Centre, 1 Art Gallery Road, Campbelltown

### 1. Present and Apologies

Members	Pres.	Apol.	Members	Pres.	Apol.
Prof Phillip Harris (Chair)	✓		John Gordon	✓	
Carolyn Burlew	✓		Mark (Jack) Johnson		ABSENT
Christine Carriage	✓		Prof Neil Merrett	✓	
Prof Brad Frankum	✓		Dr Matthew Gray	✓	
Frank Conroy	✓		Nina Berry	✓	
Dr David Abi-Hanna	✓				
<b>Other Attendees</b>					
Amanda Larkin, Chief Executive	✓		(Vacant), Medical Staff Executive Council Representative	✓	
Graeme Loy, Director Operations	✓		Greg King, Director of Finance	✓	
Mark Zacka, Director Clinical Governance	✓		Kung Lim, Director Nursing & Midwifery Services	✓	
Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes)	✓				

Agenda Item	Discussion/Decision/Recommendation	Responsible
<b>2. Declaration of Interests</b>	<ul style="list-style-type: none"> <li>The Chairman invited declarations of interest.</li> <li>Nil were received.</li> <li><i>Refer also Minute Item 7.4</i></li> </ul>	
<b>3. Confirmation of the previous minutes and action list</b>	<ul style="list-style-type: none"> <li><b>MOTION:</b> A motion was moved by Ms Burlew and seconded by Mr Gordon that the Minutes of the Board meeting held on 24 November 2014 be accepted as a true and accurate record.                             <ul style="list-style-type: none"> <li>The Motion was <u>CARRIED</u>.</li> </ul> </li> <li><b>MOTION:</b> A motion was moved by Ms Burlew and seconded by Mr Conroy that the Notes arising from the Board Planning Workshop held on 24 October 2014 be accepted.                             <ul style="list-style-type: none"> <li>The Motion was <u>CARRIED</u>.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Action:</b> Develop an Action Plan to implement the agreed 'next steps' arising from the Workshop and submit to the Chairman for discussion and review.</li> <li>• <b>MOTION:</b> A motion was moved by Mr Gordon and seconded by Dr Abi-Hanna to amend the Minutes of the Board meeting held on 24 November 2014, as follows: <ul style="list-style-type: none"> <li>• Item 7.2.1 - Patients in the Emergency Department &gt; 24 hours For the month of October 2014 126 patients recorded a length of stay greater than 24 hours in comparison to 109 in the same period of 2013; performance still remains significantly above the target of zero.</li> <li>• Item 8.2.1 – Finance Committee Minutes – 17 October 2014 <del>Mr Gordon</del> Ms Burlew highlighted the following items</li> </ul> </li> <li>• The Motion was <b>CARRIED</b>.</li> </ul>	Ms Larkin
<p><b>4. Patient Story</b></p>	<ul style="list-style-type: none"> <li>• Mr Zacka presented the case of a 91 year old female patient who was transferred from Campbelltown to Liverpool Hospital for vascular review of an occluded right leg artery with ischaemic feet and subsequently passed away.</li> <li>• A Root Cause Analysis (RCA) investigation was undertaken which found: <ul style="list-style-type: none"> <li>• Issues arising from the transfer process – the patient was not accepted under the care of the specialist surgical team until after she arrived in the ED out of hospital hours. <ul style="list-style-type: none"> <li>▪ In the current ED Model, patients who have been accepted under the care of an inpatient team and awaiting a ward bed are the responsibility of the inpatient team, and are not routinely reviewed by ED medical staff.</li> </ul> </li> <li>• The schedule of observations performed and consequent lack of patient follow up was suboptimal.</li> <li>• That while more timely identification of the patient's deterioration may have led to a change in her medical management plan, it is considered unlikely that these actions would have prevented her death.</li> <li>• The RCA Team felt that there were opportunities to improve the nursing care and communication model.</li> </ul> </li> <li>• The Board <b>NOTED</b> the patient story.</li> </ul>	

