

MINUTES

South Western Sydney Local Health District Board

Date: Monday 23 May 2016

Time: 3:30pm

Venue: Seminar Rooms 5 & 6, Education Centre, Liverpool Hospital

1. Present and Apologies

| Members | Pres. | Apol. | Members | Pres. | Apol. |
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| Prof Phillip Harris (Chair) | ✓ | | Mr John Gordon | | ✓ |
| Ms Carolyn Burlew | ✓ | | Prof Neil Merrett | ✓ | |
| Ms Christine Carriage | ✓ | | Dr Matthew Gray | ✓ | |
| Prof Brad Frankum | ✓ | | Mrs Nina Berry | ✓ | |
| Dr Shameran Slewa-Younan | | ✓ | Ms Kerrie Murphy | | ✓ |
| Dr David Abi-Hanna | ✓ | | | | |
| Other Attendees | | | | | |
| Ms Amanda Larkin, Chief Executive | ✓ | | Medical Staff Executive Council Representative | | ✓ |
| Mr Chris Leahy, A/Director Operations | ✓ | | Mr Ross Sinclair, Director Finance | ✓ | |
| Ms Jacqui Cross, Director Nursing & Midwifery | ✓ | | Mr Mark Zacka, Director Clinical Governance | ✓ | |
| Ms Nel Buttenshaw, A/Manager Executive & Board Secretariat (minutes) | ✓ | | Ms Glenda Dingwall, Director Workforce & Development | | |

| Agenda Item | Discussion/Decision/Recommendation | Responsible |
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| In-Camera Session | <ul style="list-style-type: none"> The Board held an in-camera session. | |
| <i>Ms Larkin, Mr Leahy, Mr Zacka, Mr Sinclair, Ms Cross, Ms Dingwall & Ms Buttenshaw joined the meeting at 4.00pm.</i> | | |
| Welcome & Introductory Remarks | <ul style="list-style-type: none"> The Chair welcomed Chris Leahy, Acting Director of Operations to the meeting. The Board congratulated Prof Frankum on his election as president of the Australian Medical Association (NSW). | |
| 2. Declaration of Interests | <ul style="list-style-type: none"> The Chair invited declarations of interest. The Chair reminded the Board of his previous declaration – that he is an employee of the Sydney Local Health District. | |

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| <p>In-Camera Session</p> | <ul style="list-style-type: none"> • The Chair reported on the Board’s in-camera session, highlighting: <ul style="list-style-type: none"> <u>Board Evaluation Report</u> • Members present considered the Board Evaluation Report and were pleased to note the progress to recommendations arising from the 2014 Evaluation Report. • The 2016 Evaluation Report identified 3 opportunities: <ul style="list-style-type: none"> ○ Allow more opportunities for input – in relation to strategy and direction <ul style="list-style-type: none"> ▪ Requires further thought and discussion. ○ Improve communication – both internally and with external stakeholders <ul style="list-style-type: none"> ▪ The NOUS Group are currently engaged to develop a Board-level Stakeholder Engagement Plan ○ Increased and continued training and development - with a broad focus on professional. <ul style="list-style-type: none"> ▪ A one-day training session with the Australian Institute of Company Directors has been scheduled. <p><u>Board Membership Matters</u></p> <p>Members present noted that Mr Mark (Jack) Johnson is the subject of a public inquiry by the ICAC. As per usual practice Mr Johnson is stood down from his role as a SWSLHD Board member during this period.</p> | <p>Chairman</p> |
| <p>3. Confirmation of the previous minutes and action list</p> | <ul style="list-style-type: none"> • <u>MOTION:</u> A motion was moved by Ms Burlew and seconded by Prof Merrett that the Minutes of the Board meeting held on 18 April 2016 be accepted as a true and accurate record. • The Motion was carried. | |
| <p>4. Patient Story</p> | <ul style="list-style-type: none"> • Mr Zacka presented the experience of ‘Patsy’, whose husband, a 74yo male, was admitted to the Cardiac Catheterisation Lab at Liverpool Hospital for an angiogram. <ul style="list-style-type: none"> • Patsy expected that her husband would be going home after the procedure, but learned that he needed to stay overnight. • A friend drove her from Campbelltown to Liverpool to see him and deliver some items he would need since he needed to stay overnight. • Upon arrival Patsy was told that her husband was still in Recovery waiting for a bed in CCU – and that she couldn’t see him due to visitor restrictions imposed in the acute area. | |

