

## MEETING MINUTES - Endorsed

**DATE:** Wednesday, 11 April 2018

**TIME:** 2pm – 6pm

**VENUE:** Macksville DH Primary Community Health Meeting Room (CHHC ED020/ PMCHC VCN)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
<b>Attendance and Declarations</b>			
<u>Welcome:</u> Warren Grimshaw AM, Chair.			
Present: Warren Grimshaw AM Chair (WG), Neville Parsons Deputy Chair (NParsons), Rev. Dr John Barrett OAM (JBarrett), Dr Jennifer Beange (JBeange), Dr Stephen Begbie (SB), Neil Porter (NPorter), Janine Reed (JR), Dr Jo Sutherland (JS), Neil Wendt (NW), Prof Gail Whiteford (GW) Apologies: David Kennedy (DK)			
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Julie Usher Minutes (Dr Danny Ryan presented to the meeting for 15 minutes then departed)			
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions			
<b>Item 1: Presentations</b>			
<b>Presentations/Discussions</b>			
1.1	<p><b>Discussion with Nambucca Shire Council Mayor and General Manager</b></p> <p>General Discussion with Nambucca Shire Council Mayor Rhonda Hoban and General Manager Michael Coulter.</p> <p>WG welcomed the Mayor and General Manager to the meeting and invited them to discuss their views on health services in the Nambucca Shire.</p> <p>SD provided an overview of current matters including:</p> <ul style="list-style-type: none"> <li>• The new hospital development for Macksville; works are expected to commence toward the end of 2018, and will include provision for a new car park.</li> <li>• Bellingen car park to be upgraded.</li> <li>• The future of the current Macksville Hospital site is under consideration.</li> <li>• MNCLHD are assisting the recruitment of a GP and supporting services at Health One in Bowraville.</li> <li>• The underutilisation of the Dental Service at Nambucca Heads is being reviewed.</li> <li>• Renal services at Macksville and Coffs Harbour are being reviewed.</li> </ul> <p>Mayor Rhonda Hoban raised the following concerns including:</p> <ul style="list-style-type: none"> <li>• Will the new hospital at Macksville provide Drug and Alcohol services – specifically methadone</li> <li>• There appeared to be limited communication of the Community Information Sessions held on the new schematic design of the Macksville hospital, with many community representatives advising they were not made aware of these sessions. Further noting that a lot of constituents would not refer to the internet for such information.</li> <li>• Servicing of the Geriatric service at Nambucca Heads.</li> <li>• The loss of GP services in Bowraville; in particular, GP's that can provide referrals for D&amp;A matters, and also the loss of Dr Edwina Guard. SD advised that MNCLHD is releasing an EOI for a GP to provide services at Health One in Bowraville, and will review administration and IT support for this service.</li> <li>• Michael Coulter asked if there was any value with arranging a meeting with local GP's from Macksville to see if they can provide a satellite service. SD advised that they are welcome to provide an application via EOI if they are able to provide this service.</li> </ul>		

