

**Special Commission of Inquiry
into Healthcare Funding**

**Before: The Commissioner,
Mr Richard Beasley SC**

**At Tamworth District Court
Marius St & Fitzroy Street,
Tamworth NSW 2340**

Friday, 20 September 2024 at 9.41am

(Day 53)

Mr Ed Muston SC	(Senior Counsel Assisting)
Mr Ross Glover	(Counsel Assisting)
Dr Tamsin Waterhouse	(Counsel Assisting)
Mr Ian Fraser	(Counsel Assisting)
Mr Daniel Fuller	(Counsel Assisting)

Also present:

**Mr Richard Cheney SC with Mr Hernan Pintos-Lopez for
NSW Health**

1 THE COMMISSIONER: Good morning, everyone. Yes,
2 Mr Glover.
3
4 MR GLOVER: Thank you, Commissioner. This morning we have
5 evidence from three of the board chairs concurrently. They
6 are all by AVL: Mr Peter Treseder, Associate Professor
7 Martin Cohen and Mr Peter Carter. I think they are coming
8 up on the screen now. They should be sworn or affirmed.
9
10 THE COMMISSIONER: Mr Treseder, can you hear me?
11
12 MR TRESEDER: I can, yes.
13
14 THE COMMISSIONER: Mr Carter, can you hear me?
15
16 MR CARTER: Yes, sir.
17
18 THE COMMISSIONER: And Associate Professor Cohen, can you
19 hear me?
20
21 A/PROF COHEN: I can.
22
23 THE COMMISSIONER: Excellent. Good morning to all of you.
24
25 If I could start with you, Mr Treseder, would you like
26 to give your evidence by way of oath or affirmation?
27
28 MR TRESEDER: Affirmation, please.
29
30 **<PETER TRESEDER AFFIRMED VIA VIDEO-CONFERENCE [9.42 am]**
31
32 THE COMMISSIONER: Mr Carter, oath or affirmation?
33
34 MR CARTER: Affirmation, please.
35
36 **<PETER CARTER, AFFIRMED VIA VIDEO-CONFERENCE**
37
38 THE COMMISSIONER: And Associate Professor Cohen?
39
40 A/PROF COHEN: Affirmation, please.
41
42 **<MARTIN COHEN, AFFIRMED VIA VIDEO-CONFERENCE**
43
44 **<EXAMINATION BY MR GLOVER**
45
46 THE COMMISSIONER: Thank you. Yes, Mr Glover.
47

1 MR GLOVER: Thank you, Commissioner. Mr Treseder, I was
2 going to start with you, but I'll address these initial
3 remarks to each of you.
4

5 If at any stage the connection breaks up and any of
6 you can't hear me, let us know and we can repeat questions
7 and start again. All right? So at any stage that's fine.
8 I am also going to address a series of questions to each of
9 you in relation to topics. If one or other of you wishes
10 to add, qualify, build on an answer that is given, or add
11 some other point of view, you're free to do that. I'll try
12 and remember to ask you as we go along, but if I forget,
13 please feel free to raise your hand and we'll make sure we
14 get your point of view as well. All right?
15

16 MR TRESEDER: Okay.
17

18 MR GLOVER: Mr Treseder, can you tell us your full name,
19 please?
20

21 MR TRESEDER: It is Peter John Treseder.
22

23 MR GLOVER: You are currently the chair of the board of
24 the Mid North Coast LHD, correct?
25

26 MR TRESEDER: That's correct.
27

28 MR GLOVER: You have been in that position since
29 about June 2023?
30

31 MR TRESEDER: That's right.
32

33 MR GLOVER: When did you first join the board?
34

35 MR TRESEDER: In December '22. January '22.
36

37 MR GLOVER: To assist the Commission, you have made a
38 couple of statements. The first, dated 13 September of
39 this year, correct?
40

41 MR TRESEDER: That's right, yes.
42

43 MR GLOVER: And you wish to make some amendments or
44 qualifications to a few of those paragraphs, which you have
45 done in a supplementary statement dated today; is that
46 right?
47

1 MR TRESEDER: That's correct
2
3 MR GLOVER: And when taken together, those statements are
4 true and correct to the best of your knowledge and belief?
5
6 MR TRESEDER: That's correct
7
8 MR GLOVER: Thank you. Associate Professor Cohen, can you
9 tell us your full name, please?
10
11 A/PROF COHEN: Martin Cohen.
12
13 MR GLOVER: And you are the board chair of the Hunter New
14 England Local Health District?
15
16 A/PROF COHEN: That's correct.
17
18 MR GLOVER: When did you join the board?
19
20 A/PROF COHEN: I think it was September 2015.
21
22 MR GLOVER: And you have been the chair since about 2021,
23 is that right?
24
25 A/PROF COHEN: That's correct, yes.
26
27 MR GLOVER: And you are a psychiatrist in private
28 practice?
29
30 A/PROF COHEN: I am, yes.
31
32 MR GLOVER: And to assist the Commission in its work, you
33 made a statement dated 16 September?
34
35 A/PROF COHEN: Yes, that's correct.
36
37 MR GLOVER: That is [MOH.0011.0073.0001]. Have you had a
38 chance to review it again before giving your evidence
39 today?
40
41 A/PROF COHEN: I have, yes.
42
43 MR GLOVER: And is it true and correct to the best of your
44 knowledge and belief?
45
46 A/PROF COHEN: Yes.
47

1 MR GLOVER: Mr Carter, could you tell us your full name,
2 please?
3
4 MR CARTER: Peter Henry Carter.
5
6 MR GLOVER: You are the board chair of the Northern NSW
7 LHD; is that right?
8
9 MR CARTER: Correct, yes.
10
11 MR GLOVER: You have held that position since January
12 2023?
13
14 MR CARTER: Yes.
15
16 MR GLOVER: And been on the board since about January
17 2019?
18
19 MR CARTER: Correct
20
21 MR GLOVER: To assist the Commission in its work, you made
22 a statement dated 5 September; is that right?
23
24 MR CARTER: Yes.
25
26 MR GLOVER: [MOH.0011.0059.0001]. And you wish to make
27 some corrections to paragraphs 12 and 16 of that statement,
28 which you've done by way of a supplementary statement of
29 yesterday; is that right?
30
31 MR CARTER: That's right.
32
33 MR GLOVER: And when those two statements are taken
34 together, they are true and correct to the best of your
35 knowledge and belief, correct?
36
37 MR CARTER: They are, yes.
38
39 THE COMMISSIONER: It is probably my fault, but I can't
40 find the supplementary statement. If someone could --
41
42 MR GLOVER: Of which? Or Mr Treseder or Mr Carter?
43
44 THE COMMISSIONER: Mr Carter.
45
46 MR GLOVER: I will hand you a copy.
47

1 THE COMMISSIONER: Actually, I might be missing
2 Mr Treseder as well. Oh, no. I have an email with
3 corrections.

4
5 MR GLOVER: Yes. That's what I have. That's right.

6
7 THE COMMISSIONER: Thank you. I now have everything.
8 Thank you.

9
10 MR GLOVER: Mr Treseder, can I come back to you. Can you
11 tell us a little bit about your professional background,
12 please?

13
14 MR TRESEDER: My professional background was as a banker,
15 looking at commercial activities for the bank, large loans,
16 everything up to \$1 billion loans, et cetera. Over the
17 last couple of decades, though, my focus has been on
18 raising money for medical research, heading up CEO of a
19 number of hospital foundations to do that because my
20 passion is to help people who are sick by way of - and
21 I wasn't smart enough to be a doctor, but I had the passion
22 to raise a bit of money and I have been very successful at
23 that over two decades.

24
25 MR GLOVER: Thank you. Professor Cohen, could you tell us
26 a little about your professional background, please?

27
28 A/PROF COHEN: Yes. I am a psychiatrist by training.
29 I have had a broad range of experience both as a senior
30 staff specialist and a junior doctor, obviously within the
31 public health service. I then moved through to take over
32 as director of psychiatry training and developed a
33 psychiatry training program. I moved on to the executive
34 director of the Hunter New England Local Health District
35 mental health services and progressed from there to joining
36 the board when I left to set up private practice.

37
38 My broad interests are, similar to Peter, actually,
39 medical research and optimising the translation of
40 evidence-based into practice and supporting the local
41 community, keeping trained specialists local and then from
42 working into large cities, keeping them in a rural and
43 regional context.

44
45 MR GLOVER: Thank you. Mr Carter, would you tell us
46 briefly about your professional background, please?

47

1 MR CARTER: Yes. I started in higher education management
2 principally, but some teaching as well, and in the '80s,
3 I moved into healthcare by becoming the first chief
4 executive of the Royal Australian and New Zealand College
5 of Psychiatrists. And then I went from there to the chief
6 executive of the Royal Australasian College of Surgeons,
7 and doing consulting work along the way. And then I moved
8 international to become chief executive and then a board
9 member of the International Society for Quality in Health
10 Care. And then when I returned from overseas, I was
11 appointed by the minister as a member of the board of
12 Northern NSW.

13

14 MR GLOVER: Thank you. Mr Treseder, if I can come back to
15 you, and I will take you to paragraph 5 of your statement.
16 That is, your statement of 13 September.

17

18 MR TRESEDER: Yes.

19

20 MR GLOVER: There, you tell us a little about your
21 approach to your role as board chair, but before I take you
22 to some of the detail in that paragraph, can you just
23 describe to us what you see as the role and function of the
24 board chair?

25

26 MR TRESEDER: My principal responsibility is to ensure
27 that the board functions as efficiently as it can. That
28 involves making sure the information that flows to the
29 board is succinct, that a lot of - the abbreviations are
30 explained, there are no acronyms sitting in those
31 documents. And then the process of the board at the board
32 meeting is making sure that we arrive at resolutions as
33 quickly and as easily as we can. And my other principal
34 role is to make sure that I support and hold accountable
35 the chief executive.

36

37 MR GLOVER: Thank you. Professor Cohen, would you wish to
38 add anything to that answer of the role of board chair?

39

40 A/PROF COHEN: Aside from what my colleague has said, just
41 ensuring that all board members have equal access to good
42 quality information, that we have the capability and
43 capacity to ask the right questions of our chief executive
44 and our board, and that we continue to uplift the
45 capability of the board, keep a strong connection between
46 board and the executive, so that we have, as far as is
47 possible, our finger on the pulse. My job also is to

1 support the CEO and ensure that she is well supported in
2 what is a very challenging role. So supervision and
3 mentoring as well.
4

5 MR GLOVER: We'll come back to some of those concepts
6 during the morning. Mr Carter, is there anything you would
7 wish to add to those descriptions of the --
8

9 MR CARTER: I would just think I would just wish to add
10 that I have been interested in recent work that's been done
11 on the correlation between board governance and board
12 governance practices and the outcomes and outputs of the
13 body in which they're governing. So it's work done by the
14 IHI, Institute of Healthcare Improvement, and they
15 introduced a white paper that showed a strong correlation
16 between healthcare quality outcomes and board governance,
17 and I think that's an area that is worth pursuing and
18 that's an interest I have, and I would want to further
19 that.
20

21 And the other interest I have is in how to reframe the
22 concept of a skills mix on a board. And I've got a working
23 party here looking at that with the Clinical Excellence
24 Commission, because I think we're probably not doing it
25 optimally and I think it is an area worth - again, an area
26 worth pursuing.
27

28 MR GLOVER: When you say "reframe the concept of skills
29 mix on the board," can you give practical examples of the
30 things you are referring to?
31

32 MR CARTER: Yes. I think we appoint board members because
33 of specific skills they might have or their community
34 connections or their experience, and I don't think we've
35 looked carefully enough at how we apply the peripheral
36 skills, if you like, that board members might have to the
37 advantage of the work of the board as opposed to say,
38 their, specific skills.
39

40 And I give an example in my brief of evidence that we
41 have one of our board members is a PhD in engineering in
42 the energy sector and of course his skills, training and
43 experience would make him a natural candidate to lead our
44 environmental sustainability and healthcare group. But
45 I also have an interest in, say, his and every other board
46 member's, on the ethical dimensions of the matters, their
47 views on the ethical dimensions of the matters we are

1 looking at, for example.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

MR GLOVER: I think, Mr Carter, the deputy chair of your board is the CEO of an Aboriginal controlled community health organisation; is that right?

19

20

21

22

23

24

25

26

MR CARTER: That's correct. Scott Monaghan, he is deputy chair of the board and he runs one of the three Aboriginal medical services in our district, and naturally that's a benefit to us. It helps in the partnerships we have with Aboriginal health and the work we're doing to improve Aboriginal health. But in addition, Scott has other skills that we seek to utilise as well.

27

28

29

30

31

MR GLOVER: From that answer, do we take it that - you have described it as a benefit - that there are real benefits in a member of your board being involved in the delivery of care in a different sector?

32

33

MR CARTER: Absolutely, yes.

34

35

MR GLOVER: What are the practical advantages of that?

36

37

38

39

40

41

42

43

44

45

46

47

MR CARTER: Direct communication. We have three Aboriginal medical health services in our footprint and we have a body which is the Aboriginal partnership, which puts those three together with the primary health network and ourselves, and that's a frontline line of communication directly into the Aboriginal population. And we have a larger population here than most other parts of the State, and that means there is more immediacy to what we do. The connection is direct, it's not delayed, and we can action things very rapidly through that forum. And through Scott, we have not only to his Aboriginal medical service, but to the Aboriginal community generally, we have that direct

1 line, which is a great advantage.

2

3 THE COMMISSIONER: Can I just ask you, Mr Carter, I think
4 there is 11 members of your board?

5

6 MR CARTER: There are 11 at the moment, sir, and the
7 ambition of the minister is to reduce boards to eight. So
8 I'll be tendering - sorry?

9

10 THE COMMISSIONER: Can I just ask you then, do you have a
11 concern that if you lost three of your board members, you'd
12 lose skills and experience that you consider vital to the
13 governance of your local health district?

14

15 MR CARTER: So, not if we reframe the way in which we
16 understand and use skills. I think we will be fine with
17 eight if we look at it a little differently.

18

19 THE COMMISSIONER: Right. In the manner you described
20 before to Mr Glover?

21

22 MR CARTER: Sorry, yes, that's correct, sir, yes.

23

24 THE COMMISSIONER: In terms of expanding skillsets and
25 et cetera?

26

27 MR CARTER: Yes. Within eight members it can be done, if
28 we do it the right way.

29

30 THE COMMISSIONER: Do you have a view about the actual
31 legislative requirement about the skillset of boards in
32 section 26 of the Health Services Act? I mean, it seems
33 fairly broad; it probably looks like it covers everything
34 that's needed, but do you have a different view?

35

36 MR CARTER: I have an expanded view. I agree with
37 those --

38

39 THE COMMISSIONER: Just go ahead and tell us. Go ahead
40 and tell us about your expanded view.

41

42 MR CARTER: Well, I think that they are very specific and
43 applications for membership of the board suggest certain
44 categories of skills and, I think we want more from board
45 members than just fulfilling those or representing those
46 categories, and it's not something that they might
47 naturally bring to the board, but it is a matter of

1 developing a range of their skills and experience and
2 communication in different ways so that we have board
3 members that can speak on a wider range of issues than
4 their own particular areas of training and interest.

5
6 THE COMMISSIONER: Sure. There is section 26(3)(e) is
7 kind of like a catch-all, because it says:

8
9 *... backgrounds, skills, expertise,*
10 *knowledge and experience appropriate for*
11 *the district.*

12
13 Which, provided it was relevant, could - that covers a lot
14 of territory. Please don't feel as though you need to
15 answer me now, and this applies to all three of you. I'd
16 invite you to consider this: if you felt based on your
17 experience as board chairs that you thought section 26(3)
18 of the Health Services Act could be better framed - you
19 don't have to do this on the run, but take it on notice -
20 you could come back to the Inquiry with some ideas if you
21 have any. You might be perfectly satisfied that 26(3) is
22 adequate, but if you don't, you can let us know. But I
23 wouldn't require you to answer that question on the spot.

24
25 MR GLOVER: Thank you. Professor Cohen, is there anything
26 you would wish to add to the answers given by Mr Carter
27 both as to the number of board members and its composition
28 generally?

29
30 A/PROF COHEN: Look, I actually concur with what Mr Carter
31 just said. I think, broadly speaking, you know, reducing
32 the board number to eight is manageable. I think there is
33 a community expectation as well that communities will have
34 an opportunity to connect with and engage with board
35 members, and our district is far flung, it's wide, it's
36 big, and so the practicality of having representation,
37 geographic representation and skill mix, I think is
38 important.

39
40 Nonetheless, you know, if you turn to the proper
41 business of the board, which is governance, I agree with
42 Mr Carter in terms of uplifting. And that's what I meant
43 by using that term earlier, uplifting the capability and
44 utilising skills that include both the capacity to mentor
45 other the board members, provide leadership, improve the
46 quality of conversations and questions within the context
47 of board meetings, but also to bring a broad range of

1 skills and knowledge to represent the type of wisdom that
2 is required in this space.

3
4 Knowing what questions to ask is a complex matter for
5 individual board members, and then the convocation of
6 skills and knowledge and experience prompts interesting
7 questions and probing questions to be asked of our CEO and
8 executive. And in addition, seeing our board members
9 evolve over time to add skills and capability to their
10 pre-existing skills when they come to the board is
11 critical, both in the governance space but also in terms of
12 communication with each other and their executive and
13 community.

14
15 THE COMMISSIONER: I am conscious Mr Treseder needs to
16 have a go at this, but could I also ask all three of you to
17 consider this: I think, Mr Carter and Associate Professor
18 Cohen, you both indicated that if there were eight board
19 members, it shouldn't be a problem, or it's manageable, but
20 can I ask you this: all three of your LHDs cover a very
21 large geographical area. It's not like being the Sydney
22 LHD where you can have a group of board members that all
23 probably live relatively close to each other. Your LHDs
24 cover large areas, and I imagine your board members are
25 representative of having a large geographical area.

26
27 Does that pose any difficulties - if it was limited to
28 an eight-member board, would that pose any difficulties of
29 getting, (a), the skill set, but, (b), representations at
30 the southern end and, you know, the northern end across the
31 geographical area of your LHD? If it doesn't, that's fine,
32 but I'm just curious about that. I'll maybe start with
33 you, Mr Treseder, because you haven't had a response yet to
34 this issue.

35
36 MR TRESEDER: Commissioner, I generally agree with what
37 Peter and Martin have said. In terms of managing a board,
38 it is easier to manage a smaller group of people than, say,
39 16 people sitting around a board table.

40
41 THE COMMISSIONER: Of course.

42
43 MR TRESEDER: My opening comments were around managing -
44 the chief - the main responsibility of the chair is to make
45 sure the boards run efficiently and you can do that with a
46 smaller number. Where we do run into a little bit of
47 strife is that we have got eight sub-committees, for

1 example, and our expectation is to have board
2 representation, sometimes two board members, on some of
3 those subcommittees, because that's where our grunt work
4 occurs in the system and feedback. So sometimes a little
5 bit thinly spread across those subcommittees, but I agree
6 with the guys. I think eight will be sufficient.

7
8 THE COMMISSIONER: Okay.

9
10 MR GLOVER: Mr Treseder, I think I'm right in this, and
11 you will no doubt correct me, but there was for a time a
12 member of your board who was a clinician that was engaged
13 within the LHD; is that right?

14
15 MR TRESEDER: Mr Glover, there still is a clinician
16 involved, in Shehnarz. She is a breast cancer surgeon.
17 She is a VMO that works privately and in the system, and
18 she provides good feedback in terms of what's happening in
19 that space to the board.

20
21 MR GLOVER: Are there benefits in one of the board members
22 being a clinician who is actively involved in the work of
23 the LHD, from your point of view?

24
25 MR TRESEDER: Yes, I think there is. It is. But I want
26 to make the distinction between having, say, a medical
27 staff council coming along to every board meeting. I don't
28 think that works. And having some sort of standing rule to
29 say they've got to come along, and I know, Commissioner,
30 that's been said in some of the round tables, that they
31 would seek an advantage. The reason I speak against that
32 is that, one, the board is working on a governance level,
33 not an operational level. The appropriate decision-making
34 in relation to getting the thing right in the system is the
35 CEO. So the way we do it in our LHD is I meet with the CE,
36 with the chair of the medical staff councils, with the
37 expectation that CE will sort out the problem, and then
38 I'll report that back to the board, rather than having the
39 medical staff council just come in every time.

40
41 The other thing is we've got to be fair to the other
42 aspects of the medical continuum: the allied health
43 people, the nurses, et cetera. So why do we focus on one
44 area?

45
46 So I think, to come back to your original point,
47 I think there is an advantage of having a clinician sitting

1 on the board, yes. That doesn't need to be the chair of
2 the medical staff council.

3
4 THE COMMISSIONER: What's the advantage of having a
5 clinician, a senior clinician, on the board?

6
7 MR TRESEDER: We can get information from that particular
8 sector as to what's happening. Are there problems with
9 rostering? Are the surgeries - what are the difficulties,
10 say, with managing surgeries through particular areas? Are
11 there industrial-type problems occurring in that space that
12 can be fed back to us pretty quickly, and then we can go
13 back to the CE and try and go back to the medical staff
14 council and try and sort it out.

15
16 THE COMMISSIONER: Sticking with you for a moment,
17 Mr Treseder, could the senior clinician be a senior nurse
18 as much as a senior doctor?

19
20 MR TRESEDER: I think so, yes. Absolutely. To be fair
21 and transparent, yes.

22
23 THE COMMISSIONER: And to your other point about medical
24 staff council, if we do it at the highest level of
25 generality, your point is board is primarily governance,
26 medical staff council is primarily operational. Whilst
27 there should be a line of communication between the staff
28 council and the board, it's not necessary for that to be by
29 means of actually a seat on the board for the chair of the
30 medical staff council?

31
32 MR TRESEDER: Absolutely.

33
34 THE COMMISSIONER: Okay. Mr Carter, Associate Professor
35 Cohen, is there anything you want to add to what
36 Mr Treseder just said?

37
38 MR CARTER: Commissioner, just one point. Your question
39 about can eight people properly represent a large
40 geographical area, we don't have a problem with that.
41 I think we're something like 20,000 square kilometres and
42 we have rural and we have city, and we travel, our board
43 travels, and that's a good thing, but I don't believe that
44 geographical representation or community representation
45 will be compromised by a reduction from my current 11 to
46 eight.

1 THE COMMISSIONER: Okay. It might be more of an issue,
2 you know, like the Murrumbidgee LHD, which covers basically
3 the size of France, is a slightly different issue to yours.

4
5 MR GLOVER: Perhaps Professor Cohen is - we'll hear from
6 him?

7
8 THE COMMISSIONER: Yes, of course.

9
10 MR GLOVER: Professor Cohen, is there anything you wish to
11 add to the answers given by your colleagues on those
12 topics?

13
14 A/PROF COHEN: Look, I've found it helpful to have the
15 medical staff council executive present at board meetings,
16 and it is usual for the medical staff council to speak to
17 the board and provide a brief report.

18
19 MR GLOVER: Pausing there, why do you find that useful?

20
21 A/PROF COHEN: It's connection. Part of our
22 responsibility is to maintain independent verification in
23 terms of the functioning of the medical staff council. My
24 experience is that is helpful and useful for the board.
25 There are, you know, several other mechanisms for us to
26 connect with clinicians such as district health and council
27 and we travel around as well.

28
29 MR GLOVER: But is it a practice of your board to have a
30 presentation from the chair of the executive medical staff
31 council at your board meeting?

32
33 A/PROF COHEN: Yes, a verbal presentation, yes.

34
35 MR GLOVER: And that is useful for the reasons that you
36 have just described?

37
38 A/PROF COHEN: Yes, but also the medical staff council
39 will - that's actually where we will - so one of the
40 requirements is for us to be able to select a clinician to
41 sit on the board, and so there's always a clinician who is
42 currently an employee of the health service who sits on the
43 board. And it gives us an opportunity to assess, I guess,
44 the capability of that person, and from my personal
45 perspective, yeah, spending time with that person and
46 building their capability in the governance space bodes
47 well in terms of development of, you know, potential future

1 clinician board members, although I concur with my
2 colleagues that that board member certainly doesn't have to
3 be a doctor. It can be from any of the clinician
4 backgrounds.

5
6 THE COMMISSIONER: Would this be fair as a summary, and
7 I invite all of you to comment on this, that whether or not
8 there was some hard and fast rule about whether the chair
9 of the medical staff council was on the board or not, these
10 are relationships between human beings and those
11 relationships can be good, bad or indifferent based on who
12 the human beings are and whether they get along with each
13 other and all those sorts of things. Is, rather than a
14 hard and fast rule, would you agree that in the end the
15 most important thing is that there is a well-documented
16 process by which there is good lines of communication
17 between the medical staff council, and perhaps all of the
18 staff, with the board? Mr Carter?

19
20 MR CARTER: Commissioner, thank you. We have two
21 clinicians on the board.

22
23 THE COMMISSIONER: Yes.

24
25 MR CARTER: One of whom happens to be the chair of the
26 medical staff council in his hospital.

27
28 THE COMMISSIONER: Right.

29
30 MR CARTER: He is a new appointee and he is quite young,
31 very bright, a very great contributor, and I spend a lot of
32 time with him discussing potential conflicts of interest.
33 I prefer Mr Treseder's model to Professor Cohen's model,
34 and I do think a clinician, whether it be a doctor or a
35 nurse or some - even an allied health professional, is
36 valuable, but I like the idea of distance between the work
37 of the medical staff council and the board. And as I say,
38 the chair of the medical staff council at Grafton, who is
39 an appointed board member, does struggle from time to time
40 with questions of potential conflicts of interest.

41
42 THE COMMISSIONER: Right. Okay.

43
44 MR GLOVER: Professor Cohen, just to round out this topic,
45 I don't think we have heard from you about whether there
46 would be a challenge if there were only eight members of
47 your board in covering the vast geography from Newcastle to

1 the border. You might have alluded to it in an earlier
2 answer, but do you see that as being a challenge for a
3 district like yours?
4

5 A/PROF COHEN: We'll manage. I think the number - you
6 know, with that, my main concern is the number of
7 committees of the board and their work, and the number of
8 board members. I think with representation we can work it
9 out, as long as there is, I guess, collaboration and
10 cooperation between ministry and the appointment process so
11 that we can, as far as possible, get the right skill mix as
12 well as making sure, as far as is possible, that we get
13 geographic representation.
14

15 MR GLOVER: So if there are to be only eight members,
16 there would need to be some strategic analysis done of the
17 location of those members and their skill mix to ensure
18 that you covered what you needed to cover on your board; is
19 that the idea?
20

21 A/PROF COHEN: Yes.
22

23 MR GLOVER: Mr Treseder, did you have your hand up to say
24 something as well?
25

26 MR TRESEDER: Yes, Mr Glover. I was going to agree with
27 the Commissioner's last comment. We are absolutely in the
28 people business, and the way the system works is all around
29 relationships and respectful conversations between those
30 people.
31

32 In our situation, those respectful conversations occur
33 better one-on-one, so myself, CEO, medical staff council,
34 as opposed to medical staff council standing up in front of
35 eight people around a board, which is harder - that process
36 is harder to manage. It is much easier one-on-one, sort it
37 out, and then with the outcome of those discussions. So,
38 Commissioner, I agree with what you just said.
39

40 MR GLOVER: Professor Cohen, in your statement - I don't
41 need to take you to it, but do let me know if you'd prefer
42 to read it - you tell us one of the functions of the board
43 is to monitor the performance of the chief executive.
44

45 A/PROF COHEN: Yes.
46

47 MR GLOVER: Do you see that as being a particularly

1 important part of the board's function?

2

3 A/PROF COHEN: Yes. So there are a number of functions
4 that I as chair have. One is performance management
5 process whereby I will actually sit down with the chief
6 executive and rate her performance, discuss with her the
7 board's thoughts in relation to different aspects of her
8 leadership and strategic capabilities, and there is also a
9 joint meeting with the secretary for Health whereby a
10 conversation will be had where we will actually discuss the
11 CO's performance. These are complex organisations with,
12 you know, requirements to engage with community and
13 politicians, multiple stakeholder groups, and the pressures
14 for CEOs who, in my opinion, are entitled to a
15 psychologically safe workplace, can be extensive and quite
16 extreme at times. And, consequently, part of my role is
17 both holding my CO accountable but making sure my CO is
18 well looked after in performing a very complex role and
19 also has the opportunity for professional development in
20 that context.

21

22 MR GLOVER: I'll come back to the idea about board support
23 for the CEO generally, but what would you say to the
24 proposition that there ought to be an adjustment to the
25 employment arrangements of chief executives so as to have a
26 single line of accountability directly to the secretary?

27

28 A/PROF COHEN: Look, my view is that the local
29 accountability is important. I would also - and I would
30 never speak for the secretary, but I wonder whether the
31 secretary might find that the number of local issues that
32 the secretary would have to be across would be enormous
33 and, consequently, whilst the relationship between the CEO
34 and secretary is a very close and consistent one, the
35 secretary would need to reach out to the board chair as
36 well as the CEO on many occasions to discuss issues as they
37 arise. So consequently, I would see that that dual
38 accountability is both sensible and practical.

39

40 MR GLOVER: Mr Carter, just on that last issue about
41 whether there ought to be a change so that there is a
42 single line of accountability for the CE direct to the
43 secretary, what is your view?

44

45 MR CARTER: I agree absolutely with Professor Cohen and
46 I think I would add word "essential." I think it would be
47 not unmanageable but extremely difficult for both the CE

1 and the secretary if there was one line of accountability
2 and if I thought, just quickly off the top of my head, the
3 number of matters that would be brought to me by the CE
4 that would otherwise without that relationship have to go
5 to the secretary, it is a significant proportion of what we
6 do. So I would think that that would be a detrimental
7 move, to have that one line of accountability.

8
9 MR GLOVER: Mr Treseder?

10
11 MR TRESEDER: I agree 100 per cent with what my colleagues
12 have said. The key relationship in any district - in fact
13 in any company - is the relationship between the chair and
14 the CEO. Not only to hold them accountable, but, as Martin
15 said, to look after their health and wellbeing, because
16 these guys are under enormous pressure from so many angles.
17 So the first thing I do every time I walk into a meeting on
18 a weekly basis is ask him how is he going, "Are you okay?"
19 And in fact I do that with the senior executive team when I
20 meet with them twice a year. "Are you okay?" Because we
21 have lots of mechanisms in the system to look after the
22 staff, but we have very few mechanisms to look after the
23 mental health of our senior people sitting on the top. So
24 part of the chair's role is to make sure that those - the
25 mental health of our CEOs are strong and robust, and that
26 often means that the only person the CEO can offload to, to
27 seek guidance, is the chair. And as Peter said, if that is
28 replaced by offloading to the secretary, it's not going to
29 work. She will be just overloaded. So I think the current
30 accountability to the chair with a dotted line to the
31 secretary is appropriate at the moment.

32
33 MR GLOVER: Mr Treseder, staying with you, one of the
34 functions of the board is to monitor the district's
35 performance against its KPIs, correct?

36
37 MR TRESEDER: That's right.

38
39 MR GLOVER: And one of the main purposes of an LHD is to
40 promote, protect and maintain the health of its community?

41
42 MR TRESEDER: That's right.

43
44 MR GLOVER: I take it you're familiar with the suite of
45 KPIs that apply to your district?

46
47 MR TRESEDER: Well, there is a suite, that's right. We

1 are.

2

3 THE COMMISSIONER: He may not know them all off by heart,
4 and I'm not going to criticise him for that.

5

6 MR GLOVER: No, I am not going to ask him to quote them,
7 but you would have a very good working appreciation of the
8 matters addressed by them, correct?

9

10 MR TRESEDER: Yes, that's right.

11

12 MR GLOVER: Do you have a view about whether those KPIs
13 enable you as a collective board to determine whether the
14 LHD is achieving its purpose of promoting, protecting, and
15 maintaining the health of its community?

16

17 MR TRESEDER: Mr Glover, I think there's too many.
18 I mean, we were just joking a little while about not
19 remembering them all. There are just simply too many.
20 There is a great suite of them. What the boards tend to do
21 is focus in on the KPIs that they consider to be important.
22 So, for example, the financial KPIs that we're all focused
23 on at the moment or the health quality KPIs. And we'll
24 even narrow that down to specifics that we can consider
25 important, because I don't think any human being could get
26 their head across all of the KPIs that are important to us.
27 Whilst they all come back to us in various forms and they
28 are reported to us via the various direct reports - we have
29 all of our senior people reporting to the board twice a
30 year with detailed reports and those KPIs are broken down
31 into individual responsibilities - as a general comment,
32 I'd say there's too many.

33

34 MR GLOVER: Approaching it in the way you have described,
35 are you able to get a sense from the reports that you
36 receive on those key KPIs as to how the district is
37 progressing in fulfilling its aim to protect, promote and
38 maintain the health of its community?