5. Business Arising		
<p>5.1 Aboriginal Health – Close the Gap Committee [27/10/14; Item 10.1]</p>	<ul style="list-style-type: none"> <li>• A Referral Note regarding the establishment of an Aboriginal Health Board Committee – Closing the Gap was circulated with Agenda.</li> <li>• Ms Larkin highlighted: <ul style="list-style-type: none"> <li>• The Board at its October 2014 meeting supported in principle, the establishment of the Committee subject to the governance arrangements being further explored and articulated.</li> <li>• The proposed Terms of Reference have been: <ul style="list-style-type: none"> <li>• Reviewed against those agreed for the Research &amp; Teaching and Finance Committees and are considered consistent</li> <li>• Amended to reflect membership of three Board members and attendance of other stakeholders</li> </ul> </li> </ul> </li> <li>• The Board supported Prof Merrett’s request that the Aboriginal Health Dashboard continue to also be provided to the Health Care Quality and Safety Committee.</li> <li>• The Board <b>ENDORSED</b> the establishment of an Aboriginal Health Board Committee – Closing the Gap, subject to further amendment of the Terms of Reference as follows: <ul style="list-style-type: none"> <li>• Quorum – to read two members</li> <li>• Attendance – Delete this section</li> </ul> </li> <li>• The Board <b>ENDORSED</b> Ms Carriage’s nomination as Chair and Prof Frankum’s membership. The Chairman undertook to discuss the further membership vacancy with the newly appointed Board members.</li> <li>• <b>Action:</b> Establish the Aboriginal Health – Close the Gap Committee.</li> </ul>	<p>Mr Zacka</p> <p>Prof Harris</p> <p>Ms Larkin</p>
<p>5.2 Work Health &amp; Safety Report [22/09/14; Item 7.3]</p>	<ul style="list-style-type: none"> <li>• Adjust the Dashboard to be consistent with other dashboards – Refer Agenda Item 6.3.</li> </ul>	
<p>5.3 Chief Executive’s Report [24/11/14; Item 7.2.2]</p>	<ul style="list-style-type: none"> <li>• The Board <b>NOTED</b> the Referral Note circulated with the Agenda providing the full text relating to the ‘Get Healthy at Work’ initiative, previously reported as incomplete in the Chief Executive’s October Report.</li> </ul>	
<p>5.4 KPI Report – Service Reports [24/11/14; Item 7.2.2]</p>	<ul style="list-style-type: none"> <li>• Ensure the inclusion of budget &amp; FTE information – Refer Agenda Item 6.2.</li> </ul>	

<p>5.5 Chairman's Report [24/11/14; Item 7.3]</p>	<ul style="list-style-type: none"> <li>• A Referral Note explaining the stated financial result of \$1.4M unfavourable within the State-wide Summary of organisational performance as circulated with the Agenda was <b>NOTED</b> by the Board.</li> <li>• Mr King highlighted: <ul style="list-style-type: none"> <li>• The unfavourable result for expense was due to an increase in costs for the purchase of additional equipment, particularly computers. These additional costs were funded by an increase in revenue mainly resulting from a "wash-up" in DVA &amp; MAA revenue from 2012/13 and 2013/14 activity.</li> <li>• The overall focus of the Ministry of Health, when assessing financial performance of the LHD, is net cost of service (NCOS) against budget. Whilst expense and revenue results are separately reported the main financial priority for the LHD is to attain budget for NCOS. As the LHD result was favourable to budget in NCOS the LHD met its financial obligations.</li> </ul> </li> </ul>	
<p><b>6. Standing Items</b></p>		
<p><b>6.1 Chief Executive's Report</b></p>		
<p>6.1.1 – November Report</p>	<ul style="list-style-type: none"> <li>• The Chief Executive's Report was circulated with the Agenda.</li> <li>• Ms Larkin highlighted the following items: <p><u>Staff Movements</u></p> <ul style="list-style-type: none"> <li>• Ms Kung Lim has announced her retirement and farewell celebrations are being planned. Ms Jacqueline (Jacqui) Cross has been appointed to the Director, Nursing &amp; Midwifery Services position. A handover period is planned to provide continuity in transition.</li> <li>• Ms Lynne Bickerstaff, General Manager, Campbelltown /Camden Hospitals has announced her resignation. Lynne is taking up a position in Hunter New England Local Health District in January 2015. Mr Chris Leahy has agreed to act as the General Manager during a recruitment phase and Ms Carol Farmer will continue to act in the General Manager role at Bankstown-Lidcombe Hospital.</li> <li>• The Director of Nursing position at Campbelltown /Camden Hospitals will be re-advertised, following interviews held on 9 December 2014.</li> </ul> <p><u>Care Taker Conventions</u></p> <ul style="list-style-type: none"> <li>• The pre-election period commenced from 20 November 2014 following the last sitting day of the Legislative Council. Agencies have received instruction regarding the administrative arrangements.</li> </ul> </li> </ul>	

