

MEETING MINUTES - Endorsed

DATE: Wednesday 8 May 2019

TIME: 2:15pm to 6pm

VENUE: Macksville Community Health VC Room– (VCN CHHC/PMCHC)

Item / Description	Action	Att
Attendance and Declarations		
<u>Welcome:</u> Warren Grimshaw AM, Chair		
Present: Warren Grimshaw AM Chair (WG), Neville Parsons Deputy Chair (NParsons), David Kennedy (DK), Janine Reed (JR), Dr Jennifer Beange (JBeange), Dr Joanna Sutherland, Rev. Dr John Barrett OAM (JBarrett), Neil Porter, Dr Stephen Begbie, Dr Timothy Francis (TF)		
Apologies: Susan McGinn (SM),		
In Attendance: Chief Executive Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL), Dr Denny Howard (Observer) , Julie Usher Minutes		
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: Nil declared.		
Confidentiality		
Item 1: Presentations/Discussion		
1.1	Meet with PMBH People Matter Employee Forum (PMEF) Members 2:15pm to 2:30pm The Board met with PMEF Member Maxine Garrud based at Macksville.	
1.2	Meet with Dr Denny Howard – Chair of Macksville Medical Staff Council. Dr Denny Howard (DH), Chair of the Macksville Medical Staff Council (MSC) joined the meeting at 2:50pm. Dr Howard provided the following update on behalf of the Macksville Medical Staff Council: <ul style="list-style-type: none"> The MSC have been advocating for a CT service for some time. A CT service would assist patient outcomes including reduction in diagnosis time, removal of transfer time to CHHC and reduction in length of stay. A CT service could also be accessed by non-inpatients. The MSC propose reallocating the area set aside for intrapartum care at the new hospital, and setting this area aside for a CT scanner service in the future. The MSC request the recruitment of more VMO's on the roster. With or without specialist skills (obstetrics and anaesthetics). The MSC want intrapartum care to cease to be provided at the current and new hospital given their concerns that in the event of an emergency, there may not be staff skill sets high enough to assist in safe delivery. The MSC wish to continue to provide antenatal care and inpatient care that is not intrapartum. The MSC recognise that CHHC is close by and has full supports to 	

provide intrapartum care. The MSC believe that Macksville hospital is currently at risk of a critical incident such as neonatal death and request the service be closed before this occurs.

The Board discussed the following;

CT Scanner

- The Board noted there are two external providers of CT scanner services in the Nambucca area however neither will conduct contrast CT's and one has WHS issues with regard to access. These providers are not being used by Macksville hospital with all patients requiring a CT scan being transferred to Coffs Harbour Health Campus (CHHC) – the details of this will be contained in the final details regarding economic viability in the business case for later discussion.
- The CE noted the concerns of the MSC regarding the availability of a CT scanner service at the new Macksville hospital. The CE advised that CT viability in the short and medium term is still being reviewed including the option to future proof the new site.

Macksville Maternity

- The Board asked how they could support extra services at the hospital to enable the continuation of intrapartum care? DH advised that Neonatal resuscitation training would need to be undertaken by all VMO's and Emergency Department staff, but due to the low number of births, the rarity of maternal complications and the high turnover of Emergency Department staff, they would not feel comfortable because of the number of highly skilled participants required in an emergency. The obstetric skill set would not be able to be taught to Emergency Department and other staff as it requires a higher skill set than what training can provide.
- The CE noted the concerns of the MSC regarding the provision of intrapartum care at the current and new Macksville hospital and advised the only person who can provide authority to discontinue a health service is the Secretary. The CE will provide the Board with a full briefing at the August meeting. The Board noted that there is no caesarean section service or epidural service available at the hospital.
- The CE noted the new hospital will be home to Australia's first regional Tresillian Residential Unit. The CE further noted that a midwifery led model still needs a certain number of babies born per calendar year in order for staff to maintain current skills.

Other

- The Board asked if patient violence in the Emergency Department had increased? DH advised that there had not been any significant issue with regard to patient violence.

