



MEETING MINUTES - Endorsed

DATE: Wednesday 10 July 2019

TIME: 2:15pm to 6pm

VENUE: Coffs Harbour Health Campus – CHHC ME025 / PMCHC VC Room

Item / Description	Action	Att
Attendance and Declarations		
Welcome: Warren Grimshaw AM, Chair (WG). WG acknowledged the traditional owners of the land and made particular reference to NAIDOC week being celebrated this week.		
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, Susan McGinn (SM), Dr Stephen Begbie, Dr Timothy Francis (TF) Apologies: Dr John Neal (Observer)		
In Attendance: Chief Executive Stewart Dowrick (SD), Lynn Lelean (LL), Julie Usher-Minutes		
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: <ul style="list-style-type: none">Neil Porter is a Director of Lifeline Mid Coast who are partnering with the Mid North Coast Local Health District (MNCLHD) and Endeavour Clubhouse in a hospital-to-home project that involves Lifeline Mid Coast making a financial contribution to the project.		
Item 1: Presentations/Discussion		
1.1	Presentation – Audit and Risk by Ken Barker	
	The presentation by Ken Barker was postponed to the August 2019 meeting due to an unforeseen circumstance.	
1.2	Presentation – SPEAK UP Program by Director Internal Audit, Risk and Compliance Kimberley Sayner (KS)	
	The following overview was provided: <ul style="list-style-type: none">The MNCLHD Fraud and Corruption control activities are addressed in the SPEAK UP Program and include an annual fraud control checklist, an annual fraud risk assessment, and a bi-annual fraud health check. These controls provide the framework to monitor and address fraud and corruption within the MNCLHD.Fraud prevention is the responsibility of all staff and all levels of management and the SPEAK UP Program provides a transparent framework for reporting and investigating. The program encourages staff to speak up with regard to wrong doing, gifts and benefits and potential corruption.	



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- It is mandatory for all NSW Public Sector agencies to develop, implement and maintain a fraud and corruption control framework to prevent, detect and respond to fraud and corruption.
- A MNCLHD Statement of Business Ethics has been developed for distribution to our supplier networks.

The Board discussed the following:

- Private sector hospitals appear to be rolling out a similar program.
- The survey could include a request for suggestions from staff on what to put in place to avoid corruption and fraud.
- Strengthening and creating robust controls for the MNCLHD is key.
- It was noted that a review is underway of JMO working hours. The CE noted JMOs have a 'safe work roster' system in place.
- The use of the HealthRoster program is assisting with prevention of time sheet fraud.
- The need to encourage and enhance a culture that enables staff to report and speak freely.
- The People Matter Employee Forum is providing a great opportunity to hear concerns directly from staff so they can be addressed.
- It was noted that the financial delegation manual is reviewed as part of this program.
- An internal audit of MNCLHD procurement has not occurred although there are controls, systems, and additional safeguards in place.
- It was noted that the bi-annual fraud health check survey was not distributed to Visiting Medical Officers (VMOs) when it was last conducted. The decision to include VMOs in any future surveys would need to be communicated with clear advice that everyone is being surveyed.

Resolution: The MNCLHD Governing Board:

- **Noted** the presentation.
- **Suggested** the Statement of Business Ethics be included in recruitment material.
- **Action:** KS to seek advice from the Audit Committee on the need to conduct an internal audit on MNCLHD procurement.
- **Action:** KS to review the inclusion of VMOs in the next fraud health check survey and to prepare a strategy including advice from the Executive Clinical Council for CE and Board approval.