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	<ul style="list-style-type: none"> <li>JBeange advised that she would be willing to review the requirement for GP services for the Bowraville community including a multidisciplinary approach with nursing, social care, child and family services, and administration supports, with the assistance of the Rural Doctors Association.</li> </ul> <p><b>Resolution: The Governing Board resolved:</b></p> <ul style="list-style-type: none"> <li><b>MNCLHD through Dr Jenny Beange will advise, and seek support from, the Rural Doctors Association of Australia with regard to GP services in Bowraville.</b></li> <li><b>MNCLHD continue to work with the PHN in establishing Bowraville as an area of need.</b></li> <li><b>MNCLHD to review what D&amp;A services will be provided at the new Macksville hospital and advise the Mayor.</b></li> <li><b>MNCLHD to advise Council of the designated contact person for queries relating to the design of the new Macksville hospital, and to follow up a 3D ‘fly through’, display boards, information brochures for use at Council and the Library, and updated information for the internet once the final plans are approved.</b></li> </ul>		
1.2	<p>Discussion with Dr Danny Ryan (on behalf of Dr David Wong) Chair of the Macksville District Hospital Medical Staff Council.</p> <p>WG on behalf of the Board, noted Dr Wong’s apology and welcomed Dr Danny Ryan, and invited him to provide advice on current issues and challenges in Macksville and how we can better relate to clinicians in the area.</p> <p>Dr Ryan noted:</p> <ul style="list-style-type: none"> <li>The new Macksville hospital has been a big boost to the morale of everyone who works in health in the area, as well as the community in general. In particular, obtaining funds to build a brand new greenfield site has been a big bonus which means we can have input into designing a hospital we would like.</li> <li>Meetings with HI during the consultative phase have been good, as well as meetings with the nurses and allied health. There are pictures of what the new wards will look like in the current wards and staff are being given an opportunity to provide input. The architects have been very responsive to suggested changes and have shown a depth of experience. Difficult decisions may follow if not everything will fit into the desired design.</li> <li>It would be good if there was more communication with the local community on the way forward, to avoid uncertainty and unnecessary rumours – suggest a community progress report or press release via Council every few months. The community is very interested in the new hospital and the towns of Nambucca, Macksville and Bowraville are united in their excitement for the build. VE noted that there are communications strategies in place to ensure the community is kept informed about the project. Also noted that meetings had already commenced with the neighbours of the new site. WG noted we need to ensure we liaise with HI as part of this plan.</li> </ul> <p><b>Action: VE to review the Communications Plan for the new Macksville hospital to ensure appropriate community based communication.</b></p> <ul style="list-style-type: none"> <li>The importance of carefully reviewing the business case for a CT scanner.</li> <li>The need to review personnel numbers for the future – we are currently looking to recruit two GP VMO’s with rural, general and emergency training. We are currently down to five VMO’s (two based in Nambucca Heads and the other three based in Macksville). Recruiting junior doctors is essential, especially for the new hospital.</li> <li>There are still not enough GP’s in the area providing services. We are still significantly under doctored. Bowraville currently does not have a resident GP and there is no easy fix.</li> <li>WG noted that some interns are coming back to the district after training, and noted that GP’s are the key element in delivering appropriate services.</li> <li>Concern on not being able to attract suitably trained GP’s to practice obstetric services. WG noted that we are looking at alternative models of care with links to Coffs Harbour to provide services.</li> </ul>		

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<ul style="list-style-type: none"> <li>The consultative approach and effective model of service delivery provided by Dr Daniel Curley Staff Specialist Palliative Care was noted.</li> </ul> <p>WG thanked Dr Ryan for coming along and sharing these concerns with the Board. SD thanked Dr Ryan for input into the meeting, and noted that the district is looking to increase palliative care specialists including one for the Macksville/Nambucca area; and that Macksville hospital had just employed seven nursing graduates which is an increase on previous years.</p> <p>(Board Members Dr Joanna Sutherland and Mr Neil Wendt joined the meeting via Video Conference).</p>			
<p><b>Resolution:</b> The Governing Board received and noted the information provided in Item 1.</p>			
<p><b>Item 2: Minutes of Governing Board</b></p>			
2.1	Minutes of Meeting 14 March 2018 Confidential File Note was endorsed		
<p><b>Resolution:</b> The Minutes of the Governing Board meeting of 14 March 2018 were confirmed as an accurate record and will be made publicly available on the MNCLHD website.</p>			
<p><b>Item 3: Business Arising</b></p>			
<p><b>Action Table and follow up</b></p>			
3.1	Action Table <b>Resolution: The Action Table was noted.</b>		
3.2	<p><b>Bellingen Medical Model</b> SD to prepare a Brief for the Board on proposed Bellingen Medical Model, including NWAU service.</p> <p><b>Action deferred to May meeting.</b></p>		
3.3	<p><b>UK Manslaughter case against Paediatrician/Lismore Coroners report</b> SD to summarise the case and provide a paper to the Board. SD advised that he would also raise this case at the forthcoming CE Forum to ask if this case affects our health system and what can we learn from it. SD to include a paper on the Lismore case following the release of the coroner's report.</p> <p><b>Action deferred to May meeting.</b></p>		
3.4	<p><b>Quality Improvement Strategy Report</b> The Board requested the Health Care Quality Sub-Committee review the Quality Improvement Strategy Report when completed and advise the Board on the best way forward.</p> <p><b>This Report will be provided at the May meeting.</b></p>		
3.5	<p><b>Clinical Leadership Graduation Program</b> WG to write to Kathleen Ryan and her team, commending them on the work they do hosting the Clinical Leadership program, noting the CEC is also to be commended for their support.</p> <p>WG has written to Kathleen and her team commending them on CLP program.</p>		
3.6	<p><b>Macksville Maternity Services</b> WG requested Macksville Maternity Services – Midwifery Led Model be put on the Agenda for discussion at the April Board meeting. WG further recommended taking up suggestion to re-advertise the vacant position.</p> <p>Refer Agenda Item 6.1</p>		
<p><b>Resolution:</b> The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.</p>			

