

# MEETING MINUTES - Endorsed

**DATE:** Wednesday, 9 May 2018

**TIME:** 2.30pm – 6pm

**VENUE:** Port Macquarie Community Health Campus

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) Apologies: David Kennedy (DK), Prof Gail Whiteford (GW)			
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/Discussions</b>			
1.1	<p><b>Health Infrastructure Update on Coffs Harbour Health Campus and Macksville Hospital Redevelopments</b></p> <ul style="list-style-type: none"> <li>Rebecca Wark - Executive Director Regional and Rural Projects Health Infrastructure NSW</li> <li>Mark Brockbank - Senior Project Director Health Infrastructure NSW</li> <li>Mark Wilson - Project Lead Coffs Harbour and Macksville Redevelopment Projects, MNCLHD</li> </ul> <p>WG welcomed Rebecca Wark, Mark Brockbank and Mark Wilson. WG welcomed the project team and congratulated them on an absolutely fantastic job in getting us to where we are now with the Coffs Harbour and Macksville redevelopments. The Premier also noted the coordination and collaboration of the project team with clinical staff when she visited Coffs Harbour last week.</p> <p>Rebecca Wark noted the following key milestones (Coffs Harbour and Macksville):</p> <ul style="list-style-type: none"> <li>Over 700 staff and community members consulted in the projects</li> <li>Over 30 Project User Groups</li> <li>High levels of staff engagement including with clinical staff</li> <li>Schematic Design launched by Local MP's and NSW Premier for Coffs Harbour (April – May 2018).</li> <li>Construction to commence on both projects late in 2018</li> <li>Projects had a range of issues different to city areas.</li> <li>Integrated project team all sit together as one team which works well; and leads to respect, collaboration and working together to achieve better outcomes.</li> </ul> <p>A video 'Fly-through' of the new Coffs Harbour Health Campus was shown.</p> <p>Mark Brockbank noted the following key items:</p> <p>CHHC:</p> <ul style="list-style-type: none"> <li>CHHC – Reorganising (and improving) the entry from the highway, and the way the traffic moves into the hospital precinct, including bus traffic.</li> <li>CHHC – new four level building with a helipad on top: will have good links to the existing building</li> <li>Very good communication and feedback from the clinical groups</li> </ul>		

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<ul style="list-style-type: none"> <li>Project user groups will continue to meet post design</li> <li>Coffs and Macksville construction will commence late 2018</li> <li>CHHC - Parking numbers will not be affected.</li> <li>CHHC – Block and stack, supported by a strong elevator network through the core of the building:</li> <li>NW asked if the number of carparks will remain the same? HI advised that the numbers will not increase or decrease. HI noted that there will be a period of inconvenience for patients coming to the hospital during the construction phase but all efforts will be made to minimise this.</li> </ul> <p>Macksville:</p> <ul style="list-style-type: none"> <li>The new hospital will be positioned three kilometres north of the Macksville CBD just off the Pacific Highway.</li> <li>The site selection was thorough and will be built above flood level (to the same height level as the Pacific Highway): the site has a long lead-in road from the Pacific Highway.</li> <li>The building will be two-storey with a basement. Ground floor ED and inpatient units, maternity and Tresillian services. The building will have double height space with lots of light, activity and green space: the building will sit into its environmental space.</li> <li>The external façade is still under design with the architect.</li> <li>150 unpaid car parks will be provided at the front of the hospital.</li> <li>Construction phase will run very close to Coffs Harbour. Construction expected to be complete late 2020.</li> </ul> <ul style="list-style-type: none"> <li>WG stated that the two hospitals will be tendered separately and that it is purely coincidental that the projects are running in parallel in the design and the construction phase.</li> <li>WG noted that the CHHC and Macksville Hospital redevelopments totalled \$229 million in capital works projects for the district.</li> </ul> <p>During discussion regarding Coffs Harbour it was noted that the proposal may not meet the clinical services plan in full.</p> <p><b>Resolution/Action:</b></p> <ul style="list-style-type: none"> <li><b>SD to write to HI noting the project is unlikely to meet all components of the Clinical Services Plan.</b></li> </ul>			
<p>1.2</p> <p><b>ETP/Unplanned Readmissions Update</b> Jane Evans Coordinator Hastings Macleay Clinical Network, General Manager Port Macquarie Base Hospital</p> <p>WG welcomed Jane Evans to the Board meeting. Jane Evans Hastings Macleay Clinical Network (HMCN) Coordinator provided the board with the following update:</p> <ul style="list-style-type: none"> <li>HMCN have a governance arrangement in place for ETP and meetings are held once a month. Data is also reviewed on a daily basis and Jane receives a report from ED after every shift.</li> <li>PMBH – ETP: <ul style="list-style-type: none"> <li>Fallen short of overall ETP mainly impacted by admitted ETP</li> <li>Performs well for non-admitted ETP.</li> <li>High presentations; average of 95 per day.</li> <li>Higher acuity by protocol: Higher proportion of T1-3</li> <li>Protocols in place to ensure those who need specific treatments – by pass smaller hospitals and come to PMBH.</li> <li>Trauma arrangements will increase in the future.</li> <li>Reviewing if we are using other beds in the network successfully.</li> </ul> </li> <li>Kempsey – ETP: <ul style="list-style-type: none"> <li>Consistently good results since July 2017</li> <li>Improved admitted ETP with direct impact on overall ETP</li> </ul> </li> </ul>			