39

40 MR TRESEDER: Yes I am, and yes the board is, because we
41 have a very good function where those KPIs are summarised
42 for us. So each board report, that suite of KPIs that come
43 through from - that we are reporting against for ministry -
44 are reported. So they're summarised in terms of what's
45 performing well, what's not performing well, where is the
46 red line, all those sort of things. We have a dashboard
47 arrangement so we can get our heads around where we are not

1 meeting the KPIs and focusing on those things.

2

3 MR GLOVER: What particular performance metrics would you
4 be looking to, to determine whether the district is
5 promoting, protecting and maintaining the health of its
6 community?

7

8 MR TRESEDER: We're looking across all of our
9 directorates, not only the financial but the health quality
10 ones. Look, there are so many that we consider at each
11 board meeting and throughout the course of the year as we
12 focus on particular aspects of the business.

13

14 MR GLOVER: I take it from the answers in this little
15 passage that you would be in favour of rationalising the
16 KPIs?

17

18 MR TRESEDER: Absolutely.

19

20 MR GLOVER: And do you think that if that process were
21 undertaken, the board would be in a better position to
22 monitor the performance of the district generally?

23

24 MR TRESEDER: I think so. I think, look, any one human
25 being would struggle to keep abreast all the KPIs that are
26 currently put to it. So I said at you the outset, part of
27 the function of the chair is to make sure that the papers
28 that are presented to the board are succinct, and we try
29 and do that the best we can by summarising that information
30 to the board. But the simpler we make that, the better.

31

32 MR GLOVER: Mr Carter, is there anything you would wish to
33 add or qualify or build on in the answers given by
34 Mr Treseder?

35

36 MR CARTER: I think if I can - thank you, Mr Glover. If I
37 can return to the reference I made to the Tejal Gandhi and
38 Kedar Mate paper from the IHI, which talks about the board
39 being familiar with and skilled in healthcare governance
40 practices that enhance quality outcomes, I think that goes
41 to Mr Treseder's point about identifying the key indicators
42 that we need to be able to do that, and the board needs to
43 be skilled in identifying those areas.

44

45 Recently, we had a workshop and we invited the chair
46 of the Clinical Excellence Commission to be part of that
47 workshop, and it was called, "How do we know what we're

1 missing?", and I presented a number of case studies where
2 things had gone wrong and the history of those case studies
3 that recognised, that identified areas where things were
4 missed to cause bad things to happen. And the chair of the
5 Clinical Excellence Commission spoke at length on the data
6 we have and the flags that we get in those data to identify
7 potential errors.

8
9 So I think it is a matter of rationalising. I agree
10 with Peter; it is a matter of rationalising the data we get
11 to make sure that it highlights the areas that we need to
12 be very well aware of where difficult things can happen if
13 we are not aware of those. I didn't express that very
14 well, but I hope you understand what I'm getting at.

15
16 MR GLOVER: No. Could we have another go at that last
17 bit?

18
19 MR CARTER: Sure. So I guess the point that was being
20 made by the CIC is that the vast amount of data that we
21 get, either healthcare quality, or that from healthcare
22 quality committee drifts through to the board, is not
23 necessarily the most useful data we get. We need --

24
25 MR GLOVER: Just pausing there, why do you say that?

26
27 MR CARTER: Well, I think it tends to look at trends and
28 not individual events that can happen. We tend to be
29 overwhelmed, so much so that the traffic light system that
30 we use - red, amber and green - doesn't necessarily give us
31 the information we need as a board to govern properly. It
32 doesn't necessarily give the staff at the operational level
33 the information it needs to identify things that are going
34 wrong. We can do it from what we're getting, but the point
35 that was being made at the workshop is that we need to
36 refine the data so it's more obvious what's going on in our
37 LHD that we need to know, particularly in relation to
38 adverse events.

39
40 MR GLOVER: Just pausing there. Can you just give us some
41 practical examples of the information that you are getting
42 now, and then I'll ask you to turn to the information that
43 you think you need to enable the board to better perform
44 its function.

45
46 MR CARTER: Well, the data we are getting now is
47 healthcare quality, which in a different form finds its way

1 to the board, goes to pretty much every aspect of
2 delivering services. So it goes to - in Aboriginal health,
3 it goes to DAMA, which is "discharged against medical
4 advice", for example. And for Aboriginal that's higher
5 than for other people. And so that's an example of the
6 detail that we get into. But it's vast, and I think we
7 need, and the Clinical Excellence Commission, I believe,
8 was suggesting we need to refine the data we are getting to
9 a form that is more understandable not only at the board
10 level, but particularly at the board level, but also at the
11 operational level.

12
13 And I think that work is underway. What we're not
14 getting - I'd have to think about that, if I might take
15 that on notice?

16
17 MR GLOVER: Absolutely. Professor Cohen, is there
18 anything you would wish to add to this series of answers?

19
20 A/PROF COHEN: So I think there are a couple perspectives
21 I have. The first is that KPIs, as many as there are, they
22 inform the system, as in NSW Health, as to how the entire
23 system is performing. They're broken down into tier 1,
24 tier 2 and we retain certain forms of KPIs as service
25 measures when we believe that, in consultation with our
26 executive, that these KPIs give us important information
27 about how our system is functioning.

28
29 I completely agree with my colleagues that there are a
30 large number of them and part of the work of the board is
31 to, as far as is possible, refine down our focus on which
32 KPIs are most relevant within our current sort of risk and
33 strategic and framework. So, much of that is done for us
34 in our service agreement and much of the grunt work is done
35 in committees of the board where specific quality and
36 safety or financial KPIs will be reviewed in detail in
37 collaboration with the executive.

38
39 I see KPIs as washing in and through the system, and
40 progressing system evolution over time. There are multiple
41 other factors that, whilst not KPIs, are indicators of the
42 stability and quality of our services, such as
43 accreditation with international standards for safety and
44 quality, which all of our services are accredited against,
45 are not directly matched to but aligned with many of the
46 KPIs that are included in our service agreement. And so
47 there is a triangulation function that I think all boards

1 are working on to uplift from purely operational and
2 sometimes lagged data to getting lead data that tells us
3 more about our strategic risks, whether we're heading in
4 the right direction, and what - and how the board should be
5 responding in conversation with the executive as to risk
6 signals as they emerge over time.

7
8 THE COMMISSIONER: Can I just ask, the notion that there
9 are too many KPIs, as Mr Treseder mentioned, it's kind of
10 attractive because there are a lot. It's like, you know,
11 health reviews or royal commissions or special commissions
12 with too many recommendations might be criticised. But if
13 I look at the service agreement, they're broken up into
14 sections. The sections are, you know, patient and carers
15 have positive experiences; two, safe care is delivered
16 across all settings; three, people are healthy and well;
17 four, staff are engaged and well supported; five, about
18 research innovation; and six, the system is managed
19 sustainably. None of that sounds like madness as a topic
20 for KPIs and it all seems to generally relate back to the
21 statutory functions of LHDs.

22
23 When I look at the subsets of measures like "hospital
24 acquired infections", or "discharge from ED within a
25 certain number of hours", it's very difficult,
26 particularly - I think it is difficult to know, if you
27 wanted to reduce the number of KPIs, where you would start?
28 Which one would you take out? I can't see any - whilst
29 there is a lot, I can't see any that - particularly saying
30 this as a non-clinician - that look obviously like they
31 should be removed. Is there a - do any of you have an idea
32 about a better approach?

33
34 A/PROF COHEN: Commissioner, I can tell you how the
35 system, in my opinion works now.

36
37 THE COMMISSIONER: Yes.

38
39 A/PROF COHEN: So we have a State strategy and state plan.
40 From that, we develop our local health district strategy
41 and plan. We have a service agreement. The service
42 agreement applies key performance indicators. Through the
43 work of the CE and the executive, those KPIs are then
44 allocated down through the tiers of management and
45 clinician "seniority", is the best way I can describe it,
46 and are monitored down, if you want to call it, at a local
47 level. So some of the KPIs are more high-level, but

1 they're operational --

2

3 THE COMMISSIONER: Yes.

4

5 A/PROF COHEN: -- and might be a general manager-typeset
6 of KPIs, whereas other KPIs might apply to specific - so,
7 for example, you know, if we're talking about
8 community-based, you know, Aboriginal children vaccination
9 and how we're performing, so how are we engaging with
10 community, our local AMSs and ensuring vaccination. So it
11 is difficult, because I see them as important and I do see
12 them as ways that, both centrally and locally, we are able
13 to monitor performance, but they are not governance
14 metrics.

15

16 THE COMMISSIONER: Yes.

17

18 A/PROF COHEN: And I think, you know, boards are evolving
19 and they need to evolve over time, and I think the work
20 that lies presently before us, and moving forward, is to
21 uplift and create, I guess, packages of data that represent
22 governance information rather than operational information.
23 And we've got very capable executive teams and CEOs that
24 can sit and discuss with us the specifics of each KPI and
25 provide us with narratives as to good- or
26 under-performance.

27

28 So personally, looking at the work of the committees
29 of the board, when if you look at the governance chain
30 flowing up from a committee sitting at a ward level all the
31 way up to, perhaps, you know, a specialty arm then up into
32 a sub-committee of the board, you know, there is a
33 governance loop, these KPIs have a role in ensuring system
34 safety and quality, and I think the understanding that
35 different KPIs apply at different levels of the system --

36

37 THE COMMISSIONER: Yes.

38

39 A/PROF COHEN: -- is the best view from my perspective to
40 take, and that has been a tendency, although there are a
41 hell of a lot of them, and quite frankly it is overwhelming
42 for any board member to be across all of them. But that's
43 not our job.

44

45 THE COMMISSIONER: But the utility is that, as you say,
46 some are more related to governance, but some are highly
47 operational and they have their use there?

1
2 A/PROF COHEN: Yes, correct.
3
4 THE COMMISSIONER: Before I come back to Mr Treseder,
5 Mr Carter, is there anything you wanted to add to that?
6
7 MR CARTER: No. Professor Cohen has articulated it
8 beautifully.
9
10 THE COMMISSIONER: Okay. Mr Treseder, is there some other
11 point or further point you were seeking to make in relation
12 to the concern about the number of KPIs?
13
14 MR TRESEDER: No, I think Martin has articulated it well
15 as well. I mean, what boards need to be concerned with are
16 those governance KPIs, not the suite of thousands of KPIs
17 that are increasing. So I think part of the ongoing
18 gestation of wards will be working out what KPIs are
19 relevant for the boards to get a good handle on what is
20 happening in the system.
21
22 THE COMMISSIONER: Okay. Thank you.
23
24 MR GLOVER: Mr Carter, just before leaving this topic, you
25 mentioned a paper and I just want to make sure that we have
26 identified it at this end correctly. I think you were
27 referring to the white paper by the Institute for
28 Healthcare Improvement on the framework for effective board
29 governance of health system quality. Is that the paper
30 that you referred to?
31
32 MR CARTER: That's correct, yes.
33
34 MR GLOVER: Thank you. Mr Treseder, if I could come back
35 to you. Do you have a copy of your statement with you
36 there?
37
38 MR TRESEDER: I do, yes.
39
40 MR GLOVER: I'll just take you to paragraph 26, please.
41
42 MR TRESEDER: Paragraph, sorry? I didn't hear that.
43
44 MR GLOVER: 26. Yes, I've got that, Mr Glover.
45
46 MR GLOVER: There, you tell us that when you became chair
47 of the board, you regarded as a priority the development of

1 a memorandum of understanding between your district, the
2 Northern NSW Local Health District and the operator of the
3 primary health network to enter into. Can you just tell us
4 why you saw that as a particular priority on assuming the
5 role of chair?
6

7 MR TRESEDER: Even as a novice, reviewing the system, it
8 was obvious that we're going to ultimately provide
9 patient-centred healthcare, but that healthcare has to
10 start at the primary, through the acute, and end up in the
11 geriatric side. And in order to do that, we needed to have
12 some good solid arrangements with the primary healthcare
13 network as a first step, and back to the Commissioner's
14 point about that this is people-centric, I went to some
15 early board meetings with the PHN where nothing seemed to
16 happen and it went round in circles.
17

18 And I remember I stood with the chair of the PHN in a
19 carpark at Coffs Harbour and said, "Look, if we are
20 continue to have these board meetings, we are wasting our
21 time. We have either got to do something properly to make
22 this work," ie, this MOU, "or not." And so we both agreed
23 that we were going to push it. We rank Peter, Peter
24 Carter, and he agreed on the spot as well. So this idea
25 came out of the relationship of the three of us and then we
26 went back into our respective boards and networks and made
27 it happen, and it's now the first one of its kind,
28 I understand, that is happening in New South Wales. But
29 the idea is to broaden the scope so we end up with
30 patient-centric healthcare from the beginning to enter the
31 acute setting. The next parcel of work is what we do at
32 the other side.
33

34 MR GLOVER: What do you mean by "the other side"?
35

36 MR TRESEDER: Well, as I said at the beginning, the
37 continuum of healthcare starts in the primary, it comes
38 through the acute if necessary, and it ends up in aged care
39 facilities, where we all end our days, probably. But if
40 the primary healthcare network, if that is managed
41 correctly, that will reduce the number of people that are
42 coming into the system. We've then got to work out how do
43 we get people out of the system on the other side, and
44 that's not working very well at the moment. So the next
45 parcel of work needs to be around how do we move people
46 through the system? And that, to my mind, is going to be -
47 or will form another MOU like we formed on this side, but

1 focused on the aged care side.

2

3 MR GLOVER: I take it you saw this pursuing of this
4 relationship in this more formal way was critical to
5 furthering the integration of care delivered in the primary
6 and acute care sectors?

7

8 MR TRESEDER: As a lot of what we achieve as humans are.
9 A lot of this stuff is done informally, because as the
10 Commissioner said, it's all about relationships. It's
11 relationships at every level between the chair and the
12 medical staff councils, to the nurses, the senior
13 clinicians, and all of our operating partners, the
14 Aboriginal health services. It is all about relationships
15 at every level.

16

17 MR GLOVER: And have you seen benefits in integration of
18 services between the acute and primary care settings as a
19 result of this MOU?

20

21 MR TRESEDER: What I've seen and what's been told to me is
22 that some of the people that have been around a lot longer
23 than I have said that for the first time - there is a
24 subset to this, by the way, in terms of we've launched an
25 MOU in connection with mental health initiatives as well,
26 and for the first time in 10 years, the heads of each of
27 the mental health divisions - that is, Northern, ourselves,
28 and the PHN - are working together. So they're starting to
29 work on systems, systems which will ultimately benefit
30 patients, given enough time of coordinating a patient's
31 journey through the system.

32

33 MR GLOVER: And in addition to the benefits to the
34 patient, do you see that coordination of services as being
35 important to the sustainability of healthcare generally?

36

37 MR TRESEDER: Absolutely. What it's firstly done is it's
38 broken down the barriers and silos that staff have quite
39 rightly put in place, I suppose, to protect their own
40 patch. What we've done is we've come and said, "Well, that
41 patch is much broader now. It is okay to share data
42 between the various systems, it's okay to go and have joint
43 meetings, it is okay to develop these processes." And so
44 there is a certain relaxation that has occurred within the
45 teams to make this thing better.

46

47 MR GLOVER: Mr Carter, your district is also a part of

1 this MOU. Do you have anything to add to Mr Treseder's
2 answers on this topic?

3
4 MR CARTER: Thanks, Mr Glover. No, I agree with what
5 Peter has said. It will move us forward collectively
6 rather than going parallel.

7
8 MR GLOVER: Professor Cohen, from your perspective, do you
9 see it as being important that the acute and primary care
10 sectors - we'll just deal with those two at the moment -
11 work together to coordinate their services?

12
13 A/PROF COHEN: Yes, I do. You know, there is - you know,
14 our patients come from the community and come into our
15 acute services and return to the community. So our
16 relationship with the Hunter and Central Coast PHN, the
17 CEOs from the two local health districts sit on the board
18 of the PHN. We've got a number of newly formed strategies
19 that have been operationalised across, for example, the
20 diabetes space and a number of other initiatives where the
21 continuum of care has required the district and PHN to
22 share data and to collaborate.

23
24 It makes sense. We have got the Feds funding primary
25 care, we have got State funding our acute care and hospital
26 services, but we are one community and integration as far
27 as possible is fairly strategically necessary and is
28 necessary for the health of our community, particularly in
29 the context of some of the challenges with the primary
30 healthcare workforce that we are experiencing right now and
31 will continue to experience into the future.

32
33 MR GLOVER: Mr Treseder, can I take you to paragraph 28 of
34 your statement. There, you tell us:

35
36 *If we are to improve the wellbeing of our*
37 *patients there needs to be better*
38 *coordination between primary, acute and*
39 *aged care health providers.*

40
41 As we have just discussed. And then you go on to say:

42
43 *It would be my suggestion that one Board*
44 *representing the three aspects of our*
45 *business could achieve this better than say*
46 *the two LHDs boards and PHN that currently*
47 *administer the MOU ...*

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Do you see that?

MR TRESEDER: Yes. Yes, I've said that, yes.

MR GLOVER: Do you want to expand on the issue and the concept that you are drawing to our attention in that paragraph?

MR TRESEDER: This is something that is going to be very difficult to achieve, Mr Glover, because it would involve the breakdown of the various funding sources from federal and State and the various arrangements that sit around that. My view is we should have one funding source; the politics of the Federal government and the State government get in the way of providing good patient-centred healthcare. So if you could break those barriers down, it makes sense to have one governing body that looks after that patient journey as opposed to having separate governing bodies that currently look at that.

Maybe as an interim measure, for example, our district and the PHN could have a separate board that runs these projects. But, to me, ideally, these boards are combined into one governance arrangement.

MR GLOVER: Just dealing with the interim measure for the moment, when you say the district and the PHN could have a separate board that runs these projects, do you mean as might happen in a joint venture-type scenario?

MR TRESEDER: Yes, exactly.

MR GLOVER: Professor Cohen, in addition to coordination with primary health networks is there also a benefit in greater coordination with Aboriginal community controlled health organisations and Aboriginal medical services across the district?

A/PROF COHEN: Yes.

MR GLOVER: Is there work being done in your district to further that aim?

A/PROF COHEN: There is. I think one of the challenges in terms of closing the gap has certainly been, I guess, focusing on outcomes rather than process, and the board has

1 a very positive view of the work of our CEO in, firstly,
2 meeting with our AMSs but also in terms of the leadership
3 that our CEO has installed for the district in terms of
4 Aboriginal health services.

5
6 So cooperation and collaboration is clearly important,
7 acknowledging that different AMSs have had different
8 perspectives and different levels of trust in terms of how
9 they engage with the district, and we're continual working
10 to work at how we can focus on actually closing the gap by
11 improving clinical outcomes for our Aboriginal communities.
12 And implicit to that is trust and listening to both
13 communities and the leadership in those communities.

14
15 MR GLOVER: Do you have a copy of your statement with you
16 there, Professor Cohen?

17
18 A/PROF COHEN: I do.

19
20 MR GLOVER: Can I take you to paragraph 24, please.

21
22 A/PROF COHEN: Sure. Almost there. Yes.

23
24 MR GLOVER: You see there in the first sentence:

25
26 *The Board is kept informed of [the*
27 *district's] collaborative planning with*
28 *ACCHOs and Aboriginal healthcare partners.*

29
30 Do you see that?

31
32 A/PROF COHEN: Yes.

33
34 MR GLOVER: What initiatives are you referring to there?

35
36 A/PROF COHEN: So, for example, so our CEO appointed a new
37 director of Aboriginal health care within the district and
38 really set a new strategy or a change in strategy. So
39 I think - I was about to say don't quote me, but it's
40 transcribed - I think we were in Moree or Tamworth at the
41 time; I can't actually remember. So we had that executive
42 director come to the board, talk about relationship
43 formation, talk about the strategy and the consultation
44 process. So that's what I mean by that statement.

45
46 MR GLOVER: Mr Carter, do you have anything you wish to
47 add to this passage concerning the importance of

1 collaboration between districts and providers of Aboriginal
2 medical services?

3
4 MR CARTER: No. I think I have already referred to the
5 relationship we had with the three AMSs in our district.
6 And in relation to Mr Treseder's remarks about a single
7 board, I believe that Peter was referring to a single board
8 to oversight joint projects rather than a single board to
9 run three entities.

10
11 MR GLOVER: I think he might have been referring to both,
12 but one as perhaps a blue sky scenario and the other as a
13 bit something closer to home; is that right, Mr Treseder?

14
15 MR TRESEDER: That's right.

16
17 MR CARTER: I would agree with that. I think - I mean,
18 I am not sure how having one board to run all the business
19 of the three areas or the three entities would work, but
20 I do agree that we need a single oversight of joint
21 projects, yes.

22
23 MR GLOVER: And in your statement, Mr Carter, at
24 paragraph 32, you tell us that there has been an Aboriginal
25 health partnership entered into between the district and
26 three Aboriginal medical services?

27
28 MR CARTER: That's correct.

29
30 MR GLOVER: Can you tell us a little bit about that
31 partnership and its benefits to your district?

32
33 MR CARTER: I think it's both symbolic and actual. We
34 meet jointly. I attend, chief executives attend, the heads
35 of the medical services and their chief executives attend.
36 And the PHN and the groups are working together on various
37 projects all the time, and I think this think-group brings
38 together a reporting mechanism for how progress on those
39 various individual projects - so it might be one AMS
40 working with us on one project and another AMS working with
41 the PHN on another, and I think this ensures that we all
42 understand the amount of work and the nature of work that's
43 going on, so we get a comprehensive view across our
44 geographical footprint of what is being done in Aboriginal
45 health. And I think also it shows goodwill. It shows the
46 collaborative efforts we all feel are important for
47 Aboriginal health. So it serves a few purposes, and

1 I think it really just keeps us conscious of what needs to
2 be done.

3

4 THE COMMISSIONER: The Aboriginal health partnership you
5 refer to in paragraph 32 of your statement, you say the
6 board participated in a meeting in August - well, last
7 month. When was the partnership formed?

8

9 MR CARTER: I can't tell you that, Commissioner. I would
10 have to take that on notice.

11

12 THE COMMISSIONER: Was it a long time before August '24,
13 or --

14

15 MR CARTER: Oh, yes. Yes, it's been going for some time.
16 As far as I'm aware, it has been going for as long as
17 I have been on the board.

18

19 THE COMMISSIONER: Right, okay. Thank you.

20

21 MR GLOVER: And, Mr Carter, the likely arrangement that is
22 the subject of the memorandum of understanding with the
23 PHN, do we take it that you see it as being valuable to
24 have some more formal structure around these engagements?

25

26 MR CARTER: I think the particular project that
27 Mr Treseder referred to on mental health is one - I think
28 it is the first joint project following the signing of the
29 MOU, and that being largely driven by the chief executives
30 of the two organisations, and I think that it's - of the
31 three organisations, and I think that having a joint
32 oversight of those projects, as Peter mentioned, is
33 important, and I would agree with that. And I think that
34 we are advised of the progress on these through the chief
35 executives, and it might be nice to have just a slightly
36 more formal structure to do oversight. There are going to
37 be more, we hope many more, and we need to keep a
38 collective eye on those.

39

40 MR GLOVER: And do we take it that setting up partnerships
41 like the Aboriginal health partnership is one of the means
42 by which you see the district and those providers being
43 able to work more closely together in the delivery of
44 services to that population?

45

46 MR CARTER: Correct.

47

1 MR GLOVER: And putting somewhat of a structure around
2 that process through the partnership is important to
3 achieve that aim, in your view?
4
5 MR CARTER: In my view, yes.
6
7 MR GLOVER: Can I come to Professor Cohen, and if I invite
8 you to take up your statement at paragraph 25.
9
10 A/PROF COHEN: Okay.
11
12 MR GLOVER: There, you introduce the topic of consultation
13 with community and consumers in relation to service
14 closure. Do you see that?
15
16 A/PROF COHEN: I do.
17
18 MR GLOVER: In the paragraphs that follow, really through
19 to 28 and 29, you describe how important communication with
20 community and consumers is about potential service changes,
21 including closures?
22
23 A/PROF COHEN: Yes.
24
25 MR GLOVER: And you give an example in Moree about
26 pathology services?
27
28 A/PROF COHEN: Yes.
29
30 MR GLOVER: Can you just step us through that example?
31
32 A/PROF COHEN: Well, there was a provider that provided
33 local pathology services. That contract was due to expire.
34 The service provider was not NSW Health Pathology and so,
35 consequently, initially in discussions with my CO, who
36 previously had been the CO of NSW Health Pathology, she
37 briefed me on potential changes to that service type and we
38 discussed the risks and the process that would be put in
39 place in cooperation with NSW Health, that operates
40 services. Subsequently, that conversation was then
41 presented to the board and the board was reassured that
42 appropriate negotiation processes had been put in place.
43
44 We were aware that there was community consternation
45 with regard to service change, and I can advise that, in my
46 experience, I have never seen a service-type change that
47 does not cause some consternation for some aspects of

1 community. Change is always hard; we like the status quo.
2 And so, consultation both with clinicians and community did
3 occur and the board were updated on that process, and the
4 board was satisfied that appropriate risk mitigation
5 processes had occurred, but also that the service using
6 point-of-care testing and using existing NSW Health
7 Pathology resources was the right thing to do, bringing all
8 of our services in line with a statewide NSW Health
9 Pathology structure.

10
11 MR GLOVER: And in terms of engaging with the community,
12 were the reasons why that service change was to occur, like
13 those clearly described to the board, were they conveyed to
14 the community?

15
16 A/PROF COHEN: I don't know. I think discussing the
17 details of an operational change with community can be
18 challenging to convey, and so I couldn't comment on the
19 exact nature of the conversations that were held, but my
20 understanding is that a discussion regarding, number one,
21 that appropriate services would continue to be provided and
22 that there were certain advantages from the POCT,
23 point-of-care testing, would be put in place and the board
24 were reassured that from both an efficiency and safety and
25 quality perspective, that this was the right thing to do.
26

27 MR GLOVER: In your earlier answer, you mentioned that it
28 would be rare that a service change did not generate some
29 concern within community, from your experience.

30
31 A/PROF COHEN: Yes.

32
33 MR GLOVER: Is there a role in managing that concern, as
34 best as one can, in communicating with the community at an
35 early stage about potential service changes and the reasons
36 for them?

37
38 A/PROF COHEN: It depends on the context. I think there
39 is always a positive opportunity that can be taken to
40 communicate early and effectively with as many stakeholders
41 as possible, but at times service changes and context
42 requires things to change more quickly, and so I would
43 expect that our team operate within the framework that
44 context provides for them and do the very best that they
45 can to communicate effectively for safe health.

46
47 MR GLOVER: Mr Carter, do you have a copy of your

1 statement there with you?

2

3 MR CARTER: Yes, I do, Mr Glover, yes.

4

5 MR GLOVER: Can I direct your attention to paragraphs 34
6 and 35 on this topic.

7

8 MR CARTER: Yes.

9

10 MR GLOVER: And there you tell us that:

11

12 *Communication, consultation and management*
13 *are key to listening to the community and*
14 *informing the community about matters*
15 *relevant to the delivery of [healthcare]*
16 *services ...*

17

18 Do you see that?

19

20 MR CARTER: Yes.

21

22 MR GLOVER: And then in 35, you tell us:

23

24 *Communication with leaders in the*
25 *community, particularly local mayors, and*
26 *the provision of reasons for decision*
27 *making, are an important part of the*
28 *Board's role.*

29

30 MR CARTER: Yes.

31

32 MR GLOVER: Does that extend to matters like service
33 changes?

34

35 MR CARTER: Yes.

36

37 MR GLOVER: And what do you see the board's role as being
38 in communicating with the community and community leaders
39 about potential service changes?

40

41 MR CARTER: I think it is at two levels, Mr Glover. It is
42 at the level of individual cases, like the case that I cite
43 in my brief of evidence, and it's also over time
44 socialising the community to the prospect of ever-changing
45 healthcare services and healthcare delivery models. And
46 I mention that in my brief and I also attached a copy of a
47 letter we wrote to the mayor of one of the local councils.

1
2 So we have to try and socialise the community to
3 understand that innovation in healthcare is essential, and
4 even more important as we move into increasingly
5 unaffordable healthcare, an ageing population, and a
6 community and population whose demand for healthcare is
7 insatiable, because it is something that doesn't respond to
8 price changes like would happen in normal transactions. So
9 it is - the community will continue to demand the best
10 healthcare, whatever the price of the healthcare, and the
11 high prices of healthcare only to some extent drive the
12 demand down. So healthcare is becoming increasingly
13 unaffordable, and we need over time to try to help the
14 community to understand that we must continue to innovate
15 and we must continue to innovate in a way that makes
16 healthcare more acceptable, more bearable and more
17 affordable. So we're communicating on an individual basis
18 when a particular service might be changed, and we need to
19 be communicating on a broader basis to try to help the
20 community understand that the change is inevitable and
21 desirable.

22
23 MR GLOVER: And do boards, in your view, have a leadership
24 role in that?

25
26 MR CARTER: Yes, absolutely.

27
28 MR GLOVER: Is a board taking a leadership role in that
29 process also a means by which support can be given to the
30 chief executive?

31
32 MR CARTER: I'm sorry, you faded out there for a minute?

33
34 MR GLOVER: Yes. Is the board taking an active role in
35 communicating with its community about, for example,
36 service changes, also a way in which the board can provide
37 further support to its chief executive?

38
39 MR CARTER: Yes, and often the chief executive and I do
40 this in tandem. We often spend - we often attend community
41 gatherings in tandem and present papers and advice and mix
42 with the community to discuss. We also need to do that
43 with our workforce. Although the workforce is well aware
44 of what healthcare is, you know, there are other dimensions
45 to their experience in healthcare, which is earning a wage,
46 having a job. So whatever changes are coming down the
47 line in healthcare so we have less invasive healthcare and

1 hospital in the home and those sort of things are going to
2 affect the lives of the workforce as well as the community,
3 so we need to socialise both groups equally. And it is an
4 important role of the board, and especially the chair, and
5 it should be obviously done in consultation and in
6 partnership with the chief executive and individual
7 executive members where it's relevant.

8
9 MR GLOVER: That's because it is often the case, isn't it,
10 that where there are to be changes in services, some of the
11 consternation, whether it be from community or elected
12 representatives, or perhaps even staff, is directed towards
13 the chief executive of the district?

14
15 MR CARTER: The chief executive probably - the chief
16 executive would be the one that would be targeted most when
17 that happens, particularly by local members, if the local
18 member sees it detrimental to chances of re-election. And
19 the chair not so much directly in the fire line, but the
20 chair has to take a lead. The chair has to be seen out
21 there as spreading that message, and it's good for the
22 chief executive and the chair to be seen together.

23
24 MR GLOVER: Mr Treseder?

25
26 THE COMMISSIONER: Can I - sorry, just before you move to
27 Mr Treseder. Just so I don't misunderstand you, Mr Carter,
28 and I completely understand you, where you've said - and
29 this is flowing on from what you were talking about in
30 relation to the mayor of the local council, you said:

31
32 *... so we have to try and socialise the*
33 *community that innovation in healthcare is*
34 *essential, and even more important as we*
35 *move into increasingly unaffordable*
36 *healthcare, an ageing population and a*
37 *community and population whose demand for*
38 *healthcare is insatiable, because it is*
39 *something that doesn't respond to price*
40 *changes like would happen in normal*
41 *transactions.*

42
43 Are you raising there the important issue, but the
44 difficult and awkward issue, as to what the boundaries
45 should be for a public health system in the sense of,
46 perhaps, picking up what you said about an ageing
47 population and insatiable appetite or demand for

1 healthcare, that very expensive interventions for people
2 that might be at the end of their life, in any event? Is
3 that the kind of, well, arguably low-value care but
4 expensive care you are talking about, or is there some
5 other point you were seeking to make there that I should
6 know?

7
8 MR CARTER: I think essentially you have summarised it.
9 I do talk elsewhere about promoting wellness and looking
10 less at treating illness. And one of the slides I use in
11 the presentation is moving, for example, in healthcare and
12 approach from an approach of one-size-fits-all to
13 personalised medicine; from patient - for patient
14 information flow fragmented one way to integrated two-way
15 communication; a focus on not provider-centric but
16 patient-centric; monitoring, rather than it being
17 centralised hospital monitoring, to decentralised, shifted
18 to the community; treatment being less invasive and
19 image-based rather than invasive; and reimbursement being
20 episode and outcome based rather than procedure based; and
21 ultimately treating - promoting wellness rather than
22 treating illness.

23
24 But there is an interesting - I provided the
25 Commission with some literature on the advantages in
26 various ways of promoting wellness rather than treating
27 illness, and I think the references I provided too late to
28 be included in my brief, but I think they're going to be
29 added later.

30
31 THE COMMISSIONER: Yes.

