

## MEETING MINUTES - Endorsed

**DATE:** Wednesday, 14 February 2018

**TIME:** 3pm – 6pm

**VENUE:** Coffs Harbour Health Campus ME025 (PMCHC VCN, PMQ 5 ED020)

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT
<b>Attendance and Declarations</b>				
<u>Welcome:</u> Warren Grimshaw AM, Chair.				
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), David Kennedy (DK), Prof Gail Whiteford (GW), Janine Reed (JR), Dr John Barrett (JBarrett), Dr Stephen Begbie (SB), Neville Parsons (NParsons) Neil Wendt (NW), Dr Jennifer Beange (JBeange), Dr Jo Sutherland (JS)				
Apologies: Dr John Neal (Observer)				
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL), Julie Usher - Minutes				
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions				
<b>Item 1: Presentations</b>				
<b>Presentations</b>				
1.1	NIL			
<b>Item 2: Minutes of Governing Board</b>				
2.1	Minutes of Meeting 13 December 2017			
	<b>Resolution: The Minutes of the Meeting 13 December 2017 were endorsed with an amendment to the notation on the anaesthetics review.</b>			
	<b>Resolution: The Minutes of the Governing Board meeting of Meeting 13 December 2017 were confirmed as an accurate record and will be made publicly available on the MNCLHD website.</b>			
<b>Item 3: Business Arising</b>				
<b>Action Table and follow up</b>				
3.1a	Action Table <b>Resolution: The Action Table was noted</b>			
3.1b	<b>Mental Health</b> BC to provide a final report, following the NSW Health review on seclusion, restraint and observations of patients with a mental illness. (Delayed due to recruitment to Director position)			
3.1c	<b>Project Number for Coffs Clinical Network</b> SD to seek advice from the MoH regarding the delay in issuing a project number for the Coffs Clinical Network Five Year Strategy when this funding has already been approved.  SD advised the Board that the MoH has instructed that the projects proceed. <b>Resolution: The Governing Board noted the update on the Coffs Clinical Network provided by SD.</b>			
3.1d	<b>HCQC – Specific to Audit Plan</b> Neville Parsons agreed to identify three strategic issues for the risk cycle in the District, and to incorporate these into the plan.			

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	<p>NP advised the following three strategic issues for inclusion in the risk cycle plan:</p> <ol style="list-style-type: none"> <li>1. VMO payments</li> <li>2. Succession planning and positioning to retirement</li> <li>3. Financial structure, including funding and expenditure</li> </ol> <p>WG advised the Board that the 1st Quarterly Performance Review Meeting for 2018 with MoH was held on Monday 12 February 2018. The District received another '0' rating and no performance issues were raised. It was noted that Health Care Quality is a key priority for the MoH and that our District is working on a Health Care Quality Framework.</p>		
3.1e	<p><b>District Anaesthetic Services</b> SD to undertake a review of anaesthetic services across the District, to better understand this workforce/rostering issue</p> <p>SD advised that work on this review is progressing well and that a draft review will be ready for the Board by March/April 2018.</p>		
3.1f	<p><b>Board performance</b> WG to invite Carrie Marr from the Clinical Excellence Commission to present on how we could implement some of the processes outlined in the 'Measuring Quality Improvement for Board's and Executive's' document, and if this should be managed through the Clinical Governance directorate.</p> <p>WG advised that an invitation to Ms Marr has been sent, and will advise the Board when a reply is received.</p>		
3.1g	<p><b>Top 10 Risk Report</b> SD to write to the MoH about seeking feedback on the Top 10 Risk Report</p> <p>SD advised that a letter has been sent to the MoH seeking feedback on the Top 10 Risk Report. SD to update the Board when a reply is received.</p>		
3.2	<p><b>Governing Board Planning Session</b></p> <ul style="list-style-type: none"> <li>• Draft Minutes Governing Board Planning Session 24 Jan 2018</li> <li>• Draft Governing Board 2018 Priorities</li> </ul> <p>NParsons suggested asking the Audit and Risk Committee, to review the 2018 priorities as outlined by the Board in conjunction with the risk register, and to advise what our risks are in delivering each one.</p> <p>WG thanked the Board for their attendance and contribution to the Governing Board Planning Session held on 24 January 2018 and that this discussion will help lead the District in the right direction for 2018.</p>		
<p><b>Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.</b></p>			
<p><b>Item 4: Chief Executive's Report</b></p>			
4.1	<p>Chief Executive's Report and Attachments were noted:</p> <ul style="list-style-type: none"> <li>• MNCLHD Surgical Service Options</li> <li>• Reporting for Better Cancer Outcomes (RBCO) Report</li> <li>• Correspondence to Dr Danny Ryan re Macksville Hospital</li> <li>• BHI Report – Draft Hand Hygiene Compliance Report – Jan 2018</li> <li>• BHI Report – Draft 2017 Commonwealth Fund International Health Policy Survey Adults aged 65+ years</li> <li>• BHI Report – Using predictive risk modelling for performance measurement</li> <li>• Correspondence from Elizabeth Koff re Smoke Free Health Care Policy</li> <li>• Draft MNCLHD Performance Meeting Record 20 November 2017</li> </ul>		