Item 2: Minutes and Action Table	
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2.1	<p>Minutes</p> <p>2.1.1 Minutes of Meeting – 12 June 2019</p> <ul style="list-style-type: none"> • Discussion held regarding the format and style of Board meeting minutes. The Board requested consideration be given to Agenda items which should appear in confidential session. The Board further stated the purpose of the minutes is to reflect discussion and how resolution is reached. <p><u>Resolution: The MNCLHD Governing Board endorsed the Minutes of the meeting 12 June 2019 and the agreed format and style of future minutes</u></p>
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2.2	<p>Actions 2.2.1 Action Table</p> <p><u>Resolution:</u> <i>The MNCLHD Governing Board noted the Action Table</i></p>	
	<p>2.2.2 Action: <i>Patient Story April Board Meeting</i></p> <ul style="list-style-type: none"> • <i>Director of Clinical Governance and Information Services to review if the Top 5 model could be used in other hospitals in the District to support children and families with similar issues.</i> 	Refer 4.5
	<p>2.2.3 Action: <i>MNCLHD Safety and Quality Account</i></p> <ul style="list-style-type: none"> • <i>The Board requested a report on items identified in the 2017 Accreditation survey including matters outstanding and any gaps identified.</i> 	Refer 4.2
	<p>2.2.4 Action: <i>Macksville Computed Tomography (CT) Service</i></p> <ul style="list-style-type: none"> • <i>Chief Executive (CE) to review the original Clinical Services Plan for Macksville Hospital for reference of inclusion of a CT scanning service.</i> • <i>WG to write letter of thanks to Rob Gilbert of Paxton Partners.</i> 	Refer 3.5 Refer 7.7
	<p>2.2.5 Action: <i>Executive Clinical Council Advisory Group</i></p> <ul style="list-style-type: none"> • <i>Engagement with CHHC Medical Staff Council (MSC) Chair to be raised by WG.</i> <p><u>Resolution:</u> <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> 1. Agreed <i>to extend an invitation to the Deputy Chair of the CHHC MSC to attend the Executive Clinical Council Advisory Group meetings going forward and also MNCLHD Governing Board meetings as appropriate.</i> 	Verbal
	<p>2.2.6 Action: <i>Accreditation 2020</i></p> <ul style="list-style-type: none"> • <i>The Board requests assurance around antimicrobial stewardship risk.</i> 	Refer 4.3
Item 3: Strategic Items for endorsement and/or discussion		
3.1	<p>Chief Executive's Report & Attachments</p> <ul style="list-style-type: none"> • Macksville Maternity Services – an update on Macksville Maternity Services is provided in the brief at item 3.6. A draft report will be available at the August 2019 Board meeting with a final report to be available at the September 2019 Board meeting. • Macksville Hospital Development – update provided regarding disposal of the hospital site. 	

- Coffs Harbour Redevelopment – work on the carpark continues with temporary changes to the Emergency Department (ED) and Main Entry drop off points in place. The Board asked if the current changes to the main entry impact on security? **Action: CE to follow up with General Manager CHHC**
- Emergency Treatment Performance (ETP) and Transfer of Care (TOC) – the District has experienced an increase in Emergency Department (ED) activity of 5% or more for the fifth consecutive month. This has seen an average monthly growth of more than 9% in the past five months. The increase can be attributed to mostly non admitted patients. ED staff are working extremely hard. If this activity continues budgets will be challenged. The Board asked how additional beds can be funded.
- Brief MNCLHD Asset Refurbishment Replacement Program:
 - **Resolution: The MNCLHD Governing Board noted the Brief MNCLHD Asset Refurbishment Replacement Program.**
- Healthy Food and Drink Framework: MNCLHD has achieved 100% compliance across 13 practices as part of the Healthy Food and Drink Framework. The Board noted the work of the MNCLHD Health Promotion team, volunteers and others who have been involved in achieving these results.
- People Matter Employee Forum – This group continues to meet and the last Forum was held on 14 June. The MNCLHD achieved a participation rate of 52% in the recent People Matter Employee Survey.
- Cardiology Services – A forum was held recently with the consultants and key cardiology staff. A final draft report is being prepared for the Board.
- Executive Recruitment - Recruitment to the position of Hastings Macleay Clinical Network Coordinator has begun with the role advertised externally. Recruitment for the Director of Clinical Services at CHHC and Director of Medical Services at PMBH have progressed.
- Health Education and Training Institute (HETI) Accreditation – concern has been raised by CHHC following a review from HETI regarding registrar numbers at CHHC. The CE has approved two additional positions and will await receipt of the final review from HETI.
- Letter: Chief Cancer Officer NSW re Reporting for Better Cancer Outcomes (RBCO) – A performance review meeting was held in May with management of the Cancer Institute NSW.
 - **Resolution: The MNCLHD Governing Board noted the Letter RBCO.**
- Surgical Performance – the MNCLHD has achieved high standards in all surgical targets this financial year including 100% for Category A, 97% for Category B and 97% for Category C.
- Primary School Mobile Dental Program – the Mobile Dental Program for MNCLHD is expected to commence in late July.
- MNCLHD Budget – MNCLHD did not achieve budget in the 2018-19 financial year. Strategies will be required and plans put in place to monitor performance. The MNCLHD Governing Board Special Budget Meeting is being held at the end of July.
- MNCLHD/MoH Quarterly Performance Review – the MNCLHD has maintained a “0” rating.
 - **Resolution: The MNCLHD Governing Board noted the Letter re the Quarterly Performance Review.**
- Memo: End of Financial Year Advice to SET
 - **Resolution: The MNCLHD Governing Board noted the Memo to SET outlining the Premier’s and Secretary’s Priorities along with an outline of MNCLHD Achievements during the 2018/19 year.**