Item 2: Minutes and Action Table	
2.1	<p>Minutes 2.1.1 Minutes of Meeting – 10 April 2019</p> <p><i>Resolution: The MNCLHD Governing Board endorsed the Minutes of the meeting 10 April 2019</i></p>

2.2	<p>Actions 2.2.1 Action Table</p> <p><i>Resolution:</i> <i>The MNCLHD Governing Board noted the Action table.</i></p>	
	<p>2.2.2 Action: Bowraville Brokerage Solution</p> <ul style="list-style-type: none"> A six-month progress report to be provided to the Board 	Refer 3.8
	<p>2.2.3 Action: 2016 RCA Recommendation Report</p> <ul style="list-style-type: none"> Close out dates be recorded against the 2016 RCA Recommendations. Open recommendations be lifted out of 2016 RCA Recommendations and close out dates be listed against each item. 	Refer 4.3
	<p>2.2.4 Action: Refugee Health</p> <ul style="list-style-type: none"> SD to write to NSW Health to seek extra funding to support refugee health services. 	Refer 3.9
	<p>2.2.5 Action: Corporate Governance</p> <ul style="list-style-type: none"> VE to include Board 'Agenda setting' on every third Agenda NParsons to put together a paper on where governance can improve Neil Porter suggested a one page template for Chair Summary VE to review Board vacancies on all sub-committees VE to prepare a capability framework of each Board member. This to be used to identify any education requirements. 	Refer 7.3 and 7.4
	<p>2.2.6 Action: CT Scanner Services CNN</p> <ul style="list-style-type: none"> SD to provide recommendations and findings for CT scanner services for the Coffs Clinical Network, at the April meeting. 	Refer 7.1.1
	<p>2.2.7 Action: JMO Hours</p> <ul style="list-style-type: none"> VS to prepare reports on the number of hours worked by JMO's across the district 	Refer 4.2
	<p>2.2.8 Action: Patient Story April Board Meeting</p> <ul style="list-style-type: none"> Letter to Ro Stirling-Kelly of the Patient and Family Centered Care team to congratulate them for the response to this family and the initiatives put in place to support the issues of the child and family when they present to ED Letter to 'Leah and Sean' regarding attendance at April Board for the Patient Story 	<p>Refer 7.5.1</p> <p>Refer 7.5.2</p>
	<p>2.2.9 Action: Coffs Community Palliative Care Nursing Team</p> <ul style="list-style-type: none"> Letter of congratulation to be sent to the Coffs Community Palliative Care Nursing Team for their incredible work in January and February 2019. 	Refer 7.5.3
Item 3: Strategic Items for endorsement and/or discussion		
3.1	Chief Executive's Report & Attachments:	

Stewart Dowrick provided an update on the following issues:

- MNCLHD Redevelopment Office - The CE noted the great job performed by Mark Tyler in the absence of Mark Wilson recently.
- Macksville redevelopment – the CE noted the number of capital works programs undertaken in the Nambucca Valley in the past few years including Health One in Bowraville and Nambucca Health One Centre.
- Emergency Treatment Performance (ETP) – April was another busy month, with an increase of approximately 6% across the district, the district will not achieve its full year target.
- People Matter Employee Culture and Wellbeing Forum (PMEF) – representatives from the PMEF forum will attend the district’s Quarterly Review with MoH in May.
- Culture Review with Evelyn Jonkman – progressing well. SD to continue to report on a monthly basis.
- MNCLHD Executive Clinical Council Advisory Group – The CE noted the attendance of Kathleen Ryan, John Slaven and Mark Tyler at this meeting. The CE noted the good discussion held by those who attended. WG noted the success of this initiative depends on how the medical staff and executive staff engage and collaborate so that we get the best possible advice going forward. The Board requested the draft TOR be updated with:
 - Board Chair as a member of the committee and not by invitation.
 - The word order in the purpose change to ‘designed to provide a forum for discussing strategic planning, priorities for service development, resource allocation, clinical policy development and professional (expert) clinical guidance, where appropriate and when needed’.
 - An ability for the group to reflect on disparities on outcomes across the district and how these could be addressed in health outcomes.
 - The possibility of including the need to access services.
 - Update bullet point three under responsibilities and activities to include ‘Planning for the most effective allocation of clinical services and resources’
 - CE to update the TOR and circulate out of session. CE noted there was a good discussion from those that were there.
- Cardiology Services Coffs Harbour – the review is commencing and the aim is to recraft the TOR after receiving feedback from individual sites. A range of issues to be considered with a recommendation for a district cardiology service.
- DMS recruitment – continues and the use of a recruitment agency has been successful in this instance.
- Hospital Security – The Hon Peter Anderson will visit the district in July.
- Kempsey Headspace funding – the government has announced funding of \$3.4M to establish a Headspace operation at Kempsey.
- American College of Surgeons (ACS) & National Surgical Quality Improvement Program (NSQIP) – The collaborative of four NSW hospitals (including CHHC and PMBH) identified the following causes of morbidity: urinary tract infections, surgical site infections, pneumonia and 30-day readmissions.
 - Action: CE to discuss the findings of this report with Dr Bruce Hodge.