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<b>Item 4: Chief Executive's Report</b>			
4.1	<p>Chief Executive's Report and Attachments were noted:</p> <ul style="list-style-type: none"> <li>• Brief: Bowraville Community Health Centre GP Services</li> <li>• Brief: Schematic Design for the Emergency Department; Renal Unit refurbishment at Coffs Harbour Health Campus.</li> <li>• Brief: PMBH and CHHC ED ETP Detailed Analysis</li> <li>• Brief: Tresillian Consultation Report</li> <li>• Report: Feedback on Draft Implementation Plan for the Seclusion and Restraint</li> <li>• Healthy Communities MNC Innovation Fund Guidelines</li> <li>• MNCLHD Media Release – BHI Healthcare Quarterly Report</li> <li>• BHI Health Quarterly Information Performance Profiles for MNCLHD.</li> <li>• MNCLHD Anaesthetic Review</li> <li>• MNCLHD Media Release – Medical Research to Improve Healthcare</li> <li>• MNCLHD Local and Statewide Performance Update</li> <li>• Draft MNCLHD Performance Meeting Record 13 February 2018</li> <li>• NSW Health League Table FYTD January 2018</li> <li>• SEF – Turning Governance and Accountability</li> <li>• Business Case: PMBH Car Park</li> <li>• MNCLHD Aboriginal Health Dashboard</li> </ul> <p>Stewart Dowrick provided an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> <li>• Coffs Harbour Health Campus Expansion – the ED design and renal are currently being reviewed. WG noted that the Board is concerned that we have appropriate ED and Renal services in the new build. WG advised that HI have noted these concerns.</li> </ul> <p><b>Resolution: The Board noted the issues around the delivery of ED services and Clinical Services Plan in the renal area and that this should be addressed going forward.</b></p> <ul style="list-style-type: none"> <li>• Peak Activity – March ETP results have not reflected an improvement as anticipated. Meetings will be held with key senior executives to review existing strategies and start preparing for 2018/19. The following strategies will also be implemented in May; a Night Triage Nurse for Coffs Harbour and additional HAS Support, and, four beds of the ESU to open at PMBH. WG asked if we can identify three or four items for the next meeting to work through? SD to identify the three or four main problem areas and invite the GM's to present to the Board on what they are doing to address.</li> <li>• Performance Management – work continues to improve better reporting in this area.</li> <li>• VMO Reappointment Process – The majority of contracts have now been distributed. We have provided information to the AMA on the matter relating to the expectation that medical officers who are responsible for acute patients should (or their delegate) see patients in the morning, and that patients have a right to elect to be either a public or a private patient in a public hospital.</li> <li>• Obstetrics services at PMBH – Discussion is taking place with the AMA in regards to Obstetrics services at PMBH.</li> </ul> <p><b>Resolution – The Governing Board noted the two issues being discussed with the AMA.</b></p> <ul style="list-style-type: none"> <li>• Executive Recruitment – Sara Shaughnessy has been appointed to the position of Director of Mental Health and Integrated Care and will commence on Monday 23 April 2018. SD noted the fine work Alan Pretty has done while acting in this role.</li> <li>• Kimberley Sayner has been appointed to the role of District Internal Audit Manager.</li> <li>• Draft Implementation Plan for the Review of Seclusion and Restraint - The district has provided comment on the Draft Implementation Plan. GW noted that an opportunity was missed to request feedback from an Allied Health perspective. SD to follow this through.</li> <li>• Healthy Communities Mid North Coast – The program was launched at the end of March and has received positive media coverage.</li> <li>• Clinical Services Plan – The Clinical Services Plan will come to the Board at the May meeting.</li> </ul>		