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<p>o High presentation; average 82 per day</p> <p>o Lower acuity to PMBH (bypassed for trauma, stroke, transfers). Higher proportion to T4-5</p> <p>Jane Evans advised network ETP issues include:</p> <ul style="list-style-type: none"> <li>o Patient numbers include those patients who return home and require services post treatment in Sydney hospitals</li> <li>o Hospital In the Home services are available for use</li> <li>o The enhancement of regional services such as cardiology and cancer services means that more patients will end up in hospital at some point.</li> <li>o We need to think about enhancing Allied Health services to increase weekend discharge.</li> <li>o PJ Paralysis staff education video on patient flow and that everyone can play a part in starting to get patients to go home. ETP is everyone's business.</li> <li>o Working on seasonal strategies (incl respiratory on-call trial over Winter), ED admissions, improving discharge summaries.</li> <li>o Need to improve linking patients to community services earlier to encourage earlier discharge</li> </ul> <p>WG asked JE what the three major priorities are:</p> <ol style="list-style-type: none"> <li>1. Engagement with doctors to ensure increased communication to support patient flow.</li> <li>2. Allied Health services to move to a seven day a week model to increase weekend discharge.</li> <li>3. Improving the discharge process to move patients through the system. Ensuring discharge planners are having early discussions with patients and also providing information on community supports</li> </ol> <ul style="list-style-type: none"> <li>• SB asked if it is feasible to consolidate the 'long corridor' idea, noting we have three separate hospitals in the network? JE advised that we are using our beds as networks now, and that there are always ways to improve. WG noted that communication is a key element of the whole process.</li> </ul> <p>Jane Evans advised HMCN Unplanned Readmissions issues include:</p> <ul style="list-style-type: none"> <li>o Improvements in unplanned readmission across PMBH and KDH since July 2017.</li> <li>o For some patients with complex and chronic care issues, hospital is the default location for assistance.</li> <li>o Limited access to GP's on weekends in Kempsey.</li> <li>o Many patients present with no wellness plan, no regular GP. Social issues include, unsupported in the community and family unable to cope at home, D&amp;A issues, homelessness, poor health literacy.</li> <li>o Discharge summaries are inconsistently prepared/not always received or reviewed by GP's</li> <li>o Poor health literacy incl limited understanding of discharge plan/patients unsure who to go to next.</li> <li>o Increased out of area visitors</li> <li>o Solutions include; electronic medical discharge summary policy, increased outpatients support, improved community connections incl with FACS and D&amp;A services, work with the PHN, follow up phone calls to high risk patients with known social issues.</li> </ul> <p>WG thanked JE for the presentation.</p> <ul style="list-style-type: none"> <li>• SD noted that the new physicians in Kempsey will bring a stronger confidence for patients to seek services locally.</li> <li>• NParsons asked if we could analyse the actual causes of the transfers from Kempsey to Port by acuity and determine if in fact we can achieve specialty services in at least one or more of those causes so that the patient can stay at Kempsey, thereby lifting the occupancy rate of Kempsey and easing the pressure on beds at PMBH.</li> <li>• SB noted that we need to use beds in other hospitals and make sure we have the model right.</li> </ul>			