	<ul style="list-style-type: none"> ○ Action: HCQC to comment on issues that need to be addressed going forward ○ Action: CE to consider referring this report for the MNCLHD Executive Clinical Council Advisory Group. • Dental Van Implementation – MNCLHD was one of three districts to receive funding for clinical dental vans for delivery of service to remote townships and schools within the LHD. This service will also be supported by an indigenous employment strategy. <ul style="list-style-type: none"> ○ Action: CE to write to the PHN advising of the dental vans and implementation of service. • Translation Research Grants Scheme (TRGS) – there will be no TRGS grants this year. • District budget – Results for April indicate the district is \$3 million over budget. A paper on mitigating factors will be provided to the Board at the June meeting. WG noted the Board have been advised consistently that we will make budget this year, further noting the Board need to be confident with forecasting and projections being on target to ensure services are funded appropriately within the district. <ul style="list-style-type: none"> ○ Resolution: The Board note the new advice in terms of the budget. ○ The Board note the preliminary advice provided by the Chief Executive in terms of the issues to be addressed. ○ The Board ask that the CE, through the Finance and Performance Committee, look at strategies for this year to address what has occurred with this budget and how this will be addressed going forward. • 2019/20 Budget negotiations – this will be our most difficult budget year for at least a decade. Growth in 2019/20 could be limited. • MNCLHD Carbon Neutrality Project – work on the district’s ‘Net Zero’ approach continues. <p>Resolution: The MNCLHD Governing Board: 1. <i>Noted</i> the Chief Executive’s Report and attachments</p>
3.2	<p>Report: MNCLHD Health System Performance Report</p> <ul style="list-style-type: none"> • The Board noted the report was very good. • The CE noted this paper was received and distributed late to the Board. <p>Resolution: The MNCLHD Governing Board: 1. <i>Received</i> and <i>noted</i> performance of the LHD KPIs</p>
3.3	<p>Leading Better Value Care (Standing item)</p> <ul style="list-style-type: none"> • Officers from NSW Health attended the district recently to meet with the Executive to discuss LBVC structure and district reports. <p>Resolution: The MNCLHD Governing Board: 1. <i>Noted</i> the verbal update provided by the CE.</p>
3.4	<p>Brief & Attachment: MNCLHD Aboriginal Health Plan 2019-2023</p> <p>Resolution: The MNCLHD Governing Board: 1. <i>Endorsed</i> the draft MNCLHD Aboriginal Health Plan 2019-2023</p>