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	<ul style="list-style-type: none"> <li>Key NSW Ministry of Health Measures – the District maintains its ‘0’ rating.</li> <li>MNCLHD Anaesthetics Review – The review has been completed and a number of recommendations made which primarily focus on the services provided in the Hastings Macleay Clinical Network. WG commented on the excellent quality of this work, noting there seems to be agreement across the craft group and that we should be pleased with the outcome. WG further noted that there will be a meeting on Saturday 14 April with the anaesthetists hosted by Mick Reid to discuss the recommendations.</li> </ul> <p><b>Resolution: The Board noted the report on the Anaesthetics Review, and have requested an update after the meeting on Saturday 14 April.</b></p> <ul style="list-style-type: none"> <li>Research Centre Review – a consultant has been commissioned to prepare a Master Plan in regards to the development of Research Centres on the Mid North Coast. The University of Newcastle have expressed an interest to partner with us with one of the centres.</li> <li>District Budget - results for March are similar to February and are stable. FTE numbers are sound. The District will meet its NWAU target.</li> <li>Healthy Kids Bus Stop – Royal Far West have confirmed an in-principle agreement to work with the District to deliver the Healthy Kids Bus Stop Program over the next three years.</li> <li>Meet the CE – A number of informal gatherings have been held with individual staff groups across the district where staff come along and have a casual discussion with the CE. The gatherings have been well attended and positively received.</li> <li>PMBH Carpark – The Business Case for the Port Macquarie Base Hospital Car Park is finalised.</li> </ul> <p><b>Resolution: The Board noted the Business Case for the PMBH car park.</b></p> <ul style="list-style-type: none"> <li>Aboriginal Cultural Wellbeing Centres – it was noted that there was perhaps some misunderstanding in the community with the role the wellbeing centres will play and the services they will provide.</li> </ul> <p><b>Resolution: The Board noted the concerns raised and noted the commitment of MNCLHD to Aboriginal Cultural Wellbeing Centres in our district and will continue to pursue them.</b></p>		
4.2	<p>Chief Executive’s Key Performance Indicators Chief Executive’s Performance Summary</p> <ul style="list-style-type: none"> <li>Discussion was held on the KPI report and the current actions and strategies in place against each item especially the ‘not performing KPI’s’.</li> <li>NParsons noted that without this information, we are unable to see if we have made improvements from past months, and therefore unable to look at strategies that can be implemented to improve.</li> <li>WG suggested taking note of the ‘R:Red-Not Performing’ KPI’s and requested SD provide a summary paper at the next meeting on how these KPI’s are being addressed. NParsons suggested reviewing the list and working out which ones would take our rating to one or two and which ones we should be addressing and working on with SD. We are missing the timelines and the current strategies however noting that a lot of the KPI’s are the responsibility of the Sub Committees and would we then be looking to take over this work?</li> <li>JS advised that most of the progress can be seen on the line item in the report.</li> <li>WG feels the KPI report is very comprehensive and that the Board has a responsibility to go through these strategies.</li> <li>NPorter agreed the strategies are a discussion of the board, and asked if the board can give directive to the executive to fix these issues or work through each one? Or, are we going to go through individually and come up with a strategy?</li> <li>WG stated the Ministry review the KPI’s as tier 1 and tier 2 KPI’s and suggested the Board identify the key priority areas for the committees and that the Board focus on the major priorities.</li> </ul> <p><b>Action: SD and Kathleen Ryan to review and provide options for how this information is presented and scheduled for discussion</b></p> <p><b>Resolution: The Board:</b></p> <ul style="list-style-type: none"> <li>Consider the KPI ‘R:Red – Not Performing’ matters as risks</li> <li>Need to identify those that get referred to the BSC</li> <li>Need to identify the top 10 risks and then review them</li> </ul>		