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	<ul style="list-style-type: none"> • Memo: Premier’s and Secretary’s Priorities <ul style="list-style-type: none"> ○ The Board asked if the priorities include any specific strategies to address a reduction in suicide deaths? CE advised that the Commissioner for Mental Health will be visiting our region soon and that one area of focus is community mental health services. ○ The Board asked if there was room for collaboration with local mental health service providers including Lifeline and Black Dog Institute. CE advised that both the MNCLHD and North Coast Primary Health Network (NCPHN) are working with a range of health care providers on this issue. ○ CE noted the expectations on the MNCLHD with regard to the Premier’s Priorities. ○ WG noted targets relating to these priorities will need to be carefully considered when deciding which initiatives should be supported given the current budget constraints. ○ Resolution: The MNCLHD Governing Board noted the Premier’s and Secretary’s Priorities. • Workforce Plans – CE noted the consultant is experiencing difficulties engaging clinical staff to provide feedback into the Workforce Plans. Work continues on how best to approach this. This will pose a significant risk to the plans if we are unable to obtain medical engagement. WG noted that engagement in this process for successful outcome is a two-way process. <ul style="list-style-type: none"> • Resolution: The MNCLHD Governing Board: <ul style="list-style-type: none"> ○ Noted the verbal update provided by the CE. ○ Will monitor the extent of clinical engagement across the District and note the steps taken to address this. ○ The Board will focus on how we can engage at the facility level. ○ Noted that the consultant will attempt to organise individual meetings. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ul style="list-style-type: none"> ○ Noted the Chief Executive’s Report and attachments. ○ Noted the need to discuss the budget challenges for the next financial year and beyond.
3.2	<p>Report: MNCLHD Health System Performance Report</p> <ul style="list-style-type: none"> • The Board noted the need to increase publicity around the MNCLHD Annual Public Meeting held in December. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Received and noted performance of the MNCLHD KPIs</p>
3.3	<p>Leading Better Value Care (Standing item)</p>
3.4	<p>Brief & Report: MNCLHD Quarterly Risk Report</p> <p>The Director Internal Audit, Risk and Compliance provided the following update:</p>

- The MNCLHD continues to fulfil obligations on a quarterly basis. Feedback is not received on reports submitted. However, the MoH will soon outline a process for reporting back to the MNCLHD on matters identified.
- There are a number of consistent themes including cybersecurity, workforce and succession planning.
- WG congratulated KS on the quality of the Quarterly Risk Report.
- It was noted that the Quarterly Risk Report is compiled with the agreement of the Senior Executive Team (SET) who consider the high and extreme risks.
- The Board asked if a further refinement could include list of the top 5 risks in descending order as identified by SET.
- It was noted that risks are linked into the Health Care Quality Committee (HCQC) from ERMS
- The Board asked if the MNCLHD financial position, the growth currently being experienced, the challenge of upcoming accreditation are sufficiently noted in the list of risks at the moment. KS to review this.
- It was noted the independent member of the MNCLHD Audit and Risk Board Sub-Committee (ARC) Barry Shepherd has retired from the ARC.

Resolution: The MNCLHD Governing Board:

- **Endorsed** the April to June 2019 Risk Report to the Ministry of Health
- **Action:** WG to write to Barry Shepherd to express appreciation for assistance to the MNCLHD Board and contribution to the ARC.
- **Action:** KS to review risk register for current financial position including current growth.
- **Action:** Requested a further refinement of the report include list of the top 5 risks in descending order as identified by SET.

3.5 Brief & Reports: Macksville CT Scanner
(Reports available in Diligent Resource Centre)

The Board discussed the following:

- The option of scheduling for a patient's arrival at CHHC to be considered.
- A series of community consultation sessions were held during the clinical services planning phase.
- The MNCLHD is able to provide the funds required to future proof the site at Macksville Hospital for potential provision of a CT scanner at a future date.
- The Board noted community and stakeholder sentiment in relation to the need for a CT scanner at Macksville Hospital.