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| | <ul style="list-style-type: none"> • She handed over the items and was reassured they would be handed to him. • Patsy was outside the Cath lab upset. Patsy was approached by Robynne Cooke, General Manager, who was doing her routine executive walk around of the facility. After introductions took place, she told her story. • Robynne Cooke felt this was not in the spirit of being patient centred and took her to the counter of the Cath lab where arrangements were made to enable Patsy to see her husband. • The visiting policy has now been changed to open visiting hours from 10am-6pm • Subsequently, a Ministerial compliment sent on behalf of Mrs Cook was received by the Chief Executive and forwarded to the General Manager. • Mrs Cook had written to the Minister to show her appreciation that a “friendly lady” who she did not know was the General Manager at the time, took the time to “provide advocacy, common sense and humanity in such an open and friendly manner”, which was appreciated by both her and her husband. • She described Liverpool Hospital as “an impressive state of the art establishment..... inspiring pride and confidence in those that use it and with people like this at the helm” • She made special mention of her husband’s Cardiologist (Dr Phong Nguyen) of seven years as being an “exceptional human being ... skilled professional and much valued health professional in our area” • She ended her letter with “ I simply wanted to share with you what a difference people of this quality make to the lives and experiences of everyday folk like us” • A review of visiting hours has been undertaken in some hospitals. Ms Larkin reported that the Transforming your Experience Program will include a broader review as part of the patient centred care aspect of the Program. • The Board <u>NOTED</u> the patient story. | |
| <p>5. Business Arising</p> | | |
| <p>5.1 Work Health & Safety Report [21.3.16; Item 7.1]</p> | <ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the related Referral Note circulated with the Agenda. • Mr Leahy highlighted: <ul style="list-style-type: none"> • <u>The definition of ‘whole person impairment’</u> <ul style="list-style-type: none"> • In accordance with the legislation (Workers Compensation Act (NSW) 1987) - Whole Person Impairment (WPI): | |

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| | <ul style="list-style-type: none"> ▪ Is the maximum medical improvement that an injured worker has reached during the course of a work place injury/illness. WPI denotes the condition has been medically stable for the previous 3 months and further recovery or deterioration of more than 3% is not expected in the next 12 months. • <u>The comparative report – staff injuries</u> <ul style="list-style-type: none"> • The Loss Time Injury Frequency Rate (LTIFR) decreased during March 2016, following a reduction in the number of notifications. In comparison with the last 2 years the LTIFR remains steady. • The LTIFR for ‘health care and social assistance’ (2012/13) is 11.8, which is higher than mining (9.5) and education and training (9.9). <ul style="list-style-type: none"> ▪ SWSLHD (2016) is at approximately 20. • Works continues on encouraging and developing a safety culture and exploring the preventative aspects. • Action: Include LTIFR as a routine KPI within the Work Health & Safety Report. | Director of Operations |
| <p>5.2 KPI Report – Safety & Quality [21.3.16; Item 7.2.1]</p> | <ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the Referral Note related to Incident Number 2042152-20, circulated with the Agenda. • Mr Zacka clarified that a diagnostic paracentesis for ascetic fluid removal was performed by ICU medical staff under ultrasound guidance. • Actions: <ul style="list-style-type: none"> • Confirm that the staff member performing the procedure was appropriately credentialed. • Clarify if the case was referred to the Coroner, and if so any resultant recommendations. | Director, Clinical Governance |
| <p>5.3 Service Reports – Drug Health [21.3.16; Item 7.2.5]</p> | <ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the Referral Note regarding Drug Health KPIs. • Ms Larkin highlighted: <ul style="list-style-type: none"> • KPIs included within the Drug Health Services Dashboard arise from the current SLA; and were developed locally. • A review of Drug Health Services KPIs is currently underway. | |