32
33 MR CARTER: It raises an interesting question. It is in
34 the Journal of Public Health, and one of the things that is
35 often failed to be considered when we talk about the cost
36 savings ultimately of wellness - and there is another study
37 that says for every dollar spent on promotion of wellness,
38 you save \$3.74 - I don't know how they came to that
39 figure - in treatment. But there is something called the
40 "cost of life years gained", and there is a suggestion that
41 the amount - the cost of life years gained might exceed the
42 savings gained through preventative measures.

43
44 THE COMMISSIONER: Yes.

45
46 MR CARTER: But that invites you to speculate about
47 whether you would be allowing people to die in order to

1 save money. But it is summed up best, I think, by a writer
2 named Gertzel who says instead of debating whether
3 prevention or treatment saves money, we should determine
4 the most effective ways to achieve, improve population
5 health. And I think that's the key, and that's what we
6 ought to be doing, in my view.

7
8 THE COMMISSIONER: And that - I think there is probably
9 decades of literature suggesting that that involves a
10 shift, for want of a better expression, from acute services
11 to community and primary-type care?

12
13 MR CARTER: Yes.

14
15 THE COMMISSIONER: You were going to say something?

16
17 MR CARTER: Well, two things. One, when I first started
18 talking about this, I was warned against using the word
19 "rationing", the "R word", they called it, but we're
20 getting - it's now almost impossible to avoid the use of
21 the word "rationing", because ultimately healthcare will
22 become unaffordable, so you can't afford the unaffordable.
23 And I think it was Finland, which is a very progressive
24 area, but it may be one of the other Scandinavian
25 countries, where there was discussion when I was working
26 with them at the International Society for Quality in
27 Healthcare, about a nuclear family being provided with a
28 health budget. That was their health budget, and they
29 could expend that budget as they saw fit, but when the
30 budget was expended, it was expended, and it might mean
31 making choices between vaccinating your children or giving
32 your grandmother a new hip. Now, ultimately, unless we
33 change the way we are delivering healthcare, it will come
34 to rationing and it may come to family budgets for
35 healthcare. Extreme, maybe sort of like Clockwork Orange
36 or something, but otherwise how can you afford the
37 unaffordable?

38
39 THE COMMISSIONER: That is probably a bit beyond the
40 greater investment in prevention of primary care that has
41 been a common theme of many reviews culminating with Lord
42 Darzi last week, but, in any event, the entire subject is
43 highly relevant to this Inquiry. But bearing in mind, no
44 doubt, some things are achievable, but as we have already
45 recognised, we have a fragmented system where different
46 governments say they take responsibility for different
47 aspects of the system, which is something we obviously have

1 to navigate and find some solutions for. Is there
2 anything, Associate Professor Cohen or Mr Treseder, you
3 want to add to what Mr Carter just said on this general
4 topic?

5
6 MR TRESEDER: That's a nice segue, Commissioner, back to
7 what Mr Glover's original point was in relation to
8 consultation for the community. So, for example, we - at
9 the moment, we are in the process of testifying a
10 healthcare service plan for the district, so what will it
11 look like over the next few years.

12
13 And as part of that process there is consultation with
14 staff, there is consultation with the community, and
15 ultimately there will be consultation with the politicians
16 at the three levels of government. And the way we do that
17 is that most of the consultation with the staff, et cetera,
18 are done at an operational level. Where we involve the
19 board is with the political level, and that will generally
20 take place with myself and the CEO talking to local council
21 mayors, state politicians, federal politicians, et cetera,
22 and go to them with a plan in relation to - if we decide to
23 change service delivery, if there is something drastic like
24 that, we would go to them with a plan and seek their
25 concurrence well before it needs to be put in place.
26 That's why, if you look at paragraph 31 of my statement,
27 there is a brief detailing of what our initial planning
28 looks like.

29
30 MR GLOVER: Professor Cohen, do you have any observations
31 or reflections on that passage of evidence?

32
33 A/PROF COHEN: Briefly, there is an enormous number of
34 forces that are shaping healthcare at the moment. I would
35 not pretend to deign to understand them all. I have
36 confidence in the national standards for safety and
37 quality; I think they are shaping our systems to reduce
38 low-value care and reduce unwarranted variation. And
39 I express a level of confidence in terms of the strategic
40 planning at a state level and at a local level, and the
41 current system that we have in New South Wales with the
42 pillars allows for clinicians to influence clinical
43 guideline safety and quality of policy and feed that back
44 to them through NSW Health, back into the system. So
45 I think it is an iterative, strong system.

46
47 With regard to the state and national or federal

1 divide in terms of funding, that's beyond my capacity to
2 comment on here today. But certainly healthcare is
3 expensive, it is becoming increasingly less affordable, and
4 we will need to find ways to move care out of our acute
5 services and ensure efficient and safe ways to deliver care
6 in the community. And the challenge for us in that space
7 is the primary care workforce challenges at the moment.
8

9 So I think, you know, looking at our hospitals and
10 across various levels of services that we have, I believe
11 that we do pretty well in New South Wales, and I believe
12 that we will becoming increasingly more efficient in terms
13 of managing our cost base, and I think ABF has had a role
14 in that. I'm not exactly sure that's entirely
15 fit-for-purpose anymore, but nonetheless it has provided
16 significant advantages in terms of cost control across the
17 system. And there are many ways that we are seeking to
18 manage growth in terms of our costs, including looking at,
19 you know, our environmental footprint and what financial
20 and environmental advantages we can gain from positioning
21 ourselves differently, but also in terms of how we
22 collaborate with our clinicians in relation to choices of
23 prosthetics or choices of medications.
24

25 So I have a great deal of confidence in terms of the
26 governance loop that includes the wise independence of our
27 clinicians back into our system, and for our system to take
28 account of those and produce policy that watches through
29 the system to produce reductions in cost whilst not
30 compromising safety and quality.
31

32 MR GLOVER: Thank you. In that, you reflected on some of
33 the benefits of the ABF approach to funding, but you also
34 said that you are not sure that it is entirely
35 fit-for-purpose anymore. In what way might that model not
36 be fit for current purposes in your view?
37

38 A/PROF COHEN: Well, for example, across our district, we
39 have ABF and non-ABF-funded hospitals, so block funded
40 hospitals. The challenge for us is that in services that
41 are block funded, the premium labour cost has gone up and
42 the utilisation of those services is either - has grown
43 slightly or is very stable or reduced. And so
44 consequently, within the framework of our budget, which is
45 both block funded and ABF funded, there is a
46 cross-subsidisation of those block funded hospitals which
47 poses challenges for us as a district in terms of managing

1 our overall budget.

2

3 THE COMMISSIONER: That's a familiar problem, I think,
4 that is raised in regional LHDs about, not just in terms of
5 block-funded hospitals but in terms of ABF hospitals, but
6 ones where, due to the case mix and the volume, that the
7 cost is higher than the funding that is represented by the
8 activity. It probably doesn't mean, I think, that ABF may
9 not be a great means of ensuring efficiency in a hospital
10 like the RPA or the Randwick sites, but it presents a
11 difficulty for, I think, from what we're told, for most of
12 the regional LHDs for the reasons you have identified.

13

14 MR TRESEDER: Yes, Commissioner.

15

16 THE COMMISSIONER: Is there any disagreement from either
17 you, Mr Treseder, or you, Mr Carter, in relation to that
18 general topic? I think you probably agree.

19

20 MR TRESEDER: I agree.

21

22 MR CARTER: I agree.

23

24 THE COMMISSIONER: Yes.

25

26 MR GLOVER: Mr Treseder, does the board have any role to
27 play in the annual budget process, that is, the process by
28 which the ministry allocates the LHD its budget each year?

29

30 MR TRESEDER: Mr Glover, you'll see the board does have a
31 role, of course, and particularly recently, in relation to
32 the budget efficiency measures that are being applied to
33 all the districts. So the board takes that role very
34 seriously in terms of oversight as to what has been
35 planned, what has been presented to ministry, where we are
36 likely to end up. Every board meeting, we have a report
37 back from our finance people as to how we're progressing
38 with those plans, what is working well, what is not working
39 well, how are our numbers tracking, what our net cost for
40 service results are. So it takes a very active role in
41 that budget process.

42

43 MR GLOVER: The matters you just referred to are ongoing
44 monitoring against budget; is that right?

45

46 MR TRESEDER: Yeah, absolutely. That's - at every board
47 meeting, we have - not only budget, but there is an overlay

1 of budget efficiency measures now that are being applied
2 and we have a focus on that as well.

3
4 MR GLOVER: What measures do you have in mind when you are
5 talking about that particular aspect of the board's work?

6
7 MR TRESEDER: Well, for example, we've been asked to -
8 ministry has been very good in helping us seek efficiencies
9 in the system. That could be rostering efficiencies. They
10 could be reduction in FTEs. It could be anything. And so
11 our expert teams have been working out where - how they can
12 identify efficiencies in the system. Ministry, signing off
13 efficiencies, say, "Yes, they are appropriate. We suggest
14 you do more in certain areas or less in certain areas."
15 And so, at the end of the day the board then needs to
16 monitor that process to make sure that we are applying a
17 certain rigour to achieving the end result that we've been
18 set.

19
20 MR GLOVER: Each year in the lead-up to the execution of a
21 service agreement there is something called a purchasing
22 roadshow. Are you aware of that?

23
24 MR TRESEDER: No. No, I'm not.

25
26 MR GLOVER: So to the extent that there are discussions
27 between the LHD and ministry about the amount of funding
28 that might be allocated to the district each year, is that
29 something that is dealt with at the chief executive level?

30
31 MR TRESEDER: Yes. Yes, it is. Those initial discussions
32 are at the chief executive level. We get involved once the
33 numbers are basically presented to us.

34
35 MR GLOVER: In paragraph 33 of your statement, you tell us
36 that the budget is difficult to understand and needs to be
37 simplified. Do you see that?

38
39 MR TRESEDER: Yes, that's right. I think I've - my
40 background as a banker, I have looked at lots of balance
41 sheets, profit and loss statements, over a long period of
42 time but I've got to say that the ones that are presented
43 by Health are the most difficult ones to understand.

44
45 MR GLOVER: Can I just pause you there. Would it assist
46 if we brought up on the screen the budget that is
47 replicated in the service agreement so you can --

1
2 THE COMMISSIONER: It would assist me, I think, in any
3 event.
4

5 MR GLOVER: We will have that brought up. It is
6 [SCI.0011.0415.0001] and it is at doc ID page 13. And
7 hopefully, Mr Treseder and others, it will appear on your
8 screen in a moment. Can you see that, Mr Treseder?
9

10 MR TRESEDER: It is a bit blurry, but I understand what it
11 is saying, yes.
12

13 MR GLOVER: When describing to the Commissioner first of
14 all why you say it is difficult to understand and then why
15 it needs to be simplified, there are examples on this
16 page or any of the following pages that deal with the
17 budget. If you could draw those to our attention, I'd be
18 grateful.
19

20 MR TRESEDER: Now, this page is fine, Mr Glover. So, for
21 example, the first thing you notice is that there is a
22 deficit of \$20 million proposed in this budget. I've never
23 come across budgets - normally, budgets are presented to
24 corporations where the budgets balance, and this budget is
25 presented to us with a \$20 million shortfall, which
26 I assume, just by looking at it, is the net cost of
27 service, because that's how we generally run - examine how
28 we are working.
29

30 When I speak to our finance people, they say, "No,
31 that is not the net cost of service," because that is
32 actually adjusted for a whole range of other things such as
33 asset adjustments, et cetera. The net cost of service is
34 actually a lot worse than that. So my point is that, one,
35 we're presented with a negative budget to start with, which
36 doesn't quite make sense to me, and secondly, the budget
37 that is presented to us, again, doesn't lead us to where
38 we're supposed to be.
39

40 The other thing that I've never understood is that we
41 are - we're presented with a --
42

43 MR GLOVER: Sorry to interrupt you, Mr Treseder, but for
44 those of us who became lawyers because we don't like
45 numbers, can you just assist me, is part of the difficulty
46 in understanding this budget because the expenses are
47 presented as blue numbers but revenue is then presented as

1 a deduction, so the net result is actually a negative?
2 Have I understood that correctly?

3

4 MR TRESEDER: Well, that's right. A budget shouldn't have
5 a negative result. I mean, a budget needs to at least
6 balance in a general sense. But my second point is that
7 that \$20 million isn't, from what our finance people tell
8 me, is not the net cost of service that we judge - that we
9 will be judging our financial results going forward.

10

11 To work the net cost of service out requires
12 adjustments through a number of appendices that are
13 attached to this.

14

15 The other very simple thing --

16

17 MR GLOVER: Sorry, Mr Treseder. Before you move on, just
18 pausing there, is the effect of that that what is presented
19 on this page that we are looking at as a net result of
20 negative \$20.9 million does not actually reflect the net
21 result that the LHD will achieve by performing all of the
22 activity that is in this budget?

23

24 MR TRESEDER: That's right.

25

26 MR GLOVER: And what is the variance, as you understand
27 it?

28

29 MR TRESEDER: Well, the variance that we are currently
30 working on at the moment is about \$15 million.

31

32 MR GLOVER: Sorry, I interrupted you.

33

34 MR TRESEDER: The other thing, which is simpler, but,
35 again, I strive to understand it, the first thing that I do
36 is I run my calculator through this budget that's presented
37 to us. And so, for example, you've got a state efficient
38 price has been set at \$5,675 per portion of activity --

39

40 MR GLOVER: NWAU, yes. We are familiar with NWAU.

41

42 MR TRESEDER: Part of the NWAU, that's right. And then in
43 the target volume column they say, "Well, we will apply
44 this amount of NWAU to," say, "acute admitted," for
45 example.

46

47 MR GLOVER: So you are looking at line 69,519 NWAU to

1 acute admitted volume, just so we are all at the same
2 point?

3
4 MR TRESEDER: 69,413. Oh, You have it slightly different
5 to me. But that's the column I am talking about, yes.

6
7 MR GLOVER: Okay.

8
9 MR TRESEDER: So if you multiply - a reasonable person
10 would say you multiply the state efficient price by the
11 NWAU that's provided to you, that should give you the
12 dollars that's reflected in the next column, and it
13 doesn't.

14
15 MR GLOVER: Why is that so?

16
17 MR TRESEDER: Well, they're saying that - I'm not sure
18 why, but that's my point. It doesn't make a lot of sense.

19
20 THE COMMISSIONER: Just pausing there, you're not sure
21 why? I am going to assume it's not because you don't
22 have - sorry, can you still hear me, Mr Treseder?

23
24 MR TRESEDER: Yes, sorry, we had a little computer
25 malfunction there, Commissioner.

26
27 THE COMMISSIONER: Don't worry. The fact that you don't
28 fully understand it, I assume, is not because you haven't
29 asked?

30
31 MR TRESEDER: Well, that's right. I mean, I will go -
32 what I do is I go back into our finance teams that have a
33 much better knowledge of these things and they will explain
34 it to me. But my point is that when this is presented to a
35 board member to sign off a service agreement, this should
36 make simple sense.

37
38 THE COMMISSIONER: And one of the reasons it should make
39 simple sense is not just - well, one of the fundamental
40 reasons it should make simple sense to all the board
41 members is that unless it does, it's very hard for the
42 board as a whole and the board members to fulfil their
43 statutory obligations as board members under the Act.

44
45 MR TRESEDER: Absolutely.

46
47 THE COMMISSIONER: There might be other reasons as well in

1 terms of good governance, but that's one fundamental
2 reason.

3
4 MR TRESEDER: Yes.

5
6 THE COMMISSIONER: Sorry. And sitting there now, do you
7 now understand how this all makes arithmetic sense or still
8 have uncertainties?

9
10 MR TRESEDER: No, that page does not make sense.

11
12 THE COMMISSIONER: Right.

13
14 MR GLOVER: The Commissioner raised with you the
15 difficulties in performing the board's function of
16 financial oversight by these vagaries of the budget. As
17 the year progresses and as the monitoring function that you
18 described to us earlier is engaged in, do those problems
19 become more acute?

20
21 MR TRESEDER: No, they don't, Mr Glover, because what we
22 do is we put aside this page that doesn't make a lot of
23 sense, work with our finance people into a sensible
24 situation that we all understand, and then we move forward
25 with that situation. So it actually becomes easier once
26 there is some rigorous thought from the finance people, a
27 place for this, and then we understand it. My simple point
28 is that this should be simple from the word go.

29
30 MR GLOVER: In your statement, you suggest it needs to be
31 simple not only for the reasons we have already discussed
32 but to encourage full transparency and accountability?

33
34 MR TRESEDER: Absolutely.

35
36 MR GLOVER: Why do you say that?

37
38 MR TRESEDER: Well, we are signing off to a service
39 agreement that doesn't make a lot of sense, and so we are
40 taking it in good faith in some ways with the knowledge
41 that finance people have unpacked it and described it to us
42 in a proper way.

43
44 THE COMMISSIONER: When you are talking about the "finance
45 people", you are talking about people within the LHD?

46
47 MR TRESEDER: Yes, that's right.

1
2 THE COMMISSIONER: Please don't think this question is an
3 implied criticism because it definitely is not of anyone,
4 but you have probably discussed this difficulty you have
5 encountered with your chief executive. Do they have a full
6 understanding of the budget or do they have the issues that
7 you have also identified, the same issues that you have
8 identified for us?

9
10 MR TRESEDER: Initially, they have the same issues I have
11 identified. It is only after there is sufficient work done
12 and it is all unpacked that the starting position starts to
13 unravel.

14
15 THE COMMISSIONER: Right.

16
17 MR GLOVER: And that work in unpacking is done by your
18 district team rather than ministry?

19
20 MR TRESEDER: By our district team, that's right.

21
22 MR GLOVER: Mr Carter, do you have a view about the
23 clarity or otherwise of the budgets that are given to your
24 district each year?

25
26 MR CARTER: I have just an observation about the extent of
27 communication that goes on between the ministry and the
28 LHDs in the lead-up to the service agreement. I don't know
29 how much in detail that is, but I sense that it would be
30 nice to be more involved in those negotiations. The LHD
31 model might not be in a position to change them, but
32 I think more work needs to be done in the lead-up to the
33 production of the service agreements on a collaborative
34 basis.

35
36 MR GLOVER: Just pausing there, Mr Carter, when you say
37 "more involved", do you mean that there should be more
38 input from the LHD into the setting of its budget?

39
40 MR CARTER: Yes. I mean, the service agreement from my
41 chief executive says that one of her responsibilities is to
42 negotiate the service agreement with the ministry.

43
44 MR GLOVER: Yes.

45
46 MR CARTER: And I'm not sure that the extent of
47 negotiation that goes on is evenly balanced, shall I say.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

MR GLOVER: Yes.

MR CARTER: To Mr Treseder's point about the budgets, our position would be similar. We have a financially highly literate board member who chairs our finance and performance committee. I attend all - as an observer, I attend, and particularly since the financial difficulties that Peter is referring to, all finance and performance meetings as an observer to be fully informed.

I also put together or arranged a delegation from our board to a smaller group to be able to respond quickly when we need, when we had short turn-around time, so that comprised myself as chair, deputy chair and the three board members who are on the finance committee, and so we could get together much more quickly and discuss with finance much more quickly the implications of data that we're getting and what they mean. And that delegation in fact bound the board, if you like, and the board then ratified the decisions that were taken through that delegation. So we put a few mechanisms in place to try and overcome the sort of difficulties that Peter is referring to.

But yes, they're complex and difficult papers. I've made an assumption which may or may not be correct, but it looks a little like a basic formula that started many years ago that's had add-ons and subtractions and built, you know, extensions and all of that, that it comes up now as a complex, very complex arrangement that is hard to understand, that has probably not been re-thought from the ground up for some time. I may be wrong. It's an assumption.

MR GLOVER: Professor Cohen, did you wish to add anything to this topic?

A/PROF COHEN: No, I have nothing further to add. I have been involved in the roadshow. I have been involved in the service agreement negotiation processes in the past. I see it as an iterative process whereby the district expresses a level of need and specific foci where we believe budget enhancement should occur and there was a negotiation process. The service agreement, itself, is a complex document, and as with my colleagues, we rely on our director of finance and CEO to reconstitute that into budget flow so that we can get a sense of what it looks

1 like across the year.

2

3 MR GLOVER: Do you agree with Mr Treseder, though, that at
4 a board level it would assist in the performance of the
5 board's statutory function if the budget as presented in
6 the service agreement was clear and intelligible?

7

8 A/PROF COHEN: Look, I think that we have local finance
9 people who can make it clear and intelligible for us. I'm
10 not --

11

12 MR GLOVER: Should you have to do that work, Professor
13 Cohen? Shouldn't it be clear and intelligible from the
14 get-go?

15

16 THE COMMISSIONER: There was an assumption in your
17 question it is not clear and intelligible, but --

18

19 MR GLOVER: It wasn't objected to.

20

21 THE COMMISSIONER: -- there is no objection from
22 Mr Cheney, so.

23

24 MR GLOVER: My point is, Professor Cohen, should it be
25 down to the LHDs to, on one view, reverse-engineer the
26 budget to make it understandable?

27

28 A/PROF COHEN: I can't answer that, because there are
29 functions that the service agreement provides for the
30 ministry and, I'm assuming, in terms of its arrangements
31 with Treasury, that may well be beyond my camp. What I am
32 confident in is our finance team's capacity to interpret
33 the schedules and provide a broad degree of advice with
34 regard as to what the implications are for our budget.

35

36 MR GLOVER: But I take it you would agree with the
37 fundamental proposition advanced by Mr Treseder that in the
38 LHD agreeing to a service agreement, it ought to be able to
39 readily understand the budget that is contained in it and
40 how that budget has come together?

41

42 A/PROF COHEN: Well, the context I am opening from is that
43 I have confidence in our financial team to be able to
44 advise us of what the budget means and so, consequently,
45 our - we do understand it, but the contract itself needs
46 interpretation. So if you're asking me the question: could
47 the contract be made simpler? I'm sure it could and it

1 would make it easier for the board, but we also have a
2 responsibility to enquire and seek clarification if we
3 don't understand things.
4

5 THE COMMISSIONER: Can I ask the three of you a more
6 high-level question, and we have heard differing views
7 about this, but one of the things that's been said to us by
8 some people is that there would be benefit in a longer
9 budgetary cycle. Now, this is an issue that's raised not
10 just in relation to overall budgets but also in relation to
11 some much smaller time-limited grants for which there is a
12 problem in relation to workforce at a time when a grant is
13 about to expire and no-one knows whether it is going to be
14 extended or not. But in terms of your LHD budgets, do you
15 have any view about whether the 12-month cycle is perfectly
16 satisfactory and understandable as to why it's done that
17 way, or whether you could see benefits in a longer
18 budgetary cycle like three years or something else? Does
19 any of you have a view about that? I will start with you,
20 Mr Treseder, and we will move anti-clockwise around my
21 screen.
22

23 MR TRESEDER: Commissioner, I think a 12-month cycle is
24 okay at the moment, particularly when it is being overlaid
25 and pressured by budget efficiency, which is focused on a
26 week-to-week, day-to-day at the moment. So to push that
27 out any longer, the 12-month cycle has the advantage of we
28 get to an end point and then we reset and go again in terms
29 of what we are trying to achieve at the moment.
30

31 THE COMMISSIONER: Mr Carter, do you have a view?
32

33 MR CARTER: Not particularly. I mean, I'm used to working
34 in quinquennial, triennial and annual budgets, and, you
35 know, there will always be an annual review in any case,
36 even with a triennial budget, so I would agree with
37 Mr Treseder.
38

39 THE COMMISSIONER: All right. And Professor Cohen?
40

41 A/PROF COHEN: I agree with my two colleagues, and nothing
42 further to add.
43

44 THE COMMISSIONER: Thank you.
45

46 MR GLOVER: Finally, Mr Treseder, in paragraph 46 of your
47 statement, you draw attention to the concept which we have

1 heard elsewhere that if we spend the entire NSW Health
2 budget on health, it still would not be enough. We have
3 covered some of this ground already through Mr Carter, but
4 I wanted to give you the opportunity to expand, should you
5 wish to, on what you think might be done to better ensure
6 the future sustainability of the healthcare system in this
7 state?

8
9 MR TRESEDER: Thanks, Mr Glover. Those last couple of
10 paragraphs I'll summarise.

11
12 So I have always been inspired by the notion of large
13 balance sheets. So if you look at the nation as a family,
14 you have got income coming in, you have got expenses coming
15 out, and as a family you try to save some money for your
16 holidays. But as a nation, we don't tend to do that and as
17 a state we don't tend to do that. We have some income
18 coming in from taxes, et cetera, we overspend and we
19 borrow, and there is very little savings that occurs. So
20 each of the organisations that I've been CEO of, we've
21 built substantial balance sheets, \$50 million, \$100 million
22 balance sheets. And those are there forever, nobody can
23 touch them and the interest that they generate supports an
24 ongoing system.

25
26 So I suggested to one notable prime minister that we
27 should have a trillion dollars sitting in a sovereign
28 wealth fund, and the answer at that point, quite rightly,
29 was, "Well, we are running negative budgets and we can't -
30 we don't have any money to put into, to support a
31 trillion-dollar sovereign wealth fund." The upshot of all
32 that is we negotiated the Medical Research Future Fund,
33 where the Federal government dropped \$20 billion into it.
34 And that had the advantage that it will be there forever,
35 it will grow if it is managed correctly. The income that
36 it generates has doubled the amount of dollars that are
37 available to fund medical research requests from young
38 researchers across the nation.

39
40 So that was a somewhat not what I was after, but it
41 was a good result. And so the notion here is that why
42 can't the State do the same thing, except that it is in a
43 similar situation to the federal government, that it is
44 running negative budgets at the moment. But over time,
45 with some foresight, you could build a medical research
46 fund in New South Wales, and I've suggested popping
47 \$60 billion into it, and I come up to 60 billion because

1 I just doubled the New South Wales current health budget.
2 It would take time to do it, but at the end of, say,
3 10 years when it is in place, the income that that
4 generates might be used to support the State government's
5 initiatives to fund its ongoing health arrangements.
6

7 THE COMMISSIONER: If I was asked what would be the source
8 of the revenue for that \$60 billion, what would the answer
9 be? I mean, I have to say in theory, what you are saying
10 is very attractive, but we had the chance to buy back the
11 farm in the mid '70s, but Rex kind of got sacked and Gough
12 got shafted and we didn't buy the farm. I should just say
13 for most of the people on the Inquiry they may not know who
14 Rex Connor is or Gough is, but especially the member of the
15 team last night that told me she didn't know who Bob Dylan
16 or the Beatles were, for which there will be consequences
17 in due course, but where would the revenue come from?
18 I mean, it sounds great but where would it come from, do
19 you think?
20

21 MR TRESEDER: That's the difficulty with my argument,
22 Commissioner.
23

24 THE COMMISSIONER: Oh, okay.
25

26 MR TRESEDER: And that was the difficulty with the Federal
27 government.
28

29 THE COMMISSIONER: The Federal government could raise tax
30 rates to make them more in line with Scandinavian
31 countries, but I don't know whether if I put that in a
32 recommendation how well that would go. Maybe it is the
33 only one I should make. So is there anything else you
34 wanted to add to that?
35

36 MR TRESEDER: No. I think, I mean, it was a serious
37 comment.
38

39 THE COMMISSIONER: It is.
40

41 MR TRESEDER: And it was a comment that where there is a
42 will, there's a way. So governments have money which tends
43 to slosh around a little bit, and if they really - if it
44 was politically palatable to do it, they could put the
45 money aside over a period of time. But generally it's not
46 politically palatable. That's the problem.
47

1 THE COMMISSIONER: I mean, yes, there is a future fund so
2 the concept hasn't been rejected by the country. It's just
3 the size of the money and who puts it in and where it's
4 from; they are all unknowns.

5
6 MR GLOVER: Mr Carter, was there anything you wished to
7 add to your earlier answers about what might need to be
8 done, whether through funding approaches or other
9 mechanisms, to ensure the future sustainability of the
10 healthcare system?

11
12 MR CARTER: Just one thing, and if we talk about wellness,
13 then we have to look straight to the social determinants of
14 health. If we can address or focus on the social
15 determinants of health such as education, unemployment, job
16 insecurity, food insecurity, housing, and so on, we will be
17 striking at the heart of the problem of the cost of future
18 healthcare.

19
20 If I can give one example from Finland. They have, in
21 regard to homelessness, which is a key social determinant
22 of health and very expensive to society, including the
23 health system, they have - they turned the approach to
24 homelessness on its head and - with a system called Housing
25 First. So the first thing in Finland that they do for a
26 homeless person is provide them with a home. Not a
27 shelter, but a home. And it's from that security they then
28 work with them to address whatever it is that might have
29 caused them to be homeless.

30
31 And the system - Finland is the only country in
32 Europe, and maybe the only one in the world, where
33 homelessness is dropping. The recidivism rate of the
34 homeless on that system is one in seven. In the rest of
35 the world, it is about five in seven, where they approach
36 homelessness differently. Once the homeless have a home
37 and start to develop what we might refer to as a normal
38 life, firstly, they get a job. They are no longer a drain
39 or they are much less a drain on the health system, they
40 are much less a drain on social security, police, and they
41 pay taxes and they get a job, and they spend money when
42 they get a job. The approach has been very successful and
43 it cost-neutral, because the cost of caring for or
44 providing for a homeless person is much greater than the
45 cost of providing them with a home.

46
47 So, I don't think we've looked enough at the social

1 determinants of health or addressing them, or if we're
2 looking at them, we're not looking at them with enough
3 seriousness and we're not looking at them the right way.
4 So I think there could be a greater investment in focusing
5 on those aspects.

6
7 THE COMMISSIONER: I agree with you. I think the point
8 you are making is that the burden on NSW Health includes
9 things that are entirely beyond the control of NSW Health,
10 like education, like housing, like social services.
11 Fortunately those things, I think, are outside my terms of
12 reference but are still of some relevance to them. But
13 I don't know that I'd get to make recommendations on them.

14
15 But whilst you have been speaking, it has occurred to
16 me maybe the punishment for the member of the inquiry team
17 that didn't know who the Beatles were should be to learn,
18 off by heart, the entirety of the Beveridge report for the
19 creation of the welfare state in the UK, so I think that
20 will be the punishment. But I understand the point you are
21 making, and it is absolutely relevant and is not one we're
22 ignoring.

23
24 MR CARTER: Thank you.

25
26 MR GLOVER: Professor Cohen, finally, is there anything
27 you would wish to add to this topic to ensure the future
28 sustainability of our healthcare system?

29
30 A/PROF COHEN: Sorry, your voice was breaking up a bit.

31
32 MR GLOVER: Sorry. Is there anything that you would wish
33 to add on this topic about initiatives or changes that
34 might need to be made to ensure the future sustainability
35 of healthcare in this country?

36
37 A/PROF COHEN: I agree with my two colleagues. Investing
38 in the first thousand days of a child's life in terms of
39 bang for buck is enormous, reducing, you know, morbidity,
40 mortality. I think as an acute health system, that really
41 is where we need to be directing system evolution and
42 improve the sophistication of both the availability of
43 resources, I guess in the social determinant space, but
44 also investing directly in ensuring that in that first
45 thousand days our youngsters are healthy sets them up for
46 less chronic disease in future life.

47

1 THE COMMISSIONER: That point you have just raised, that
2 first thousand days, that is within the control of Health,
3 whether you are talking Commonwealth or State. And I think
4 the point you are making there, that investment not only
5 has potentially great benefits for the health of the person
6 as they go beyond the thousand days, but also for the -
7 I mean, it takes economists to work these things out, but
8 productivity of the country as well?

9
10 A/PROF COHEN: Yes, Commissioner.

11
12 MR GLOVER: I have no further questions of these
13 witnesses.

14
15 THE COMMISSIONER: Mr Cheney, do you have any questions?

16
17 MR CHENEY: No, Commissioner.

18
19 THE COMMISSIONER: To all three of you, thank you very
20 much for your time. We are very grateful for it and you
21 are excused.

22
23 MR TRESEDER: Thank you, Commissioner.

24
25 MR CARTER: Thanks Commissioner.

26
27 A/PROF COHEN: Thank you.

28
29 <WITNESSES EXCUSED

30
31 MR GLOVER: Can I just --

32
33 THE COMMISSIONER: Of course you can.

34
35 MR GLOVER: -- formally tender the tender bundle for this
36 hearing block, which I think, Commissioner, has come to you
37 by way of list, in the usual way?

38
39 THE COMMISSIONER: It was handed to me earlier.

40
41 MR GLOVER: I tender those documents in that list, down to
42 K.109.

43
44 MR CHENEY: I am sure there would be no objection,
45 Commissioner. I just haven't had a chance to consider
46 every document.

47

1 THE COMMISSIONER: We can defer it. We can defer it till
2 the next, and the next sitting day, I think, is Tuesday
3 8 October.