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<ul style="list-style-type: none"> <li>Macleay Valley Aboriginal Health Partnership Committee Annual Report</li> </ul> <p>Stewart Dowrick provided an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> <li>Bowraville Brokerage Solution – the opening of the Bowraville Community Health Centre took place in early February and was well attended by community representatives. SD noted the positive relationships building with the team from the Australian Indigenous Doctors Association (AIDA). SD advised that AIDA have their Board meeting in Coffs Harbour and encouraged as many Board members to attend as possible. WG supported the attendance of Board members at this meeting.</li> <li>Coffs Clinical Network Five Year Strategy – The Transit Lounge is due for completion in early May 2018. The expanded ICU area is anticipated to be completed and available for use by August 2018. The Transit lounge will include beds and lounges.</li> <li>Macksville Redevelopment – SD attended the final Treasury Assurance meeting with Health Infrastructure for the new hospital. The final schematic design is almost complete and tenders will be issued. A/ Project Manager Coffs Clinical Network, Capital and Strategic Projects Mark Wilson is to be commended for his thorough work on this project. A CT scanner is currently not in scope in the Business Plan however the project team are currently working through a Business Case.</li> <li>SB asked if a commercial arrangement with an external provider to co-locate their services at the new hospital could be considered? SD advised that this may be a possibility and is being considered as part of the Business Case.</li> <li>Coffs Harbour Health Campus Expansion – the Schematic design will be presented to the Board. Preliminary work is expected to commence mid-2018.</li> <li>Surgical Services Review – The final HI commissioned paper on Surgical Services within the MNC undertaken by PWC was presented to the Board. The paper commends some of the work we are doing in the District and provides advice on how we can look to strengthen services in both networks. WG stated we are dealing with the recommendations contained in the report including planning for small hospitals. WG noted that this is an important document which we can refer to as required.</li> </ul> <p><b>Resolution: The MNCLHD Surgical Service Options paper was noted by the Board.</b></p> <ul style="list-style-type: none"> <li>Peak Activity – January reflected a trend to normal levels of activity, with Emergency Department activity slightly below last year’s numbers.</li> <li>Emergency Treatment Performance (ETP) - the District is slightly below when compared to this time last year, acknowledging there is still impact from Winter. SD highlighted particular types of patients, which are preventing us from achieving ETP. This is the first time we have undertaken this piece of work. We are treating more people within the 4 hours, but not meeting the percentage target. WG noted this is a risk for the District, and that we need to ensure this is part our overall risk considerations. SD advised that we will have this in our top dozen risks. It was noted that the MoH are also keeping watch on ETP</li> </ul> <p><b>Action: SD to provide an update on ETP at the March Board Meeting.</b></p> <p><b>Resolution: The Governing Board noted Stewart Dowrick’s update on ETP and the strategies being employed to achieve goals. The Governing Board extended their appreciation to all staff and thanked them for managing the increased presentations over summer and winter 2017.</b></p> <ul style="list-style-type: none"> <li>Performance Management – District performance reviews have fallen back to 60%. Correspondence has been sent to the two Network General Managers advising that this result is not acceptable.</li> <li>VMO Reappointment Process – regular meetings continue to monitor progress made. A small number of VMO’s have not returned any paperwork. It was noted that the AMA sent a circular requesting feedback on contracts which have not been issued. Negotiation points centre around servicing of public and private patients and the ability to attend to patients daily (weekdays) between 0700 and 1000. SD advised he has spoken with CHHC MSC Chair Dr John Neal and PMBH MSC Chair Dr Bruce Hodge regarding representing</li> </ul>			