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| | <p>The aim of the review is to establish a meaningful measure of performance that will assist Drug Health Services in providing better service delivery.</p> | |
| <p>6. Standing Items</p> | | |
| <p>6.1 Chief Executive's Report</p> | <ul style="list-style-type: none"> • Ms Larkin highlighted: <ul style="list-style-type: none"> • <u>Transforming Your Experience</u> <p>The Program is developing well. The agreed key principles include:</p> <ul style="list-style-type: none"> ○ Provide consistent high quality patient care ○ Strengthen quality & safety processes. ○ Engage staff, patients and communities by listening, respecting and responding. ○ Nurture and value good leadership and professional interactions. <p>During May key tasks include:</p> <ul style="list-style-type: none"> ○ Finalisation of Branding campaign for Transforming Your Experience ○ Raising awareness of the initiative including; release of key messages; information for staff newsletters; and the development of a three minute video promoting Transforming Your Experience ○ Collating responses from staff interviews with key personnel to test and validate the current state ○ Planning and implementation of consultative workshops late May and early June ○ Review and feedback on domains of leadership <p>A more detailed report is provided to the Health Care Quality & Safety Committee.</p> <p><u>Oran Park (Integrated Care Centre) Family Health</u></p> <p>The sub-lease and service agreement for Oran Park Family Health has been signed by the preferred tenderer, MyHealth Medical Group, and returned to SWSLHD. The medical practice commenced on 10 May 2016.</p> <p>The practice will initially commence operations with two General Practitioners' (GP) with the number to increase to four by August 2016, including at least one Registrar. A practice nurse will also be employed.</p> <p>Work continues with Cerner in relation to the integrated IT platform.</p> | |

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| | <p><u>Senior Staff</u></p> <p>An overview was provided of recruitment for the following positions:</p> <ul style="list-style-type: none"> o Director of Operations o Director, Nursing & Midwifery o Director, Population health o Director, Strategic Communications and Media <p><u>Bankstown-Liverpool Metro Extension</u></p> <p>Prof Merrett noted the need to consider service delivery in the District's eastern zone.</p> <p>Bankstown is the subject of infill rather than new development. Liaison with Health Infrastructure will continue.</p> | |
| <i>Ms Carriage joined the meeting at 4:35pm.</i> | | |
| | <p><u>University of Wollongong</u></p> <p>The University of Wollongong (UOW) has announced a South Western Sydney Campus in Liverpool.</p> <p>The SWSLHD were not made aware or contacted prior to the announcement.</p> <p>A relationship exists with student placements at Bowral & District Hospital.</p> <p>An opportunity for the SWSLHD may exist as a result, for example academic staff, infrastructure and equipment.</p> <p>Action: Provide a discussion paper outlining the partnership strategy and how to manage this.</p> <ul style="list-style-type: none"> • The SWSLHD Board <u>NOTED</u> the Chief Executive's Report. | Chief Executive |
| 6.2 Performance – KPI Report | <ul style="list-style-type: none"> • The KPI Report was circulated with the Agenda. | |
| 6.2.1 – Safety & Quality | <ul style="list-style-type: none"> • Mr Zacka highlighted: <ul style="list-style-type: none"> • All KPIs are within acceptable levels. • The percentage of inpatients 'discharged against medical advice (Aboriginal persons)' is higher than the same period last year and YTD. The Aboriginal Health Unit is trialling an Aboriginal Transfer of Care Model in Campbelltown Hospital, which if successful may be rolled out to other LHD hospitals. Ms Carriage reported that the model involves intervention by the Aboriginal Liaison Officer in the emergency department, i.e. on the way in. | |

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| | <ul style="list-style-type: none"> • There are 6 new serious incidents since the last report. One of these involved the unexpected death of a morbidly obese patient 2 days post-surgery. The case highlights concerns about performing surgery on morbidly obese patients which are being considered by the Surgical Management Committee. • In relation to Incident No. 2085864-20 (Fairfield Hospital), Mr Leahy advised that the agreed model of care for Bankstown-Lidcombe Hospital's cardiac cath lab is due at the end of May. NSW Ministry of Health have indicated the intent to issue the tender in the third week of June. • In relation to Incident No. 2110779-20 (Campbelltown Hospital) Mr Zacka clarified that the particular model of CTG machine did not have an alarm to use. • The Board <u>NOTED</u> the Safety & Quality component of the KPI Report. | |
| 6.2.2 – Service Access & Patient Flow | <ul style="list-style-type: none"> • Mr Leahy highlighted: <ul style="list-style-type: none"> • <u>Emergency Treatment Performance</u> <ul style="list-style-type: none"> • For the month of March 2016 Liverpool Hospital's ETP was 52.8%, an increase from 52.3% in February, but below the trajectory target of 66.5%. • ETP for Campbelltown was 66.9% against a target of 69.9%, an increase from 52.3% in February 2016. • ETP targets continue to be achieved at Bankstown, Bowral and Fairfield Hospitals. • Action: Convey the Board's congratulations to Hospitals regarding improved performance. • <u>Transfer of Care</u> <ul style="list-style-type: none"> • For the month of March 2016 Transfer of Care (ToC) performance at 91.9% has improved in comparison to the same period in 2014/15 (83.5%). Performance is above the 90% target, with all facilities achieving target in March. • <u>Surgery</u> <ul style="list-style-type: none"> • Surgical waiting list data will in future be reported to the Board, expressed in raw numbers and NWAU. • Negotiations with facilities continue for the allocation of additional sessions to reduce the overdue wait list numbers to zero by 30 June 2016. Strategies are being developed to mitigate the identified risk relating to ophthalmology patients at Campbelltown Hospital. | Chairman |