4
5 MR GLOVER: It is.

6
7 THE COMMISSIONER: So we will adjourn till 10.00 on
8 Tuesday, 8 October, and we will defer the tender of the
9 tender bundle for these Tamworth hearings until that date,
10 or it can be done in chambers if you have a look through
11 it --

12
13 MR GLOVER: Thank you.

14
15 THE COMMISSIONER: -- at any time before that as well.
16 Thank you, so we'll adjourn till 8 October at 10.00 am, in
17 Sydney.

18
19 **AT 11.47 PM THE HEARING WAS ADJOURNED TO 10.00 ON TUESDAY,**
20 **8 OCTOBER 2024, IN SYDNEY**

21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

\$	<p>33 [1] - 5547:35 34 [1] - 5539:5 35 [2] - 5539:6, 5539:22</p>	<p>ABLE [8] - 5518:40, 5523:35, 5524:42, 5528:12, 5536:43, 5553:13, 5554:38, 5554:43 ABORIGINAL [26] - 5512:16, 5512:20, 5512:23, 5512:24, 5512:37, 5512:38, 5512:41, 5512:46, 5512:47, 5526:2, 5526:4, 5528:8, 5531:14, 5533:36, 5533:37, 5534:4, 5534:11, 5534:28, 5534:37, 5535:1, 5535:24, 5535:26, 5535:44, 5535:47, 5536:4, 5536:41 ABREAST [1] - 5524:25 ABSOLUTELY [13] - 5512:32, 5517:20, 5517:32, 5520:27, 5521:45, 5524:18, 5526:17, 5531:37, 5540:26, 5546:46, 5550:45, 5551:34, 5559:21 ACCEPTABLE [1] - 5540:16 ACCESS [1] - 5510:41 ACCHOS [1] - 5534:28 ACCOUNT [1] - 5545:28 ACCOUNTABILITY [8] - 5521:26, 5521:29, 5521:38, 5521:42, 5522:1, 5522:7, 5522:30, 5551:32 ACCOUNTABLE [3] - 5510:34, 5521:17, 5522:14 ACCREDITATION [1] - 5526:43 ACCREDITED [1] - 5526:44 ACHIEVABLE [1] - 5543:44 ACHIEVE [7] - 5531:8, 5532:45, 5533:11, 5537:3, 5543:4, 5549:21, 5555:29 ACHIEVING [2] - 5523:14, 5547:17 ACKNOWLEDGING [1] - 5534:7 ACQUIRED [1] - 5527:24 ACRONYMS [1] - 5510:30 ACT [3] - 5513:32, 5514:18, 5550:43 ACTION [1] - 5512:44 ACTIVE [2] - 5540:34, 5546:40 ACTIVELY [1] - 5516:22 ACTIVITIES [2] - 5509:15, 5512:7 ACTIVITY [3] - 5546:8, 5549:22, 5549:38 ACTUAL [2] - 5513:30,</p>	<p>5535:33 ACUTE [15] - 5530:10, 5530:31, 5530:38, 5531:6, 5531:18, 5532:9, 5532:15, 5532:25, 5532:38, 5543:10, 5545:4, 5549:44, 5550:1, 5551:19, 5559:40 ADD [24] - 5506:10, 5510:38, 5511:7, 5511:9, 5514:26, 5515:9, 5517:35, 5518:11, 5521:46, 5524:33, 5526:18, 5529:5, 5532:1, 5534:47, 5544:3, 5553:28, 5553:35, 5553:38, 5555:42, 5557:34, 5558:7, 5559:27, 5559:33 ADD-ONS [1] - 5553:28 ADDED [1] - 5542:29 ADDITION [4] - 5512:24, 5515:8, 5531:33, 5533:34 ADDRESS [4] - 5506:2, 5506:8, 5558:14, 5558:28 ADDRESSED [1] - 5523:8 ADDRESSING [1] - 5559:1 ADEQUATE [1] - 5514:22 ADJOURN [2] - 5561:7, 5561:16 ADJOURNED [1] - 5561:19 ADJUSTED [1] - 5548:32 ADJUSTMENT [1] - 5521:24 ADJUSTMENTS [2] - 5548:33, 5549:12 ADMINISTER [1] - 5532:47 ADMITTED [2] - 5549:44, 5550:1 ADVANCED [1] - 5554:37 ADVANTAGE [7] - 5511:37, 5513:1, 5516:31, 5516:47, 5517:4, 5555:27, 5556:34 ADVANTAGES [5] - 5512:34, 5538:22, 5542:25, 5545:16, 5545:20 ADVERSE [1] - 5525:38 ADVICE [3] - 5526:4, 5540:41, 5554:33 ADVISE [2] - 5537:45, 5554:44 ADVISED [1] - 5536:34 AFFECT [1] - 5541:2 AFFIRMATION [5] - 5505:26, 5505:28, 5505:32, 5505:34, 5505:40 AFFIRMED [1] - 5505:8 AFFIRMED [3] - 5505:30,</p>	<p>5505:36, 5505:42 AFFORD [2] - 5543:22, 5543:36 AFFORDABLE [2] - 5540:17, 5545:3 AGED [3] - 5530:38, 5531:1, 5532:39 AGEING [3] - 5540:5, 5541:36, 5541:46 AGO [1] - 5553:28 AGREE [24] - 5513:36, 5514:41, 5515:36, 5516:5, 5519:14, 5520:26, 5520:38, 5521:45, 5522:11, 5525:9, 5526:29, 5532:4, 5535:17, 5535:20, 5536:33, 5546:18, 5546:20, 5546:22, 5554:3, 5554:36, 5555:36, 5555:41, 5559:7, 5559:37 AGREED [2] - 5530:22, 5530:24 AGREEMENT [1] - 5554:38 AGREEMENT [17] - 5526:34, 5526:46, 5527:13, 5527:41, 5527:42, 5547:21, 5547:47, 5550:35, 5551:39, 5552:28, 5552:40, 5552:42, 5553:40, 5553:44, 5554:6, 5554:29, 5554:38 AGREEMENTS [1] - 5552:33 AHEAD [2] - 5513:39 AIM [3] - 5523:37, 5533:43, 5537:3 ALIGNED [1] - 5526:45 ALLIED [2] - 5516:42, 5519:35 ALLOCATED [2] - 5527:44, 5547:28 ALLOCATES [1] - 5546:28 ALLOWING [1] - 5542:47 ALLOWS [1] - 5544:42 ALLUDED [1] - 5520:1 ALMOST [2] - 5534:22, 5543:20 AMBER [1] - 5525:30 AMBITION [2] - 5512:8, 5513:7 AMENDMENTS [1] - 5506:43 AMOUNT [6] - 5525:20, 5535:42, 5542:41, 5547:27, 5549:44, 5556:36 AMS [2] - 5535:39, 5535:40 AMSS [4] - 5528:10, 5534:2, 5534:7, 5535:5 ANALYSIS [1] - 5520:16 ANGLES [1] - 5522:16 ANNUAL [3] - 5546:27,</p>
'	<p>5 [2] - 5508:22, 5510:15 53 [1] - 5504:26</p>			
'22 [2] - 5506:35 '24 [1] - 5536:12 '70S [1] - 5557:11 '80S [1] - 5510:2	4	6		
1	<p>46 [1] - 5555:46</p>	<p>60 [1] - 5556:47 69,413 [1] - 5550:4 69,519 [1] - 5549:47</p>		
<p>1 [2] - 5509:16, 5526:23 10 [2] - 5531:26, 5557:3 10.00 [3] - 5561:7, 5561:16, 5561:19 100 [1] - 5522:11 11 [3] - 5513:4, 5513:6, 5517:45 11.47 [1] - 5561:19 12 [1] - 5508:27 12-MONTH [3] - 5555:15, 5555:23, 5555:27 13 [3] - 5506:38, 5510:16, 5548:6 16 [3] - 5507:33, 5508:27, 5515:39</p>	5	8		
2	8	<p>8 [4] - 5561:3, 5561:8, 5561:16, 5561:20</p>		
<p>2 [1] - 5526:24 20 [1] - 5504:23 20,000 [1] - 5517:41 20.9 [1] - 5549:20 2015 [1] - 5507:20 2019 [1] - 5508:17 2021 [1] - 5507:22 2023 [2] - 5506:29, 5508:12 2024 [2] - 5504:23, 5561:20 2340 [1] - 5504:20 24 [1] - 5534:20 25 [1] - 5537:8 26 [3] - 5513:32, 5529:40, 5529:44 26(3) [2] - 5514:17, 5514:21 26(3)(E) [1] - 5514:6 28 [2] - 5532:33, 5537:19 29 [1] - 5537:19</p>	9	9		
3	A	<p>9.30AM [1] - 5504:23 9.42 [1] - 5505:30</p>		
<p>31 [1] - 5544:26 32 [2] - 5535:24, 5536:5</p>	<p>A/PROF [55] - 5505:21, 5505:40, 5507:11, 5507:16, 5507:20, 5507:25, 5507:30, 5507:35, 5507:41, 5507:46, 5509:28, 5510:40, 5514:30, 5518:14, 5518:21, 5518:33, 5518:38, 5520:5, 5520:21, 5520:45, 5521:3, 5521:28, 5526:20, 5527:34, 5527:39, 5528:5, 5528:18, 5528:39, 5529:2, 5532:13, 5533:40, 5533:45, 5534:18, 5534:22, 5534:32, 5534:36, 5537:10, 5537:16, 5537:23, 5537:28, 5537:32, 5538:16, 5538:31, 5538:38, 5544:33, 5545:38, 5553:38, 5554:8, 5554:28, 5554:42, 5555:41, 5559:30, 5559:37, 5560:10, 5560:27</p>	<p>ABBREVIATIONS [1] - 5510:29 ABF [7] - 5545:13, 5545:33, 5545:39, 5545:45, 5546:5, 5546:8</p>		

<p>5555:34, 5555:35 ANSWER [10] - 5506:10, 5510:38, 5512:27, 5514:15, 5514:23, 5520:2, 5538:27, 5554:28, 5556:28, 5557:8 ANSWERS [7] - 5514:26, 5518:11, 5524:14, 5524:33, 5526:18, 5532:2, 5558:7 ANTI [1] - 5555:20 ANTI-CLOCKWISE [1] - 5555:20 APPEAR [1] - 5548:7 APPENDICES [1] - 5549:12 APPETITE [1] - 5541:47 APPLICATIONS [1] - 5513:43 APPLIED [2] - 5546:32, 5547:1 APPLIES [2] - 5514:15, 5527:42 APPLY [5] - 5511:35, 5522:45, 5528:6, 5528:35, 5549:43 APPLYING [1] - 5547:16 APPOINT [1] - 5511:32 APPOINTED [3] - 5510:11, 5519:39, 5534:36 APPOINTEE [1] - 5519:30 APPOINTMENT [1] - 5520:10 APPRECIATION [1] - 5523:7 APPROACH [8] - 5510:21, 5527:32, 5542:12, 5545:33, 5558:23, 5558:35, 5558:42 APPROACHES [1] - 5558:8 APPROACHING [1] - 5523:34 APPROPRIATE [7] - 5514:10, 5516:33, 5522:31, 5537:42, 5538:4, 5538:21, 5547:13 AREA [9] - 5511:17, 5511:25, 5515:21, 5515:25, 5515:31, 5516:44, 5517:40, 5543:24 AREAS [11] - 5512:5, 5512:6, 5514:4, 5515:24, 5517:10, 5524:43, 5525:3, 5525:11, 5535:19, 5547:14 ARGUABLY [1] - 5542:3 ARGUMENT [1] - 5557:21 ARISE [1] - 5521:37 ARITHMETIC [1] - 5551:7 ARM [1] - 5528:31 ARRANGED [1] - 5553:12 ARRANGEMENT [4] - 5523:47, 5533:25,</p>	<p>5536:21, 5553:30 ARRANGEMENTS [5] - 5521:25, 5530:12, 5533:13, 5554:30, 5557:5 ARRIVE [1] - 5510:32 ARTICULATED [2] - 5529:7, 5529:14 ASIDE [3] - 5510:40, 5551:22, 5557:45 ASPECT [2] - 5526:1, 5547:5 ASPECTS [7] - 5516:42, 5521:7, 5524:12, 5532:44, 5537:47, 5543:47, 5559:5 ASSESS [1] - 5518:43 ASSET [1] - 5548:33 ASSIST [7] - 5506:37, 5507:32, 5508:21, 5547:45, 5548:2, 5548:45, 5554:4 ASSISTING [5] - 5504:29, 5504:30, 5504:31, 5504:32, 5504:33 ASSOCIATE [7] - 5505:6, 5505:18, 5505:38, 5507:8, 5515:17, 5517:34, 5544:2 ASSUME [3] - 5548:26, 5550:21, 5550:28 ASSUMING [2] - 5530:4, 5554:30 ASSUMPTION [3] - 5553:26, 5553:33, 5554:16 AT [1] - 5561:19 ATTACHED [2] - 5539:46, 5549:13 ATTEND [6] - 5535:34, 5535:35, 5540:40, 5553:7, 5553:8 ATTENTION [4] - 5533:7, 5539:5, 5548:17, 5555:47 ATTRACTIVE [2] - 5527:10, 5557:10 AUGUST [2] - 5536:6, 5536:12 AUSTRALASIAN [1] - 5510:6 AUSTRALIAN [1] - 5510:4 AVAILABILITY [1] - 5559:42 AVAILABLE [1] - 5556:37 AVL [1] - 5505:6 AVOID [1] - 5543:20 AWARE [6] - 5525:12, 5525:13, 5536:16, 5537:44, 5540:43, 5547:22 AWKWARD [1] - 5541:44</p> <p style="text-align: center;">B</p> <p>BACKGROUND [5] - 5509:11, 5509:14,</p>	<p>5509:26, 5509:46, 5547:40 BACKGROUNDS [2] - 5514:9, 5519:4 BAD [2] - 5519:11, 5525:4 BALANCE [6] - 5547:40, 5548:24, 5549:6, 5556:13, 5556:21, 5556:22 BALANCED [1] - 5552:47 BANG [1] - 5559:39 BANK [1] - 5509:15 BANKER [2] - 5509:14, 5547:40 BARRIERS [2] - 5531:38, 5533:17 BASE [1] - 5545:13 BASED [7] - 5509:40, 5514:16, 5519:11, 5528:8, 5542:19, 5542:20 BASIC [1] - 5553:27 BASIS [4] - 5522:18, 5540:17, 5540:19, 5552:34 BEARABLE [1] - 5540:16 BEARING [1] - 5543:43 BEASLEY [1] - 5504:14 BEATLES [2] - 5557:16, 5559:17 BEAUTIFULLY [1] - 5529:8 BECAME [2] - 5529:46, 5548:44 BECOME [3] - 5510:8, 5543:22, 5551:19 BECOMES [1] - 5551:25 BECOMING [4] - 5510:3, 5540:12, 5545:3, 5545:12 BEGINNING [2] - 5530:30, 5530:36 BEINGS [2] - 5519:10, 5519:12 BELIEF [3] - 5507:4, 5507:44, 5508:35 BENEFIT [5] - 5512:22, 5512:28, 5531:29, 5533:35, 5555:8 BENEFITS [8] - 5512:29, 5516:21, 5531:17, 5531:33, 5535:31, 5545:33, 5555:17, 5560:5 BEST [10] - 5507:4, 5507:43, 5508:34, 5524:29, 5527:45, 5528:39, 5538:34, 5538:44, 5540:9, 5543:1 BETTER [12] - 5514:18, 5520:33, 5524:21, 5524:30, 5525:43, 5527:32, 5531:45, 5532:37, 5532:45, 5543:10, 5550:33, 5556:5 BETWEEN [22] - 5510:45, 5511:11, 5511:16,</p>	<p>5516:26, 5517:27, 5519:10, 5519:17, 5519:36, 5520:10, 5520:29, 5521:33, 5522:13, 5530:1, 5531:11, 5531:18, 5531:42, 5532:38, 5535:1, 5535:25, 5543:31, 5547:27, 5552:27 BEVERIDGE [1] - 5559:18 BEYOND [6] - 5512:11, 5543:39, 5545:1, 5554:31, 5559:9, 5560:6 BIG [1] - 5514:36 BILLION [5] - 5509:16, 5556:33, 5556:47, 5557:8 BIT [11] - 5509:11, 5509:22, 5515:46, 5516:5, 5525:17, 5535:13, 5535:30, 5543:39, 5548:10, 5557:43, 5559:30 BLOCK [6] - 5545:39, 5545:41, 5545:45, 5545:46, 5546:5, 5560:36 BLOCK-FUNDED [1] - 5546:5 BLUE [2] - 5535:12, 5548:47 BLURRY [1] - 5548:10 BOARD [164] - 5505:5, 5506:23, 5506:33, 5507:13, 5507:18, 5508:6, 5508:16, 5509:36, 5510:8, 5510:11, 5510:21, 5510:24, 5510:27, 5510:29, 5510:31, 5510:38, 5510:41, 5510:44, 5510:45, 5510:46, 5511:11, 5511:16, 5511:22, 5511:29, 5511:32, 5511:36, 5511:37, 5511:41, 5511:45, 5512:3, 5512:7, 5512:8, 5512:10, 5512:12, 5512:16, 5512:20, 5512:29, 5513:4, 5513:11, 5513:43, 5513:44, 5513:47, 5514:2, 5514:17, 5514:27, 5514:32, 5514:34, 5514:41, 5514:45, 5514:47, 5515:5, 5515:8, 5515:10, 5515:18, 5515:22, 5515:24, 5515:28, 5515:37, 5515:39, 5516:1, 5516:2, 5516:12, 5516:19, 5516:21, 5516:27, 5516:32, 5516:38, 5517:1, 5517:5, 5517:25,</p>	<p>5517:28, 5517:29, 5517:42, 5518:15, 5518:17, 5518:24, 5518:29, 5518:31, 5518:41, 5518:43, 5519:1, 5519:2, 5519:9, 5519:18, 5519:21, 5519:37, 5519:39, 5519:47, 5520:7, 5520:8, 5520:18, 5520:35, 5520:42, 5521:22, 5521:35, 5522:34, 5523:13, 5523:29, 5523:40, 5523:42, 5524:11, 5524:21, 5524:28, 5524:30, 5524:38, 5524:42, 5525:22, 5525:31, 5525:43, 5526:1, 5526:9, 5526:10, 5526:30, 5526:35, 5527:4, 5528:29, 5528:32, 5528:42, 5529:28, 5529:47, 5530:15, 5530:20, 5532:17, 5533:23, 5533:29, 5533:47, 5534:42, 5535:7, 5535:8, 5535:18, 5536:6, 5536:17, 5537:41, 5538:3, 5538:4, 5538:13, 5538:23, 5540:28, 5540:34, 5540:36, 5541:4, 5544:19, 5546:26, 5546:30, 5546:33, 5546:36, 5546:46, 5547:15, 5550:35, 5550:40, 5550:42, 5550:43, 5553:6, 5553:13, 5553:15, 5553:20, 5554:4, 5555:1 BOARD [2] - 5532:43, 5534:26 BOARD'S [6] - 5521:1, 5521:7, 5539:37, 5547:5, 5551:15, 5554:5 BOARD'S [1] - 5539:28 BOARDS [12] - 5513:7, 5513:31, 5515:45, 5523:20, 5526:47, 5528:18, 5529:15, 5529:19, 5530:26, 5532:46, 5533:24, 5540:23 BOB [1] - 5557:15 BODES [1] - 5518:46 BODIES [1] - 5533:20 BODY [3] - 5511:13, 5512:38, 5533:18 BORDER [1] - 5520:1 BORROW [1] - 5556:19 BOUND [1] - 5553:20 BOUNDARIES [1] - 5541:44 BREAK [1] - 5533:17 BREAKDOWN [1] -</p>
--	--	--	--	--

<p>5533:12 BREAKING [1] - 5559:30 BREAKS [1] - 5506:5 BREAST [1] - 5516:16 BRIEF [6] - 5511:40, 5518:17, 5539:43, 5539:46, 5542:28, 5544:27 BRIEFED [1] - 5537:37 BRIEFLY [2] - 5509:46, 5544:33 BRIGHT [1] - 5519:31 BRING [2] - 5513:47, 5514:47 BRINGING [1] - 5538:7 BRINGS [1] - 5535:37 BROAD [5] - 5509:29, 5509:38, 5513:33, 5514:47, 5554:33 BROADEN [1] - 5530:29 BROADER [2] - 5531:41, 5540:19 BROADLY [1] - 5514:31 BROKEN [4] - 5523:30, 5526:23, 5527:13, 5531:38 BROUGHT [3] - 5522:3, 5547:46, 5548:5 BUCK [1] - 5559:39 BUDGET [40] - 5543:28, 5543:29, 5543:30, 5545:44, 5546:1, 5546:27, 5546:28, 5546:32, 5546:41, 5546:44, 5546:47, 5547:1, 5547:36, 5547:46, 5548:17, 5548:22, 5548:24, 5548:35, 5548:36, 5548:46, 5549:4, 5549:5, 5549:22, 5549:36, 5551:16, 5552:6, 5552:38, 5553:42, 5553:47, 5554:5, 5554:26, 5554:34, 5554:39, 5554:40, 5554:44, 5555:25, 5555:36, 5556:2, 5557:1 BUDGETARY [2] - 5555:9, 5555:18 BUDGETS [11] - 5543:34, 5548:23, 5548:24, 5552:23, 5553:4, 5555:10, 5555:14, 5555:34, 5556:29, 5556:44 BUILD [3] - 5506:10, 5524:33, 5556:45 BUILDING [1] - 5518:46 BUILT [2] - 5553:28, 5556:21 BUNDLE [2] - 5560:35, 5561:9 BURDEN [1] - 5559:8 BUSINESS [5] - 5514:41, 5520:28, 5524:12, 5532:45, 5535:18</p>	<p>BUY [2] - 5557:10, 5557:12 BY [1] - 5505:44</p> <hr/> <p style="text-align: center;">C</p> <hr/> <p>CALCULATOR [1] - 5549:36 CAMP [1] - 5554:31 CANCER [1] - 5516:16 CANDIDATE [1] - 5511:43 CANNOT [1] - 5512:9 CAPABILITIES [1] - 5521:8 CAPABILITY [6] - 5510:42, 5510:45, 5514:43, 5515:9, 5518:44, 5518:46 CAPABLE [1] - 5528:23 CAPACITY [4] - 5510:43, 5514:44, 5545:1, 5554:32 CARE [1] - 5510:10 CARE [24] - 5512:4, 5512:30, 5527:15, 5530:38, 5531:1, 5531:5, 5531:6, 5531:18, 5532:9, 5532:21, 5532:25, 5532:39, 5534:37, 5538:6, 5538:23, 5542:3, 5542:4, 5543:11, 5543:40, 5544:38, 5545:4, 5545:5, 5545:7 CAREFULLY [1] - 5511:35 CARERS [1] - 5527:14 CARING [1] - 5558:43 CARPARK [1] - 5530:19 CARTER [35] - 5505:7, 5505:14, 5505:32, 5508:1, 5508:4, 5508:42, 5508:44, 5509:45, 5511:6, 5512:15, 5513:3, 5514:26, 5514:30, 5514:42, 5515:17, 5517:34, 5519:18, 5521:40, 5524:32, 5529:5, 5529:24, 5530:24, 5531:47, 5534:46, 5535:23, 5536:21, 5538:47, 5541:27, 5544:3, 5546:17, 5552:22, 5552:36, 5555:31, 5556:3, 5558:6 CARTER [67] - 5505:16, 5505:34, 5505:36, 5508:4, 5508:9, 5508:14, 5508:19, 5508:24, 5508:31, 5508:37, 5510:1, 5511:9, 5511:32, 5512:19, 5512:32, 5512:36, 5513:6, 5513:15, 5513:22,</p>	<p>5513:27, 5513:36, 5513:42, 5517:38, 5519:20, 5519:25, 5519:30, 5521:45, 5524:36, 5525:19, 5525:27, 5525:46, 5529:27, 5529:32, 5532:4, 5535:4, 5535:17, 5535:28, 5535:33, 5536:9, 5536:15, 5536:26, 5536:46, 5537:5, 5539:3, 5539:8, 5539:20, 5539:30, 5539:35, 5539:41, 5540:26, 5540:32, 5540:39, 5541:15, 5542:8, 5542:33, 5542:46, 5543:13, 5543:17, 5546:22, 5552:26, 5552:40, 5552:46, 5553:4, 5555:33, 5558:12, 5559:24, 5560:25 CASE [6] - 5525:1, 5525:2, 5539:42, 5541:9, 5546:6, 5555:35 CASES [1] - 5539:42 CATCH [1] - 5514:7 CATCH-ALL [1] - 5514:7 CATEGORIES [2] - 5513:44, 5513:46 CAUSED [1] - 5558:29 CE [7] - 5516:35, 5516:37, 5517:13, 5521:42, 5521:47, 5522:3, 5527:43 CENT [1] - 5522:11 CENTRAL [1] - 5532:16 CENTRALISED [1] - 5542:17 CENTRALLY [1] - 5528:12 CENTRED [2] - 5530:9, 5533:16 CENTRIC [4] - 5530:14, 5530:30, 5542:15, 5542:16 CEO [17] - 5509:18, 5511:1, 5512:16, 5515:7, 5516:35, 5520:33, 5521:23, 5521:33, 5521:36, 5522:14, 5522:26, 5534:1, 5534:3, 5534:36, 5544:20, 5553:46, 5556:20 CEOS [4] - 5521:14, 5522:25, 5528:23, 5532:17 CERTAIN [8] - 5513:43, 5526:24, 5527:25, 5508:14, 5508:19, 5508:24, 5508:31, 5508:37, 5510:1, 5511:9, 5511:32, 5512:19, 5512:32, 5512:36, 5513:6, 5513:15, 5513:22,</p>	<p>5548:33, 5556:18 CHAIN [1] - 5528:29 CHAIR [36] - 5506:23, 5507:13, 5507:22, 5508:6, 5510:21, 5510:24, 5510:38, 5512:15, 5512:20, 5515:44, 5516:36, 5517:1, 5517:29, 5518:30, 5519:8, 5519:25, 5519:38, 5521:4, 5521:35, 5522:13, 5522:27, 5522:30, 5524:27, 5524:45, 5525:4, 5529:46, 5530:5, 5530:18, 5531:11, 5541:4, 5541:19, 5541:20, 5541:22, 5553:15 CHAIR'S [1] - 5522:24 CHAIRS [3] - 5505:5, 5514:17, 5553:6 CHALLENGE [4] - 5519:46, 5520:2, 5545:6, 5545:40 CHALLENGES [4] - 5532:29, 5533:45, 5545:7, 5545:47 CHALLENGING [2] - 5511:2, 5538:18 CHAMBERS [1] - 5561:10 CHANCE [3] - 5507:38, 5557:10, 5560:45 CHANCES [1] - 5541:18 CHANGE [13] - 5521:41, 5534:38, 5537:45, 5537:46, 5538:1, 5538:12, 5538:17, 5538:28, 5538:42, 5540:20, 5543:33, 5544:23, 5552:31 CHANGED [1] - 5540:18 CHANGES [12] - 5537:20, 5537:37, 5538:35, 5538:41, 5539:33, 5539:39, 5540:8, 5540:36, 5540:46, 5541:10, 5541:40, 5559:33 CHANGING [1] - 5539:44 CHENEY [3] - 5504:38, 5554:22, 5560:15 CHENEY [2] - 5560:17, 5560:44 CHIEF [25] - 5510:3, 5510:5, 5510:8, 5510:35, 5510:43, 5515:44, 5520:43, 5521:5, 5521:25, 5535:34, 5535:35, 5536:29, 5536:34, 5540:30, 5540:37, 5540:39, 5541:6, 5541:13, 5541:15, 5541:22, 5547:29, 5547:32, 5552:5, 5552:41</p>	<p>CHILD'S [1] - 5559:38 CHILDREN [2] - 5528:8, 5543:31 CHOICES [3] - 5543:31, 5545:22, 5545:23 CHRONIC [1] - 5559:46 CIC [1] - 5525:20 CIRCLES [1] - 5530:16 CITE [1] - 5539:42 CITIES [1] - 5509:42 CITY [1] - 5517:42 CLARIFICATION [1] - 5555:2 CLARITY [1] - 5552:23 CLEAR [4] - 5554:6, 5554:9, 5554:13, 5554:17 CLEARLY [2] - 5534:6, 5538:13 CLINICAL [4] - 5511:23, 5524:46, 5525:5, 5526:7 CLINICAL [2] - 5534:11, 5544:42 CLINICIAN [14] - 5516:12, 5516:15, 5516:22, 5516:47, 5517:5, 5517:17, 5518:40, 5518:41, 5519:1, 5519:3, 5519:34, 5527:30, 5527:45 CLINICIANS [7] - 5518:26, 5519:21, 5531:13, 5538:2, 5544:42, 5545:22, 5545:27 CLOCKWISE [1] - 5555:20 CLOCKWORK [1] - 5543:35 CLOSE [2] - 5515:23, 5521:34 CLOSELY [1] - 5536:43 CLOSER [1] - 5535:13 CLOSING [2] - 5533:46, 5534:10 CLOSURE [1] - 5537:14 CLOSURES [1] - 5537:21 CO [4] - 5521:17, 5537:35, 5537:36 CO'S [1] - 5521:11 COAST [2] - 5506:24, 5532:16 COFFS [1] - 5530:19 COHEN [56] - 5505:21, 5505:40, 5505:42, 5507:11, 5507:16, 5507:20, 5507:25, 5507:30, 5507:35, 5507:41, 5507:46, 5509:28, 5510:40, 5514:30, 5518:14, 5518:21, 5518:33, 5518:38, 5520:5, 5520:21, 5520:45, 5521:3, 5521:28, 5526:20, 5527:34, 5527:39, 5528:5, 5528:18, 5528:39, 5529:2, 5532:13, 5533:40, 5533:45,</p>
--	---	---	---	--