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<b>Resolution:</b> The Governing Board received and noted the information provided in Item 4.				
<b>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</b>				
<b>5.1 People, Patients and the Community</b>				
We deliver patient-centred care informed by patients, their families and the community				
<b>5.1.1</b>	<b>Board Sub-Committee: Community Engagement</b>  Chair of the Community Engagement Sub-Committee Janine Reed attended the Community Symposium.	Next Meeting 26 March	Chair CESC	
<b>Identification of Risks for Item 5.1 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.1:</b>				
1. The Governing Board received and noted the information provided in Item 5.1.				
<b>5.2 Leadership, Workforce and Culture</b>				
We support the development of our workforce through learning and development, with a culture that supports everyone to be their best				
<b>5.2.1</b>	<b>Board Sub-Committee: Workforce, Health &amp; Safety</b>	Next Meeting 16 April		
<b>5.2.2</b>	<b>Board Sub-Committee: MDAAC</b> <ul style="list-style-type: none"> <li>Confirmed Minutes – 8 February 2018</li> <li>Chair Summary – 8 March 2018</li> <li>MNCLHD Critical Actions Compliance Declaration</li> </ul> <p>Chair of the MDAAC Committee Rev. Dr John Barrett OAM advised the following:</p> <ul style="list-style-type: none"> <li>There will be an extra meeting of MDAAC on 26 April 2018 to review VMO contracts.</li> <li>We are on target to meet the 30 June deadline.</li> <li>Dr Helena Johnston is acting in Dr Michael Hills position.</li> <li>SB noted there is still some uncertainty in PMHM and that we may need to do some post June reconnaissance.</li> </ul>			
<b>Identification of Risks for Item 5.2 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.2:</b>				
1. The Governing Board received and noted the information provided in Item 5.2				
<b>5.3 Integrated Care</b>				
We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare				
<b>5.3.1</b>	<b>Board Sub-Committee: Integrated Care</b>  Professor Gail Whiteford provided a verbal update on the progress of the Committee.			
<b>Identification of Risks for Item 5.3 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.3:</b>				
1. The Governing Board received and noted the information provided in Item 5.3				
<b>5.4 Safety and Quality</b>				
The safety of our staff, patients and the community is at the core of everything we do. We use data, research and evidence to inform the delivery of quality care.				
<b>5.4.1</b>	<b>Board Sub-Committee: Health Care Quality</b>			

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	<ul style="list-style-type: none"> <li>Confirmed Minutes – 26 February 2018</li> <li>Chair Summary – 26 March 2018</li> </ul> <p>JBeange noted the presentation to Kempsey District Hospital Maternity unit was well received and facilitated good discussion.</p> <p>JS advised that the sequence of reporting for the Health Reform Committee (previously known as the Activity Based Management Committee (ABM) is under review.</p> <p><b>Action: WG requested the Health Reform Committee submit their papers directly to the Board for now, and that the Board will decide which sub-committee it should report into.</b></p>		
5.4.2	<p><b>BRIEF: MNCLHD Research Activities 2017</b></p> <ul style="list-style-type: none"> <li>MNCLHD Research Report 2017</li> <li>Rural and Remote Research Program Report 2017</li> </ul> <p><b>Resolution: The Board noted the BRIEF: MNCLHD Research Activities 2017.</b></p>		
<b>Identification of Risks for Item 5.4 (if applicable):</b>			
<b>Resolution/s confirmed by the Board relating to Item 5.4:</b>			
1. The Governing Board received and noted the information provided in Item 5.4.			
<p><b>5.5 Innovation and Research</b></p> <p>We evaluate our outcomes against best practice. We collaborate with academic partners to ensure research is part of our culture</p>			
5.5.1	<p><b>Board Sub-Committee: Health Service Development &amp; Innovation</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 2 February 2018</li> <li>Chair Summary – 6 April 2018</li> </ul> <p>The HSDI Committee meeting set down for 6 April 2018 was postponed until 13 April 2018. Minutes and Chair summary will be provided at the next meeting.</p>		
<b>Identification of Risks for Item 5.5 (if applicable):</b>			
<b>Resolution/s confirmed by the Board relating to Item 5.5:</b>			
1. The Governing Board received and noted the information provided in Item 5.5			
<p><b>5.6 Value and Accountability</b></p> <p>We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable</p>			
5.6.1	<p><b>Board Sub-Committee: Finance and Performance</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 27 February 2018</li> <li>Chair Summary – 27 March 2018</li> <li>Coffs Clinical Network Finance Performance March 2018</li> <li>Hastings Macleay Clinical Network Finance Performance March 2018</li> </ul> <p>Chair of the Finance and Performance Sub-Committee Neville Parsons, advised the following:</p> <ul style="list-style-type: none"> <li>The district is targeting a balanced budget result.</li> <li>There has been some great work done on improving FTE.</li> <li>We have asked the Finance committee to identify those that have been favourable to budget, and those things that have been missed.</li> <li>Carlie Kilikas will return from leave at the end of May 2018.</li> </ul>		