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<p>medical staff within the District. SD advised we are working through some legacy issues and nuances in the District on this matter.</p> <ul style="list-style-type: none"> <li>• SB raised concern regarding the length of time, and the extensive requirements (vaccination records, WWCC etc) needed for renewing his contract and felt that the process takes too long and is affecting the good will of Doctors needing to provide this information every quinquennium.</li> <li>• SD advised that while he appreciates the time it takes to bring all of this information together, these are mandated requirements expected of all and need to be completed correctly. SD said he would raise SB's concerns with the MoH when the current process is finalised.</li> <li>• JBarrett advised that administration of the current reappointment process had been challenging, and had seemed more complex compared to last time, and agreed with SB that perhaps we need to report back to the MoH on some of the difficulties faced. SD noted that the VMO reappointment process is predominately a rural model, and that our staff are doing their best to follow up information as efficiently as possible.</li> </ul> <p><b>Action:</b>  <b>SD to circulate the correspondence from the AMA, and to determine if there is a need to brief them.</b>  <b>SD to meet with Dr John Neal and Dr Bruce Hodge to seek their thoughts on the VMO reappointment process.</b>  <b>SD to undertake a review of the process at the end of the year.</b>  <b>SD provide an update paper for the next meeting on concerns with individual craft groups.</b></p> <p><b>Resolution: The Governing Board noted the update on the VMO reappointment process. The Board also noted the concerns raised around the process and requested a review be undertaken at the end of the year and submitted to the Board. The Board also noted concerns with individual craft groups and requested SD provide an update paper for the next meeting.</b></p> <ul style="list-style-type: none"> <li>• Private Health Cover States Shifting Costs (media article) – it was noted that patients have a right to use their private health cover in NSW public hospitals. WG noted that the media article raised some important issues for the District going forward. In particular, the historic model of obstetric services at Port Macquarie Base Hospital.</li> <li>• Executive Recruitment – Vicki Simpson has commenced in the role of Executive Director Nursing Midwifery and Workforce and recruitment has commenced for (her former position) Director of Nursing at PMBH. Director Mental Health and Integrated Care interviews are scheduled for mid-February 2018. District Internal Audit Manager interviews are being held in February 2018. Theo Koenders will act in the role of Director Financial Operations and Asset Management for the maternity relief period.</li> <li>• Senior Executive Mid-Year Reviews – SD is conducting reviews and these will be provided to the Board when completed.</li> <li>• Key NSW Ministry of Health Measures – the District maintains its '0' rating.</li> <li>• Medical model at Kempsey – The Outpatient Services Plan has been endorsed by the KDH Medical Staff Council. The recruitment to three physicians has been completed and referred to MDAAC for approval.</li> <li>• Macksville Maternity – SD advised that we are exploring a midwifery-led model in line with models of care operating in facilities such as Tamworth, Dubbo and Murwillumbah, with the support of the ED Dr's who will provide emergency care, and other supports from Coffs Harbour. WG noted that it is a challenge for the administration to manage this service noting there are only a small number of births each year and balancing this need with the ability to provide quality and safety for patients. A VMO model is no longer sustainable with continued recruitment efforts since last year not attracting sufficient interest. WG noted that a maternity-led model is an option to be put forward to the Board for consideration. SD noted that any decision on services must be supported by the MoH. WG further noted the concerns expressed by the continuation of the current model as an expense to the District but we also have a responsibility to deliver the best possible service to the community. He also noted that we are making good progress toward a midwifery-led model, with support from Coffs Harbour.</li> <li>• NPorter asked about community consultation of the proposed model. SD advised that we will brief the MoH and the Macksville Medical Staff Council in February, then consultation with the community will occur which</li> </ul>			