<p>5534:18, 5534:22, 5534:32, 5534:36, 5537:10, 5537:16, 5537:23, 5537:28, 5537:32, 5538:16, 5538:31, 5538:38, 5544:33, 5545:38, 5553:38, 5554:8, 5554:28, 5554:42, 5555:41, 5559:30, 5559:37, 5560:10, 5560:27</p> <p>COHEN [28] - 5505:7, 5505:18, 5505:38, 5507:8, 5507:11, 5509:25, 5510:37, 5514:25, 5515:18, 5517:35, 5518:5, 5518:10, 5519:44, 5520:40, 5521:45, 5526:17, 5529:7, 5532:8, 5533:34, 5534:16, 5537:7, 5544:2, 5544:30, 5553:35, 5554:13, 5554:24, 5555:39, 5559:26</p> <p>COHEN'S [1] - 5519:33</p> <p>COLLABORATE [2] - 5532:22, 5545:22</p> <p>COLLABORATION [4] - 5520:9, 5526:37, 5534:6, 5535:1</p> <p>COLLABORATIVE [3] - 5534:27, 5535:46, 5552:33</p> <p>COLLEAGUE [1] - 5510:40</p> <p>COLLEAGUES [7] - 5518:11, 5519:2, 5522:11, 5526:29, 5553:45, 5555:41, 5559:37</p> <p>COLLECTIVE [2] - 5523:13, 5536:38</p> <p>COLLECTIVELY [2] - 5512:12, 5532:5</p> <p>COLLEGE [2] - 5510:4, 5510:6</p> <p>COLUMN [3] - 5549:43, 5550:5, 5550:12</p> <p>COMBINED [1] - 5533:24</p> <p>COMING [7] - 5505:7, 5516:27, 5530:42, 5540:46, 5556:14, 5556:18</p> <p>COMMENT [7] - 5519:7, 5520:27, 5523:31, 5538:18, 5545:2, 5557:37, 5557:41</p> <p>COMMENTS [1] - 5515:43</p> <p>COMMERCIAL [1] - 5509:15</p> <p>COMMISSION [9] - 5504:7, 5506:37, 5507:32, 5508:21, 5511:24, 5524:46, 5525:5, 5526:7, 5542:25</p>	<p>COMMISSIONER [24] - 5504:13, 5505:4, 5506:1, 5515:36, 5516:29, 5517:38, 5519:20, 5520:38, 5527:34, 5531:10, 5536:9, 5544:6, 5546:14, 5548:13, 5550:25, 5551:14, 5555:23, 5557:22, 5560:10, 5560:17, 5560:23, 5560:25, 5560:36, 5560:45</p> <p>COMMISSIONER [84] - 5505:1, 5505:10, 5505:14, 5505:18, 5505:23, 5505:32, 5505:38, 5505:46, 5508:39, 5508:44, 5509:1, 5509:7, 5513:3, 5513:10, 5513:19, 5513:24, 5513:30, 5513:39, 5514:6, 5515:15, 5515:41, 5516:8, 5517:4, 5517:16, 5517:23, 5517:34, 5518:1, 5518:8, 5519:6, 5519:23, 5519:28, 5519:42, 5523:3, 5527:8, 5527:37, 5528:3, 5528:16, 5528:37, 5528:45, 5529:4, 5529:10, 5529:22, 5536:4, 5536:12, 5536:19, 5541:26, 5542:31, 5542:44, 5543:8, 5543:15, 5543:39, 5546:3, 5546:16, 5546:24, 5548:2, 5550:20, 5550:27, 5550:38, 5550:47, 5551:6, 5551:12, 5551:44, 5552:2, 5552:15, 5554:16, 5554:21, 5555:5, 5555:31, 5555:39, 5555:44, 5557:7, 5557:24, 5557:29, 5557:39, 5558:1, 5559:7, 5560:1, 5560:15, 5560:19, 5560:33, 5560:39, 5561:1, 5561:7, 5561:15</p> <p>COMMISSIONER'S [2] - 5520:27, 5530:13</p> <p>COMMISSIONS [2] - 5527:11</p> <p>COMMITTEE [5] - 5525:22, 5528:30, 5528:32, 5553:7, 5553:16</p> <p>COMMITTEES [4] - 5515:47, 5520:7, 5526:35, 5528:28</p> <p>COMMON [1] - 5543:41</p> <p>COMMONWEALTH [1] -</p>	<p>5560:3</p> <p>COMMUNICATE [2] - 5538:40, 5538:45</p> <p>COMMUNICATING [5] - 5538:34, 5539:38, 5540:17, 5540:19, 5540:35</p> <p>COMMUNICATION [11] - 5512:36, 5512:40, 5514:2, 5515:12, 5517:27, 5519:16, 5537:19, 5539:12, 5539:24, 5542:15, 5552:27</p> <p>COMMUNITIES [4] - 5514:33, 5534:11, 5534:13</p> <p>COMMUNITY [52] - 5509:41, 5511:33, 5512:16, 5512:47, 5514:33, 5515:13, 5517:44, 5521:12, 5522:40, 5523:15, 5523:38, 5524:6, 5528:8, 5528:10, 5532:14, 5532:15, 5532:26, 5532:28, 5533:36, 5537:13, 5537:20, 5537:44, 5538:1, 5538:2, 5538:11, 5538:14, 5538:17, 5538:29, 5538:34, 5539:13, 5539:14, 5539:25, 5539:38, 5539:44, 5540:2, 5540:6, 5540:9, 5540:14, 5540:20, 5540:35, 5540:40, 5540:42, 5541:2, 5541:11, 5541:33, 5541:37, 5542:18, 5543:11, 5544:8, 5544:14, 5545:6</p> <p>COMMUNITY-BASED [1] - 5528:8</p> <p>COMPANY [1] - 5522:13</p> <p>COMPLETELY [2] - 5526:29, 5541:28</p> <p>COMPLEX [7] - 5515:4, 5521:11, 5521:18, 5553:25, 5553:30, 5553:44</p> <p>COMPOSITION [1] - 5514:27</p> <p>COMPREHENSIVE [1] - 5535:43</p> <p>COMPRISED [1] - 5553:15</p> <p>COMPROMISED [1] - 5517:45</p> <p>COMPROMISING [1] - 5545:30</p> <p>COMPUTER [1] - 5550:24</p> <p>CONCEPT [5] - 5511:22, 5511:28, 5533:7, 5555:47, 5558:2</p> <p>CONCEPTS [1] - 5511:5</p> <p>CONCERN [5] - 5513:11, 5520:6, 5529:12,</p>	<p>5538:29, 5538:33</p> <p>CONCERNED [1] - 5529:15</p> <p>CONCERNING [1] - 5534:47</p> <p>CONCUR [2] - 5514:30, 5519:1</p> <p>CONCURRENCE [1] - 5544:25</p> <p>CONCURRENTLY [1] - 5505:5</p> <p>CONFERENCE [3] - 5505:30, 5505:36, 5505:42</p> <p>CONFIDENCE [4] - 5544:36, 5544:39, 5545:25, 5554:43</p> <p>CONFIDENT [1] - 5554:32</p> <p>CONFLICTS [2] - 5519:32, 5519:40</p> <p>CONNECT [2] - 5514:34, 5518:26</p> <p>CONNECTION [5] - 5506:5, 5510:45, 5512:44, 5518:21, 5531:25</p> <p>CONNECTIONS [1] - 5511:34</p> <p>CONNOR [1] - 5557:14</p> <p>CONSCIOUS [2] - 5515:15, 5536:1</p> <p>CONSEQUENCES [1] - 5557:16</p> <p>CONSEQUENTLY [6] - 5521:16, 5521:33, 5521:37, 5537:35, 5545:44, 5554:44</p> <p>CONSIDER [7] - 5513:12, 5514:16, 5515:17, 5523:21, 5523:24, 5524:10, 5560:45</p> <p>CONSIDERED [1] - 5542:35</p> <p>CONSISTENT [1] - 5521:34</p> <p>CONSTERNATION [3] - 5537:44, 5537:47, 5541:11</p> <p>CONSULTATION [11] - 5526:25, 5534:43, 5537:12, 5538:2, 5539:12, 5541:5, 5544:8, 5544:13, 5544:14, 5544:15, 5544:17</p> <p>CONSULTING [1] - 5510:7</p> <p>CONSUMERS [2] - 5537:13, 5537:20</p> <p>CONTAINED [1] - 5554:39</p> <p>CONTEXT [8] - 5509:43, 5514:46, 5521:20, 5532:29, 5538:38, 5538:41, 5538:44, 5554:42</p> <p>CONTINUAL [1] - 5534:9</p> <p>CONTINUE [7] - 5510:44, 5530:20, 5532:31, 5538:21, 5540:9,</p>	<p>5540:14, 5540:15</p> <p>CONTINUUM [3] - 5516:42, 5530:37, 5532:21</p> <p>CONTRACT [3] - 5537:33, 5554:45, 5554:47</p> <p>CONTRIBUTOR [1] - 5519:31</p> <p>CONTROL [3] - 5545:16, 5559:9, 5560:2</p> <p>CONTROLLED [2] - 5512:16, 5533:36</p> <p>CONVERSATION [3] - 5521:10, 5527:5, 5537:40</p> <p>CONVERSATIONS [4] - 5514:46, 5520:29, 5520:32, 5538:19</p> <p>CONVEY [1] - 5538:18</p> <p>CONVEYED [1] - 5538:13</p> <p>CONVOCATION [1] - 5515:5</p> <p>COOPERATION [3] - 5520:10, 5534:6, 5537:39</p> <p>COORDINATE [1] - 5532:11</p> <p>COORDINATING [1] - 5531:30</p> <p>COORDINATION [4] - 5531:34, 5532:38, 5533:34, 5533:36</p> <p>COPY [5] - 5508:46, 5529:35, 5534:15, 5538:47, 5539:46</p> <p>CORPORATIONS [1] - 5548:24</p> <p>CORRECT [24] - 5506:24, 5506:26, 5506:39, 5507:1, 5507:4, 5507:6, 5507:16, 5507:25, 5507:35, 5507:43, 5508:9, 5508:19, 5508:34, 5508:35, 5512:19, 5513:22, 5516:11, 5522:35, 5523:8, 5529:2, 5529:32, 5535:28, 5536:46, 5553:26</p> <p>CORRECTIONS [2] - 5508:27, 5509:3</p> <p>CORRECTLY [4] - 5529:26, 5530:41, 5549:2, 5556:35</p> <p>CORRELATION [2] - 5511:11, 5511:15</p> <p>COST [18] - 5542:35, 5542:40, 5542:41, 5545:13, 5545:16, 5545:29, 5545:41, 5546:7, 5546:39, 5548:26, 5548:31, 5548:33, 5549:8, 5549:11, 5558:17, 5558:43, 5558:45</p> <p>COST-NEUTRAL [1] - 5558:43</p> <p>COSTS [1] - 5545:18</p>
---	--	--	--	---

<p>COUNCIL [23] - 5516:27, 5516:39, 5517:2, 5517:14, 5517:24, 5517:26, 5517:28, 5517:30, 5518:15, 5518:16, 5518:23, 5518:26, 5518:31, 5518:38, 5519:9, 5519:17, 5519:26, 5519:37, 5519:38, 5520:33, 5520:34, 5541:30, 5544:20</p> <p>COUNCILS [3] - 5516:36, 5531:12, 5539:47</p> <p>COUNSEL [5] - 5504:29, 5504:30, 5504:31, 5504:32, 5504:33</p> <p>COUNTRIES [2] - 5543:25, 5557:31</p> <p>COUNTRY [4] - 5558:2, 5558:31, 5559:35, 5560:8</p> <p>COUPLE [4] - 5506:38, 5509:17, 5526:20, 5556:9</p> <p>COURSE [7] - 5511:42, 5515:41, 5518:8, 5524:11, 5546:31, 5557:17, 5560:33</p> <p>COURT [1] - 5504:18</p> <p>COVER [4] - 5512:9, 5515:20, 5515:24, 5520:18</p> <p>COVERED [2] - 5520:18, 5556:3</p> <p>COVERING [1] - 5519:47</p> <p>COVERS [3] - 5513:33, 5514:13, 5518:2</p> <p>CREATE [1] - 5528:21</p> <p>CREATION [1] - 5559:19</p> <p>CRITICAL [2] - 5515:11, 5531:4</p> <p>CRITICISE [1] - 5523:4</p> <p>CRITICISED [1] - 5527:12</p> <p>CRITICISM [1] - 5552:3</p> <p>CROSS [1] - 5545:46</p> <p>CROSS-SUBSIDISATION [1] - 5545:46</p> <p>CULMINATING [1] - 5543:41</p> <p>CURIOUS [1] - 5515:32</p> <p>CURRENT [6] - 5517:45, 5522:29, 5526:32, 5544:41, 5545:36, 5557:1</p> <p>CYCLE [5] - 5555:9, 5555:15, 5555:18, 5555:23, 5555:27</p>	<p>DATA [14] - 5525:5, 5525:6, 5525:10, 5525:20, 5525:23, 5525:36, 5525:46, 5526:8, 5527:2, 5528:21, 5531:41, 5532:22, 5553:18</p> <p>DATE [1] - 5561:9</p> <p>DATED [4] - 5506:38, 5506:45, 5507:33, 5508:22</p> <p>DAY-TO-DAY [1] - 5555:26</p> <p>DAYS [5] - 5530:39, 5559:38, 5559:45, 5560:2, 5560:6</p> <p>DEAL [3] - 5532:10, 5545:25, 5548:16</p> <p>DEALING [1] - 5533:27</p> <p>DEALT [1] - 5547:29</p> <p>DEBATING [1] - 5543:2</p> <p>DECADES [3] - 5509:17, 5509:23, 5543:9</p> <p>DECEMBER [1] - 5506:35</p> <p>DECENTRALISED [1] - 5542:17</p> <p>DECIDE [1] - 5544:22</p> <p>DECISION [2] - 5516:33, 5539:26</p> <p>DECISION-MAKING [1] - 5516:33</p> <p>DECISIONS [1] - 5553:21</p> <p>DEDUCTION [1] - 5549:1</p> <p>DEFER [3] - 5561:1, 5561:8</p> <p>DEFICIT [1] - 5548:22</p> <p>DEFINITELY [1] - 5552:3</p> <p>DEGREE [1] - 5554:33</p> <p>DEIGN [1] - 5544:35</p> <p>DELAYED [1] - 5512:44</p> <p>DELEGATION [3] - 5553:12, 5553:19, 5553:21</p> <p>DELIVER [1] - 5545:5</p> <p>DELIVERED [2] - 5527:15, 5531:5</p> <p>DELIVERING [2] - 5526:2, 5543:33</p> <p>DELIVERY [5] - 5512:30, 5536:43, 5539:15, 5539:45, 5544:23</p> <p>DEMAND [5] - 5540:6, 5540:9, 5540:12, 5541:37, 5541:47</p> <p>DEPUTY [3] - 5512:15, 5512:19, 5553:15</p> <p>DESCRIBE [3] - 5510:23, 5527:45, 5537:19</p> <p>DESCRIBED [7] - 5512:28, 5513:19, 5518:36, 5523:34, 5538:13, 5551:18, 5551:41</p> <p>DESCRIBING [1] - 5548:13</p> <p>DESCRIPTIONS [1] - 5511:7</p> <p>DESIRABLE [1] - 5540:21</p>	<p>DETAIL [4] - 5510:22, 5526:6, 5526:36, 5552:29</p> <p>DETAILED [1] - 5523:30</p> <p>DETAILING [1] - 5544:27</p> <p>DETAILS [1] - 5538:17</p> <p>DETERMINANT [2] - 5558:21, 5559:43</p> <p>DETERMINANTS [3] - 5558:13, 5558:15, 5559:1</p> <p>DETERMINE [3] - 5523:13, 5524:4, 5543:3</p> <p>DETRIMENTAL [2] - 5522:6, 5541:18</p> <p>DEVELOP [4] - 5512:11, 5527:40, 5531:43, 5558:37</p> <p>DEVELOPED [1] - 5509:32</p> <p>DEVELOPING [1] - 5514:1</p> <p>DEVELOPMENT [3] - 5518:47, 5521:19, 5529:47</p> <p>DIABETES [1] - 5532:20</p> <p>DIE [1] - 5542:47</p> <p>DIFFERENT [14] - 5512:30, 5513:34, 5514:2, 5518:3, 5521:7, 5525:47, 5528:35, 5534:7, 5534:8, 5543:45, 5543:46, 5550:4</p> <p>DIFFERENTLY [4] - 5512:13, 5513:17, 5545:21, 5558:36</p> <p>DIFFERING [1] - 5555:6</p> <p>DIFFICULT [11] - 5521:47, 5525:12, 5527:25, 5527:26, 5528:11, 5533:11, 5541:44, 5547:36, 5547:43, 5548:14, 5553:25</p> <p>DIFFICULTIES [6] - 5515:27, 5515:28, 5517:9, 5551:15, 5553:8, 5553:23</p> <p>DIFFICULTY [5] - 5546:11, 5548:45, 5552:4, 5557:21, 5557:26</p> <p>DIMENSIONS [3] - 5511:46, 5511:47, 5540:44</p> <p>DIRECT [6] - 5512:36, 5512:44, 5512:47, 5521:42, 5523:28, 5539:5</p> <p>DIRECTED [1] - 5541:12</p> <p>DIRECTING [1] - 5559:41</p> <p>DIRECTION [1] - 5527:4</p> <p>DIRECTLY [5] - 5512:41, 5521:26, 5526:45, 5541:19, 5559:44</p> <p>DIRECTOR [6] - 5509:32, 5509:34, 5512:3, 5534:37, 5534:42, 5553:46</p> <p>DIRECTORATES [1] -</p>	<p>5524:9</p> <p>DISAGREEMENT [1] - 5546:16</p> <p>DISCHARGE [1] - 5527:24</p> <p>DISCHARGED [1] - 5526:3</p> <p>DISCUSS [6] - 5521:6, 5521:10, 5521:36, 5528:24, 5540:42, 5553:17</p> <p>DISCUSSED [4] - 5532:41, 5537:38, 5551:31, 5552:4</p> <p>DISCUSSING [2] - 5519:32, 5538:16</p> <p>DISCUSSION [2] - 5538:20, 5543:25</p> <p>DISCUSSIONS [4] - 5520:37, 5537:35, 5547:26, 5547:31</p> <p>DISEASE [1] - 5559:46</p> <p>DISTANCE [1] - 5519:36</p> <p>DISTINCTION [1] - 5516:26</p> <p>DISTRICT [35] - 5512:21, 5513:13, 5514:11, 5514:35, 5518:26, 5520:3, 5522:12, 5522:45, 5523:36, 5524:4, 5524:22, 5527:40, 5530:1, 5531:47, 5532:21, 5533:22, 5533:28, 5533:38, 5533:42, 5534:3, 5534:9, 5534:37, 5535:5, 5535:25, 5535:31, 5536:42, 5541:13, 5544:10, 5545:38, 5545:47, 5547:28, 5552:18, 5552:20, 5552:24, 5553:41</p> <p>DISTRICT [4] - 5504:18, 5507:14, 5509:34, 5530:2</p> <p>DISTRICTS [2] - 5522:34, 5534:27</p> <p>DISTRICTS [3] - 5532:17, 5535:1, 5546:33</p> <p>DIVIDE [1] - 5545:1</p> <p>DIVISIONS [1] - 5531:27</p> <p>DOC [1] - 5548:6</p> <p>DOCTOR [5] - 5509:21, 5509:30, 5517:18, 5519:3, 5519:34</p> <p>DOCUMENT [2] - 5553:45, 5560:46</p> <p>DOCUMENTED [1] - 5519:15</p> <p>DOCUMENTS [2] - 5510:31, 5560:41</p> <p>DOLLAR [2] - 5542:37, 5556:31</p> <p>DOLLARS [3] - 5550:12, 5556:27, 5556:36</p> <p>DONE [24] - 5506:45, 5508:28, 5511:10, 5511:13, 5512:6,</p>	<p>5513:27, 5520:16, 5526:33, 5526:34, 5531:9, 5531:37, 5531:40, 5533:42, 5535:44, 5536:2, 5541:5, 5544:18, 5552:11, 5552:17, 5552:32, 5555:16, 5556:5, 5558:8, 5561:10</p> <p>DOTTED [1] - 5522:30</p> <p>DOUBLED [2] - 5556:36, 5557:1</p> <p>DOUBT [2] - 5516:11, 5543:44</p> <p>DOWN [13] - 5521:5, 5523:24, 5523:30, 5526:23, 5526:31, 5527:44, 5527:46, 5531:38, 5533:17, 5540:12, 5540:46, 5554:25, 5560:41</p> <p>DR [1] - 5504:31</p> <p>DRAIN [3] - 5558:38, 5558:39, 5558:40</p> <p>DRASTIC [1] - 5544:23</p> <p>DRAW [2] - 5548:17, 5555:47</p> <p>DRAWING [1] - 5533:7</p> <p>DRIFTS [1] - 5525:22</p> <p>DRIVE [1] - 5540:11</p> <p>DRIVEN [1] - 5536:29</p> <p>DROPPED [1] - 5556:33</p> <p>DROPPING [1] - 5558:33</p> <p>DUAL [1] - 5521:37</p> <p>DUE [3] - 5537:33, 5546:6, 5557:17</p> <p>DURING [1] - 5511:6</p> <p>DYLAN [1] - 5557:15</p>
E				
<p style="text-align: center;">D</p> <p>DAMA [1] - 5526:3</p> <p>DANIEL [1] - 5504:33</p> <p>DARZI [1] - 5543:42</p> <p>DASHBOARD [1] - 5523:46</p>				<p>EARLY [3] - 5530:15, 5538:35, 5538:40</p> <p>EARNING [1] - 5540:45</p> <p>EASIER [4] - 5515:38, 5520:36, 5551:25, 5555:1</p> <p>EASILY [1] - 5510:33</p> <p>ECONOMISTS [1] - 5560:7</p> <p>ED [1] - 5527:24</p> <p>ED [1] - 5504:29</p> <p>EDUCATION [3] - 5510:1, 5558:15, 5559:10</p> <p>EFFECT [1] - 5549:18</p> <p>EFFECTIVE [2] - 5529:28, 5543:4</p> <p>EFFECTIVELY [2] - 5538:40, 5538:45</p> <p>EFFICIENCIES [4] - 5547:8, 5547:9, 5547:12, 5547:13</p> <p>EFFICIENCY [5] - 5538:24, 5546:9, 5546:32, 5547:1, 5555:25</p> <p>EFFICIENT [4] - 5545:5,</p>

<p>5545:12, 5549:37, 5550:10 EFFICIENTLY [2] - 5510:27, 5515:45 EFFORTS [1] - 5535:46 EIGHT [14] - 5512:9, 5513:7, 5513:17, 5513:27, 5514:32, 5515:18, 5515:28, 5515:47, 5516:6, 5517:39, 5517:46, 5519:46, 5520:15, 5520:35 EIGHT-MEMBER [1] - 5515:28 EITHER [4] - 5525:21, 5530:21, 5545:42, 5546:16 ELECTED [1] - 5541:11 ELECTION [1] - 5541:18 ELSEWHERE [2] - 5542:9, 5556:1 EMAIL [1] - 5509:2 EMERGE [1] - 5527:6 EMPLOYEE [1] - 5518:42 EMPLOYMENT [1] - 5521:25 ENABLE [2] - 5523:13, 5525:43 ENCOUNTERED [1] - 5552:5 ENCOURAGE [1] - 5551:32 END [13] - 5515:30, 5519:14, 5529:26, 5530:10, 5530:29, 5530:39, 5542:2, 5546:36, 5547:15, 5547:17, 5555:28, 5557:2 ENDS [1] - 5530:38 ENERGY [1] - 5511:42 ENGAGE [3] - 5514:34, 5521:12, 5534:9 ENGAGED [3] - 5516:12, 5527:17, 5551:18 ENGAGEMENTS [1] - 5536:24 ENGAGING [2] - 5528:9, 5538:11 ENGINEER [1] - 5554:25 ENGINEERING [1] - 5511:41 ENGLAND [2] - 5507:14, 5509:34 ENHANCE [1] - 5524:40 ENHANCEMENT [1] - 5553:43 ENORMOUS [4] - 5521:32, 5522:16, 5544:33, 5559:39 ENQUIRE [1] - 5555:2 ENSURE [8] - 5510:26, 5511:1, 5520:17, 5545:5, 5556:5, 5558:9, 5559:27, 5559:34 ENSURES [1] - 5535:41 ENSURING [5] - 5510:41,</p>	<p>5528:10, 5528:33, 5546:9, 5559:44 ENTER [2] - 5530:3, 5530:30 ENTERED [1] - 5535:25 ENTIRE [3] - 5526:22, 5543:42, 5556:1 ENTIRELY [3] - 5545:14, 5545:34, 5559:9 ENTIRETY [1] - 5559:18 ENTITIES [2] - 5535:9, 5535:19 ENTITLED [1] - 5521:14 ENVIRONMENTAL [3] - 5511:44, 5545:19, 5545:20 EPISODE [1] - 5542:20 EQUAL [1] - 5510:41 EQUALLY [1] - 5541:3 ERRORS [1] - 5525:7 ESPECIALLY [2] - 5541:4, 5557:14 ESSENTIAL [3] - 5521:46, 5540:3, 5541:34 ESSENTIALLY [1] - 5542:8 ET [7] - 5509:16, 5513:25, 5516:43, 5544:17, 5544:21, 5548:33, 5556:18 ETHICAL [2] - 5511:46, 5511:47 EUROPE [1] - 5558:32 EVENLY [1] - 5552:47 EVENT [3] - 5542:2, 5543:42, 5548:3 EVENTS [2] - 5525:28, 5525:38 EVER-CHANGING [1] - 5539:44 EVIDENCE [7] - 5505:5, 5505:26, 5507:38, 5509:40, 5511:40, 5539:43, 5544:31 EVIDENCE-BASED [1] - 5509:40 EVOLUTION [2] - 5526:40, 5559:41 EVOLVE [2] - 5515:9, 5528:19 EVOLVING [1] - 5528:18 EXACT [1] - 5538:19 EXACTLY [2] - 5533:32, 5545:14 EXAMINATION [1] - 5505:44 EXAMINE [1] - 5548:27 EXAMPLE [2] - 5511:40, 5512:1, 5516:1, 5523:22, 5526:4, 5526:5, 5528:7, 5532:19, 5533:22, 5534:36, 5537:25, 5537:30, 5540:35, 5542:11, 5544:8, 5545:38, 5547:7, 5548:21, 5549:37, 5549:45, 5558:20</p>	<p>EXAMPLES [3] - 5511:29, 5525:41, 5548:15 EXCEED [1] - 5542:41 EXCELLENCE [4] - 5511:23, 5524:46, 5525:5, 5526:7 EXCELLENT [1] - 5505:23 EXCEPT [1] - 5556:42 EXCUSED [1] - 5560:21 EXCUSED [1] - 5560:29 EXECUTION [1] - 5547:20 EXECUTIVE [33] - 5509:33, 5510:4, 5510:6, 5510:8, 5510:35, 5510:43, 5510:46, 5515:8, 5515:12, 5518:15, 5518:30, 5520:43, 5521:6, 5522:19, 5526:26, 5526:37, 5527:5, 5527:43, 5528:23, 5534:41, 5540:30, 5540:37, 5540:39, 5541:6, 5541:7, 5541:13, 5541:15, 5541:16, 5541:22, 5547:29, 5547:32, 5552:5, 5552:41 EXECUTIVES [5] - 5521:25, 5535:34, 5535:35, 5536:29, 5536:35 EXISTING [2] - 5515:10, 5538:6 EXPAND [2] - 5533:6, 5556:4 EXPANDED [2] - 5513:36, 5513:40 EXPANDING [1] - 5513:24 EXPECT [1] - 5538:43 EXPECTATION [3] - 5514:33, 5516:1, 5516:37 EXPEND [1] - 5543:29 EXPENDED [2] - 5543:30 EXPENSES [2] - 5548:46, 5556:14 EXPENSIVE [4] - 5542:1, 5542:4, 5545:3, 5558:22 EXPERIENCE [13] - 5509:29, 5511:34, 5511:43, 5513:12, 5514:1, 5514:10, 5514:17, 5515:6, 5518:24, 5532:31, 5537:46, 5538:29, 5540:45 EXPERIENCES [1] - 5527:15 EXPERIENCING [1] - 5532:30 EXPERT [1] - 5547:11 EXPERTISE [1] - 5514:9 EXPIRE [2] - 5537:33, 5555:13 EXPLAIN [1] - 5550:33 EXPLAINED [1] - 5510:30</p>	<p>EXPRESS [2] - 5525:13, 5544:39 EXPRESSES [1] - 5553:41 EXPRESSION [1] - 5543:10 EXTEND [1] - 5539:32 EXTENDED [1] - 5555:14 EXTENSIONS [1] - 5553:29 EXTENSIVE [1] - 5521:15 EXTENT [4] - 5540:11, 5547:26, 5552:26, 5552:46 EXTREME [2] - 5521:16, 5543:35 EXTREMELY [1] - 5521:47 EYE [1] - 5536:38</p> <p style="text-align: center;">F</p> <p>FACILITIES [1] - 5530:39 FACT [4] - 5522:12, 5522:19, 5550:27, 5553:19 FACTORS [1] - 5526:41 FADED [1] - 5540:32 FAILED [1] - 5542:35 FAIR [3] - 5516:41, 5517:20, 5519:6 FAIRLY [2] - 5513:33, 5532:27 FAITH [1] - 5551:40 FAMILIAR [4] - 5522:44, 5524:39, 5546:3, 5549:40 FAMILY [4] - 5543:27, 5543:34, 5556:13, 5556:15 FAR [7] - 5510:46, 5514:35, 5520:11, 5520:12, 5526:31, 5532:26, 5536:16 FARM [2] - 5557:11, 5557:12 FAST [2] - 5519:8, 5519:14 FAULT [1] - 5508:39 FAVOUR [1] - 5524:15 FED [1] - 5517:12 FEDERAL [4] - 5533:12, 5544:21, 5544:47, 5556:43 FEDERAL [4] - 5533:15, 5556:33, 5557:26, 5557:29 FEDS [1] - 5532:24 FEED [1] - 5544:43 FEEDBACK [2] - 5516:4, 5516:18 FELT [1] - 5514:16 FEW [5] - 5506:44, 5522:22, 5535:47, 5544:11, 5553:22 FIGURE [1] - 5542:39 FINALLY [2] - 5555:46, 5559:26 FINANCE [15] - 5546:37,</p>	<p>5548:30, 5549:7, 5550:32, 5551:23, 5551:26, 5551:41, 5551:44, 5553:6, 5553:9, 5553:16, 5553:17, 5553:46, 5554:8, 5554:32 FINANCIAL [8] - 5523:22, 5524:9, 5526:36, 5545:19, 5549:9, 5551:16, 5553:8, 5554:43 FINANCIALLY [1] - 5553:5 FINE [4] - 5506:7, 5513:16, 5515:31, 5548:20 FINGER [1] - 5510:47 FINLAND [4] - 5543:23, 5558:20, 5558:25, 5558:31 FIRE [1] - 5541:19 FIRST [19] - 5506:33, 5506:38, 5510:3, 5522:17, 5526:21, 5530:13, 5530:27, 5531:23, 5531:26, 5534:24, 5536:28, 5543:17, 5548:13, 5548:21, 5549:35, 5558:25, 5559:38, 5559:44, 5560:2 FIRST [1] - 5558:25 FIRSTLY [3] - 5531:37, 5534:1, 5558:38 FIT [4] - 5543:29, 5545:15, 5545:35, 5545:36 FIT-FOR-PURPOSE [2] - 5545:15, 5545:35 FITS [1] - 5542:12 FITZROY [1] - 5504:19 FIVE [2] - 5527:17, 5558:35 FLAGS [1] - 5525:6 FLOW [2] - 5542:14, 5553:47 FLOWING [2] - 5528:30, 5541:29 FLOWS [1] - 5510:28 FLUNG [1] - 5514:35 FOCI [1] - 5553:42 FOCUS [9] - 5509:17, 5516:43, 5523:21, 5524:12, 5526:31, 5534:10, 5542:15, 5547:2, 5558:14 FOCUSED [3] - 5523:22, 5531:1, 5555:25 FOCUSING [3] - 5524:1, 5533:47, 5559:4 FOLLOW [1] - 5537:18 FOLLOWING [2] - 5536:28, 5548:16 FOOD [1] - 5558:16 FOOTPRINT [3] - 5512:37, 5535:44, 5545:19 FORCES [1] - 5544:34 FORESIGHT [1] - 5556:45 FOREVER [2] - 5556:22,</p>
---	---	---	--	--