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| | <ul style="list-style-type: none"> ▪ Elective surgery – the number of admissions from surgical wait list YTD is 15,362 which is 484 less than the same period last year. • Prof Harris reported that the surgical waiting list was a discussion topic with the Minister for Health at his recent meeting. • An update will be provided to the June 2016 Board meeting. • The Board <u>NOTED</u> the Service Access & Patient Flow component of the KPI Report. | A/Director of Operations |
| 6.2.3 – People & Culture | <ul style="list-style-type: none"> • Ms Dingwall highlighted: <ul style="list-style-type: none"> • <u>Excessive Annual Leave</u> <ul style="list-style-type: none"> • Eighty per cent of staff with excessive annual leave have a plan in place; the balance of staff are being pursued. A report is being developed to monitor that the plans are being executed. Various strategies are being implemented including a focus on the top 10 employees, cash-out options, etc. • <u>Aboriginal Employment Initiatives</u> <ul style="list-style-type: none"> • The Workforce Directorate is working with Facility Managers to sustain and increase Aboriginal workforce numbers. • The Board <u>NOTED</u> the People & Culture component of the KPI Report. | |
| 6.2.4 – Finance & Activity | <ul style="list-style-type: none"> • Ms Sinclair highlighted: <ul style="list-style-type: none"> • <u>Finance</u> <ul style="list-style-type: none"> • Since the reporting period, the April results have been made available. • Performance to budget was favourable in the month of April 2016. • Year end actuals are forecast to meet budget. • Expenditure is unfavourable YTD by \$1.1M. Employee Related Expense is tracking slightly over budget. • Own source revenue is on budget for the month and YTD. • <u>Activity</u> <ul style="list-style-type: none"> • The March results (behind by one month due to using coded data) is at 97.0% of YTD target. <ul style="list-style-type: none"> • Acute Admitted – 1.8% below target • Mental Health Acute – 15.6% below target (must be admitted to a dedicated mental health bed) | |

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| | <ul style="list-style-type: none"> • Mental Health Sub-Acute – 11.4% below target • Non-Admitted – 9.0% below target • End of year variance to target is projected at 98.0% • Current initiatives related to additional planned surgery and non-admitted activity data capture may positively affect the variance. • <u>Service Level Agreement Negotiations with NSW Ministry of Health</u> <ul style="list-style-type: none"> • The final (3rd round) meeting with the NSW Ministry of Health was held on 16 May 2016. • District target growth is 2.1%. • The District received funding for growth, beds at Campbelltown, additional NWAUs for the cardiac cath lab at Bankstown-Lidcombe Hospital, diabetes and some for emergency, block funding for teaching and research and an additional ICU bed. • The Board <u>NOTED</u> the Finance & Activity component of the KPI Report. | |
| <p>6.2.5 – Service Reports</p> | <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 highlighted: <ul style="list-style-type: none"> • <u>Primary & Community Health</u> <ul style="list-style-type: none"> • A draft model of care for the proposed SWSLHD Sexual Assault Forensic Medical Service has been completed. • A draft Integrated Care Strategy has been completed which will be submitted to the Board following review by the Districts Clinical & Quality Council. • The Women’s Health Clinical Services tender has been submitted to HealthShare for release on the eTender site. • A draft Service Compact between Primary & Community Health, Drug Health, Mental health, Population Health and Campbelltown/Camden Hospitals has been finalised. Whilst the Departments of Family & Community Services is the lead agency, the Service Compact (identification of core health services needed) provides a model for service delivery in vulnerable communities across SWSLHD. | |