Resolution: The MNCLHD Governing Board:

1. **Noted** the information provided in the brief and supporting documentation.
2. **Confirmed** the MNCLHD future proofing the new Macksville Hospital for a possible addition of a CT scanner at a future date.
3. **Action** CE to arrange a brief on scheduling of patient appointments upon arrival at CHHC.

	4. Action CE to prepare response to letter from Dr Danny Ryan.
3.6	<p>Brief: Macksville Maternity Update</p> <p>Resolution: <u>The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the brief.</p>
3.7	<p>Brief: eMeds Drug:Drug Interface (DDI)</p> <p>Resolution: <u>The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the brief.</p> <p>2. Action: The Board requested the Fact Sheet which failed to be distributed to MNCLHD despite this being the intention in late 2018, be distributed as soon as possible.</p>
Item 4: Operational Items	
4.1	<p>Brief: MNCLHD 2019 Health Innovation Awards – post event overview</p> <ul style="list-style-type: none"> • The CE noted that the 2019 Health Innovation Awards had received positive feedback. • The Board suggested that there could be more encouragement from SET level of those putting forward submissions. Some submissions did not reflect executive support and were not comprehensive enough or complete. • The Board suggested asking SET to keep an eye out for, and actively encourage, submissions of any worthy projects they see throughout the year. This should include participants of the Clinical Leadership Program. • WG suggested a review of the number of categories. It was also noted that the categories are aligned to the State Awards. • It was noted that 2020 will be the 10-year anniversary of these awards. <p>Resolution: <u>The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the brief</p> <p>2. Agreed the 2019 Awards was a very successful evening.</p> <p>3. Supported a reduction in categories if possible and more responsibility from SET to identify and support submissions.</p> <p>4. Action: The Board to congratulate the Awards organising committee.</p>
4.2	<p>Brief: MNCLHD Accreditation 2017 progress</p> <p>Resolution: <u>The MNCLHD Governing Board:</u></p> <p>1. Noted the progress on the recommendations provided in the 2017 Accreditation survey.</p>

4.3	<p>Brief: MNCLHD Accreditation 2020 update</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the changes in the Accreditation Scheme. Endorsed and noted the identified risks for mandated clinical care standards and endorse the proposed actions. 		
4.4	<p>Brief & Attachment: MNCLHD Clinical Risk Management Update</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the information provided in the brief. 		
4.5	<p>Brief: MNCLHD Top 5 Tool Implementation</p> <p>The Board noted the Brief could be more comprehensive in terms of reference to the aged care sector.</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the information provided in the brief. 		
<p>Item 5: Governance Items – Board Sub Committees and associated reporting</p>			
5.1	<table border="1" style="width: 100%;"> <tr> <td data-bbox="277 1226 1243 1310">Board Sub-Committee: Community Engagement</td> <td data-bbox="1248 1226 1528 1310">Next meeting 29 July</td> </tr> </table>	Board Sub-Committee: Community Engagement	Next meeting 29 July
Board Sub-Committee: Community Engagement	Next meeting 29 July		
5.2	<p>Board Sub-Committee: Workforce, Health & Safety (WHS BSC)</p> <p>5.2.1 Confirmed Minutes 15 April 2019</p> <p>5.2.2 Chair's Summary 17 June 2019</p> <p>The Chair of the WHS BSC provided the following update:</p> <ul style="list-style-type: none"> Despite the introduction of a more simplified performance review template, MNCLHD performance review targets are still not being met. The CE noted more time needs to be allowed to enable everyone to complete the updated template and that MNCLHD is currently above state average across all craft groups. The Board requested a snapshot of where the key completion and non-completion areas are. The CE advised that some areas may have completed but not entered the data into the performance review system. The Board asked if there were consequences of not conducting performance reviews. The CE advised that a proposal is being developed for a matrix of management requirements across the MNCLHD. Suggested items include management of overtime, sick leave, diversity, grievances, mandatory training, budget and workers' compensation, root cause analysis (RCAs) 		