3.5	<p>Brief & Attachments: MNCLHD Aboriginal Cultural Safety and Security Framework (ACSSF)</p> <p>David Kennedy noted that the paper is very comprehensive and an implementation plan is being developed which will come to the Board for review.</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Endorsed the MNCLHD Aboriginal Cultural Safety and Security Framework 2. Endorsed the development of an MNCLHD ACSSF Implementation Plan
3.6	<p>Brief: MNCLHD New Street Service</p> <ul style="list-style-type: none"> • The CE advised site location for this service is still being determined and further noted the ability to attract appropriately skilled staff to work in some of the regional areas will be monitored. <p><u>Resolution: That the MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the development of New Street Services for the MNCLHD 2. Endorsed a district wide working party
3.7	<p>Brief & Attachments: MNCLHD Mobile Dental Checks Program</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted that MNCLHD is one of three LHD's selected for Mobile Dental Checks Program over four years commencing 1 July 2019 2. Noted the draft MNCLHD Implementation Plan
3.8	<p>Brief & Attachments: Bowraville Brokerage Solution</p> <ul style="list-style-type: none"> • The Board asked if the clinic has reduced hospital presentations? CE advised yes, but only after 5pm and a review will look into why this is occurring. • David Kennedy noted the brief indicated over 1400 patients have registered with the service but only 262 of those patients identify as Aboriginal and asked that we ensure appropriate strategies are in place for aboriginal patients to access the service. • The Board requested further information on the specifics of the Bowraville solution. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the progress of the Bowraville GP Clinic 2. Action: CE to provide advice on specifics of Bowraville Solution

3.9	<p>Coffs Harbour Refugee Health Clinic – funding and staffing</p> <ul style="list-style-type: none"> The CE noted the additional funding received to support this service and the good work undertaken by the Public Health Unit and Director Paul Corben. <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ul style="list-style-type: none"> Noted the verbal advice on additional funding Action: CE to find out any impact on ED.
3.10	<p>Aged Care - Progress of implementation of Strategic Plan</p> <ul style="list-style-type: none"> This item to be listed on the June Agenda for discussion.
3.11	<p>Out of Hospital Care (outpatients)</p> <ul style="list-style-type: none"> This item to be listed on the June Agenda for discussion.
3.12	<p>Clinical Engagement</p> <ul style="list-style-type: none"> This item was reviewed in the CE report.
Item 4: Operational Items	
4.1	<p>Brief & Report: Sinclair/Barker Review – Progress update (standing item)</p> <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> Noted the information provided in the brief and report
4.2	<p>Brief & Attachment: MNCLHD JMO Hours</p> <ul style="list-style-type: none"> Concern was raised about additional and unpaid hours and the average number of hours worked, and the view that this is an actual underreporting of what is occurring. Concern was raised regarding workplace Awards which are meant to be complied with and the risk to services and patients if these are not adhered to. <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> Noted the current information regarding the hours worked by JMOs and acknowledged the current review and development of a better practice approach for the rostering of JMOs across the district. Noted the concerns raised regarding additional and unpaid hours and request this become part of the discussion with the FTE and the F&P Requested that consideration be given to including a question in the People Matter Employee Survey on working hours. <p><i>Dr Denny Howard departed the meeting.</i></p>
4.3	<p>Brief & Attachment: 2016 RCA Recommendation Report</p>

	<ul style="list-style-type: none"> JS noted that although annual reports on RCA's are received, it is acknowledged that there is a lag. JS also noted that some of the recommendations are unable to be implemented and management are going to address this for future recommendations. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the information provided in the Brief. Noted the Executive Summary
4.4	<p>Brief & Report: MNCLHD Risk Report Jan to Mar 2019 for MoH</p> <ul style="list-style-type: none"> The Board noted the high quality and very realistic information in the report. The Board wished to congratulate Kimberley Sayner and team for a job well done on this report. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Endorsed the January to March 2019 Risk Report to the Ministry of Health
Item 5: Governance Items – Board Sub Committees and associated reporting	
5.1	<p>Board Sub-Committee: Community Engagement</p> <ul style="list-style-type: none"> Chair of the Community Engagement Sub-Committee Janine Reed advised the next meeting is being held on Monday 13 May. Janine further advised that a report will be prepared for the Board on the Patient Experience Symposium held in early May.
5.2	<p>Board Sub-Committee: Workforce, Health & Safety</p> <p>5.2.1 Confirmed Minutes 18 February 2019</p> <p>5.2.2 Chair's Summary 15 April 2019</p> <p>Chair of the Workforce, Health and Safety Sub-Committee advised the following:</p> <ul style="list-style-type: none"> The district is sitting at 5% Aboriginal employment which is 2.6% above the state agreed average. Average days for Approval to Fill are currently at 7.7 which is under the Ministry timeline of 10 days. Workforce usage has increased when compared to YTD for the same fortnight last financial year. No new bullying complaints were registered. Nine open non bullying investigations. Performance reviews are improving. Training is occurring on the review system. Excessive leave continues to fall slowly. The People Matter Employees Culture and Wellbeing survey will open in June. Nine new Elsa Dixon trainees commenced in March. The 2018 Elsa Dixon cohort progress into the final year of the traineeship program with 100% retention rate going into the final year. The people matter survey will commence in June. The recruitment system has a number of ongoing issues which can lead to fewer people applying for positions and prolonged recruitment time frames but this is improving.