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| | <ul style="list-style-type: none"> • <u>Patient Passport</u> This initiative (for patients to record their appointments, medications, etc.) was developed through the Transfer of Care Working Party, led by District Nursing and involving consumers and community representatives. The Minister suggested developing a related App. • <u>Elective Surgery</u> The LHD needs to ensure it meets target in relation to the wait list. • <u>BHI Patient Satisfaction Survey</u> The Board has previously discussed this matter. • <u>Capital Plan</u> Liverpool Hospital Stage 2.2 is not on the capital planning program. The Board will need to keep lobbying. | |
| 7. Committees of the Board | | |
| <p>7.1 Health Care Quality & Safety</p> <p>7.1.1- Minutes</p> | <ul style="list-style-type: none"> • The Minutes of the Health Care Quality & Safety Committee meeting held on 4 May 2016 were circulated with the Agenda and <u>NOTED</u> by the Board. • Dr Gray highlighted: <ul style="list-style-type: none"> • <u>Item 4.1 – Update regarding Fairfield Hospital’s Obstetrics & Gynaecology Service</u> The Committee noted the status of actions taken to improve Obstetrics and Gynaecology Service in Fairfield Hospital and has requested a further report in July 2016. • <u>Item 5.2 – Coronial Inquest: Ms Ida Romeo</u> The Coroner has handed down findings of the inquest into the death of Ida Romeo. The Crown has settled the matter. There is also a current HCCC complaint for this case. The only Coronial recommendation was for the case to be written up to inform practice. | |
| <p>7.1.1- Annual Evaluation</p> | <ul style="list-style-type: none"> • The Annual Evaluation Health Care Quality & Safety Committee undertook an evaluation • Prof Merrett highlighted the following proposed amendments to the Terms of Reference: <ul style="list-style-type: none"> • Number of members • Clarified the community representative role as an attendee | |

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| | <ul style="list-style-type: none"> • The quorum was previously 50% + 1, now 2 members • The Board <u>ENDORSED</u> the Terms of Reference, with the proposed changes. | |
| <p>7.2 Finance</p> <p>7.2.1- Minutes</p> | <ul style="list-style-type: none"> • The Minutes of the Finance Committee meeting held on 15 April 2016 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Burlew highlighted: <ul style="list-style-type: none"> • <u>Item 5.1 – Report on Investments</u> <p>The Committee approved the transfer of funds from T-Corp to Westpac.</p> • <u>Item 5.2 – Committee Evaluation</u> <p>Following the May Finance Committee meeting, the proposed Terms of Reference will be submitted to the Board for consideration.</p> <ul style="list-style-type: none"> • <u>Item 7.1 – Committee Name</u> <p>The Board <u>NOTED</u> the change of Committee name to Finance & Assets to reflect the incorporation of workforce and IM&TD.</p> • Ms Burlew clarified that the ICT Committee Minutes were deemed as not required by the Committee due to their operational nature and that a summary report is provided by the Program Manager. • The Chair noted that as a result of the Extraordinary Finance Committee meeting the Service & Lease Agreement between the SWSLHD and the Ingham Institute of Applied Medical Research (IIAMR) will be submitted to the June Board meeting for approval / signature. <ul style="list-style-type: none"> • The Chair has requested a due diligence exercise relating to IIAMR via the Finance Committee Chair. • Any Board member requiring a briefing prior was invited to contact the Secretariat to arrange same. | |

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| <p>7.3 Audit & Risk Mgt</p> <p>7.3.1- Minutes</p> | <ul style="list-style-type: none"> • The Minutes of the Audit & Risk Management Committee meeting held on 13 April 2016 were circulated with the Agenda and <u>NOTED</u> by the Board. • Ms Burlew highlighted: <ul style="list-style-type: none"> • The Committee approved submission of the SWSLHD Interim Financial Statements to the NSW Ministry of Health and Audit Office of NSW. • The Committee commented on the high quality of the Financial Statement Analysis. | |
| <p>7.3.2- ICAC Matters</p> | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the Referral Note, circulated with the Agenda, regarding ICAC matters during the period 9 April to 5 May 2016. • No matters were reported to the ICAC. • No matters were referred by ICAC. | |
| <p>7.4 Research & Teaching</p> | <ul style="list-style-type: none"> • The Minutes of the Research & Teaching Committee meeting held on 7 April 2016 were circulated with the Agenda and <u>NOTED</u> by the Board. • Prof Frankum highlighted: <ul style="list-style-type: none"> • <u>Item (2.1) – SWS Research Hub Presentation</u> <p>Executive Officer, Dr Tanya Ward, presented an update regarding achievements of the SWS Research Hub. Notably the capability project - open researchers & contributor ID (ORCID).</p> • <u>Item (2.2) – SAHRT / AHSP Presentation</u> <p>Prof Barton and Ms Larkin provided an overview of the transition of SAHRT to the Academic Health Science Partnership (AHSP). The AHSP:</p> <ul style="list-style-type: none"> • is currently finalising governance arrangements • requires a substantial financial commitment • presents significant opportunities • The Chair reported that: <ul style="list-style-type: none"> • The AHSP will be governed by an interim Council, comprising all representatives. • An EoI will shortly be released for the academic streams • Recruitment for the interim Director is underway – 1 applicant received from the SWSLHD. | |