	<ul style="list-style-type: none"> ○ Action: The Board request a report from SET to understand why performance review targets are not being met. This item to be reviewed at the December 2019 Board meeting. ○ Action: The CE to provide a summary report for the September meeting on key completion and non-completion areas. <ul style="list-style-type: none"> ● It was noted that FTE had increased despite being closely tracked last year. CE advised the increase is related to the increase in activity that is occurring, which has coincided with the nurse graduates program and the training program for Electronic Medication (eMEDs). ● It was noted that mandatory training completion rates for medical staff remains very low at 27%. The Board noted that 100% completion was required during the recent quinquennium however some training is required every 12 months. <ul style="list-style-type: none"> ○ Action: The CE to provide a summary report for the September meeting on low completion rates for mandatory training by medical staff. ● The recent visit to the MNCLHD by the Hon. Peter Anderson to review security was noted. ● It was noted that some MNCLHD staff still do not their wear duress pendants whereas staff in other areas wear them all the time. ● The upgrade to technology at CHHC to improve lockdown was noted. The final report on MNCLHD security will be available later in the year. The report will include a number of recommendations which the WHS BSC and the Board will need to implement. ● MNCLHD Aboriginal Employment is sitting at 5.2%. ● The recruitment system (ROB) has a number of ongoing issues including the recruitment of locums. It will likely be another 12 months before ROB is performing well. ROB has been recorded as a risk. <p>Resolution: <u>The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the WHS Sub-Committee papers and verbal update provided by the Chair WSH BSC.</p>	
5.3	<p>Board Sub-Committee: Medical and Dental Appointments Advisory Committee (MDAAC)</p> <ul style="list-style-type: none"> 5.3.1 Confirmed Minutes 9 May 2019 5.3.2 Chair's Summary 13 June 2019 5.3.3 Critical Actions Compliance Declarations June 2019 <p>The Chair of MDAAC noted the VMO anaesthetists advertised for CHHC and some staff specialists in emergency medicine at PMBH.</p> <p>Resolution: <u>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	Board Sub-Committee: Integrating Care	Next meeting 19 July
5.5	<p>Board Sub-Committee: Health Care Quality (HCQC)</p> <ul style="list-style-type: none"> 5.5.1 Confirmed Minutes 27 May 2019 5.5.2 Chair's Summary 24 June 2019 	

The Chair of the HCQC provided the following update:

- Presentations were made at the June HCQC meeting from Intensive Care Unit (ICU) Nurse Unit Managers (NUMs) from CHHC and PMBH, and Kempsey's Close Observation Unit (COU). The presentations were well received and provided valuable learning.
- The unavailability of ICU medical directors for the meeting was noted.
- The MNCLHD Stroke Service presented to the HCQC regarding the pilot telestroke program which has increased in utilisation and has seen increasing numbers of patients receiving thrombolysis.
- Concern was raised about meeting expectations in terms of primary care.
- The need to obtain more contemporary outcome data was also discussed.
- There were no new risks reported via the HCQC sub-committees.
- The Director Mental Health and Integrated Care (MHIC) had noted improvement of the network-wide drug and alcohol program since the appointment of Medical Director Mental Health Drug and Alcohol.
- No episodes of seclusion had been recorded at the new PMBH Mental Health Unit.
- Concern was raised regarding the rate of prescription of opioids and opioid-related issues.
- It was noted that cancer pain appears to be managed well in the MNCLHD but chronic non-cancer pain is a challenging area. It was further noted that the North Coast Primary Health Network (NCPHN) has introduced initiatives such as education sessions for General Practitioners (GPs) on recommended prescription methods, trial sessions in the use of telehealth, and webinars for psychologists and clinicians on chronic pain management.

Resolution: The MNCLHD Governing Board:

1. **Noted** the information provided in the HCQC Sub-Committee papers.
2. **Action:** HCQC to try to obtain more contemporary data on stroke outcomes.
3. **Action:** The Board requested issues with opioid prescribing, opioid dependence and management of opioid abuse and diversion be noted in the risk register.
4. **Action:** Access to resources within MNCLHD to support clinicians, and patients managing chronic pain be referred to the Combined MNCLHD and NCPHN Board meeting for discussion.