	<p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the WHS Sub-Committee papers</p>
5.3	<p>Board Sub-Committee: MDAAC</p> <p>5.3.1 Confirmed Minutes 14 March 2019</p> <p>5.3.2 Chair's Summary 11 April 2019</p> <p>5.3.3 Critical Actions Compliance Declarations March 2019</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the MDAAC Sub-Committee papers</p> <p>2. Noted the Critical Actions Compliance Declarations.</p>
5.4	<p>Board Sub-Committee: Integrating Care</p> <p>5.4.1 Confirmed Minutes 12 February 2019</p> <p>5.4.2 Chair's Summary 30 April 2019</p> <p>5.4.3 BRIEF & ATTACHMENTS NSW Health Integrated Care Plan 2019/2020</p> <p>Chair of the Integrating Care Sub-Committee Dr Jennifer Beange attended the NSW Integrating Care Conference in April.</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the IC Sub-Committee papers.</p> <p>2. Noted the analysis of each of the models of care available for implementation under the NSW Health approach to Integrated Care for 2019/20 financial year.</p> <p>3. Endorsed the implementation of the recommended model - Integrated Care Residential Aged Care as the MNCLHD Integrated Care approach 2019/20 financial year.</p>
5.5	<p>Board Sub-Committee: Health Care Quality</p> <p>5.5.1 Confirmed Minutes 25 March 2019</p> <p>5.5.2 Chair's Summary 29 April 2019</p> <p>Chair of the Health Care Quality Sub Committee Dr Joanna Sutherland advised</p> <ul style="list-style-type: none"> • The HCQC now has more medical input. • Discussion at the last meeting was held on the Nicoll review as well as the KPI's. CAMS reporting framework is being used for the HCQC. • Standard 6 and standard 9 have been held over due to unavailability of Exec. JS will be able to progress more reports when attendance resumes. • The lack of an infectious diseases specialist continues to be an issue in CCN and is reflected in some recent data on unacceptable level of use of antibiotics <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the HCQC Sub-Committee papers.</p>

5.6	<p>Board Sub-Committee: Health Service Development & Innovation</p> <p>5.6.1 Confirmed Minutes 1 February 2019</p> <p>5.6.2 Chair's Summary 5 April 2019</p> <p>Chair of the Health Service Development and Innovation Sub Committee Dr Stephen Begbie advised:</p> <ul style="list-style-type: none"> • There is continued absence of executive staff and clinicians at these meetings. The presentations are excellent with learnings that are not being taken advantage of. The committee remains under attended by decision makers and policy developers in the organisation. • The committee remains a very effective way of finding great ideas but the structure of attendance does not allow these issues and ideas to progress across the organisation. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the information provided in the HSDI Sub-Committee papers. 2. Noted the lack of attendance at the Senior Executive level and requested the CE raise representation on this committee with the Senior Executive Team (SET). 3. Noted the efforts the presenters are going to, to put forward ideas. 4. Noted we are not making the most of this committee and structure
5.7	<p>Board Sub-Committee: Finance and Performance</p> <p>5.7.1 Confirmed Minutes 26 March 2019</p> <p>5.7.2 Chair's Summary 30 April 2019</p> <p>5.7.3 Report: Finance and Performance – YTD 31.03.19</p> <p>Chair of the Finance and Performance Committee Neville Parsons advised:</p> <ul style="list-style-type: none"> • The network general managers have been asked to provide advice on the reduced network position as well as to identify what resources are required to deliver services. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the information provided in the F&P Sub-Committee papers and the verbal update provided by Neville Parsons.
5.8	<p>Board Sub-Committee: Audit and Risk</p> <ul style="list-style-type: none"> • JS advised that no problems were identified in the early closure of accounts at the special audit and risk meeting.
5.9	<p>Board Sub-Committee: Close the Gap</p> <p>5.9.1 Confirmed Minutes 26 February 2019</p> <p>Chair of the Close the Gap Sub-Committee David Kennedy advised that an excellent patient story had been presented at the April meeting of an aboriginal patient requiring triple by-pass surgery in a major city hospital.</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the information provided in the CTG Sub-Committee papers