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	<p>will include a communication plan as well as to the mums who are due to give birth this year. SD further noted that the Midwives are positive about the proposed model and that any emergency presentation to ED will be treated as a MET call.</p> <p><b>Resolution: The Governing Board supports the action taken action by the CE toward a midwifery led model, supporting Macksville maternity to provide the best possible services. The Board requested a resolution on this matter before 1 July 2018, or as soon as possible noting the importance of this issue.</b></p> <ul style="list-style-type: none"> <li>BHI Report – Draft Hand Hygiene Compliance Report – Jan 2018 – The Governing Board noted this report, and that while our medical staff seem to be doing well in hand hygiene, there is still some room for improvement</li> <li>NSW Health Smoke Free Health Care Policy – The Board noted concern on how staff would implement these changes in a safe way, and also noted the concern of staff who are dealing with patients who are unable to smoke while in care.</li> </ul> <p><b>Action: SD to invite Director of Public Health Paul Corben to present to the Board on how the NSW Health Smoke Free Health Care Policy will be implemented by staff in a safe way.</b></p> <ul style="list-style-type: none"> <li>Bellingen Medical Model – SD advised the need to introduce a sustainable on-call t model to support the role of local practitioners. Proposals (including hospitalist model) are being reviewed with the assistance of the Bellingen Medical Staff Council.</li> </ul> <p><b>Action: SD to prepare a Brief for the Board on proposed Bellingen Medical Model, including NWAU service.</b></p> <p><b>Resolution: The Governing Board noted the update on ongoing discussions and we will seek further advice over the next few months of possible models for Bellingen hospital. WG noted we need to do our homework, discuss options with the community to ensure we can meet health care safety and quality for the Bellingen community.</b></p> <ul style="list-style-type: none"> <li>Innovation and Research – Charles Sturt University Port Macquarie Campus has announced it will be hosting the Harvard University 2018 International Conference on Improving University Teaching, the first time this Conference is being held in Australia. MNCLHD will look to be involved in some capacity.</li> <li>NSW Rural Health Alliance – The District will submit the final sustainability and capability model to the rural CE's in February for endorsement. This will also outline a business plan to keep the Alliance model sustainable over the coming three years. SD noted the new Director of Research will work on MOU with other rural Health Districts.</li> </ul> <p><b>Resolution: The Governing Board noted the issues around innovation and research.</b></p> <ul style="list-style-type: none"> <li>WG and SD met with the Mayor of Port Macquarie Hastings Council Peta Pinson in January 2018.</li> </ul>		
4.2	<p>Chief Executive's Key Performance Indicators</p> <ul style="list-style-type: none"> <li>NPorter asked if the CE's KPI Report is provided to the MoH. SD advised that the MoH does not receive this specific report format but that they have their own reporting mechanisms for picking up our statistical data. The MoH also request further information when they identify a target that is not being met. SD noted that any concerns raised by the MoH are quickly picked up and then raised with the Board.</li> <li>SB spoke about a legal case in the UK where, in 2015 a British trainee paediatrician was convicted of manslaughter on the grounds of gross negligence over the death of a six-year-old. In January 2018, the UK High Court ruled the Dr must be struck off the UK medical register, banning the Dr from the profession for life. The case has raised concern in medical circles around the world because while the Dr did make errors, it was reported that the Dr had just returned from maternity leave, was forced to cover the roles of up to four doctors, her supervising consultant was away, and the hospital's IT system was down, causing chaos. SB wondered if our systems were similar, if this would impact our culture of open disclosure. JS said the</li> </ul>		