	<p><b><u>Sustainability Forum</u></b></p> <ul style="list-style-type: none"> <li>On 2 December, the District held an Environmental Sustainability Forum with the intention of developing a small number of significant, well focused activities that would improve the environmental sustainability of the LHD's clinical and non-clinical activities.</li> <li>In terms of the way forward, the Forum agreed there was a need to develop 3-5 focussed strategies which would benefit from Board support.</li> <li>Mr Conroy undertook to provide a contact at Westpac with a view to partner and / or transfer corporate knowledge in this arena.</li> <li><b>Action:</b> Provide the Sustainability Plan to the March Board meeting.</li> </ul> <p><b><u>Bureau of Health Information (BHI) – Hospitals Quarterly</u></b></p> <ul style="list-style-type: none"> <li>Routinely reported through the Health Care Quality &amp; Safety Committee, but included within the Report due to the media response, which included a specific mention of SWSLHD facilities in relation to patient being treated within 4 hours, including: <ul style="list-style-type: none"> <li>Bankstown-Lidcombe Hospital, which had 63 per cent of patients treated within 4 hours - a 16 per cent improvement on the same time last year.</li> <li>The figure is below 60 per cent at Mt Druitt, Campbelltown and Nepean Hospitals.</li> </ul> </li> <li>The Board confirmed they were adequately briefed regarding matters relating to the BHI Report.</li> <li><b>Action:</b> List the Auditor General's Report on Govdex</li> <li>The Board <b>NOTED</b> the Chief Executive's November Report.</li> </ul>	<p>Mr Conroy</p> <p>Mr Loy</p> <p>Ms Buttenshaw</p>
<p><i>Prof Merrett left the meeting at 4:25pm</i></p>		
<p><b>7.2 Performance</b></p>		
<p>7.2.1 KPI Report</p>	<ul style="list-style-type: none"> <li>The November 2014 KPI Report was not circulated with the Agenda.</li> </ul>	
<p>7.2.2 Service Reports</p>	<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>Oral Health</li> </ul> </li> <li>The Community Health Service Report was not circulated with the Agenda.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Ms Larkin highlighted the following items from within the Drug Health Service Report:</li> </ul> <p><u>Drug Health</u></p> <ul style="list-style-type: none"> <li>• A Drug Health Research Forum was held in November to explore opportunities for collaborative research. The Forum was coordinated by the National Drug and Alcohol Research Centre and was attended by approximately 50-60 participants including representatives from the Ingham Institute and the University of New South Wales.</li> <li>• A Practical Leadership Education and Planning Day with all managers was held on 4 November; which will be followed up by a bi-monthly in-service program focussing on skill enhancement in finance, workforce and building managers' capacity to grow and develop their services in line with the SWSLHD strategic directions.</li> <li>• The General Manager, Drug Health met with the Audit &amp; Risk Management Committee on 25 November to advise on strategies to address recommendations arising from an internal audit of dosing practices within the Opioid Treatment Program at Campbelltown, Liverpool and Bankstown clinics.</li> <li>• The percentage of clients who identify as Aboriginal is 2.13% above the target of 9% for the month of October. A planning forum was conducted with Aboriginal Health to map pathways for service delivery and to examine opportunities for employment of Aboriginal staff.</li> <li>• The Mental Health / Drug and Alcohol Partnership is assisting with coordination of care and improving outcomes for clients with comorbidity. Local Clinical Interface Committees (mental health / drug and alcohol) have been established in Bowral, Liverpool, Bankstown and Fairfield.</li> <li>• The Board <u>NOTED</u> the Service Reports.</li> </ul>	
<p><b>7.3 Work Health &amp; Safety Report</b></p>	<ul style="list-style-type: none"> <li>• A Referral Note regarding the Work Health &amp; Safety Report was circulated with the Agenda.</li> <li>• Mr Loy confirmed that code black incidents are aggressive incidents and highlighted: <ul style="list-style-type: none"> <li>• There were 418 code black and duress alarm activations reported for the period July to September 2014 compared to 30 for the same period last year. The data is not comparable due to a definitional change which did not previously include duress alarm activations. Physical incidents involving staff and patients occurred in mental health, aged care (dementia) and intellectually disabled patients. No physical incidents were reported to the Police.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• There were three critical infrastructure incidents reported during the July to September 2014 period: <ul style="list-style-type: none"> <li>• Liverpool Hospital <ul style="list-style-type: none"> <li>• Fire event on 16 September (school children activated alarm)</li> <li>• Brain Injury Unit on 29 August 2014. The 'dictation system' as stated should read 'detection system'.</li> </ul> </li> <li>• Bankstown-Lidcombe Hospital – a significant incident relating to the interruption in medical air supply on 17 September 2014</li> </ul> </li> <li>• Total claim notifications have increased from the last quarter by 7.9% however have decreased by 5.5% compared to the same period last year.</li> <li>• Work injury damages (lump sums) increased by 75% in comparison to the same period last year which is a result of significant settlements in the last three quarters in comparison to the two previous years.</li> </ul>	
<p><b>7.4 Chairman's Report</b></p>	<ul style="list-style-type: none"> <li>• <u>Council of Board Chairs Meeting</u></li> </ul> <p><i>State Mental Health Plan</i></p> <ul style="list-style-type: none"> <li>• The Secretary provided a presentation in response to the State Mental Health Plan. Key themes arising included: <ul style="list-style-type: none"> <li>▪ Strengthening prevention and early intervention</li> <li>▪ A greater focus on community-based care</li> <li>▪ Developing a more responsive system</li> <li>▪ Working together to deliver person-centred care</li> <li>▪ Building a better system</li> </ul> </li> </ul> <p><i>ABF</i></p> <ul style="list-style-type: none"> <li>• The Hon Dr Brian Pezzutti (Chair, Northern NSW LHD) provided a presentation on ABF suggesting that it is not correcting pre-existing inequities among LHDs.</li> <li>• As a result the Chairman considered that he and the Board would benefit from becoming more familiar with the funding model, particularly the aspects relating to: <ul style="list-style-type: none"> <li>▪ Adjustors</li> <li>▪ Health Needs Index (and its relationship to adjustors)</li> </ul> </li> </ul>	
<p><i>Ms Burlew left the meeting at 5:05pm</i></p>		
	<p><b>Action:</b> Prepare a paper regarding the ABF model and include information regarding adjustors and transition grants for the Finance Committee and Board.</p>	<p>Mr Loy/Mr King</p>
<p><i>Ms Burlew re-joined the meeting and Ms Lim left the meeting at 5:10pm</i></p>		