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<ul style="list-style-type: none"> <li>JBeange mentioned the critical importance of outpatient clinics, because if the specialists are inside the hospital then that is where people would come for assistance. Access to specialists outside of the hospital needs to be a consideration.</li> <li>SD advised that we are expanding some of the clinics including in Kempsey.</li> <li>NParsons suggested further support of Allied Health services.</li> <li>SB agreed increased access to Allied Health services on a Sunday would be beneficial.</li> </ul> <p><b>Action: Agenda item for the June meeting</b></p> <ul style="list-style-type: none"> <li><b>Business case and consideration of specialists at outpatient's clinics</b></li> <li><b>Investigate the experiences of other networks and how they manage ETP and Unplanned Readmissions.</b></li> </ul>				
<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	<p>Minutes of Meeting 11 April 2018 The minutes were endorsed with an adjustment to reflect concern in item 1.2.</p>			
<p><b>Resolution:</b> The Minutes of the Governing Board meeting of 11 April 2018 were endorsed, with an adjustment to reflect concern in item 1.2, and confirmed as an accurate record and 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	<p>Action Table <b>Resolution: The Action Table was noted</b></p>			
3.2	<p><b>Bellingen Medical Model</b> SD to prepare a Brief for the Board on proposed Bellingen Medical Model, including NWAU service. <b>Action deferred to June 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. <b>Action deferred to June Meeting</b></p>			
3.4	<p><b>Quality Improvement Strategy Report</b> The Governing 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> <ul style="list-style-type: none"> <li><b>BRIEF: Draft Quality Improvement Strategy</b></li> <li><b>Draft Quality Improvement Strategy 2018-2021</b></li> </ul> <p>WG noted that outcomes and how we are going to monitor strategies and timeframes.</p>			
3.5	<p><b>Macksville Maternity Services</b> WG further recommended taking up suggestion to re-advertise the vacant position.</p> <p>SD advised that a report will come to the Board in June, and that readvertising of the vacant position has not started yet. SD noted that we are yet identify what a midwifery service looks like, and that a paper will come to the Board toward the end of the year.</p>			
3.6	<p><b>District Performance Review</b> SD to discuss with Neil Porter, strategies to improve staff engagement in the performance review process.</p>			

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	Neil Porter advised that Vicki Simpson is working on staff engagement strategies.		
3.7	<b>ETP and Unplanned Readmissions</b> SD to request the two Network General Managers to present to the Board on ETP and Unplanned Readmissions		Refer Item 1.2
<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.			
<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>• CCN Five Year Strategy Progress Report April 2018</li> <li>• Letter to MSC Chair's re 2018-2023 Letter of Offer</li> <li>• AMA Correspondence to Members</li> <li>• C Kilikas Resignation Letter</li> <li>• Brief: Clinical Nurse Consultant Parkinson's NSW HMCN</li> <li>• Letter from Parkinson's NSW re appointment of Neurological Nurse Specialist in Port Macquarie</li> <li>• District Parkinson's Disease Data</li> <li>• Brief: Reallocation of MERIT Beds</li> <li>• Draft: MNCLHD Clinical Service Plan</li> <li>• Local and Statewide Performance Update – February 2018</li> <li>• Ministerial Advisory Committee Presentation on Strengthening Rural Workforce</li> <li>• Annual Financial Statements of MNCLHD for the period ended 31 March 2018</li> <li>• Annual Financial Statements of MNCLHD Special Purpose Service Entity for the period ended 31 March 2018</li> <li>• MNCLHD Financial Statements ARC Special Meeting – Changes and Responses</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 – The district has undertaken an EOI process for GP services and is working through models of service. The service to be supported with clerical staff.</li> <li>• Macksville Hospital Redevelopment - Schematic Design launch was held in April.</li> <li>• Coffs Harbour Health Campus Expansion - Schematic Design launch was held in early May. The Transit Lounge and expanded ICU will now be available around late July and late August/early September respectively. Recruitment has commenced for additional nursing staff to support the expanded ICU.</li> <li>• Peak Activity – Winter seasonal plans to be approved for implementation in May and June. HMCN have the potential for extra EMU beds. Housekeeping roles supported to ensure we are cleaning beds as soon as possible to maximise bed usage. All triage targets for the district were achieved, and were the best result for 2017/2018 financial year.</li> <li>• VMO reappointment process- (Noting the two VMO's in attendance):               <ul style="list-style-type: none"> <li>○ The district has worked with the AMA to communicate with VMO's on outstanding contract issues. Revised letters are being sent out. The AMA has supported the process to date. SD has spoken to both MSC Network Chairs on the work done on this matter.</li> <li>○ The AMA has accepted our offer to work with them and the Ministry of Health, to develop a standard letter of offer that could be used state-wide in the future.</li> <li>○ Ken Barker is pursuing his review and will share a draft with the Board. WG noted that the Ministry is interested in this report as well.</li> <li>○ WG noted the progress on this matter and the way it is being handled. Further, noting the work of the CE in this process.</li> </ul> </li> <li>• Executive Recruitment – Sara Shaughnessy commenced as the new Director Mental Health and Integrated Care at the end of April.</li> </ul>		