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<p>primary issue coming out of this case will likely be supervision and the levels of care provided to ensure patient safety.</p> <p><b>Action: SD advised that he would 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.</b></p>			
<p><b>Resolution:</b> The Governing Board received and noted the information provided in Item 4.</p>			
<p><b>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</b></p>			
<p><b>5.1 People, Patients and the Community</b></p>			
<p>We deliver patient-centred care informed by patients, their families and the community</p>			
<p><b>5.1.1</b></p>	<p><b>Board Sub-Committee: Community Engagement</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 25 September 2017</li> <li>Chair’s Summary – 29 January 2018</li> <li>Consumer and Community Networking Day</li> <li>Chair of the Community Engagement Board Sub-Committee Janine Reed noted the Consumer and Community Networking day was very successful, with special thanks to Louise Harper who is doing a great job.</li> <li>Membership numbers for the Port Macquarie CRG are still a concern but work is continuing on this.</li> <li>Prof Gail Whiteford is joining the Community Engagement Sub-Committee.</li> </ul>		
<p><b>5.1.2</b></p>	<p><b>BRIEF: Draft Consumer Enablement Guide</b></p> <ul style="list-style-type: none"> <li>Draft Consumer Enablement Guide</li> </ul> <p><b>Resolution: The Governing Board noted the Draft Consumer Enablement Guide. The Guide will be a best practice document and will be submitted to the Board for endorsement when finalised.</b></p>		
<p><u>Identification of Risks for Item 5.1 (if applicable):</u></p>			
<p><u>Resolution/s confirmed by the Board relating to Item 5.1:</u></p>			
<p>1. The Governing Board received and noted the information provided in Item 5.1.</p>			
<p><b>5.2 Leadership, Workforce and Culture</b></p>			
<p>We support the development of our workforce through learning and development, with a culture that supports everyone to be their best</p>			
<p><b>5.2.1</b></p>	<p><b>Board Sub-Committee: Workforce, Health &amp; Safety</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes 30 October 2017</li> <li>Chair’s Summary – 18 December 2017</li> </ul> <p>• Chair of the Workforce Health and Safety Sub Committee Neil Porter asked if it would be worthwhile undertaking an independent review of staff culture related to bullying, in particular within the JMO workforce.</p> <p><b>Action: The Governing Board agreed in principle to the suggestion, and requested a Brief outlining desired outcomes from such a review.</b></p> <ul style="list-style-type: none"> <li>WG noted that the completion of the Workforce Plan is becoming critical.</li> <li>WG would like to understand what strategies are being adopted to improve performance review targets.</li> <li>GW asked what programs are in place to support staff who identify as LGBTQI. JS noted that NSW Health is an employer of choice and wondered if there was a need for specific support to this group.</li> </ul>		

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<ul style="list-style-type: none"> <li>It was noted that this topic had not previously been raised through the Workforce Health and Safety Sub-Committee.</li> </ul> <p><b>Action: Review of support for LGBTIQ staff to be put on the Agenda for discussion at a future meeting. Discussion to include the need for advice on the nature of the issue, a scoping study and how we go about it. SD to ask Vicki Simpson to prepare a Brief about what we have and do not have in place to support LGBTIQ staff and what we may need to do to further support them. The Workforce Health and Safety Committee to also discuss this matter.</b></p>			
<p><b>5.2.2 Board Sub-Committee: MDAAC</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 9 November 2017</li> <li>Chair’s Summary – 14 December 2017</li> </ul> <ul style="list-style-type: none"> <li>Chair of the MDAAC Committee Dr John Barrett tabled a paper - VMO Reappointment Project paper.</li> </ul> <p><b>Resolution: The Governing Board noted the MDAAC papers and John’s good work with this sub-committee. WG noted the issues of the MDAAC are not easy.</b></p> <ul style="list-style-type: none"> <li>JBeange asked what our capacity is to improve access to psychiatrists within the District, including investigating a con-joint appointment with the Universities. JB advised that we had just appointed a child psychiatrist at Port Macquarie (Elamatta House), and that most of this workforce is fly in/fly out.</li> <li>WG noted this is still a critical issue.</li> <li>JS asked if we can look at other models of care including telephone support.</li> <li>SB asked if we could host a weekend conference in Port Macquarie for young trainees, which then might encourage some to come and work in the District.</li> </ul> <p><b>Action: SD to review con-joint appointment of psychiatrists with the Universities.</b></p>			
<p><b>Identification of Risks for Item 5.2 (if applicable):</b></p>			
<p><b>Resolution/s confirmed by the Board relating to Item 5.2:</b></p> <p>1. <b>The Governing Board received and noted the information provided in Item 5.2</b></p>			
<p><b>5.3 Integrated Care</b></p> <p>We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare</p>			
<p><b>5.3.1</b></p>	<p><b>Board Sub-Committee: Integrated Care</b></p>	<p>Next Meeting 23 March 2018</p>	
<p><b>5.3.2</b></p>	<p><b>Brief: Domestic Violence Routine Screening (DVRS)</b> Attachment A DVRS 2017-18 Service Performance Attachment B DVRS Summary by LHD to Sept 17 Attachment C DVRS Accident and Emergency Summary by LHD July 17 Attachment D DVRS PowerForm D i and PowerNote D ii</p> <p><b>Resolution: The Governing Board adopted the recommendations in the Brief.</b></p>		
<p><b>Identification of Risks for Item 5.3 (if applicable):</b></p>			
<p><b>Resolution/s confirmed by the Board relating to Item 5.3:</b></p> <p>1. <b>The Governing Board received and noted the information provided in Item 5.3</b></p>			
<p><b>5.4 Safety and Quality</b></p> <p>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.</p>			
<p><b>5.4.1</b></p>	<ul style="list-style-type: none"> <li>Board Sub-Committee: Health Care Quality</li> <li>Confirmed Minutes – 27 November 2017</li> </ul>		