	<ul style="list-style-type: none"> <li>• Areas of influence were discussed such as coding (reflective of complexity of patients), block grants (for teaching and research) and an increase in expenses and revenue.</li> </ul>	
<i>Mr Gordon left the meeting at 5.13pm</i>		
	<p><i>Premier's Announcement</i></p> <ul style="list-style-type: none"> <li>• The Premier's response in November 2014 to the State Infrastructure Strategy, suggested the establishment of a paediatric facility at Campbelltown in the future.</li> <li>• Ms Larkin noted that planning for Stage 2 Campbelltown has not considered a paediatric facility.</li> </ul>	
<i>Ms Lim re-joined the meeting at 5:15pm</i>		
	<ul style="list-style-type: none"> <li>• Governance arrangements relating to the proposed facility require further clarification, i.e. SWSLHD, NSW Kids and Families, Children's Hospital Network.</li> <li>• Potential item for discussion at next Board Planning Workshop.</li> </ul>	<i>Ms Buttenshaw</i>
<i>Mr Gordon joined the meeting at 5:18pm</i>		
	<ul style="list-style-type: none"> <li>• Ms Larkin reported that SWSLHD is currently in the process of developing a Child &amp; Youth Health Plan.</li> </ul>	
<i>Prof Frankum left the meeting at 5.20pm</i>		
	<p><i>Capacity Assessment Project – ABF</i></p> <ul style="list-style-type: none"> <li>• Ken Whelan (Deputy Secretary, System Purchasing and Performance) provided an update on the ABF phase of the Capacity Assessment Project. KPMG have been engaged as the consultants and the Project is being staffed through the Young Professionals Network (Ministry of Health).</li> <li>• The Board suggested using this Phase of the Project as an opportunity to further explore funding available to SWSLHD.</li> </ul>	
<i>Prof Frankum rejoined the meeting at 5.30pm</i>		
	<ul style="list-style-type: none"> <li>• <u>Board Leadership</u></li> </ul> <p>The Chairman proposed that the Board champion a 'zero risk to patients' or 'safest LHD in the system' themed platform.</p> <p>The proposal ties in well with community involvement and existing priorities and measures.</p>	