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	<ul style="list-style-type: none"> <li>The two network reports provide good information and are very informative. We should acknowledge the work around FTE.</li> <li>JBarrett – suggested perhaps we need to look at extra support for Kempsey Hospital.</li> </ul>		
5.6.2	<p><b>Report: Finance and Performance Report Year to Date 28 February 2018</b></p> <p><b>Resolution: The Governing Board noted the Finance and Performance Report Year to Date 28 February 2018</b></p>		
5.6.3	Board Sub-Committee: Audit and Risk	Next Meeting 26 June	
<b>Identification of Risks for Item 5.6 (if applicable):</b>			
<b>Resolution/s confirmed by the Board relating to Item 5.6:</b>			
1. The Governing Board received and noted the information provided in Item 5.6.			
<b>5.7 Closing the Gap</b>			
We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people			
5.7.1	<p><b>Board Sub-Committee: Close the Gap</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 4 December 2017</li> <li>Chair Summary – 27 February 2017</li> <li>Attachment 1 – Coffs Clinical Network AMIHS Presentation</li> <li>Attachment 2 – Helene Gardiner, Centre for Aboriginal Health Report</li> </ul>		
<b>Identification of Risks for Item 5.7 (if applicable):</b>			
<b>Resolution/s confirmed by the Board relating to Item 5.7:</b>			
1. The Governing Board received and noted the information provided in Item 5.7.			
<b>Item 6: Other Operational Items for Discussion</b>			
6.1	<p>Macksville Maternity Services – Midwifery Led Model</p> <p>This matter was discussed in item 1.1 with the Mayor of Nambucca Shire Council. WG noted that we are working on a delivery model at Macksville, and is seeking a report on what a Midwifery Led Models means.</p>		
6.2	<p>BRIEF: Members of Parliament Protocols when visiting MNCLHD health facilities</p> <p><b>Resolution: The Board noted the BRIEF Members of Parliament Protocols when visiting MNCLHD health facilities.</b></p>		
6.3	<p>BRIEF: MNCLHD Infant Mortality</p> <p><b>Resolution: The Board noted the BRIEF MNCLHD Infant Mortality</b></p>		
6.4	<p>BRIEF: MNCLHD Orientation Programme</p> <ul style="list-style-type: none"> <li>MNCLHD Orientation Handbook</li> </ul> <p>VE advised that the Orientation Programme has been redesigned around the strategic directions. The first session in Port Macquarie was well received, and all Board members are invited to attend future orientation days.</p> <p><b>Resolution: The Board noted the BRIEF MNCLHD Orientation Programme.</b></p>		
<b>Item 7: Directorate Updates</b>			



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<b>Directorate Updates</b>				
7.1	Mental Health & Integrated Care <ul style="list-style-type: none"> <li>NParsons would like to congratulate Alan Pretty on a very comprehensive report, and noted the delay of recruitment impeded an important program.</li> </ul>			
7.2	Public Health			
7.3	Aboriginal Health & Primary Partnerships			
7.4	Nursing, Midwifery & Workforce			
7.5	Clinical Governance & Information Services			
7.6	Financial Operations and Asset Management			
7.7	Communications and Strategic Relations			
7.8	Coffs Clinical Network Report <ul style="list-style-type: none"> <li>CNN Performance Dec 17 to Feb 18</li> </ul> <p>JBarrett noted the increased incidents of aggression in ED at CHHC. SD advised extra support to the site will include an additional 2.2 FTE for security officers.</p> <p>SB stated that we need to note the stress nicotine addicts feel in a smoke free environment. VE advised that there will be designated smoke areas at CHHC and PMPH.</p> <p><b>Resolution: The Board noted the report and the extra support for CHHC relating to increased aggression</b></p>			
7.9	Hastings Macleay Clinical Network Report			
<b>Resolution: The Governing Board received and noted the information provided in Item 7.</b>				
<b>Item 8: For Information of the Board (Discussion by exception)</b>				
<b>Correspondence, General Business &amp; Questions on Notice</b>				
8.1	Confidentiality (Standing item)	For Noted	Chair	-
8.2	Confidential A confidential discussion was held. A confidential file note recorded this discussion.			
8.3	Changes to Health Legislation Amendment Act 2018			
8.4	Renewal of Local Health District Board Membership			
<b>Resolution: The Governing Board received and noted the information provided in Item 8.</b>				
<b>Item 9: 2017 - Upcoming visits and events (for information)</b>				
Date		Event Details		
11 April		MNCLHD Governing Board Meeting - Macksville		
9 May		MNCLHD Governing Board Meeting – Port Macquarie		
13 June		MNCLHD Governing Board Meeting – Coffs Harbour		
14 June		MNCLHD Health Innovation Awards – Opal Cove Coffs Harbour		
<b>There being no further business the meeting closed at 6pm</b>				