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<ul style="list-style-type: none"> <li>Chair Summary – 22 January 2018</li> <li>Chair of the Health Care Quality Sub-Committee Dr Joanna Sutherland noted there were no specific issues identified from the networks.</li> <li>WG noted we should have a better understanding of what the risks are within the District, and that we do not seem to have a strategy on identifying potential risks and issues.</li> <li>JS expressed concern around monitoring of equity targets, and monitoring patients six and 12 months' post admission.</li> <li>JBeange raised concern with the volume of information received from the Safety and Quality Commission and stated that she does not feel that we are getting reassurance as Board members as to what the key risks are and the mitigating factors. JBeange requested a clinical risk report and a simpler report with key indices on our critical risks.</li> <li>JS advised that Kathleen Ryan has reported that the Clinical Governance Unit is developing an LHD-wide Quality Improvement Strategy. Currently expected to be presented to SET in March/April and the Board.</li> </ul> <p><b>Action: The Governing Board requested the Health Care Quality Sub-Committee consider the comments raised, and asked that they review the Quality Improvement Strategy Report when completed and advise the Board on the best way forward. The Board has also requested advice on the progress of the action items in the Risk Management Plan 2016 -2019.</b></p> <p><b>Resolution: The Governing Board noted the general comments and the actions relating to the Quality Improvement Strategy Report.</b></p>			
<p><b>Identification of Risks for Item 5.4 (if applicable):</b></p>			
<p><b>Resolution/s confirmed by the Board relating to Item 5.4:</b></p> <ol style="list-style-type: none"> <li>The Governing Board received and noted the information provided in Item 5.4.</li> </ol>			
<p><b>5.5 Innovation and Research</b> We evaluate our outcomes against best practice. We collaborate with academic partners to ensure research is part of our culture</p>			
<p><b>5.5.1</b></p>	<p><b>Board Sub-Committee: Health Service Development &amp; Innovation</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 1 December 2017</li> <li>Chair Summary – 2 February 2018</li> <li>Chair of the Health Service Development and Innovation Sub-Committee, Dr Steve Begbie, said that work continues in sexual health services to demystify access to this service.</li> <li>SB noted a further two staff members had just joined the sub-committee, but there was a need for more people to participate to improve discussions.</li> </ul> <p><b>Action: The network General Managers to recommend nominees to participate in the Sub-Committee.</b></p>		
<p><b>Identification of Risks for Item 5.5 (if applicable):</b></p>			
<p><b>Resolution/s confirmed by the Board relating to Item 5.5:</b></p> <ol style="list-style-type: none"> <li>The Governing Board received and noted the information provided in Item 5.5</li> </ol>			
<p><b>5.6 Value and Accountability</b> We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable</p>			
<p><b>5.6.1</b></p>	<p><b>Board Sub-Committee: Finance and Performance</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 19 December 2017</li> <li>Chair Summary – 30 January 2018</li> <li>Chair of the Finance and Performance Sub-Committee Neville Parsons, gave an update on the last meeting. Noting the major issue is around delivery of on-budget NCOS result by achieving both own-source revenue and expenditure targets.</li> </ul>		