	<p>The Board supported in principle the proposal.</p> <p><b>Action:</b> Develop a paper proposing a model, branding, connection with other priorities and links with existing priorities and measures.</p> <p><u>SWSML</u></p> <p>The Chairman advised that the South Western Sydney Medicare Local had approached SWSLHD for a reference in relation to their tender for a Primary Health Network.</p> <p>Dr Gray, in his capacity of Chairman of the SWSML Board, was excused from the meeting for the discussion.</p>	<p>Ms Larkin/Mr Zacka</p>
<p><i>Dr Gray left the meeting at 5.42pm</i></p>		
	<p>Ms Larkin reported verbal advice received from the NSW Ministry of Health's Legal Branch is that a reference may be provided but should not bias the selection process.</p> <p>Prof Frankum declared an interest in that his wife is the Deputy Chair of the SWSML Board.</p> <p>Ms Larkin declared an interest in that she is a SWSML Board Member.</p> <p>The SWSML Board proposes to be the lead organisation in the tender and they have liaised with other partners.</p> <p>A criteria within the tender relates to the relationship with the LHD/s.</p> <p>The Board supported the provision of a reference in relation to the SWSML tender, subject to:</p> <ul style="list-style-type: none"> <li>• Reviewing the SWSML application</li> <li>• Preparation of the reference as a statement of fact: <ul style="list-style-type: none"> <li>▪ demonstrated competence in the delivery and coordination of primary care services in SWS and we intend to support the successful tenderer</li> </ul> </li> <li>• Circulation of the draft reference to SWSLHD Board members prior to signing.</li> </ul>	<p><i>Prof Harris</i></p>
<p><i>Dr Gray rejoined the meeting at 5.55pm</i></p>		
	<p><u>Board Reappointments &amp; Appointments</u></p> <p>The Chairman advised formal notification of Board reappointments and appointments as follows:</p> <ul style="list-style-type: none"> <li>• Kerrie Murphy who will bring experience in corporate governance and education.</li> </ul>	
<p><i>Dr Abi-Hanna left the meeting at 5.56pm</i></p>		

	<ul style="list-style-type: none"> <li>• Dr Shameran Slewa-Younan, is a senior lecturer in mental health at the School of Medicine, University of Western Sydney</li> <li>• Reappointment of Professor Phil Harris, Carolyn Burlew, Professor Brad Frankum, John Gordon and Professor Neil Merrett for a further four year term was confirmed.</li> </ul> <p>The Board discussed the current Board composition.</p>	
<b>8. Committees of the Board</b>		
<b>8.1 Health Care Quality and Safety</b>		
<i>Dr Abi-Hanna rejoined the meeting at 6.04pm</i>		
<p>8.1.1 Minutes – 3 Dec 2014</p>	<ul style="list-style-type: none"> <li>• The Minutes of the Health Care Quality and Safety Committee meeting held on 3 December 2014 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Dr Gray highlighted the following items: <ul style="list-style-type: none"> <li>• Item (4.1) – VMO compliance with Fire Safety Training: VMOs are required to participate in fire training on an annual basis. In response to a report indicating compliance data, the Committee has requested escalation of the issue through General Managers to Facility Clinical Council meetings. Dr Abi-Hanna, as a VMO, advised that he had not been made aware of fire training requirements.</li> <li>• Item (4.2) – Bankstown-Lidcombe Hospital – Accreditation Update: The Committee noted the action plan developed in response to recommendations and requested that the strategies be extended to other SWSLHD facilities.</li> <li>• Item (4.4) – Data relating to the number of Guardianship related patients: The Chairman advised that he had raised the issue at the recent Council of Board Chairs meeting and will formally write to the Minister in response to her request regarding the issue.</li> <li>• Item (5.3.2) – Patient Satisfaction Survey results: <i>previously discussed at the Board Meeting, within the Chief Executive’s Report.</i></li> <li>• Item (6.1) – HCQSC Reporting Matrix: The Committee endorsed the reporting matrix for 2015.</li> <li>• Item (7.2.1) – Clinical Advisory Report on Back-log of plain x-ray reporting: The Committee have requested a report confirming that recommendations of the Clinical Advisory Committee have been implemented and a snap shot of current data.</li> </ul> </li> </ul>	<p>SWD14/12965 19/12/14</p>