<p>5556:34 FORGET [1] - 5506:12 FORM [3] - 5525:47, 5526:9, 5530:47 FORMAL [3] - 5531:4, 5536:24, 5536:36 FORMALLY [1] - 5560:35 FORMATION [1] - 5534:43 FORMED [3] - 5530:47, 5532:18, 5536:7 FORMS [2] - 5523:27, 5526:24 FORMULA [1] - 5553:27 FORTUNATELY [1] - 5559:11 FORUM [1] - 5512:45 FORWARD [4] - 5528:20, 5532:5, 5549:9, 5551:24 FOUNDATIONS [1] - 5509:19 FOUR [1] - 5527:17 FRAGMENTED [2] - 5542:14, 5543:45 FRAMED [1] - 5514:18 FRAMEWORK [4] - 5526:33, 5529:28, 5538:43, 5545:44 FRANCE [1] - 5518:3 FRANKLY [1] - 5528:41 FRASER [1] - 5504:32 FREE [2] - 5506:11, 5506:13 FRIDAY [1] - 5504:23 FRONT [1] - 5520:34 FRONTLINE [1] - 5512:40 FTES [1] - 5547:10 FULFIL [1] - 5550:42 FULFILLING [2] - 5513:45, 5523:37 FULL [6] - 5506:18, 5507:9, 5508:1, 5551:32, 5552:5 FULLER [1] - 5504:33 FULLY [2] - 5550:28, 5553:10 FUNCTION [9] - 5510:23, 5521:1, 5523:41, 5524:27, 5525:44, 5526:47, 5551:15, 5551:17, 5554:5 FUNCTIONING [2] - 5518:23, 5526:27 FUNCTIONS [6] - 5510:27, 5520:42, 5521:3, 5522:34, 5527:21, 5554:29 FUND [6] - 5556:28, 5556:31, 5556:37, 5556:46, 5557:5, 5558:1 FUND [1] - 5556:32 FUNDAMENTAL [3] - 5550:39, 5551:1, 5554:37 FUNDED [7] - 5545:39, 5545:41, 5545:45, 5545:46, 5546:5 FUNDING [1] - 5504:9</p>	<p>FUNDING [9] - 5532:24, 5532:25, 5533:12, 5533:14, 5545:1, 5545:33, 5546:7, 5547:27, 5558:8 FURTHERING [1] - 5531:5 FUTURE [9] - 5518:47, 5532:31, 5556:6, 5558:1, 5558:9, 5558:17, 5559:27, 5559:34, 5559:46 FUTURE [1] - 5556:32</p> <hr/> <p style="text-align: center;">G</p> <hr/> <p>GAIN [1] - 5545:20 GAINED [3] - 5542:40, 5542:41, 5542:42 GANDHI [1] - 5524:37 GAP [2] - 5533:46, 5534:10 GATHERINGS [1] - 5540:41 GENERAL [6] - 5523:31, 5528:5, 5544:3, 5546:18, 5549:6 GENERALITY [1] - 5517:25 GENERALLY [10] - 5512:47, 5514:28, 5515:36, 5521:23, 5524:22, 5527:20, 5531:35, 5544:19, 5548:27, 5557:45 GENERATE [2] - 5538:28, 5556:23 GENERATES [2] - 5556:36, 5557:4 GEOGRAPHIC [2] - 5514:37, 5520:13 GEOGRAPHICAL [6] - 5515:21, 5515:25, 5515:31, 5517:40, 5517:44, 5535:44 GEOGRAPHY [1] - 5519:47 GERIATRIC [1] - 5530:11 GERTZEL [1] - 5543:2 GESTATION [1] - 5529:18 GET-GO [1] - 5554:14 GIVEN [7] - 5506:10, 5514:26, 5518:11, 5524:33, 5531:30, 5540:29, 5552:23 GLOVER [17] - 5504:30, 5505:2, 5505:46, 5513:20, 5516:15, 5520:26, 5523:17, 5524:36, 5529:44, 5532:4, 5533:11, 5539:3, 5539:41, 5546:30, 5548:20, 5551:21, 5556:9 GLOVER [158] - 5505:4, 5505:44, 5506:1, 5506:18, 5506:23, 5506:28, 5506:33,</p>	<p>5506:37, 5506:43, 5507:3, 5507:8, 5507:13, 5507:18, 5507:22, 5507:27, 5507:32, 5507:37, 5507:43, 5508:1, 5508:6, 5508:11, 5508:16, 5508:21, 5508:26, 5508:33, 5508:42, 5508:46, 5509:5, 5509:10, 5509:25, 5509:45, 5510:14, 5510:20, 5510:37, 5511:5, 5511:28, 5512:15, 5512:27, 5512:34, 5514:25, 5516:10, 5516:21, 5518:5, 5518:10, 5518:19, 5518:29, 5518:35, 5519:44, 5520:15, 5520:23, 5520:40, 5520:47, 5521:22, 5521:40, 5522:9, 5522:33, 5522:39, 5522:44, 5523:6, 5523:12, 5523:34, 5524:3, 5524:14, 5524:20, 5524:32, 5525:16, 5525:25, 5525:40, 5526:17, 5529:24, 5529:34, 5529:40, 5529:44, 5529:46, 5530:34, 5531:3, 5531:17, 5531:33, 5531:47, 5532:8, 5532:33, 5533:6, 5533:27, 5533:34, 5533:42, 5534:15, 5534:20, 5534:24, 5534:34, 5534:46, 5535:11, 5535:23, 5535:30, 5536:21, 5536:40, 5537:1, 5537:7, 5537:12, 5537:18, 5537:25, 5537:30, 5538:11, 5538:27, 5538:33, 5538:47, 5539:5, 5539:10, 5539:22, 5539:32, 5539:37, 5540:23, 5540:28, 5540:34, 5541:9, 5541:24, 5544:30, 5545:32, 5546:26, 5546:43, 5547:4, 5547:20, 5547:26, 5547:35, 5547:45, 5548:5, 5548:13, 5548:43, 5549:17, 5549:26, 5549:32, 5549:40, 5549:47, 5550:7, 5550:15, 5551:14, 5551:30, 5551:36, 5552:17, 5552:22, 5552:36, 5552:44, 5553:2, 5553:35, 5554:3, 5554:12,</p>	<p>5554:19, 5554:24, 5554:36, 5555:46, 5558:6, 5559:26, 5559:32, 5560:12, 5560:31, 5560:35, 5560:41, 5561:5, 5561:13 GLOVER'S [1] - 5544:7 GOODWILL [1] - 5535:45 GOUGH [2] - 5557:11, 5557:14 GOVERN [1] - 5525:31 GOVERNANCE [21] - 5511:11, 5511:12, 5511:16, 5512:5, 5513:13, 5514:41, 5515:11, 5516:32, 5517:25, 5518:46, 5524:39, 5528:13, 5528:22, 5528:29, 5528:33, 5528:46, 5529:16, 5529:29, 5533:25, 5545:26, 5551:1 GOVERNING [3] - 5511:13, 5533:18, 5533:20 GOVERNMENT [7] - 5533:15, 5544:16, 5556:33, 5556:43, 5557:27, 5557:29 GOVERNMENTS [1] - 5557:4 GOVERNMENTS [2] - 5543:46, 5557:42 GRAFTON [1] - 5519:38 GRANDMOTHER [1] - 5543:32 GRANT [1] - 5555:12 GRANTS [1] - 5555:11 GRATEFUL [2] - 5548:18, 5560:20 GREAT [7] - 5513:1, 5519:31, 5523:20, 5545:25, 5546:9, 5557:18, 5560:5 GREATER [4] - 5533:36, 5543:40, 5558:44, 5559:4 GREEN [1] - 5525:30 GROUND [2] - 5553:32, 5556:3 GROUP [5] - 5511:44, 5515:22, 5515:38, 5535:37, 5553:13 GROUPS [3] - 5521:13, 5535:36, 5541:3 GROW [1] - 5556:35 GROWN [1] - 5545:42 GROWTH [1] - 5545:18 GRUNT [2] - 5516:3, 5526:34 GUESS [6] - 5518:43, 5520:9, 5525:19, 5528:21, 5533:46, 5559:43 GUIDANCE [1] - 5522:27 GUIDELINE [1] - 5544:43</p>	<p>GUYS [2] - 5516:6, 5522:16</p> <hr/> <p style="text-align: center;">H</p> <hr/> <p>HAND [3] - 5506:13, 5508:46, 5520:23 HANDED [1] - 5560:39 HANDLE [1] - 5529:19 HARBOUR [1] - 5530:19 HARD [5] - 5519:8, 5519:14, 5538:1, 5550:41, 5553:30 HARDER [2] - 5520:35, 5520:36 HEAD [3] - 5522:2, 5523:26, 5558:24 HEADING [2] - 5509:18, 5527:3 HEADS [3] - 5523:47, 5531:26, 5535:34 HEALTH [21] - 5504:39, 5507:14, 5509:34, 5510:9, 5513:32, 5514:18, 5521:9, 5526:22, 5530:2, 5537:34, 5537:36, 5537:39, 5538:6, 5538:8, 5542:34, 5544:44, 5547:43, 5556:1, 5559:8, 5559:9, 5560:2 HEALTH [58] - 5509:31, 5509:35, 5512:17, 5512:23, 5512:24, 5512:37, 5512:39, 5513:13, 5516:42, 5518:26, 5518:42, 5519:35, 5522:15, 5522:23, 5522:25, 5522:40, 5523:15, 5523:23, 5523:38, 5524:5, 5524:9, 5526:2, 5527:11, 5527:40, 5529:29, 5530:3, 5531:14, 5531:25, 5531:27, 5532:17, 5532:28, 5532:39, 5533:35, 5533:37, 5534:4, 5534:37, 5535:25, 5535:45, 5535:47, 5536:4, 5536:27, 5536:41, 5538:45, 5541:45, 5543:5, 5543:28, 5556:2, 5557:1, 5557:5, 5558:14, 5558:15, 5558:22, 5558:23, 5558:39, 5559:1, 5559:40, 5560:5 HEALTHCARE [48] - 5510:3, 5511:16, 5511:44, 5524:39, 5525:21, 5525:47, 5530:9, 5530:12, 5530:30, 5530:37, 5530:40, 5531:35,</p>
--	--	--	---	---

<p>5532:30, 5533:17, 5534:28, 5539:15, 5539:45, 5540:3, 5540:5, 5540:6, 5540:10, 5540:11, 5540:12, 5540:16, 5540:44, 5540:45, 5540:47, 5541:33, 5541:36, 5541:38, 5542:1, 5542:11, 5543:21, 5543:33, 5543:35, 5544:10, 5544:34, 5545:2, 5556:6, 5558:10, 5558:18, 5559:28, 5559:35</p> <p>HEALTHCARE [4] - 5504:9, 5511:14, 5529:28, 5543:27</p> <p>HEALTHY [2] - 5527:16, 5559:45</p> <p>HEAR [7] - 5505:10, 5505:14, 5505:19, 5506:6, 5518:5, 5529:42, 5550:22</p> <p>HEARD [3] - 5519:45, 5555:6, 5556:1</p> <p>HEARING [1] - 5560:36</p> <p>HEARING [1] - 5561:19</p> <p>HEARINGS [1] - 5561:9</p> <p>HEART [3] - 5523:3, 5558:17, 5559:18</p> <p>HELD [2] - 5508:11, 5538:19</p> <p>HELL [1] - 5528:41</p> <p>HELP [3] - 5509:20, 5540:13, 5540:19</p> <p>HELPFUL [2] - 5518:14, 5518:24</p> <p>HELPING [1] - 5547:8</p> <p>HELPS [1] - 5512:22</p> <p>HENRY [1] - 5508:4</p> <p>HERNAN [1] - 5504:38</p> <p>HIGH [3] - 5527:47, 5540:11, 5555:6</p> <p>HIGH-LEVEL [2] - 5527:47, 5555:6</p> <p>HIGHER [3] - 5510:1, 5526:4, 5546:7</p> <p>HIGHEST [1] - 5517:24</p> <p>HIGHLIGHTS [1] - 5525:11</p> <p>HIGHLY [3] - 5528:46, 5543:43, 5553:5</p> <p>HIP [1] - 5543:32</p> <p>HISTORY [1] - 5525:2</p> <p>HOLD [2] - 5510:34, 5522:14</p> <p>HOLDING [1] - 5521:17</p> <p>HOLIDAYS [1] - 5556:16</p> <p>HOME [6] - 5535:13, 5541:1, 5558:26, 5558:27, 5558:36, 5558:45</p> <p>HOMELESS [5] - 5558:26, 5558:29, 5558:34, 5558:36, 5558:44</p> <p>HOMELESSNESS [4] -</p>	<p>5558:21, 5558:24, 5558:33, 5558:36</p> <p>HOPE [2] - 5525:14, 5536:37</p> <p>HOPEFULLY [1] - 5548:7</p> <p>HOSPITAL [7] - 5509:19, 5519:26, 5527:23, 5532:25, 5541:1, 5542:17, 5546:9</p> <p>HOSPITALS [7] - 5512:4, 5545:9, 5545:39, 5545:40, 5545:46, 5546:5</p> <p>HOURS [1] - 5527:25</p> <p>HOUSING [2] - 5558:16, 5559:10</p> <p>HOUSING [1] - 5558:24</p> <p>HUMAN [4] - 5519:10, 5519:12, 5523:25, 5524:24</p> <p>HUMANS [1] - 5531:8</p> <p>HUNTER [3] - 5507:13, 5509:34, 5532:16</p>	<p>5541:43</p> <p>IMPOSSIBLE [1] - 5543:20</p> <p>IMPROVE [5] - 5512:23, 5514:45, 5532:36, 5543:4, 5559:42</p> <p>IMPROVEMENT [2] - 5511:14, 5529:28</p> <p>IMPROVING [1] - 5534:11</p> <p>IN [1] - 5561:20</p> <p>INCLUDE [1] - 5514:44</p> <p>INCLUDED [2] - 5526:46, 5542:28</p> <p>INCLUDES [2] - 5545:26, 5559:8</p> <p>INCLUDING [3] - 5537:21, 5545:18, 5558:22</p> <p>INCOME [4] - 5556:14, 5556:17, 5556:35, 5557:3</p> <p>INCREASING [1] - 5529:17</p> <p>INCREASINGLY [5] - 5540:4, 5540:12, 5541:35, 5545:3, 5545:12</p> <p>INDEPENDENCE [1] - 5545:26</p> <p>INDEPENDENT [1] - 5518:22</p> <p>INDICATED [1] - 5515:18</p> <p>INDICATORS [3] - 5524:41, 5526:41, 5527:42</p> <p>INDIFFERENT [1] - 5519:11</p> <p>INDIVIDUAL [7] - 5515:5, 5523:31, 5525:28, 5535:39, 5539:42, 5540:17, 5541:6</p> <p>INDIVIDUALLY [1] - 5512:12</p> <p>INDUSTRIAL [1] - 5517:11</p> <p>INDUSTRIAL-TYPE [1] - 5517:11</p> <p>INEVITABLE [1] - 5540:20</p> <p>INFECTIONS [1] - 5527:24</p> <p>INFLUENCE [1] - 5544:42</p> <p>INFORM [1] - 5526:22</p> <p>INFORMALLY [1] - 5531:9</p> <p>INFORMATION [12] - 5510:28, 5510:42, 5517:7, 5524:29, 5525:31, 5525:33, 5525:41, 5525:42, 5526:26, 5528:22, 5542:14</p> <p>INFORMED [2] - 5534:26, 5553:10</p> <p>INFORMING [1] - 5539:14</p> <p>INITIAL [3] - 5506:2, 5544:27, 5547:31</p> <p>INITIATIVES [5] - 5531:25, 5532:20, 5534:34, 5557:5, 5559:33</p> <p>INNOVATE [2] - 5540:14, 5540:15</p> <p>INNOVATION [3] -</p>	<p>5527:18, 5540:3, 5541:33</p> <p>INPUT [1] - 5552:38</p> <p>INQUIRY [1] - 5559:16</p> <p>INQUIRY [4] - 5504:7, 5514:20, 5543:43, 5557:13</p> <p>INSATIABLE [3] - 5540:7, 5541:38, 5541:47</p> <p>INSECURITY [2] - 5558:16</p> <p>INSPIRED [1] - 5556:12</p> <p>INSTALLED [1] - 5534:3</p> <p>INSTEAD [1] - 5543:2</p> <p>INSTITUTE [2] - 5511:14, 5529:27</p> <p>INTEGRATED [1] - 5542:14</p> <p>INTEGRATION [3] - 5531:5, 5531:17, 5532:26</p> <p>INTELLIGIBLE [4] - 5554:6, 5554:9, 5554:13, 5554:17</p> <p>INTENSIVE [1] - 5512:4</p> <p>INTEREST [7] - 5511:18, 5511:21, 5511:45, 5514:4, 5519:32, 5519:40, 5556:23</p> <p>INTERESTED [1] - 5511:10</p> <p>INTERESTING [3] - 5515:6, 5542:24, 5542:33</p> <p>INTERESTS [2] - 5509:38, 5512:5</p> <p>INTERIM [2] - 5533:22, 5533:27</p> <p>INTERNATIONAL [2] - 5510:8, 5526:43</p> <p>INTERNATIONAL [2] - 5510:9, 5543:26</p> <p>INTERPRET [1] - 5554:32</p> <p>INTERPRETATION [1] - 5554:46</p> <p>INTERRUPT [1] - 5548:43</p> <p>INTERRUPTED [1] - 5549:32</p> <p>INTERVENTIONS [1] - 5542:1</p> <p>INTRODUCE [1] - 5537:12</p> <p>INTRODUCED [1] - 5511:15</p> <p>INVASIVE [3] - 5540:47, 5542:18, 5542:19</p> <p>INVESTING [2] - 5559:37, 5559:44</p> <p>INVESTMENT [3] - 5543:40, 5559:4, 5560:4</p> <p>INVITE [3] - 5514:16, 5519:7, 5537:7</p> <p>INVITED [1] - 5524:45</p> <p>INVITES [1] - 5542:46</p> <p>INVOLVE [2] - 5533:11, 5544:18</p> <p>INVOLVED [8] - 5512:29, 5516:16, 5516:22, 5547:32, 5552:30, 5552:37, 5553:39</p>	<p>INVOLVES [2] - 5510:28, 5543:9</p> <p>ISSUE [8] - 5515:34, 5518:1, 5518:3, 5521:40, 5533:6, 5541:43, 5541:44, 5555:9</p> <p>ISSUES [6] - 5514:3, 5521:31, 5521:36, 5552:6, 5552:7, 5552:10</p> <p>ITERATIVE [2] - 5544:45, 5553:41</p> <p>ITSELF [2] - 5553:44, 5554:45</p>
J				
<p>JANUARY [3] - 5506:35, 5508:11, 5508:16</p> <p>JOB [7] - 5510:47, 5528:43, 5540:46, 5558:15, 5558:38, 5558:41, 5558:42</p> <p>JOHN [1] - 5506:21</p> <p>JOIN [2] - 5506:33, 5507:18</p> <p>JOINING [1] - 5509:35</p> <p>JOINT [7] - 5521:9, 5531:42, 5533:30, 5535:8, 5535:20, 5536:28, 5536:31</p> <p>JOINTLY [1] - 5535:34</p> <p>JOKING [1] - 5523:18</p> <p>JOURNAL [1] - 5542:34</p> <p>JOURNEY [2] - 5531:31, 5533:19</p> <p>JUDGE [1] - 5549:8</p> <p>JUDGING [1] - 5549:9</p> <p>JUNE [1] - 5506:29</p> <p>JUNIOR [1] - 5509:30</p>				
K				
<p>K.109 [1] - 5560:42</p> <p>KEDAR [1] - 5524:38</p> <p>KEEP [3] - 5510:45, 5524:25, 5536:37</p> <p>KEEPING [2] - 5509:41, 5509:42</p> <p>KEEPS [1] - 5536:1</p> <p>KEPT [1] - 5534:26</p> <p>KEY [7] - 5522:12, 5523:36, 5524:41, 5527:42, 5539:13, 5543:5, 5558:21</p> <p>KILOMETRES [1] - 5517:41</p> <p>KIND [5] - 5514:7, 5527:9, 5530:27, 5542:3, 5557:11</p> <p>KNOWING [1] - 5515:4</p> <p>KNOWLEDGE [8] - 5507:4, 5507:44, 5508:35, 5514:10, 5515:1, 5515:6, 5550:33, 5551:40</p>				

<p>KNOWS [1] - 5555:13 KPI [1] - 5528:24 KPIS [35] - 5522:35, 5522:45, 5523:12, 5523:21, 5523:22, 5523:23, 5523:26, 5523:30, 5523:36, 5523:41, 5523:42, 5524:1, 5524:16, 5524:25, 5526:21, 5526:24, 5526:26, 5526:32, 5526:36, 5526:39, 5526:41, 5526:46, 5527:9, 5527:20, 5527:27, 5527:43, 5527:47, 5528:6, 5528:33, 5528:35, 5529:12, 5529:16, 5529:18</p>	<p>5525:32, 5526:10, 5526:11, 5527:47, 5528:30, 5531:11, 5531:15, 5539:42, 5544:18, 5544:19, 5544:39, 5544:40, 5547:29, 5547:32, 5553:42, 5554:4, 5555:6 LEVELS [5] - 5528:35, 5534:8, 5539:41, 5544:16, 5545:10 LHD [19] - 5506:24, 5508:7, 5515:22, 5515:31, 5516:13, 5516:23, 5516:35, 5518:2, 5522:39, 5523:14, 5525:37, 5546:28, 5547:27, 5549:21, 5551:45, 5552:30, 5552:38, 5554:38, 5555:14 LHDS [8] - 5515:20, 5515:23, 5527:21, 5532:46, 5546:4, 5546:12, 5552:28, 5554:25 LIES [1] - 5528:20 LIFE [6] - 5542:2, 5542:40, 5542:41, 5558:38, 5559:38, 5559:46 LIGHT [1] - 5525:29 LIKELY [2] - 5536:21, 5546:36 LIMITED [3] - 5512:9, 5515:27, 5555:11 LINE [14] - 5512:40, 5513:1, 5517:27, 5521:26, 5521:42, 5522:1, 5522:7, 5522:30, 5523:46, 5538:8, 5540:47, 5541:19, 5549:47, 5557:30 LINES [1] - 5519:16 LIST [2] - 5560:37, 5560:41 LISTENING [2] - 5534:12, 5539:13 LITERATE [1] - 5553:6 LITERATURE [2] - 5542:25, 5543:9 LIVE [1] - 5515:23 LIVES [1] - 5541:2 LOANS [2] - 5509:15, 5509:16 LOCAL [18] - 5509:40, 5509:41, 5513:13, 5521:28, 5521:31, 5527:40, 5527:46, 5528:10, 5532:17, 5537:33, 5539:25, 5539:47, 5541:17, 5541:30, 5544:20, 5544:40, 5554:8 LOCAL [3] - 5507:14, 5509:34, 5530:2 LOCALLY [1] - 5528:12 LOCATION [1] - 5520:17</p>	<p>LOOK [21] - 5513:17, 5514:30, 5518:14, 5521:28, 5522:15, 5522:21, 5522:22, 5524:10, 5524:24, 5525:27, 5527:13, 5527:23, 5527:30, 5528:29, 5533:20, 5544:11, 5544:26, 5554:8, 5556:13, 5558:13, 5561:10 LOOK [1] - 5530:19 LOOKED [4] - 5511:35, 5521:18, 5547:40, 5558:47 LOOKING [15] - 5509:15, 5511:23, 5512:1, 5524:4, 5524:8, 5528:28, 5542:9, 5545:9, 5545:18, 5548:26, 5549:19, 5549:47, 5559:2, 5559:3 LOOKS [5] - 5513:33, 5533:18, 5544:28, 5553:27, 5553:47 LOOP [2] - 5528:33, 5545:26 LOPEZ [1] - 5504:38 LORD [1] - 5543:41 LOSE [1] - 5513:12 LOSS [1] - 5547:41 LOST [1] - 5513:11 LOW [2] - 5542:3, 5544:38 LOW-VALUE [2] - 5542:3, 5544:38</p>	<p>MARTIN [5] - 5505:7, 5507:11, 5515:37, 5522:14, 5529:14 MATCHED [1] - 5526:45 MATE [1] - 5524:38 MATTER [4] - 5513:47, 5515:4, 5525:9, 5525:10 MATTERS [7] - 5511:46, 5511:47, 5522:3, 5523:8, 5539:14, 5539:32, 5546:43 MAXIMISE [1] - 5512:6 MAYOR [2] - 5539:47, 5541:30 MAYORS [2] - 5539:25, 5544:21 MEAN [21] - 5512:13, 5513:32, 5523:18, 5529:15, 5530:34, 5533:29, 5534:44, 5535:17, 5543:30, 5546:8, 5549:5, 5550:31, 5552:37, 5552:40, 5553:19, 5555:33, 5557:9, 5557:18, 5557:36, 5558:1, 5560:7 MEANS [7] - 5512:43, 5517:29, 5522:26, 5536:41, 5540:29, 5546:9, 5554:44 MEANT [1] - 5514:42 MEASURE [2] - 5533:22, 5533:27 MEASURES [6] - 5526:25, 5527:23, 5542:42, 5546:32, 5547:1, 5547:4 MECHANISM [1] - 5535:38 MECHANISMS [5] - 5518:25, 5522:21, 5522:22, 5553:22, 5558:9 MEDICAL [1] - 5556:32 MEDICAL [34] - 5509:18, 5509:39, 5512:21, 5512:37, 5512:46, 5516:26, 5516:36, 5516:39, 5516:42, 5517:2, 5517:13, 5517:23, 5517:26, 5517:30, 5518:15, 5518:16, 5518:23, 5518:30, 5518:38, 5519:9, 5519:17, 5519:26, 5519:37, 5519:38, 5520:33, 5520:34, 5526:3, 5531:12, 5533:37, 5535:2, 5535:26, 5535:35, 5556:37, 5556:45 MEDICATIONS [1] - 5545:23 MEDICINE [1] - 5542:13 MEET [3] - 5516:35, 5522:20, 5535:34 MEETING [11] - 5510:32, 5516:27, 5518:31,</p>	<p>5521:9, 5522:17, 5524:1, 5524:11, 5534:2, 5536:6, 5546:36, 5546:47 MEETINGS [6] - 5514:47, 5518:15, 5530:15, 5530:20, 5531:43, 5553:10 MEMBER [15] - 5510:9, 5510:11, 5512:3, 5512:10, 5512:29, 5515:28, 5516:12, 5519:2, 5519:39, 5528:42, 5541:18, 5550:35, 5553:6, 5557:14, 5559:16 MEMBER'S [1] - 5511:46 MEMBERS [32] - 5510:41, 5511:32, 5511:36, 5511:41, 5512:7, 5512:8, 5513:4, 5513:11, 5513:27, 5513:45, 5514:3, 5514:27, 5514:35, 5514:45, 5515:5, 5515:8, 5515:19, 5515:22, 5515:24, 5516:2, 5516:21, 5519:1, 5519:46, 5520:8, 5520:15, 5520:17, 5541:7, 5541:17, 5550:41, 5550:42, 5550:43, 5553:16 MEMBERSHIP [1] - 5513:43 MEMORANDUM [2] - 5530:1, 5536:22 MENTAL [6] - 5509:35, 5522:23, 5522:25, 5531:25, 5531:27, 5536:27 MENTION [1] - 5539:46 MENTIONED [4] - 5527:9, 5529:25, 5536:32, 5538:27 MENTOR [1] - 5514:44 MENTORING [1] - 5511:3 MESSAGE [1] - 5541:21 METRICS [2] - 5524:3, 5528:14 MID [1] - 5506:24 MID [1] - 5557:11 MIGHT [30] - 5509:1, 5511:33, 5511:36, 5513:46, 5514:21, 5518:1, 5520:1, 5521:31, 5526:14, 5527:12, 5528:5, 5528:6, 5533:30, 5535:11, 5535:39, 5536:35, 5540:18, 5542:2, 5542:41, 5543:30, 5545:35, 5547:28, 5550:47, 5552:31, 5556:5, 5557:4, 5558:7, 5558:28, 5558:37,</p>
L		M		
<p>LABOUR [1] - 5545:41 LAGGED [1] - 5527:2 LARGE [8] - 5509:15, 5509:42, 5515:21, 5515:24, 5515:25, 5517:39, 5526:30, 5556:12 LARGELY [1] - 5536:29 LARGER [2] - 5512:4, 5512:42 LAST [8] - 5509:17, 5520:27, 5521:40, 5525:16, 5536:6, 5543:42, 5556:9, 5557:15 LATE [1] - 5542:27 LAUNCHED [1] - 5531:24 LAWYERS [1] - 5548:44 LEAD [7] - 5511:43, 5527:2, 5541:20, 5547:20, 5548:37, 5552:28, 5552:32 LEAD-UP [3] - 5547:20, 5552:28, 5552:32 LEADERS [2] - 5539:24, 5539:38 LEADERSHIP [6] - 5514:45, 5521:8, 5534:2, 5534:13, 5540:23, 5540:28 LEARN [1] - 5559:17 LEAST [1] - 5549:5 LEAVING [1] - 5529:24 LEFT [1] - 5509:36 LEGISLATIVE [1] - 5513:31 LENGTH [1] - 5525:5 LESS [8] - 5540:47, 5542:10, 5542:18, 5545:3, 5547:14, 5558:39, 5558:40, 5559:46 LETTER [1] - 5539:47 LEVEL [23] - 5516:32, 5516:33, 5517:24,</p>		<p>MADNESS [1] - 5527:19 MAIN [3] - 5515:44, 5520:6, 5522:39 MAINTAIN [3] - 5518:22, 5522:40, 5523:38 MAINTAINING [2] - 5523:15, 5524:5 MALFUNCTION [1] - 5550:25 MANAGE [4] - 5515:38, 5520:5, 5520:36, 5545:18 MANAGEABLE [2] - 5514:32, 5515:19 MANAGED [3] - 5527:18, 5530:40, 5556:35 MANAGEMENT [4] - 5510:1, 5521:4, 5527:44, 5539:12 MANAGER [1] - 5528:5 MANAGER-TYPESET [1] - 5528:5 MANAGING [6] - 5515:37, 5515:43, 5517:10, 5538:33, 5545:13, 5545:47 MANNER [1] - 5513:19 MARIUS [1] - 5504:19 MARTIN [1] - 5505:42</p>		

<p>5559:34 MILLION [7] - 5548:22, 5548:25, 5549:7, 5549:20, 5549:30, 5556:21 MIND [3] - 5530:46, 5543:43, 5547:4 MINISTER [3] - 5510:11, 5513:7, 5556:26 MINISTER'S [1] - 5512:8 MINISTRY [11] - 5520:10, 5523:43, 5546:28, 5546:35, 5547:8, 5547:12, 5547:27, 5552:18, 5552:27, 5552:42, 5554:30 MINUTE [1] - 5540:32 MISSED [1] - 5525:4 MISSING [2] - 5509:1, 5525:1 MISUNDERSTAND [1] - 5541:27 MITIGATION [1] - 5538:4 MIX [8] - 5511:22, 5511:29, 5512:13, 5514:37, 5520:11, 5520:17, 5540:41, 5546:6 MODEL [4] - 5519:33, 5545:35, 5552:31 MODELS [1] - 5539:45 MOH.0011.0059.0001 [1] - 5508:26 MOH.0011.0073.0001 [1] - 5507:37 MOMENT [16] - 5513:6, 5517:16, 5522:31, 5523:23, 5530:44, 5532:10, 5533:28, 5544:9, 5544:34, 5545:7, 5548:8, 5549:30, 5555:24, 5555:26, 5555:29, 5556:44 MONAGHAN [1] - 5512:19 MONEY [10] - 5509:18, 5509:22, 5543:1, 5543:3, 5556:15, 5556:30, 5557:42, 5557:45, 5558:3, 5558:41 MONITOR [5] - 5520:43, 5522:34, 5524:22, 5528:13, 5547:16 MONITORED [1] - 5527:46 MONITORING [4] - 5542:16, 5542:17, 5546:44, 5551:17 MONTH [1] - 5536:7 MORBIDITY [1] - 5559:39 MOREE [2] - 5534:40, 5537:25 MORNING [4] - 5505:1, 5505:4, 5505:23, 5511:6 MORTALITY [1] - 5559:40 MOST [10] - 5512:42, 5519:15, 5525:23, 5526:32, 5541:16,</p>	<p>5543:4, 5544:17, 5546:11, 5547:43, 5557:13 MOU [7] - 5530:22, 5530:47, 5531:19, 5531:25, 5532:1, 5532:47, 5536:29 MOVE [10] - 5522:7, 5530:45, 5532:5, 5540:4, 5541:26, 5541:35, 5545:4, 5549:17, 5551:24, 5555:20 MOVED [4] - 5509:31, 5509:33, 5510:3, 5510:7 MOVING [2] - 5528:20, 5542:11 MR [306] - 5505:4, 5505:12, 5505:16, 5505:28, 5505:34, 5505:44, 5506:1, 5506:16, 5506:18, 5506:21, 5506:23, 5506:26, 5506:28, 5506:31, 5506:33, 5506:35, 5506:37, 5506:41, 5506:43, 5507:1, 5507:3, 5507:6, 5507:8, 5507:13, 5507:18, 5507:22, 5507:27, 5507:32, 5507:37, 5507:43, 5508:1, 5508:4, 5508:6, 5508:9, 5508:11, 5508:14, 5508:16, 5508:19, 5508:21, 5508:24, 5508:26, 5508:31, 5508:33, 5508:37, 5508:42, 5508:46, 5509:5, 5509:10, 5509:14, 5509:25, 5509:45, 5510:1, 5510:14, 5510:18, 5510:20, 5510:26, 5510:37, 5511:5, 5511:9, 5511:28, 5511:32, 5512:15, 5512:19, 5512:27, 5512:32, 5512:34, 5512:36, 5513:6, 5513:15, 5513:22, 5513:27, 5513:36, 5513:42, 5514:25, 5515:36, 5515:43, 5516:10, 5516:15, 5516:21, 5516:25, 5517:7, 5517:20, 5517:32, 5517:38, 5518:5, 5518:10, 5518:19, 5518:29, 5518:35, 5519:20, 5519:25, 5519:30, 5519:44, 5520:15, 5520:23, 5520:26, 5520:40, 5520:47, 5521:22, 5521:40, 5521:45, 5522:9, 5522:11,</p>	<p>5522:33, 5522:37, 5522:39, 5522:42, 5522:44, 5522:47, 5523:6, 5523:10, 5523:12, 5523:17, 5523:34, 5523:40, 5524:3, 5524:8, 5524:14, 5524:18, 5524:20, 5524:24, 5524:32, 5524:36, 5525:16, 5525:19, 5525:25, 5525:27, 5525:40, 5525:46, 5526:17, 5529:7, 5529:14, 5529:24, 5529:32, 5529:34, 5529:38, 5529:40, 5529:42, 5529:44, 5529:46, 5530:7, 5530:34, 5530:36, 5531:3, 5531:8, 5531:17, 5531:21, 5531:33, 5531:37, 5531:47, 5532:4, 5532:8, 5532:33, 5533:4, 5533:6, 5533:10, 5533:27, 5533:32, 5533:34, 5533:42, 5534:15, 5534:20, 5534:24, 5534:34, 5534:46, 5535:4, 5535:11, 5535:15, 5535:17, 5535:23, 5535:28, 5535:30, 5535:33, 5536:9, 5536:15, 5536:21, 5536:26, 5536:40, 5536:46, 5537:1, 5537:5, 5537:7, 5537:12, 5537:18, 5537:25, 5537:30, 5538:11, 5538:27, 5538:33, 5538:47, 5539:3, 5539:5, 5539:8, 5539:10, 5539:20, 5539:22, 5539:30, 5539:32, 5539:35, 5539:37, 5539:41, 5540:23, 5540:26, 5540:28, 5540:32, 5540:34, 5540:39, 5541:9, 5541:15, 5541:24, 5542:8, 5542:33, 5542:46, 5543:13, 5543:17, 5544:6, 5544:30, 5545:32, 5546:14, 5546:20, 5546:22, 5546:26, 5546:30, 5546:43, 5546:46, 5547:4, 5547:7, 5547:20, 5547:24, 5547:26, 5547:31, 5547:35, 5547:39, 5547:45, 5548:5, 5548:10, 5548:13, 5548:20, 5548:43, 5549:4, 5549:17, 5549:24, 5549:26,</p>	<p>5549:29, 5549:32, 5549:34, 5549:40, 5549:42, 5549:47, 5550:4, 5550:7, 5550:9, 5550:15, 5550:17, 5550:24, 5550:31, 5550:45, 5551:4, 5551:10, 5551:14, 5551:21, 5551:30, 5551:34, 5551:36, 5551:38, 5551:47, 5552:10, 5552:17, 5552:20, 5552:22, 5552:26, 5552:36, 5552:40, 5552:44, 5552:46, 5553:2, 5553:4, 5553:35, 5554:3, 5554:12, 5554:19, 5554:24, 5554:36, 5555:23, 5555:33, 5555:46, 5556:9, 5557:21, 5557:26, 5557:36, 5557:41, 5558:6, 5558:12, 5559:24, 5559:26, 5559:32, 5560:12, 5560:17, 5560:23, 5560:25, 5560:31, 5560:35, 5560:41, 5560:44, 5561:5, 5561:13 MULTIPLE [2] - 5521:13, 5526:40 MULTIPLY [2] - 5550:9, 5550:10 MURRUMBIDGEE [1] - 5518:2 MUST [2] - 5540:14, 5540:15 MUSTON [1] - 5504:29</p> <p style="text-align: center;">N</p> <p>NAME [3] - 5506:18, 5507:9, 5508:1 NAMED [1] - 5543:2 NARRATIVES [1] - 5528:25 NARROW [1] - 5523:24 NATION [3] - 5556:13, 5556:16, 5556:38 NATIONAL [2] - 5544:36, 5544:47 NATURAL [1] - 5511:43 NATURALLY [2] - 5512:21, 5513:47 NATURE [2] - 5535:42, 5538:19 NAVIGATE [1] - 5544:1 NECESSARILY [3] - 5525:23, 5525:30, 5525:32 NECESSARY [4] - 5517:28, 5530:38, 5532:27, 5532:28 NEED [28] - 5514:14, 5517:1, 5520:16,</p>	<p>5520:41, 5521:35, 5524:42, 5525:11, 5525:23, 5525:31, 5525:35, 5525:37, 5525:43, 5526:7, 5526:8, 5528:19, 5529:15, 5535:20, 5536:37, 5540:13, 5540:18, 5540:42, 5541:3, 5545:4, 5553:14, 5553:42, 5558:7, 5559:34, 5559:41 NEEDED [3] - 5513:34, 5520:18, 5530:11 NEEDS [14] - 5515:15, 5524:42, 5525:33, 5530:45, 5532:37, 5536:1, 5544:25, 5547:15, 5547:36, 5548:15, 5549:5, 5551:30, 5552:32, 5554:45 NEGATIVE [6] - 5548:35, 5549:1, 5549:5, 5549:20, 5556:29, 5556:44 NEGOTIATE [1] - 5552:42 NEGOTIATED [1] - 5556:32 NEGOTIATION [4] - 5537:42, 5552:47, 5553:40, 5553:43 NEGOTIATIONS [1] - 5552:30 NET [9] - 5546:39, 5548:26, 5548:31, 5548:33, 5549:1, 5549:8, 5549:11, 5549:19, 5549:20 NETWORK [4] - 5512:39, 5530:3, 5530:13, 5530:40 NETWORKS [2] - 5530:26, 5533:35 NEUTRAL [1] - 5558:43 NEVER [4] - 5521:30, 5537:46, 5548:22, 5548:40 NEW [4] - 5519:30, 5534:36, 5534:38, 5543:32 NEW [8] - 5507:13, 5509:34, 5510:4, 5530:28, 5544:41, 5545:11, 5556:46, 5557:1 NEWCASTLE [1] - 5519:47 NEWLY [1] - 5532:18 NEXT [6] - 5530:31, 5530:44, 5544:11, 5550:12, 5561:2 NICE [3] - 5536:35, 5544:6, 5552:30 NIGHT [1] - 5557:15 NO-ONE [1] - 5555:13 NOBODY [1] - 5556:22</p>
--	--	--	---	--