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| | <ul style="list-style-type: none"> • <u>Item (5.1) – Academic Units</u> <p>Announcement of the successful Stage 2 and 3 applications have engendered good will and excitement across the District.</p> <p>Action: Confirm details of the feedback session for unsuccessful applicants.</p> | Chief Executive |
| <p>7.5 Aboriginal Health</p> <p>7.4.1- Minutes</p> | <ul style="list-style-type: none"> • The next meeting of the Aboriginal Health Committee meeting will be held on 23 June 2016. | |
| 8. Consumer & Community Council | | |
| 8.1- Minutes | <ul style="list-style-type: none"> • The Minutes of the Consumer & Community Council meeting held on 1 April 2016 were circulated with the Agenda and <u>NOTED</u> by the Board. | |
| 8.2- Consumer & Community Participation Framework | <ul style="list-style-type: none"> • The Board <u>ENDORSED</u> the SWSLHD Consumer & Community Participation Framework – 2016 to 2019, as circulated with the Agenda, subject to the correction of spelling errors. • Ms Larkin highlighted: <ul style="list-style-type: none"> • The draft Framework represents the 3rd iteration and has been the subject of broad and extensive consultation. • The community and consumer structure has been expanded from hospitals to include services. | |
| 9. New Business | | |
| 9.2 – MDAAC Nomination | <ul style="list-style-type: none"> • The Board <u>NOTED</u> that the Chief Executive has nominated Mr Chris Leahy as her representative on the Medical & Dental Appointments Advisory (MDAAC) Committee, as a result of Mr Loy’s resignation. | |
| 9.2 – Bureau of Health Information – Media Article | <ul style="list-style-type: none"> • The Board <u>NOTED</u> the recent Sydney Morning Herald article (28 April 2016) which stated “patients who are admitted to St George and Campbelltown Hospitals receive the cheapest treatment in NSW”. • Prof Frankum reported that the media article had been discussed by the senior management team and clinical council at Campbelltown & Camden Hospitals. The concern was that the article may represent an underfunding of Campbelltown Hospital. • Prof Merrett noted that the National Hospital Performance Authority website indicated that costs for Campbelltown of \$4,100 per case were comparable intra-District (\$4,200 at Liverpool and \$4,300 at Bankstown-Lidcombe) and inter-District with Westmead, Nepean and Blacktown. | |

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| | <ul style="list-style-type: none"> The Board noted that data used was from 2014. | |
| 10. Items for Information | | |
| 10.1 Public Relations Report | <ul style="list-style-type: none"> A Referral Note regarding public relations matters for April 2016 was circulated with the Agenda and <u>NOTED</u> by the Board. The May 2016 District newsletter was circulated with the Agenda and <u>NOTED</u> by the Board. | |
| 10.2 Board Schedules/ Dates | <ul style="list-style-type: none"> The 2016 Board Calendar is available from the Govdex website. The 2016 Board Items Due Calendar is available from the Govdex website. | |
| 11. Other Business Without Notice | | |
| | <ul style="list-style-type: none"> The Chair invited other business without notice. Dr Abi-Hanna reported recent contact by the renal physicians at Liverpool Hospital, expressing concern about the haemodialysis service. Ms Larkin reported that a meeting has recently been convened, involving the clinical stream. Options are currently being explored. | |
| 12. Close /Next Meeting | <p>The meeting closed at 6.45pm.</p> <p>The next meeting is scheduled for Monday 27 June 2016, Board Room, District Office:</p> <p>2:30pm-3:30pm – Respecting the Difference Training 3:30pm-6:30pm – Board Meeting</p> | |