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	<ul style="list-style-type: none"> <li>NP noted that while there had been some good focus on FTE, the two large campuses are still over, so we are starting to ask some questions.</li> <li>We received almost what we asked for from the MoH with regard to the Winter activity. This will form the basis of some of the priorities for discussion with the MoH for the 2018/2019 Budget.</li> <li>NP advised that he and John Barrett will be meeting the new Acting/Director Financial Operations and Asset Management in the near future.</li> <li>WG asked about the over expenditures at Coffs Harbour and Port Macquarie clinical network, noting that our FTE is improving, do we seem to be making progress on the budget overall?</li> <li>NP advised that productivity and the efficiency of the revenue targets is a current risk, and that Coffs Harbour and Port Macquarie will not meet budget. NP stated we need to have a more realistic budget especially in Port Macquarie.</li> </ul>		
5.6.2	<p><b>Report: Finance and Performance Report Year to Date 31 December 2017</b></p> <p><b>Resolution: The Governing Board noted the Finance and Performance Report Year to Date 31 December 2017.</b></p>		
5.6.3	<p><b>Board Sub-Committee: Audit and Risk</b></p> <p>It was noted that the next meeting of the Audit and Risk Sub-Committee is on 22 February 2018.</p>		
<p><b>Identification of Risks for Item 5.6 (if applicable):</b></p>			
<p><b>Resolution/s confirmed by the Board relating to Item 5.6:</b></p> <p>1. The Governing Board received and noted the information provided in Item 5.6.</p>			
<p><b>5.7 Closing the Gap</b></p> <p>We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people</p>			
5.7.1	<p><b>Board Sub-Committee: Close the Gap</b></p>	<p>Next meeting 27 February</p>	<p>Chair CTG</p>
5.7.2	<p><b>BRIEF: Durri/MNCLHD Macleay Valley Aboriginal Health Partnership Committee</b></p> <ul style="list-style-type: none"> <li>Durri/MNCLHD Macleay Valley Aboriginal Health Partnership Committee Annual Report</li> <li>Durri Newsletter</li> </ul> <ul style="list-style-type: none"> <li>Chair of the Close the Gap Sub-Committee David Kennedy noted the good partnership that the District is developing with Durri but was also seeking further advice on outcomes.</li> <li>SD advised that we are continuing to learn all the time on how to work with our colleagues and peers at Durri.</li> <li>SD mentioned that there is still an issue of unplanned readmissions in Kempsey.</li> </ul> <p><b>Action: SD to list some priorities for Jane to work with the PHN on unplanned readmissions in Kempsey. SD to provide comment on this at the next meeting.</b></p>		
<p><b>Identification of Risks for Item 5.7 (if applicable):</b></p>			
<p><b>Resolution/s confirmed by the Board relating to Item 5.7:</b></p> <p>1. The Governing Board received and noted the information provided in Item 5.7.</p>			
<p><b>Item 6: Other Operational Items for Discussion</b></p>			
6.1	<p><b>NDIS</b></p> <ul style="list-style-type: none"> <li>WG advised that he had received a number of enquires about our role in the NDIS.</li> <li>SD advised that we will decide by March 2018 if our six pilot projects will continue into the 2018/2019 financial year. It was noted that there are still a number of complexities in our District for people taking up NDIS packages, and that staff still had concerns about the right services reaching patients at appropriate times.</li> </ul>		