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<ul style="list-style-type: none"> <li>• Executive Director Financial Operations and Asset Management - Carlie Kilikas resigned in late April citing family commitments and will not return following maternity leave. We have wished her well. Recruitment of a new ED Financial Operations and Asset Management will commence shortly. NParsons noted Carlie's very professional and capable skills especially around activity based funding. JBarrett noted Carlie had quite exceptional experience.</li> <li>• Parkinson's Clinical Nurse Consultant – A new position has been created within the HMCN for a Clinical Nurse Consultant as part of a collaborate arrangement between the District and Parkinson's NSW. The position will be co-funded by both parties and will commence toward the middle of the year.</li> <li>• MERIT Beds - Reallocation of four Magistrates Early Referral into Treatment (MERIT) Beds due to the voluntary administration of Bennelong's Haven in late 2017.</li> <li>• Clinical Services Plan - The draft CSP Plan was provided to the Board. WG asked for feedback on providing a one page 'look forward' summary for the Board, and to invite Richard Gilbert to the next Board meeting (by phone) to present. WG further noted that it will take some time to go through the plan and that it is structured very well and that we are making progress on the strategies. NW noted the document was good. NParsons requested the document be aligned to the MNCLHD Strategic Directions. NPorter asked if the nursing midwifery and workforce position had been filled.</li> <li>• Wauchope Health Precinct – the District is working with Bundaleer Nursing Home to identify potential new service opportunities between the two organisations.</li> <li>• Key NSW Ministry of Health Measures – the district maintains its 'O' rating.</li> <li>• MNCLHD Anaesthetic Review – the draft has been completed and the final report will come to the Board</li> <li>• Maternity Services Review – currently in draft form. A report will be made available when completed.</li> <li>• Patient Safety Accounts - This report will come to the Board next month.</li> <li>• Joint Chair Professor of Evidence Based Nursing and Midwifery – applicant has accepted this role and will commence late August. Co funded role with the University of Newcastle</li> <li>• Conjoint role with Charles Sturt University – recruitment to a con-joint role responsible for Allied Health is on hold for two months.</li> </ul> <p><b>Action: WG requested a brief on all con-joint appointments and their resource commitments. This would be useful as a strategic issue to understand what is going to be achieved from the appointments, what the outcomes are and how these will influence the district.</b></p> <ul style="list-style-type: none"> <li>• The District established the first rural clinical placement program with the Garvan Institute, NeuRA Australia and The Black Dog Institute.</li> <li>• Director of Research – This role is expected to be advertised in June.</li> <li>• Service Agreement Negotiations – negotiations have concluded and a report will be prepared for the Board in June on funds available for 2018/2019. Some components include: <ul style="list-style-type: none"> <li>○ Palliative care- recruitment continues for a third palliative care specialist, to be shared between Kempsey and Macksville. This will allow the development of a governance model. WG noted we need direction and strategic leadership in this regard.</li> <li>○ Each network will receive funds for seasonal projects.</li> <li>○ Increased funds for additional elective surgery</li> <li>○ Funds to assist Mental Health NGO's</li> <li>○ Funds to support the approved con-joint roles and new Director of Reseach</li> <li>○ Further funds to support the district eMEDS program</li> <li>○ Funds to support the co-funded Parkinson's Disease Nurse</li> <li>○ Funds to support ICT growth and service agreement costs. Local Minor Works Program.</li> </ul> </li> <li>• WG noted these funds will assist with the issues at Kempsey, and the matters that came out of the anaesthetics review at PMBH. WG asked if we are happy to note the progress on the formulation of these items and that the report will be referred back to the Board by the Finance and Performance Committee.</li> <li>• Close the Gap – The District continues to progress aboriginal employment. SD congratulated the team on the Aboriginal Health Report Card.</li> </ul>			