Item 6: Directorate Updates - not required this month

Item 7: General Business, Correspondence and Business without notice	
7.1	<p>Confidential In Camera Items</p> <p>7.1.1 Confidential Item Macksville CT Scanner</p> <ul style="list-style-type: none"> ○ Minutes recorded in a confidential file note. <p>7.1.2 Confidential Item Macksville Maternity Services following SAC2 Incident</p> <ul style="list-style-type: none"> ○ Minutes recorded in a confidential file note.
7.2	<p>Paper: Governance of Local Health Districts – Auditor General’s Performance Report</p> <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> 1. Noted the information provided in the paper for discussion at the June Board Meeting.
7.3	<p>Brief & Attachments: MNCLHD Governing Board Competencies</p> <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> 1. Endorsed the initial step in documenting Board Member competencies, the MNCLHD Governing Board Members each undertake the NSW Public Sector Capability Discovery Tool (self-assessment) 2. Endorsed the Members to review individual reports to inform discussion at a future meeting 3. Endorsed the compilation of a Skills Matrix across all Board Members to assist in identifying areas of focus 4. Endorsed the identification of any areas where further education would benefit the Board and individual Members and develop a Board Development Strategy.
7.4	<p>Agenda Setting – (verbal update)</p> <p>The Board noted the verbal update provided by Vanessa Edwards with regard to the structure of future Board meetings;</p> <ul style="list-style-type: none"> • Strategic items will be captured over a 12-month period. • A paper on proposed strategic items will be discussed at the beginning of each meeting to reach agreement on agenda items for the following meeting. • Patient Stories will be included, and be conducted in person. • The Pillars and Deputy Secretaries will be invited to attend. • The structure and content of the CE Report will be reviewed. • The structure and length of Board papers to be reviewed including the use of a reference library for large attachments.
7.5	<p>Correspondence Out</p> <p>7.5.1 Letter to Ro-Stirling Kelly regarding attendance at April Board Meeting</p> <p>7.5.2 Letter to ‘Leah and Sean’ regarding Patient Story at April Board Meeting</p> <p>7.5.3 Letter to Dr Theresa Beswick re Coffs Community Palliative Care Nursing</p>



	<p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. <i>Noted the correspondence</i></p>
7.6	<p>MNCLHD Healthy Communities Advisory Committee.</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. <i>Agreed to nominate a member to join the Healthy Communities Advisory Committee out of session.</i></p>
Item 8: Large Attachments and additional information	
Item 9: Upcoming Events	
Date	Event Details
8 May	MNCLHD Governing Board Meeting - Macksville
12 June	MNCLHD Governing Board Meeting – Video Conference
13 June	MNCLHD Health Innovation Awards Ceremony – Port Macquarie
3-4 Sept	Living Well Expo and Harmony in Health Expo – Coffs Harbour
22 Nov	MNCLHD National Photographic Competition Opening Night and Awards – Port Macquarie
There being no further business the meeting closed at (<i>please complete at end of meeting</i>)	