5.6	<p>Board Sub-Committee: Health Service Development & Innovation</p> <p>5.6.1 Confirmed Minutes 5 April 2019</p> <p>5.6.2 Chair's Summary 7 June 2019</p> <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.
5.7	<p>Board Sub-Committee: Finance and Performance</p> <p>5.7.1 Confirmed Minutes 28 May 2019</p> <p>5.7.2 Chair's Summary 25 June 2019</p> <p>5.7.3 Report: Finance and Performance – YTD 31.05.19</p> <p>5.7.4 Brief: Budget Update to SET, F&P and Health Reform Governance Committee</p>



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- 5.7.5 Presentation: CCN Finance Performance to June 2019
- 5.7.6 Presentation: HMCN Finance Performance to June 2019
- 5.7.7 Presentation: MHIC Finance Performance to June 2019

The Chair of the Finance and Performance Sub-Committee provided the following update:

- Engagement of all stakeholders will be required in the current year while continuing to deliver services.
- Focus should be on what needs to be funded and how clinical services can be maintained. A review of practices in each of the hospitals and health services will need to occur as MNCLHD experiences budget challenges.
- WG suggested the need for a planning session to review policy initiatives in order to consolidate MNCLHD needs.
- CE noted the funding challenges which the MNCLHD will face in the next two years. Any changes to service provision will be undertaken in a consultative manner.
- WG noted that some members of the community have raised travel as an issue – they do not wish to travel far for patient services.
- The Board agreed the need to look at new models of care that will be more beneficial to the needs of those in the MNCLHD.
- The Board agreed to keep the January planning day set aside for a review of MNCLHD strategies and funding.

Resolution: The MNCLHD Governing Board:

1. **Noted** the information provided in the F&P Sub-Committee papers
2. **Noted** the information in the F&P Year to Date Report.
3. **Noted** the information provided in the Brief and Presentations
4. **Noted** the current budget position and the need for review of services and strategies at the January Planning session.

5.8	Board Sub-Committee: Audit and Risk	Next meeting 12 July
5.9	Board Sub-Committee: Close the Gap 5.9.1 Confirmed Minutes 16 April 2019 5.9.2 Chair’s Summary 18 June 2019 5.9.3 Report: Aboriginal Health Analysis of Mental Health Inpatient Service 5.9.4 CTG Board Sub Committee Terms of Reference <u>Resolution: The MNCLHD Governing Board:</u> 1. Noted the information provided in the CTG Sub-Committee papers 2. Noted the Aboriginal Health Analysis of Mental Health Inpatient Service 3. Noted the CTG Board Sub Committee Terms of Reference	

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 Correspondence regarding MNCLHD Review of Complaints</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the correspondence and recorded a Confidential File note.</p>
7.2	<p>Future Agenda</p> <p>7.2.1 Chair's Report – inclusion on future agendas</p> <p>7.2.2 Brief: Aboriginal Health Top 3 – suggestions for August Board</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the suggestion from the Board Chair for a Chair's Report.</p> <p>2. Deferred the SET Presentation Brief (Aboriginal Health) to a future meeting.</p>
7.3	<p>Paper: NSW Government – Initial Steps after a death is reported to the Coroner</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in paper.</p>
7.4	<p>Report: MNCLHD Board Report – June 2019</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the Report.</p>
7.5	<p>Email & Paper: Secretary's Update – NSW Health Strategic Priorities and State Budget</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the Secretary's Update.</p>
7.6	<p>Governance</p> <p>7.6.1 Report: Positioning Paper on Good Governance</p> <p>7.6.2 MNCLHD By-Laws Meeting process for Medical Staff Councils</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the Positioning Paper and the MNCLHD By-Laws</p> <p>2. Requested Neville Parsons present at a future meeting on Governance</p>



7.7	<p>Letter: Paxton Partners re presentation at June Board Meeting</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the thank you letter to Paxton Partners.</p>
7.8	<p>Brief: Chief Executive’s Travel 2019</p> <ul style="list-style-type: none"> • The Board note the financial arrangement of this travel and supported this travel. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in brief.</p>
Item 8: Large Attachments and additional information	
Item 9: Upcoming Events	
Date	Event Details
10 July	MNCLHD Governing Board Meeting – Coffs Harbour
25 July	MNCLHD Governing Board – Special Budget Meeting
14 August	MNCLHD Governing Board Meeting – Port Macquarie
3-4 Sept	Living Well Expo and Harmony in Health Expo – Coffs Harbour
11 Sept	MNCLHD Governing Board - Wauchope
22 Nov	MNCLHD National Photographic Competition Opening Night and Awards – Port Macquarie
There being no further business the meeting closed at 6pm.	