<p>NON [2] - 5527:30, 5545:39 NON-ABF-FUNDED [1] - 5545:39 NON-CLINICIAN [1] - 5527:30 NONE [1] - 5527:19 NONETHELESS [2] - 5514:40, 5545:15 NORMAL [3] - 5540:8, 5541:40, 5558:37 NORMALLY [1] - 5548:23 NORTH [1] - 5506:24 NORTHERN [1] - 5515:30 NORTHERN [4] - 5508:6, 5510:12, 5530:2, 5531:27 NOTABLE [1] - 5556:26 NOTHING [3] - 5530:15, 5553:38, 5555:41 NOTICE [4] - 5514:19, 5526:15, 5536:10, 5548:21 NOTION [3] - 5527:8, 5556:12, 5556:41 NOVICE [1] - 5530:7 NSW [15] - 5504:20, 5504:39, 5508:6, 5510:12, 5526:22, 5530:2, 5537:34, 5537:36, 5537:39, 5538:6, 5538:8, 5544:44, 5556:1, 5559:8, 5559:9 NUCLEAR [1] - 5543:27 NUMBER [22] - 5509:19, 5512:10, 5514:27, 5514:32, 5515:46, 5520:5, 5520:6, 5520:7, 5521:3, 5521:31, 5522:3, 5525:1, 5526:30, 5527:25, 5527:27, 5529:12, 5530:41, 5532:18, 5532:20, 5538:20, 5544:33, 5549:12 NUMBERS [4] - 5546:39, 5547:33, 5548:45, 5548:47 NURSE [2] - 5517:17, 5519:35 NURSES [2] - 5516:43, 5531:12 NWAU [6] - 5549:40, 5549:42, 5549:44, 5549:47, 5550:11</p>	<p>5552:26 OBSERVATIONS [1] - 5544:30 OBSERVER [2] - 5553:7, 5553:10 OBVIOUS [2] - 5525:36, 5530:8 OBVIOUSLY [4] - 5509:30, 5527:30, 5541:5, 5543:47 OCCASIONS [1] - 5521:36 OCCUR [4] - 5520:32, 5538:3, 5538:12, 5553:43 OCCURRED [3] - 5531:44, 5538:5, 5559:15 OCCURRING [1] - 5517:11 OCCURS [2] - 5516:4, 5556:19 OCTOBER [3] - 5561:3, 5561:8, 5561:16 OCTOBER [1] - 5561:20 OFFLOAD [1] - 5522:26 OFFLOADING [1] - 5522:28 OFTEN [6] - 5522:26, 5540:39, 5540:40, 5541:9, 5542:35 ON [1] - 5561:19 ONCE [3] - 5547:32, 5551:25, 5558:36 ONE [6] - 5506:9, 5511:41, 5512:4, 5512:20, 5516:21, 5516:32, 5516:43, 5517:38, 5518:39, 5519:25, 5520:33, 5520:36, 5520:42, 5521:4, 5521:34, 5522:1, 5522:7, 5522:33, 5522:39, 5524:24, 5527:28, 5530:27, 5532:26, 5532:43, 5533:14, 5533:18, 5533:25, 5533:45, 5535:12, 5535:18, 5535:39, 5535:40, 5536:27, 5536:41, 5538:20, 5538:34, 5539:47, 5541:16, 5542:10, 5542:12, 5542:14, 5542:34, 5543:17, 5543:24, 5548:34, 5550:38, 5550:39, 5551:1, 5552:41, 5554:25, 5555:7, 5555:13, 5556:26, 5557:33, 5558:12, 5558:20, 5558:32, 5558:34, 5559:21 ONE-ON-ONE [2] - 5520:33, 5520:36 ONE-SIZE-FITS-ALL [1] - 5542:12 ONES [4] - 5524:10, 5546:6, 5547:42,</p>	<p>5547:43 ONGOING [4] - 5529:17, 5546:43, 5556:24, 5557:5 ONS [1] - 5553:28 OPENING [2] - 5515:43, 5554:42 OPERATE [1] - 5538:43 OPERATES [1] - 5537:39 OPERATING [1] - 5531:13 OPERATIONAL [10] - 5516:33, 5517:26, 5525:32, 5526:11, 5527:1, 5528:1, 5528:22, 5528:47, 5538:17, 5544:18 OPERATIONALISED [1] - 5532:19 OPERATOR [1] - 5530:2 OPINION [2] - 5521:14, 5527:35 OPPORTUNITY [5] - 5514:34, 5518:43, 5521:19, 5538:39, 5556:4 OPPOSED [3] - 5511:37, 5520:34, 5533:19 OPTIMALLY [1] - 5511:25 OPTIMISING [1] - 5509:39 ORANGE [1] - 5543:35 ORDER [2] - 5530:11, 5542:47 ORGANISATION [1] - 5512:17 ORGANISATIONS [5] - 5521:11, 5533:37, 5536:30, 5536:31, 5556:20 ORIGINAL [2] - 5516:46, 5544:7 OTHERWISE [3] - 5522:4, 5543:36, 5552:23 OUGHT [4] - 5521:24, 5521:41, 5543:6, 5554:38 OURSELVES [3] - 5512:40, 5531:27, 5545:21 OUTCOME [2] - 5520:37, 5542:20 OUTCOMES [5] - 5511:12, 5511:16, 5524:40, 5533:47, 5534:11 OUTPUTS [1] - 5511:12 OUTSET [1] - 5524:26 OUTSIDE [1] - 5559:11 OVERALL [2] - 5546:1, 5555:10 OVERCOME [1] - 5553:22 OVERLAID [1] - 5555:24 OVERLAY [1] - 5546:47 OVERLOADED [1] - 5522:29 OVERSEAS [1] - 5510:10 OVERSIGHT [6] - 5535:8, 5535:20, 5536:32, 5536:36, 5546:34, 5551:16</p>	<p>OVERSPEND [1] - 5556:18 OVERWHELMED [1] - 5525:29 OVERWHELMING [1] - 5528:41 OWN [2] - 5514:4, 5531:39</p>	<p>5537:2, 5541:6 PARTNERSHIPS [2] - 5512:22, 5536:40 PARTS [1] - 5512:42 PARTY [1] - 5511:23 PASSAGE [3] - 5524:15, 5534:47, 5544:31 PASSION [2] - 5509:20, 5509:21 PAST [1] - 5553:40 PATCH [2] - 5531:40, 5531:41 PATHOLOGY [2] - 5537:26, 5537:33 PATHOLOGY [4] - 5537:34, 5537:36, 5538:7, 5538:9 PATIENT [9] - 5527:14, 5530:9, 5530:30, 5531:34, 5533:16, 5533:19, 5542:13, 5542:16 PATIENTS [1] - 5531:30 PATIENT-CENTRED [2] - 5530:9, 5533:16 PATIENT-CENTRIC [2] - 5530:30, 5542:16 PATIENTS [3] - 5531:30, 5532:14, 5532:37 PAUSE [1] - 5547:45 PAUSING [6] - 5518:19, 5525:25, 5525:40, 5549:18, 5550:20, 5552:36 PAY [1] - 5558:41 PEOPLE [30] - 5509:20, 5515:38, 5515:39, 5516:43, 5517:39, 5520:28, 5520:30, 5520:35, 5522:23, 5523:29, 5526:5, 5527:16, 5530:14, 5530:41, 5530:43, 5530:45, 5531:22, 5542:1, 5542:47, 5546:37, 5548:30, 5549:7, 5551:23, 5551:26, 5551:41, 5551:45, 5554:9, 5555:8, 5557:13 PEOPLE-CENTRIC [1] - 5530:14 PER [2] - 5522:11, 5549:38 PERFECTLY [2] - 5514:21, 5555:15 PERFORM [1] - 5525:43 PERFORMANCE [13] - 5520:43, 5521:4, 5521:6, 5521:11, 5522:35, 5524:3, 5524:22, 5527:42, 5528:13, 5528:26, 5553:7, 5553:9, 5554:4 PERFORMING [7] - 5521:18, 5523:45, 5526:23, 5528:9, 5549:21, 5551:15</p>
P				
<p style="text-align: center;">O</p> <p>OATH [2] - 5505:26, 5505:32 OBJECTED [1] - 5554:19 OBJECTION [2] - 5554:21, 5560:44 OBLIGATIONS [1] - 5550:43 OBSERVATION [1] -</p>			<p>PACKAGES [1] - 5528:21 PAGE [6] - 5548:6, 5548:16, 5548:20, 5549:19, 5551:10, 5551:22 PAGES [1] - 5548:16 PALATABLE [2] - 5557:44, 5557:46 PAPER [5] - 5511:15, 5524:38, 5529:25, 5529:27, 5529:29 PAPERS [3] - 5524:27, 5540:41, 5553:25 PARAGRAPH [13] - 5510:15, 5510:22, 5529:40, 5529:42, 5532:33, 5533:8, 5534:20, 5535:24, 5536:5, 5537:8, 5544:26, 5547:35, 5555:46 PARAGRAPHS [5] - 5506:44, 5508:27, 5537:18, 5539:5, 5556:10 PARALLEL [1] - 5532:6 PARCEL [2] - 5530:31, 5530:45 PART [13] - 5518:21, 5521:1, 5521:16, 5522:24, 5524:26, 5524:46, 5526:30, 5529:17, 5531:47, 5539:27, 5544:13, 5548:45, 5549:42 PARTICIPATED [1] - 5536:6 PARTICULAR [11] - 5512:5, 5512:11, 5514:4, 5517:7, 5517:10, 5524:3, 5524:12, 5530:4, 5536:26, 5540:18, 5547:5 PARTICULARLY [12] - 5520:47, 5525:37, 5526:10, 5527:26, 5527:29, 5532:28, 5539:25, 5541:17, 5546:31, 5553:8, 5555:24, 5555:33 PARTNERS [2] - 5531:13, 5534:28 PARTNERSHIP [8] - 5512:38, 5535:25, 5535:31, 5536:4, 5536:7, 5536:41,</p>	

<p>PERHAPS [6] - 5518:5, 5519:17, 5528:31, 5535:12, 5541:12, 5541:46</p> <p>PERIOD [2] - 5547:41, 5557:45</p> <p>PERIPHERAL [2] - 5511:35, 5512:7</p> <p>PERSON [7] - 5518:44, 5518:45, 5522:26, 5550:9, 5558:26, 5558:44, 5560:5</p> <p>PERSONAL [1] - 5518:44</p> <p>PERSONALISED [1] - 5542:13</p> <p>PERSONALLY [1] - 5528:28</p> <p>PERSPECTIVE [4] - 5518:45, 5528:39, 5532:8, 5538:25</p> <p>PERSPECTIVES [2] - 5526:20, 5534:8</p> <p>PETER [2] - 5505:30, 5505:36</p> <p>PETER [15] - 5505:6, 5505:7, 5506:21, 5508:4, 5509:38, 5515:37, 5522:27, 5525:10, 5530:23, 5532:5, 5535:7, 5536:32, 5553:9, 5553:23</p> <p>PHD [1] - 5511:41</p> <p>PHN [12] - 5530:15, 5530:18, 5531:28, 5532:16, 5532:18, 5532:21, 5532:46, 5533:23, 5533:28, 5535:36, 5535:41, 5536:23</p> <p>PICKING [1] - 5541:46</p> <p>PILLARS [1] - 5544:42</p> <p>PINTOS [1] - 5504:38</p> <p>PINTOS-LOPEZ [1] - 5504:38</p> <p>PLACE [9] - 5531:39, 5537:39, 5537:42, 5538:23, 5544:20, 5544:25, 5551:27, 5553:22, 5557:3</p> <p>PLAN [5] - 5527:39, 5527:41, 5544:10, 5544:22, 5544:24</p> <p>PLANNED [1] - 5546:35</p> <p>PLANNING [3] - 5534:27, 5544:27, 5544:40</p> <p>PLANS [1] - 5546:38</p> <p>PLAY [1] - 5546:27</p> <p>PM [1] - 5561:19</p> <p>POCT [1] - 5538:22</p> <p>POINT [31] - 5506:11, 5506:14, 5516:23, 5516:46, 5517:23, 5517:25, 5517:38, 5524:41, 5525:19, 5525:34, 5529:11, 5530:14, 5538:6, 5538:23, 5542:5,</p>	<p>5544:7, 5548:34, 5549:6, 5550:2, 5550:18, 5550:34, 5551:27, 5553:4, 5554:24, 5555:28, 5556:28, 5559:7, 5559:20, 5560:1, 5560:4</p> <p>POINT-OF-CARE [2] - 5538:6, 5538:23</p> <p>POLICE [1] - 5558:40</p> <p>POLICY [2] - 5544:43, 5545:28</p> <p>POLITICAL [1] - 5544:19</p> <p>POLITICALLY [2] - 5557:44, 5557:46</p> <p>POLITICIANS [4] - 5521:13, 5544:15, 5544:21</p> <p>POLITICS [1] - 5533:15</p> <p>POPPING [1] - 5556:46</p> <p>POPULATION [9] - 5512:41, 5512:42, 5536:44, 5540:5, 5540:6, 5541:36, 5541:37, 5541:47, 5543:4</p> <p>PORTION [1] - 5549:38</p> <p>POSE [2] - 5515:27, 5515:28</p> <p>POSES [1] - 5545:47</p> <p>POSITION [6] - 5506:28, 5508:11, 5524:21, 5552:12, 5552:31, 5553:5</p> <p>POSITIONING [1] - 5545:20</p> <p>POSITIVE [3] - 5527:15, 5534:1, 5538:39</p> <p>POSSIBLE [6] - 5510:47, 5520:11, 5520:12, 5526:31, 5532:27, 5538:41</p> <p>POTENTIAL [8] - 5518:47, 5519:32, 5519:40, 5525:7, 5537:20, 5537:37, 5538:35, 5539:39</p> <p>POTENTIALLY [1] - 5560:5</p> <p>PRACTICAL [4] - 5511:29, 5512:34, 5521:38, 5525:41</p> <p>PRACTICALITY [1] - 5514:36</p> <p>PRACTICE [4] - 5507:28, 5509:36, 5509:40, 5518:29</p> <p>PRACTICES [2] - 5511:12, 5524:40</p> <p>PRE [1] - 5515:10</p> <p>PRE-EXISTING [1] - 5515:10</p> <p>PREFER [2] - 5519:33, 5520:41</p> <p>PREMIUM [1] - 5545:41</p> <p>PRESENT [3] - 5504:36, 5518:15, 5540:41</p> <p>PRESENTATION [3] -</p>	<p>5518:30, 5518:33, 5542:11</p> <p>PRESENTED [17] - 5524:28, 5525:1, 5537:41, 5546:35, 5547:33, 5547:42, 5548:23, 5548:25, 5548:35, 5548:37, 5548:41, 5548:47, 5549:18, 5549:36, 5550:34, 5554:5</p> <p>PRESENTLY [1] - 5528:20</p> <p>PRESENTS [1] - 5546:10</p> <p>PRESSURE [1] - 5522:16</p> <p>PRESSURED [1] - 5555:25</p> <p>PRESSURES [1] - 5521:13</p> <p>PRETEND [1] - 5544:35</p> <p>PRETTY [3] - 5517:12, 5526:1, 5545:11</p> <p>PREVENTATIVE [1] - 5542:42</p> <p>PREVENTION [2] - 5543:3, 5543:40</p> <p>PREVIOUSLY [1] - 5537:36</p> <p>PRICE [5] - 5540:8, 5540:10, 5541:39, 5549:38, 5550:10</p> <p>PRICES [1] - 5540:11</p> <p>PRIMARILY [2] - 5517:25, 5517:26</p> <p>PRIMARY [16] - 5512:39, 5530:3, 5530:10, 5530:12, 5530:37, 5530:40, 5531:5, 5531:18, 5532:9, 5532:24, 5532:29, 5532:38, 5533:35, 5543:11, 5543:40, 5545:7</p> <p>PRIMARY-TYPE [1] - 5543:11</p> <p>PRIME [1] - 5556:26</p> <p>PRINCIPAL [2] - 5510:26, 5510:33</p> <p>PRINCIPALLY [1] - 5510:2</p> <p>PRIORITY [2] - 5529:47, 5530:4</p> <p>PRIVATE [2] - 5507:27, 5509:36</p> <p>PRIVATELY [1] - 5516:17</p> <p>PROBING [1] - 5515:7</p> <p>PROBLEM [7] - 5515:19, 5516:37, 5517:40, 5546:3, 5555:12, 5557:46, 5558:17</p> <p>PROBLEMS [3] - 5517:8, 5517:11, 5551:18</p> <p>PROCEDURE [1] - 5542:20</p> <p>PROCESS [20] - 5510:31, 5519:16, 5520:10, 5520:35, 5521:5, 5524:20, 5533:47, 5534:44, 5537:2, 5537:38, 5538:3,</p>	<p>5540:29, 5544:9, 5544:13, 5546:27, 5546:41, 5547:16, 5553:41, 5553:44</p> <p>PROCESSES [4] - 5531:43, 5537:42, 5538:5, 5553:40</p> <p>PRODUCE [2] - 5545:28, 5545:29</p> <p>PRODUCTION [1] - 5552:33</p> <p>PRODUCTIVITY [1] - 5560:8</p> <p>PROFESSIONAL [7] - 5509:11, 5509:14, 5509:26, 5509:46, 5512:11, 5519:35, 5521:19</p> <p>PROFESSOR [25] - 5505:6, 5505:18, 5505:38, 5507:8, 5509:25, 5514:25, 5515:17, 5517:34, 5518:5, 5519:33, 5519:44, 5520:40, 5521:45, 5526:17, 5529:7, 5533:34, 5534:16, 5537:7, 5544:2, 5544:30, 5553:35, 5554:12, 5554:24, 5555:39, 5559:26</p> <p>PROFESSOR [3] - 5510:37, 5518:10, 5532:8</p> <p>PROFIT [1] - 5547:41</p> <p>PROGRAM [1] - 5509:33</p> <p>PROGRESS [2] - 5535:38, 5536:34</p> <p>PROGRESSED [1] - 5509:35</p> <p>PROGRESSES [1] - 5551:17</p> <p>PROGRESSING [3] - 5523:37, 5526:40, 5546:37</p> <p>PROGRESSIVE [1] - 5543:23</p> <p>PROJECT [3] - 5535:40, 5536:26, 5536:28</p> <p>PROJECTS [7] - 5533:24, 5533:29, 5535:8, 5535:21, 5535:37, 5535:39, 5536:32</p> <p>PROMOTE [2] - 5522:40, 5523:37</p> <p>PROMOTING [5] - 5523:14, 5524:5, 5542:9, 5542:21, 5542:26</p> <p>PROMOTION [1] - 5542:37</p> <p>PROMPTS [1] - 5515:6</p> <p>PROPER [2] - 5514:40, 5551:42</p> <p>PROPERLY [3] - 5517:39, 5525:31, 5530:21</p> <p>PROPORTION [1] -</p>	<p>5522:5</p> <p>PROPOSED [1] - 5548:22</p> <p>PROPOSITION [2] - 5521:24, 5554:37</p> <p>PROSPECT [1] - 5539:44</p> <p>PROSTHETICS [1] - 5545:23</p> <p>PROTECT [3] - 5522:40, 5523:37, 5531:39</p> <p>PROTECTING [2] - 5523:14, 5524:5</p> <p>PROVIDE [7] - 5514:45, 5518:17, 5528:25, 5530:8, 5540:36, 5554:33, 5558:26</p> <p>PROVIDED [8] - 5514:13, 5537:32, 5538:21, 5542:24, 5542:27, 5543:27, 5545:15, 5550:11</p> <p>PROVIDER [3] - 5537:32, 5537:34, 5542:15</p> <p>PROVIDER-CENTRIC [1] - 5542:15</p> <p>PROVIDERS [3] - 5532:39, 5535:1, 5536:42</p> <p>PROVIDES [3] - 5516:18, 5538:44, 5554:29</p> <p>PROVIDING [3] - 5533:16, 5558:44, 5558:45</p> <p>PROVISION [1] - 5539:26</p> <p>PSYCHIATRIST [2] - 5507:27, 5509:28</p> <p>PSYCHIATRISTS [1] - 5510:5</p> <p>PSYCHIATRY [2] - 5509:32, 5509:33</p> <p>PSYCHOLOGICALLY [1] - 5521:15</p> <p>PUBLIC [1] - 5542:34</p> <p>PUBLIC [2] - 5509:31, 5541:45</p> <p>PULSE [1] - 5510:47</p> <p>PUNISHMENT [2] - 5559:16, 5559:20</p> <p>PURCHASING [1] - 5547:21</p> <p>PURELY [1] - 5527:1</p> <p>PURPOSE [3] - 5523:14, 5545:15, 5545:35</p> <p>PURPOSES [3] - 5522:39, 5535:47, 5545:36</p> <p>PURSUING [3] - 5511:17, 5511:26, 5531:3</p> <p>PUSH [2] - 5530:23, 5555:26</p> <p>PUT [12] - 5524:26, 5531:39, 5537:38, 5537:42, 5538:23, 5544:25, 5551:22, 5553:12, 5553:22, 5556:30, 5557:31, 5557:44</p> <p>PUTS [2] - 5512:38, 5558:3</p> <p>PUTTING [1] - 5537:1</p>
--	---	--	--	--

<p style="text-align: center;">Q</p> <p>QUALIFICATIONS [1] - 5506:44</p> <p>QUALIFY [2] - 5506:10, 5524:33</p> <p>QUALITY [18] - 5510:42, 5511:16, 5514:46, 5523:23, 5524:9, 5524:40, 5525:21, 5525:22, 5525:47, 5526:35, 5526:42, 5526:44, 5528:34, 5529:29, 5538:25, 5544:37, 5544:43, 5545:30</p> <p>QUALITY [2] - 5510:9, 5543:26</p> <p>QUESTIONS [10] - 5506:6, 5506:8, 5510:43, 5514:46, 5515:4, 5515:7, 5519:40, 5560:12, 5560:15</p> <p>QUICKLY [7] - 5510:33, 5517:12, 5522:2, 5538:42, 5553:13, 5553:17, 5553:18</p> <p>QUINQUENNIAL [1] - 5555:34</p> <p>QUITE [6] - 5519:30, 5521:15, 5528:41, 5531:38, 5548:36, 5556:28</p> <p>QUO [1] - 5538:1</p> <p>QUOTE [2] - 5523:6, 5534:39</p>	<p>5525:10</p> <p>RATIONING [3] - 5543:19, 5543:21, 5543:34</p> <p>RE [2] - 5541:18, 5553:31</p> <p>RE-ELECTION [1] - 5541:18</p> <p>RE-THOUGHT [1] - 5553:31</p> <p>REACH [1] - 5521:35</p> <p>READ [1] - 5520:42</p> <p>READILY [1] - 5554:39</p> <p>REAL [1] - 5512:28</p> <p>REALLY [5] - 5534:38, 5536:1, 5537:18, 5557:43, 5559:40</p> <p>REASON [2] - 5516:31, 5551:2</p> <p>REASONABLE [1] - 5550:9</p> <p>REASONS [9] - 5518:35, 5538:12, 5538:35, 5539:26, 5546:12, 5550:38, 5550:40, 5550:47, 5551:31</p> <p>REASSURED [2] - 5537:41, 5538:24</p> <p>RECEIVE [1] - 5523:36</p> <p>RECENT [1] - 5511:10</p> <p>RECENTLY [2] - 5524:45, 5546:31</p> <p>RECIDIVISM [1] - 5558:33</p> <p>RECOGNISED [2] - 5525:3, 5543:45</p> <p>RECOMMENDATION [1] - 5557:32</p> <p>RECOMMENDATIONS [2] - 5527:12, 5559:13</p> <p>RECONSTITUTE [1] - 5553:46</p> <p>RED [2] - 5523:46, 5525:30</p> <p>REDUCE [5] - 5513:7, 5527:27, 5530:41, 5544:37, 5544:38</p> <p>REDUCED [1] - 5545:43</p> <p>REDUCING [2] - 5514:31, 5559:39</p> <p>REDUCTION [2] - 5517:45, 5547:10</p> <p>REDUCTIONS [1] - 5545:29</p> <p>REFER [2] - 5536:5, 5558:37</p> <p>REFERENCE [2] - 5524:37, 5559:12</p> <p>REFERENCES [1] - 5542:27</p> <p>REFERRED [4] - 5529:30, 5535:4, 5536:27, 5546:43</p> <p>REFERRING [7] - 5511:30, 5529:27, 5534:34, 5535:7, 5535:11, 5553:9, 5553:23</p> <p>REFINE [3] - 5525:36, 5526:8, 5526:31</p> <p>REFLECT [1] - 5549:20</p>	<p>REFLECTED [2] - 5545:32, 5550:12</p> <p>REFLECTIONS [1] - 5544:31</p> <p>REFRAME [3] - 5511:21, 5511:28, 5513:15</p> <p>REGARD [4] - 5537:45, 5544:47, 5554:34, 5558:21</p> <p>REGARDED [1] - 5529:47</p> <p>REGARDING [1] - 5538:20</p> <p>REGIONAL [3] - 5509:43, 5546:4, 5546:12</p> <p>REIMBURSEMENT [1] - 5542:19</p> <p>REJECTED [1] - 5558:2</p> <p>RELATE [1] - 5527:20</p> <p>RELATED [1] - 5528:46</p> <p>RELATION [16] - 5506:9, 5516:34, 5521:7, 5525:37, 5529:11, 5535:6, 5537:13, 5541:30, 5544:7, 5544:22, 5545:22, 5546:17, 5546:31, 5555:10, 5555:12</p> <p>RELATIONSHIP [9] - 5521:33, 5522:4, 5522:12, 5522:13, 5530:25, 5531:4, 5532:16, 5534:42, 5535:5</p> <p>RELATIONSHIPS [6] - 5519:10, 5519:11, 5520:29, 5531:10, 5531:11, 5531:14</p> <p>RELATIVELY [1] - 5515:23</p> <p>RELAXATION [1] - 5531:44</p> <p>RELEVANCE [1] - 5559:12</p> <p>RELEVANT [7] - 5514:13, 5526:32, 5529:19, 5539:15, 5541:7, 5543:43, 5559:21</p> <p>RELY [1] - 5553:45</p> <p>REMARKS [2] - 5506:3, 5535:6</p> <p>REMEMBER [3] - 5506:12, 5530:18, 5534:41</p> <p>REMEMBERING [1] - 5523:19</p> <p>REMOVED [1] - 5527:31</p> <p>REPEAT [1] - 5506:6</p> <p>REPLACED [1] - 5522:28</p> <p>REPLICATED [1] - 5547:47</p> <p>REPORT [5] - 5516:38, 5518:17, 5523:42, 5546:36, 5559:18</p> <p>REPORTED [2] - 5523:28, 5523:44</p> <p>REPORTING [3] - 5523:29, 5523:43, 5535:38</p> <p>REPORTS [3] - 5523:28, 5523:30, 5523:35</p> <p>REPRESENT [3] - 5515:1,</p>	<p>5517:39, 5528:21</p> <p>REPRESENTATION [7] - 5514:36, 5514:37, 5516:2, 5517:44, 5520:8, 5520:13</p> <p>REPRESENTATIONS [1] - 5515:29</p> <p>REPRESENTATIVE [1] - 5515:25</p> <p>REPRESENTATIVES [1] - 5541:12</p> <p>REPRESENTED [1] - 5546:7</p> <p>REPRESENTING [2] - 5513:45, 5532:44</p> <p>REQUESTS [1] - 5556:37</p> <p>REQUIRE [1] - 5514:23</p> <p>REQUIRED [3] - 5512:10, 5515:2, 5532:21</p> <p>REQUIREMENT [1] - 5513:31</p> <p>REQUIREMENTS [2] - 5518:40, 5521:12</p> <p>REQUIRES [2] - 5538:42, 5549:11</p> <p>RESEARCH [5] - 5509:18, 5509:39, 5527:18, 5556:37, 5556:45</p> <p>RESEARCH [1] - 5556:32</p> <p>RESEARCHERS [1] - 5556:38</p> <p>RESET [1] - 5555:28</p> <p>RESOLUTIONS [1] - 5510:32</p> <p>RESOURCES [2] - 5538:7, 5559:43</p> <p>RESPECTFUL [2] - 5520:29, 5520:32</p> <p>RESPECTIVE [1] - 5530:26</p> <p>RESPOND [3] - 5540:7, 5541:39, 5553:13</p> <p>RESPONDING [1] - 5527:5</p> <p>RESPONSE [1] - 5515:33</p> <p>RESPONSIBILITIES [2] - 5523:31, 5552:41</p> <p>RESPONSIBILITY [5] - 5510:26, 5515:44, 5518:22, 5543:46, 5555:2</p> <p>REST [1] - 5558:34</p> <p>RESULT [7] - 5531:19, 5547:17, 5549:1, 5549:5, 5549:19, 5549:21, 5556:41</p> <p>RESULTS [2] - 5546:40, 5549:9</p> <p>RETAIN [1] - 5526:24</p> <p>RETURN [2] - 5524:37, 5532:15</p> <p>RETURNED [1] - 5510:10</p> <p>REVENUE [3] - 5548:47, 5557:8, 5557:17</p> <p>REVERSE [1] - 5554:25</p> <p>REVERSE-ENGINEER [1] - 5554:25</p> <p>REVIEW [2] - 5507:38,</p>	<p>5555:35</p> <p>REVIEWED [1] - 5526:36</p> <p>REVIEWING [1] - 5530:7</p> <p>REVIEWS [2] - 5527:11, 5543:41</p> <p>REX [2] - 5557:11, 5557:14</p> <p>RICHARD [2] - 5504:14, 5504:38</p> <p>RIGHTLY [2] - 5531:39, 5556:28</p> <p>RIGOROUS [1] - 5551:26</p> <p>RIGOUR [1] - 5547:17</p> <p>RISK [3] - 5526:32, 5527:5, 5538:4</p> <p>RISKS [2] - 5527:3, 5537:38</p> <p>ROADSHOW [2] - 5547:22, 5553:39</p> <p>ROBUST [1] - 5522:25</p> <p>ROLE [22] - 5510:21, 5510:23, 5510:34, 5510:38, 5511:2, 5521:16, 5521:18, 5522:24, 5528:33, 5530:5, 5538:33, 5539:28, 5539:37, 5540:24, 5540:28, 5540:34, 5541:4, 5545:13, 5546:26, 5546:31, 5546:33, 5546:40</p> <p>ROSS [1] - 5504:30</p> <p>ROSTERING [2] - 5517:9, 5547:9</p> <p>ROUND [3] - 5516:30, 5519:44, 5530:16</p> <p>ROYAL [1] - 5527:11</p> <p>ROYAL [2] - 5510:4, 5510:6</p> <p>RPA [1] - 5546:10</p> <p>RULE [3] - 5516:28, 5519:8, 5519:14</p> <p>RUN [7] - 5514:19, 5515:45, 5515:46, 5535:9, 5535:18, 5548:27, 5549:36</p> <p>RUNNING [2] - 5556:29, 5556:44</p> <p>RUNS [3] - 5512:20, 5533:23, 5533:29</p> <p>RURAL [2] - 5509:42, 5517:42</p>
				<p style="text-align: center;">S</p> <p>SACKED [1] - 5557:11</p> <p>SAFE [4] - 5521:15, 5527:15, 5538:45, 5545:5</p> <p>SAFETY [7] - 5526:36, 5526:43, 5528:34, 5538:24, 5544:36, 5544:43, 5545:30</p> <p>SATISFACTORY [1] - 5555:16</p> <p>SATISFIED [2] - 5514:21,</p>