<b>Finance Committee</b>		
8.2.1 Minutes – 21 Nov 2014	<ul style="list-style-type: none"> <li>• The Minutes of the Finance Committee meeting held on 21 November 2014 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Mr Gordon highlighted the following items: <ul style="list-style-type: none"> <li>• Item (3) – The Committee have finalised a draft procedure for the approval of the annual financial statements, which will now be submitted to the Audit &amp; Risk Management Committee.</li> <li>• Item (3) – The process to recruit a community representative to the Committee has been enacted. One expression of interest has been received.</li> <li>• Item (5.4) – Activity Based Funding: An update regarding the ABF component of the Capacity Assessment Project was received. The Committee have requested a presentation from A/Prof Kohler and the LHD Manager, Performance in early 2015 regarding ABF as an educational initiative.</li> <li>• The Board requested to be included in an ABF educational process.</li> </ul> </li> </ul>	<i>Ms Larkin</i>
8.2.2 SWSLHD Delegations Manual	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> there were no proposed amendments to the SWSLHD Delegations Manual Version 7, as circulated with the Agenda.</li> </ul>	
<b>8.3 Research &amp; Teaching Committee</b>		
8.3.1 Minutes	<ul style="list-style-type: none"> <li>• The Board <u>NOTED</u> that the next meeting of the Research &amp; Teaching Committee is scheduled for 5 February 2015.</li> </ul>	
<b>8.4 Audit &amp; Risk Management Committee</b>		
8.4.1 Minutes – 25 Nov 2014	<ul style="list-style-type: none"> <li>• The Minutes of the Audit &amp; Risk Management Committee meeting held on 25 November 2014 were circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>• Ms Burlew highlighted the following items: <ul style="list-style-type: none"> <li>• Item (7.6.2) – The Committee received a presentation from the General Manager, Drug Health in relation to the Opioid Treatment Centres, as highlighted within the Service Reports.</li> <li>• Item (6.3) – The Committee received an update regarding the recovery of Cancer Therapy billing at Campbelltown Hospital.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>The District's Risk Manager has resigned and recruitment action is underway.</li> </ul>	
8.4.2 Matters referred to the ICAC	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> that there were no notifications made by the Chief Executive to the Independent Commission against Corruption (ICAC) during the period 11 November 2014 to 3 December 2014.</li> </ul>	
<b>8.5 Consumer &amp; Community Council</b>		
8.5.1 Minutes	<ul style="list-style-type: none"> <li>The Board <u>NOTED</u> that the Minutes of the Consumer &amp; Community Council meeting held on 5 December 2014 were not available.</li> <li>Mrs Berry noted that discharge practices remain a concern.</li> <li>Ms Lim provided an update relating to the Discharge Planning Working Group, formed in response to issues raised by the Council.</li> </ul>	
<b>9. New Business</b>		
	<ul style="list-style-type: none"> <li>There were no items of new business.</li> </ul>	
<b>10. Items for Information</b>		
10.1 Public Relations	<ul style="list-style-type: none"> <li>A Referral Note regarding public relations matters for November 2014 was circulated with the Agenda and <u>NOTED</u> by the Board.</li> <li>Ms Larkin highlighted: <ul style="list-style-type: none"> <li>The SWSLHD Consumer &amp; Community Participation Unit launched its facebook page.</li> <li>The effectiveness of social media - the District has 356 Twitter followers and the combined facebook pages have an average weekly reach of more than 120,000 people.</li> </ul> </li> </ul>	
10.1.1 District Newsletter	<ul style="list-style-type: none"> <li>The December 2014 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board.</li> </ul>	
<b>12. Other Business without Notice</b>		
	<ul style="list-style-type: none"> <li>The Chairman invited other business without notice and comment on the Annual Public Meeting. <ul style="list-style-type: none"> <li>Professional image projected</li> <li>Good opportunity to circulate</li> <li>Good speeches</li> <li>Chairs should be available for speeches – too long to stand</li> <li>Room layout – a bit spread out</li> </ul> </li> <li>The Chairman thanked Board members and the LHD Executive for their hard work and commitment over the year.</li> </ul>	

<b>13. 2014 Board Calendar</b>	<ul style="list-style-type: none"> <li>• The 2014 Board Calendar was circulated with the Agenda, and <u>NOTED</u> by the Board.</li> <li>• The 2015 Board Calendar was circulated with the Agenda, and <u>NOTED</u> by the Board.</li> </ul>	
<b>14. Next Meeting</b>	Monday 23 February 2015 3:30-6:30 Board Room, District Office, Eastern Campus, Liverpool Hospital	

Meeting closed at 6:27pm

DRAFT