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
<ul style="list-style-type: none"> <li>JBarrett stated that unless the states support the implementation of the NDIS, there is concern it may fail by early 2019. JBarrett asked who we report to on NDIS and SD advised the Ministry of Health.</li> </ul> <p><b>Action: WG requested SD write a note of appreciation to the staff involved in the NDIS and the information that they are providing.</b></p>			
<b>Item 7: Directorate Updates</b>			
<b>Directorate Updates</b>			
7.1	Mental Health & Integrated Care		
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		
7.9	Hastings Macleay Clinical Network Report		
<p><b>Resolution: The Governing Board received and noted the information provided in Item 7, and stated that the updates were most useful.</b></p>			
<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)		
8.2	Letter from Minister Hazzard re October Council of Board Chair's Meeting		
8.3	<p>Board Training Summary of responses</p> <p><b>Resolution: The Governing Board agreed to refresher training on governance, strategies and priorities in 2018.</b> <b>Action: JU/VE to look into training options.</b></p>		
8.4	<p>BRIEF: Board Refresh of Chairs – February 2018</p> <ul style="list-style-type: none"> <li>WG noted that the current membership of Governing Board Members to the Sub-Committees was working well.</li> </ul> <p><b>Resolution: The Governing Board agreed to reaffirm the current membership for 2018.</b></p>		
8.5	<p>Invitation to Carrie Marr</p> <p>The letter to Carrie Marr was noted. Pending response.</p>		
8.6	<p>Board Chair's 2017 Summaries</p> <ul style="list-style-type: none"> <li>WG tabled the Board Chair's 2017 Summary of performance document.</li> <li>WG stated that he had also been seeking out discussions with the Chair's of the Medical Staff Councils and other staff. He had held a discussion with Chair of the Port Macquarie Medical Staff Council, Dr Bruce Hodge, and will be meeting with the Chair of the Coffs Harbour Medical Staff Council, Dr John Neal shortly. WG noted that Dr Hodge would be interested in attending a future Board meeting and presenting to the Board on the way in which the MSC see relationships with medical staff moving ahead into the future, as well as proposing some suggestions around budget. WG noted the enthusiasm from both MSC Chair's to work with us going forward ensuring they provide the best possible service to their communities</li> </ul> <p><b>Action: WG to invite Dr John Neal and Dr Bruce Hodge to the next Board meetings held in Port Macquarie and Coffs Harbour respectively, to present their views on how we are going.</b></p>		

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT
	<p>WG to Chair of the Kempsey Medical Staff Council Dr Colin Farquharson to attend and make a presentation at the March Board meeting in Kempsey.</p> <p>WG to invite Kempsey Shire Council Mayor Liz Campbell to a Board pre – meeting.</p> <p>Resolution: The Governing Board endorsed the proposal to invite the CHHC, PMBH and Kempsey MSC Chair's to attend and present to the Board.</p>			
8.7	<p>CE Annual Leave</p> <p>Resolution: The Governing Board noted that the CE is taking Annual Leave from 16 July 2018 to 17 August 2018 and that Kathleen Ryan will be acting Chief Executive as accountability for the Board. The Board noted this appointment.</p>			
8.8	<p>Clinical Leadership Program Graduation</p> <p>WG and NW attended the graduation of the 2017 cohort and noted the fantastic projects that the participants had been working on.</p> <p>Action: WG to write to Kathleen Ryan and her team, commending them on the work they do holding this program, noting the CEC is also to be commended for their support.</p>			
<p>Resolution: The Governing Board received and noted the information provided in Item 8.</p>				
<p><b>Item 9: 2017 - Upcoming visits and events (for information)</b></p>				
	Date	Event Details		
	14 March	Governing Board Meeting – Kempsey		
	20 March	Harmony in Health Expo – C.ex Club Coffs Harbour		
	11 April	MNCLHD Governing Board Meeting - Macksville		
	9 May	MNCLHD Governing Board Meeting – Port Macquaire		
	13 June	MNCLHD Governing Board Meeting – Coffs Harbour		
	14 June	MNCLHD Health Innovation Awards – Opal Cove Coffs Harbour		
<p>There being no further business the meeting closed at 6pm</p>				