<p>5538:4 SAVE [3] - 5542:38, 5543:1, 5556:15 SAVES [1] - 5543:3 SAVINGS [3] - 5542:36, 5542:42, 5556:19 SAW [3] - 5530:4, 5531:3, 5543:29 SC [3] - 5504:14, 5504:29, 5504:38 SCANDINAVIAN [2] - 5543:24, 5557:30 SCENARIO [2] - 5533:30, 5535:12 SCHEDULES [1] - 5554:33 SCI.0011.0415.0001 [1] - 5548:6 SCOPE [1] - 5530:29 SCOTT [3] - 5512:19, 5512:24, 5512:45 SCREEN [4] - 5505:8, 5547:46, 5548:8, 5555:21 SEAT [1] - 5517:29 SECOND [1] - 5549:6 SECONDLY [1] - 5548:36 SECRETARY [12] - 5521:9, 5521:26, 5521:30, 5521:31, 5521:32, 5521:34, 5521:35, 5521:43, 5522:1, 5522:5, 5522:28, 5522:31 SECTION [3] - 5513:32, 5514:6, 5514:17 SECTIONS [2] - 5527:14 SECTOR [3] - 5511:42, 5512:30, 5517:8 SECTORS [2] - 5531:6, 5532:10 SECURITY [2] - 5558:27, 5558:40 SEE [24] - 5510:23, 5520:2, 5520:47, 5521:37, 5526:39, 5527:28, 5527:29, 5528:11, 5531:34, 5532:9, 5533:2, 5534:24, 5534:30, 5536:23, 5536:42, 5537:14, 5539:18, 5539:37, 5546:30, 5547:37, 5548:8, 5553:40, 5555:17 SEEING [1] - 5515:8 SEEK [6] - 5512:25, 5516:31, 5522:27, 5544:24, 5547:8, 5555:2 SEEKING [3] - 5529:11, 5542:5, 5545:17 SEES [1] - 5541:18 SEGUE [1] - 5544:6 SELECT [1] - 5518:40 SENIOR [9] - 5509:29, 5517:5, 5517:17, 5517:18, 5522:19, 5522:23, 5523:29,</p>	<p>5531:12 SENIOR [1] - 5504:29 SENIORITY [1] - 5527:45 SENSE [16] - 5523:35, 5532:24, 5533:18, 5541:45, 5548:36, 5549:6, 5550:18, 5550:36, 5550:39, 5550:40, 5551:7, 5551:10, 5551:23, 5551:39, 5552:29, 5553:47 SENSIBLE [2] - 5521:38, 5551:23 SENTENCE [1] - 5534:24 SEPARATE [3] - 5533:19, 5533:23, 5533:29 SEPTEMBER [6] - 5504:23, 5506:38, 5507:20, 5507:33, 5508:22, 5510:16 SERIES [2] - 5506:8, 5526:18 SERIOUS [1] - 5557:36 SERIOUSLY [1] - 5546:34 SERIOUSNESS [1] - 5559:3 SERVES [1] - 5535:47 SERVICE [45] - 5509:31, 5512:46, 5518:42, 5526:24, 5526:34, 5526:46, 5527:13, 5527:41, 5537:13, 5537:20, 5537:34, 5537:37, 5537:45, 5537:46, 5538:5, 5538:12, 5538:28, 5538:35, 5538:41, 5539:32, 5539:39, 5540:18, 5540:36, 5544:10, 5544:23, 5546:40, 5547:21, 5547:47, 5548:27, 5548:31, 5548:33, 5549:8, 5549:11, 5550:35, 5551:38, 5552:28, 5552:33, 5552:40, 5552:42, 5553:40, 5553:44, 5554:6, 5554:29, 5554:38 SERVICE-TYPE [1] - 5537:46 SERVICES [32] - 5509:35, 5512:21, 5512:37, 5526:2, 5526:42, 5526:44, 5531:14, 5531:18, 5531:34, 5532:11, 5532:15, 5532:26, 5533:37, 5534:4, 5535:2, 5535:26, 5535:35, 5536:44, 5537:26, 5537:33, 5537:40, 5538:8, 5538:21, 5539:16, 5539:45, 5541:10, 5543:10, 5545:5, 5545:10,</p>	<p>5545:40, 5545:42, 5559:10 SERVICES [2] - 5513:32, 5514:18 SET [5] - 5509:36, 5515:29, 5534:38, 5547:18, 5549:38 SETS [1] - 5559:45 SETTING [3] - 5530:31, 5536:40, 5552:38 SETTINGS [2] - 5527:16, 5531:18 SEVEN [2] - 5558:34, 5558:35 SEVERAL [1] - 5518:25 SHAFTED [1] - 5557:12 SHALL [1] - 5552:47 SHAPING [2] - 5544:34, 5544:37 SHARE [2] - 5531:41, 5532:22 SHEETS [4] - 5547:41, 5556:13, 5556:21, 5556:22 SHEHNARZ [1] - 5516:16 SHELTER [1] - 5558:27 SHIFT [1] - 5543:10 SHIFTED [1] - 5542:17 SHORT [1] - 5553:14 SHORTFALL [1] - 5548:25 SHOWED [1] - 5511:15 SHOWS [2] - 5535:45 SICK [1] - 5509:20 SIDE [6] - 5530:11, 5530:32, 5530:34, 5530:43, 5530:47, 5531:1 SIGN [1] - 5550:35 SIGNALS [1] - 5527:6 SIGNIFICANT [2] - 5522:5, 5545:16 SIGNING [3] - 5536:28, 5547:12, 5551:38 SILOS [1] - 5531:38 SIMILAR [3] - 5509:38, 5553:5, 5556:43 SIMPLE [7] - 5549:15, 5550:36, 5550:39, 5550:40, 5551:27, 5551:28, 5551:31 SIMPLER [3] - 5524:30, 5549:34, 5554:47 SIMPLIFIED [2] - 5547:37, 5548:15 SIMPLY [1] - 5523:19 SINGLE [6] - 5521:26, 5521:42, 5535:6, 5535:7, 5535:8, 5535:20 SIT [5] - 5518:41, 5521:5, 5528:24, 5532:17, 5533:13 SITES [1] - 5546:10 SITS [1] - 5518:42 SITTING [8] - 5510:30, 5515:39, 5516:47, 5522:23, 5528:30, 5551:6, 5556:27, 5561:2</p>	<p>SITUATION [4] - 5520:32, 5551:24, 5551:25, 5556:43 SIX [1] - 5527:18 SIZE [3] - 5518:3, 5542:12, 5558:3 SKILL [4] - 5514:37, 5515:29, 5520:11, 5520:17 SKILLED [2] - 5524:39, 5524:43 SKILLS [21] - 5511:22, 5511:28, 5511:33, 5511:36, 5511:38, 5511:42, 5512:9, 5512:11, 5512:13, 5512:24, 5513:12, 5513:16, 5513:44, 5514:1, 5514:9, 5514:44, 5515:1, 5515:6, 5515:9, 5515:10 SKILLSET [1] - 5513:31 SKILLSETS [1] - 5513:24 SKY [1] - 5535:12 SLIDES [1] - 5542:10 SLIGHTLY [4] - 5518:3, 5536:35, 5545:43, 5550:4 SLOSH [1] - 5557:43 SMALLER [4] - 5515:38, 5515:46, 5553:13, 5555:11 SMART [1] - 5509:21 SOCIAL [7] - 5558:13, 5558:14, 5558:21, 5558:40, 5558:47, 5559:10, 5559:43 SOCIALISE [3] - 5540:2, 5541:3, 5541:32 SOCIALISING [1] - 5539:44 SOCIETY [1] - 5558:22 SOCIETY [2] - 5510:9, 5543:26 SOLID [1] - 5530:12 SOLUTIONS [1] - 5544:1 SOMEONE [1] - 5508:40 SOMETIMES [3] - 5516:2, 5516:4, 5527:2 SOMEWHAT [2] - 5537:1, 5556:40 SOPHISTICATION [1] - 5559:42 SORRY [13] - 5513:8, 5513:22, 5529:42, 5540:32, 5541:26, 5548:43, 5549:17, 5549:32, 5550:22, 5550:24, 5551:6, 5559:30, 5559:32 SORT [9] - 5516:28, 5516:37, 5517:14, 5520:36, 5523:46, 5526:32, 5541:1, 5543:35, 5553:23 SORTS [1] - 5519:13 SOUNDS [2] - 5527:19, 5557:18</p>	<p>SOURCE [2] - 5533:14, 5557:7 SOURCES [1] - 5533:12 SOUTH [5] - 5530:28, 5544:41, 5545:11, 5556:46, 5557:1 SOUTHERN [1] - 5515:30 SOVEREIGN [2] - 5556:27, 5556:31 SPACE [8] - 5515:2, 5515:11, 5516:19, 5517:11, 5518:46, 5532:20, 5545:6, 5559:43 SPEAKING [2] - 5514:31, 5559:15 SPECIAL [1] - 5527:11 SPECIAL [1] - 5504:7 SPECIALIST [1] - 5509:30 SPECIALISTS [1] - 5509:41 SPECIALTY [1] - 5528:31 SPECIFIC [6] - 5511:33, 5511:38, 5513:42, 5526:35, 5528:6, 5553:42 SPECIFICS [2] - 5523:24, 5528:24 SPECULATE [1] - 5542:46 SPEND [4] - 5519:31, 5540:40, 5556:1, 5558:41 SPENDING [1] - 5518:45 SPENT [1] - 5542:37 SPOT [2] - 5514:23, 5530:24 SPREAD [1] - 5516:5 SPREADING [1] - 5541:21 SQUARE [1] - 5517:41 ST [1] - 5504:19 STABILITY [1] - 5526:42 STABLE [1] - 5545:43 STAFF [31] - 5509:30, 5516:27, 5516:36, 5516:39, 5517:2, 5517:13, 5517:24, 5517:26, 5517:27, 5517:30, 5518:15, 5518:16, 5518:23, 5518:30, 5518:38, 5519:9, 5519:17, 5519:18, 5519:26, 5519:37, 5519:38, 5520:33, 5520:34, 5522:22, 5525:32, 5527:17, 5531:12, 5531:38, 5541:12, 5544:14, 5544:17 STAGE [3] - 5506:5, 5506:7, 5538:35 STAKEHOLDER [1] - 5521:13 STAKEHOLDERS [1] - 5538:40 STANDARDS [2] - 5526:43, 5544:36 STANDING [2] - 5516:28, 5520:34</p>
--	---	--	--	--

<p>START [9] - 5505:25, 5506:2, 5506:7, 5515:32, 5527:27, 5530:10, 5548:35, 5555:19, 5558:37 STARTED [3] - 5510:1, 5543:17, 5553:27 STARTING [2] - 5531:28, 5552:12 STARTS [2] - 5530:37, 5552:12 STATE [8] - 5512:42, 5527:39, 5532:25, 5533:13, 5533:15, 5556:42, 5557:4, 5560:3 STATE [9] - 5527:39, 5544:21, 5544:40, 5544:47, 5549:37, 5550:10, 5556:7, 5556:17, 5559:19 STATEMENT [21] - 5506:45, 5507:33, 5508:22, 5508:27, 5508:28, 5508:40, 5510:15, 5510:16, 5520:40, 5529:35, 5532:34, 5534:15, 5534:44, 5535:23, 5536:5, 5537:8, 5539:1, 5544:26, 5547:35, 5551:30, 5555:47 STATEMENTS [4] - 5506:38, 5507:3, 5508:33, 5547:41 STATEWIDE [1] - 5538:8 STATUS [1] - 5538:1 STATUTORY [3] - 5527:21, 5550:43, 5554:5 STAYING [1] - 5522:33 STEP [2] - 5530:13, 5537:30 STICKING [1] - 5517:16 STILL [5] - 5516:15, 5550:22, 5551:7, 5556:2, 5559:12 STOOD [1] - 5530:18 STRAIGHT [1] - 5558:13 STRATEGIC [5] - 5520:16, 5521:8, 5526:33, 5527:3, 5544:39 STRATEGICALLY [1] - 5532:27 STRATEGIES [1] - 5532:18 STRATEGY [5] - 5527:39, 5527:40, 5534:38, 5534:43 STREET [1] - 5504:19 STRIFE [1] - 5515:47 STRIKING [1] - 5558:17 STRIVE [1] - 5549:35 STRONG [4] - 5510:45, 5511:15, 5522:25, 5544:45 STRUCTURE [4] - 5536:24, 5536:36, 5537:1, 5538:9</p>	<p>STRUGGLE [2] - 5519:39, 5524:25 STUDIES [3] - 5512:6, 5525:1, 5525:2 STUDY [1] - 5542:36 STUFF [1] - 5531:9 SUB [2] - 5515:47, 5528:32 SUB-COMMITTEE [1] - 5528:32 SUB-COMMITTEES [1] - 5515:47 SUBCOMMITTEES [2] - 5516:3, 5516:5 SUBJECT [2] - 5536:22, 5543:42 SUBSEQUENTLY [1] - 5537:40 SUBSET [1] - 5531:24 SUBSETS [1] - 5527:23 SUBSIDISATION [1] - 5545:46 SUBSTANTIAL [1] - 5556:21 SUBTRACTIONS [1] - 5553:28 SUCCESSFUL [2] - 5509:22, 5558:42 SUCCINCT [2] - 5510:29, 5524:28 SUFFICIENT [2] - 5516:6, 5552:11 SUGGEST [3] - 5513:43, 5547:13, 5551:30 SUGGESTED [2] - 5556:26, 5556:46 SUGGESTING [2] - 5526:8, 5543:9 SUGGESTION [2] - 5532:43, 5542:40 SUITE [5] - 5522:44, 5522:47, 5523:20, 5523:42, 5529:16 SUMMARISE [1] - 5556:10 SUMMARISED [3] - 5523:41, 5523:44, 5542:8 SUMMARISING [1] - 5524:29 SUMMARY [1] - 5519:6 SUMMED [1] - 5543:1 SUPERVISION [1] - 5511:2 SUPPLEMENTARY [3] - 5506:45, 5508:28, 5508:40 SUPPORT [7] - 5510:34, 5511:1, 5521:22, 5540:29, 5540:37, 5556:30, 5557:4 SUPPORTED [2] - 5511:1, 5527:17 SUPPORTING [1] - 5509:40 SUPPORTS [1] - 5556:23 SUPPOSE [1] - 5531:39 SUPPOSED [1] - 5548:38</p>	<p>SURGEON [1] - 5516:16 SURGEONS [1] - 5510:6 SURGERIES [2] - 5517:9, 5517:10 SUSTAINABILITY [6] - 5511:44, 5531:35, 5556:6, 5558:9, 5559:28, 5559:34 SUSTAINABLY [1] - 5527:19 SWORN [1] - 5505:8 SYDNEY [1] - 5561:20 SYDNEY [2] - 5515:21, 5561:17 SYMBOLIC [1] - 5535:33 SYSTEM [45] - 5516:4, 5516:17, 5516:34, 5520:28, 5522:21, 5525:29, 5526:22, 5526:23, 5526:27, 5526:39, 5526:40, 5527:18, 5527:35, 5528:33, 5528:35, 5529:20, 5529:29, 5530:7, 5530:42, 5530:43, 5530:46, 5531:31, 5541:45, 5543:45, 5543:47, 5544:41, 5544:44, 5544:45, 5545:17, 5545:27, 5545:29, 5547:9, 5547:12, 5556:6, 5556:24, 5558:10, 5558:23, 5558:24, 5558:31, 5558:34, 5558:39, 5559:28, 5559:40, 5559:41 SYSTEMS [4] - 5531:29, 5531:42, 5544:37</p>	<p>TEND [4] - 5523:20, 5525:28, 5556:16, 5556:17 TENDENCY [1] - 5528:40 TENDER [5] - 5560:35, 5560:41, 5561:8, 5561:9 TENDERING [1] - 5513:8 TENDS [2] - 5525:27, 5557:42 TERM [1] - 5514:43 TERMS [31] - 5513:24, 5514:42, 5515:11, 5515:37, 5516:18, 5518:23, 5518:47, 5523:44, 5531:24, 5533:46, 5534:2, 5534:3, 5534:8, 5538:11, 5544:39, 5545:1, 5545:12, 5545:16, 5545:18, 5545:21, 5545:25, 5545:47, 5546:4, 5546:5, 5546:34, 5551:1, 5554:30, 5555:14, 5555:28, 5559:11, 5559:38 TERRITORY [1] - 5514:14 TESTIFYING [1] - 5544:9 TESTING [2] - 5538:6, 5538:23 THE [85] - 5505:1, 5505:10, 5505:14, 5505:18, 5505:23, 5505:32, 5505:38, 5505:46, 5508:39, 5508:44, 5509:1, 5509:7, 5513:3, 5513:10, 5513:19, 5513:24, 5513:30, 5513:39, 5514:6, 5515:15, 5515:41, 5516:8, 5517:4, 5517:16, 5517:23, 5517:34, 5518:1, 5518:8, 5519:6, 5519:23, 5519:28, 5519:42, 5523:3, 5527:8, 5527:37, 5528:3, 5528:16, 5528:37, 5528:45, 5529:4, 5529:10, 5529:22, 5536:4, 5536:12, 5536:19, 5541:26, 5542:31, 5542:44, 5543:8, 5543:15, 5543:39, 5546:3, 5546:16, 5546:24, 5548:2, 5550:20, 5550:27, 5550:38, 5550:47, 5551:6, 5551:12, 5551:44, 5552:2, 5552:15, 5554:16, 5554:21, 5555:5, 5555:31, 5555:39, 5555:44, 5557:7, 5557:24, 5557:29, 5557:39, 5558:1,</p>	<p>5559:7, 5560:1, 5560:15, 5560:19, 5560:33, 5560:39, 5561:1, 5561:7, 5561:15, 5561:19 THEME [1] - 5543:41 THEORY [1] - 5557:9 THEY'VE [1] - 5516:29 THINK-GROUP [1] - 5535:37 THINLY [1] - 5516:5 THOUGHTS [1] - 5521:7 THOUSAND [4] - 5559:38, 5559:45, 5560:2, 5560:6 THOUSANDS [1] - 5529:16 THREE [22] - 5505:5, 5512:20, 5512:36, 5512:39, 5513:11, 5514:15, 5515:16, 5515:20, 5527:16, 5530:25, 5532:44, 5535:5, 5535:9, 5535:19, 5535:26, 5536:31, 5544:16, 5553:15, 5555:5, 5555:18, 5560:19 THROUGHOUT [1] - 5524:11 TIER [2] - 5526:23, 5526:24 TIERS [1] - 5527:44 TIME-LIMITED [1] - 5555:11 TO [1] - 5561:19 TODAY [3] - 5506:45, 5507:39, 5545:2 TOGETHER [12] - 5507:3, 5508:34, 5512:39, 5531:28, 5532:11, 5535:36, 5535:38, 5536:43, 5541:22, 5553:12, 5553:17, 5554:40 TOP [2] - 5522:2, 5522:23 TOPIC [10] - 5519:44, 5527:19, 5529:24, 5532:2, 5537:12, 5539:6, 5546:18, 5553:36, 5559:27, 5559:33 TOPICS [2] - 5506:9, 5518:12 TOUCH [1] - 5556:23 TOWARDS [1] - 5541:12 TRACKING [1] - 5546:39 TRAFFIC [1] - 5525:29 TRAINED [1] - 5509:41 TRAINING [5] - 5509:28, 5509:32, 5509:33, 5511:42, 5514:4 TRANSACTIONS [2] - 5540:8, 5541:41 TRANSCRIBED [1] - 5534:40 TRANSLATION [1] - 5509:39 TRANSPARENCY [1] -</p>
---	---	---	--	--

<p>5551:32 TRANSPARENT^[1] - 5517:21 TRAVEL^[2] - 5517:42, 5518:27 TRAVELS^[1] - 5517:43 TREASURY^[1] - 5554:31 TREATING^[4] - 5542:10, 5542:21, 5542:22, 5542:26 TREATMENT^[3] - 5542:18, 5542:39, 5543:3 TRENDS^[1] - 5525:27 TRESEDER^[41] - 5505:6, 5505:10, 5505:25, 5506:1, 5506:18, 5506:21, 5508:42, 5509:2, 5509:10, 5510:14, 5515:15, 5515:33, 5516:10, 5517:17, 5517:36, 5520:23, 5522:9, 5522:33, 5524:34, 5527:9, 5529:4, 5529:10, 5529:34, 5532:33, 5535:13, 5536:27, 5541:24, 5541:27, 5544:2, 5546:17, 5546:26, 5548:7, 5548:8, 5548:43, 5549:17, 5550:22, 5554:3, 5554:37, 5555:20, 5555:37, 5555:46 TRESEDER^[81] - 5505:12, 5505:28, 5505:30, 5506:16, 5506:21, 5506:26, 5506:31, 5506:35, 5506:41, 5507:1, 5507:6, 5509:14, 5510:18, 5510:26, 5515:36, 5515:43, 5516:15, 5516:25, 5517:7, 5517:20, 5517:32, 5520:26, 5522:11, 5522:37, 5522:42, 5522:47, 5523:10, 5523:17, 5523:40, 5524:8, 5524:18, 5524:24, 5529:14, 5529:38, 5529:42, 5530:7, 5530:36, 5531:8, 5531:21, 5531:37, 5533:4, 5533:10, 5533:32, 5535:15, 5544:6, 5546:14, 5546:20, 5546:30, 5546:46, 5547:7, 5547:24, 5547:31, 5547:39, 5548:10, 5548:20, 5549:4, 5549:24, 5549:29, 5549:34, 5549:42, 5550:4, 5550:9, 5550:17, 5550:24, 5550:31,</p>	<p>5550:45, 5551:4, 5551:10, 5551:21, 5551:34, 5551:38, 5551:47, 5552:10, 5552:20, 5555:23, 5556:9, 5557:21, 5557:26, 5557:36, 5557:41, 5560:23 TRESEDER'S^[5] - 5519:33, 5524:41, 5532:1, 5535:6, 5553:4 TRIANGULATION^[1] - 5526:47 TRIENNIAL^[2] - 5555:34, 5555:36 TRILLION^[2] - 5556:27, 5556:31 TRILLION-DOLLAR^[1] - 5556:31 TROPIC^[1] - 5544:4 TRUE^[3] - 5507:4, 5507:43, 5508:34 TRUST^[2] - 5534:8, 5534:12 TRY^[10] - 5506:11, 5517:13, 5517:14, 5524:28, 5540:2, 5540:13, 5540:19, 5541:32, 5553:22, 5556:15 TRYING^[1] - 5555:29 TUESDAY^[2] - 5561:2, 5561:8 TUESDAY^[1] - 5561:19 TURN^[3] - 5514:40, 5525:42, 5553:14 TURN-AROUND^[1] - 5553:14 TURNED^[1] - 5558:23 TWICE^[2] - 5522:20, 5523:29 TWO^[14] - 5508:33, 5509:23, 5516:2, 5519:20, 5527:15, 5532:10, 5532:17, 5532:46, 5536:30, 5539:41, 5542:14, 5543:17, 5555:41, 5559:37 TWO-WAY^[1] - 5542:14 TYPE^[6] - 5515:1, 5517:11, 5533:30, 5537:37, 5537:46, 5543:11 TYPESET^[1] - 5528:5</p>	<p>UNCERTAINTIES^[1] - 5551:8 UNDER^[3] - 5522:16, 5528:26, 5550:43 UNDER-PERFORMANCE^[1] - 5528:26 UNDERSTANDABLE^[3] - 5526:9, 5554:26, 5555:16 UNDERSTOOD^[2] - 5548:40, 5549:2 UNDERTAKEN^[1] - 5524:21 UNDERWAY^[1] - 5526:13 UNEMPLOYMENT^[1] - 5558:15 UNKNOWNNS^[1] - 5558:4 UNLESS^[2] - 5543:32, 5550:41 UNMANAGEABLE^[1] - 5521:47 UNPACKED^[2] - 5551:41, 5552:12 UNPACKING^[1] - 5552:17 UNRAVEL^[1] - 5552:13 UNWARRANTED^[1] - 5544:38 UP^[30] - 5505:8, 5506:5, 5509:16, 5509:18, 5509:36, 5520:23, 5520:34, 5527:13, 5528:30, 5528:31, 5530:10, 5530:29, 5530:38, 5536:40, 5537:8, 5541:46, 5543:1, 5545:41, 5546:36, 5547:20, 5547:46, 5548:5, 5552:28, 5552:32, 5553:29, 5553:32, 5556:47, 5559:30, 5559:45 UPDATED^[1] - 5538:3 UPLIFT^[3] - 5510:44, 5527:1, 5528:21 UPLIFTING^[2] - 5514:42, 5514:43 UPSHOT^[1] - 5556:31 USEFUL^[4] - 5518:19, 5518:24, 5518:35, 5525:23 USUAL^[2] - 5518:16, 5560:37 UTILISATION^[1] - 5545:42 UTILISE^[1] - 5512:25 UTILISING^[2] - 5512:13, 5514:44 UTILITY^[1] - 5528:45</p>	<p>VAGARIES^[1] - 5551:16 VALUABLE^[2] - 5519:36, 5536:23 VALUE^[2] - 5542:3, 5544:38 VARIANCE^[2] - 5549:26, 5549:29 VARIATION^[1] - 5544:38 VARIOUS^[9] - 5523:27, 5523:28, 5531:42, 5533:12, 5533:13, 5535:36, 5535:39, 5542:26, 5545:10 VAST^[3] - 5519:47, 5525:20, 5526:6 VENTURE^[1] - 5533:30 VENTURE-TYPE^[1] - 5533:30 VERBAL^[1] - 5518:33 VERIFICATION^[1] - 5518:22 VIA^[3] - 5505:30, 5505:36, 5505:42 VIA^[1] - 5523:28 VIDEO^[3] - 5505:30, 5505:36, 5505:42 VIDEO-CONFERENCE^[3] - 5505:30, 5505:36, 5505:42 VIEW^[24] - 5506:11, 5506:14, 5513:30, 5513:34, 5513:36, 5513:40, 5516:23, 5521:28, 5521:43, 5523:12, 5528:39, 5533:14, 5534:1, 5535:43, 5537:3, 5537:5, 5540:23, 5543:6, 5545:36, 5552:22, 5554:25, 5555:15, 5555:19, 5555:31 VIEWS^[2] - 5511:47, 5555:6 VITAL^[1] - 5513:12 VMO^[1] - 5516:17 VOICE^[1] - 5559:30 VOLUME^[3] - 5546:6, 5549:43, 5550:1</p>	<p>5528:12, 5542:26, 5543:4, 5545:4, 5545:5, 5545:17, 5551:40 WEALTH^[2] - 5556:28, 5556:31 WEEK^[3] - 5543:42, 5555:26 WEEK-TO-WEEK^[1] - 5555:26 WEEKLY^[1] - 5522:18 WELFARE^[1] - 5559:19 WELL-DOCUMENTED^[1] - 5519:15 WELLBEING^[2] - 5522:15, 5532:36 WELLNESS^[6] - 5542:9, 5542:21, 5542:26, 5542:36, 5542:37, 5558:12 WHEREAS^[1] - 5528:6 WHEREBY^[3] - 5521:5, 5521:9, 5553:41 WHILST^[7] - 5517:26, 5521:33, 5523:27, 5526:41, 5527:28, 5545:29, 5559:15 WHITE^[2] - 5511:15, 5529:27 WHOLE^[2] - 5548:32, 5550:42 WIDE^[1] - 5514:35 WIDER^[1] - 5514:3 WISDOM^[1] - 5515:1 WISE^[1] - 5545:26 WISH^[14] - 5506:43, 5508:26, 5510:37, 5511:7, 5511:9, 5514:26, 5518:10, 5524:32, 5526:18, 5534:46, 5553:35, 5556:5, 5559:27, 5559:32 WISHED^[1] - 5558:6 WISHES^[1] - 5506:9 WITNESSES^[1] - 5560:29 WITNESSES^[1] - 5560:13 WONDER^[1] - 5521:30 WORD^[5] - 5521:46, 5543:18, 5543:19, 5543:21, 5551:28 WORKFORCE^[6] - 5532:30, 5540:43, 5541:2, 5545:7, 5555:12 WORKPLACE^[1] - 5521:15 WORKS^[4] - 5516:17, 5516:28, 5520:28, 5527:35 WORKSHOP^[3] - 5524:45, 5524:47, 5525:35 WORLD^[2] - 5558:32, 5558:35 WORRY^[1] - 5550:27 WORSE^[1] - 5548:34 WORTH^[3] - 5511:17, 5511:25, 5511:26 WRITER^[1] - 5543:1</p>
		W		
		<p>WAGE^[1] - 5540:45 WALES^[5] - 5530:28, 5544:41, 5545:11, 5556:46, 5557:1 WALK^[1] - 5522:17 WARD^[1] - 5528:30 WARDS^[1] - 5529:18 WARNED^[1] - 5543:18 WAS^[1] - 5561:19 WASHING^[1] - 5526:39 WASTING^[1] - 5530:20 WATCHES^[1] - 5545:28 WATERHOUSE^[1] - 5504:31 WAYS^[8] - 5514:2,</p>		

WROTE [1] - 5539:47
Y
YEAR [10] - 5506:39, 5522:20, 5523:30, 5524:11, 5546:28, 5547:20, 5547:28, 5551:17, 5552:24, 5554:1 YEARS [7] - 5531:26, 5542:40, 5542:41, 5544:11, 5553:27, 5555:18, 5557:3 YESTERDAY [1] - 5508:29 YOUNG [2] - 5519:30, 5556:37 YOUNGSTERS [1] - 5559:45
Z
ZEALAND [1] - 5510:4