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	<ul style="list-style-type: none"> <li>Mental Health – the recent report spoke about quality, leadership, workforce and structure.</li> </ul>		
4.2	<p>Chief Executive's Key Performance Indicators Chief Executive's Performance Summary</p> <ul style="list-style-type: none"> <li>The KPI report included further commentary against targets.</li> <li>The KPI report for July will include graphical and metric information.</li> <li>NPorter noted his appreciation for the extra information in the report.</li> </ul>		
<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> We deliver patient-centred care informed by patients, their families and the community</p>			
5.1.1	<p><b>Board Sub-Committee: Community Engagement</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 29 January 2018</li> <li>Chair's Summary – 26 March 2018</li> </ul> <p>Chair of the Community Engagement Sub Committee Janine Reed provided the following update:</p> <ul style="list-style-type: none"> <li>A Brief has been submitted on the Kempsey Renal and Home Training unit.</li> <li>JR asked the Board to make suggestions for the Community Connections group and advised that the Board is invited to attend these meetings. WG suggested a review of the strategic plan to decide on suggestions. NPorter suggested a review of violence at the ED, including a review of patients and asking them how they feel and if they feel safe, particularly at night time. The review could extend to staff, police and ambulance. NParsons suggested conducting a review of patients who are discharged that do not have their own GP, to understand how we could better support these patients.</li> <li><b>Resolution: These two suggestions to be put on the Agenda for the Combined Board Meeting with the NCPHN.</b></li> </ul> <p><b>Community Reference Groups (in collaboration with NCPHN)</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – Hastings Macleay Clinical Network – 20 February 2018</li> <li>Confirmed Minutes – Coffs Clinical Network – 23 February 2018</li> </ul> <p><b>Community Connections- Kempsey Renal and Home Training Unit</b> Notes from meeting 14 March 2018</p>		
<p><b>Identification of Risks for Item 5.1 (if applicable):</b></p>			
<p><b>Resolution/s confirmed by the Board relating to Item 5.1:</b></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> We support the development of our workforce through learning and development, with a culture that supports everyone to be their best</p>			
5.2.1	<p><b>Board Sub-Committee: Workforce, Health &amp; Safety</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 19 February 2018</li> <li>Chair's Summary – 13 April 2018</li> </ul> <p>Chair of the Workforce, Health and Safety Committee Neil Porter provided the following update:</p> <ul style="list-style-type: none"> <li>Planning has commenced for the 2018 People Matters Survey. A lot of work has gone into planning the survey this year and we are hoping for strong results.</li> </ul>		

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<ul style="list-style-type: none"> <li>A report of the JMO's survey is attached at 5.2.3. SB noted only a small number of JMO's completed the survey and suggested inviting JMO's to complete the survey during work hours next time to increase response rates. SD noted that while only a small sample, that some of the themes raised were concerning, particularly around bullying. SD stated we need to look at the areas where we are behind state averages and address these issues. JBeange noted it is very important in a rural area, with regard to recruitment, that we ensure we are doing something about the issues raised. SD advised he would not want to ever pay people to complete this survey. NParsons suggested conducting a focus group with a cross section of respondents to ask them to work through the issues with us. WG suggested referring this matter to the Community Connections group, and focus groups go ahead, that they include those who are employed on a full time basis.</li> <li>The Committee is again reviewing excessive leave. Violence prevention training is continuing.</li> <li>EAP is being utilised well by staff.</li> <li>WG noted the very thorough report.</li> </ul> <p><b>Action: The Community Connections group consider the proposal to conduct focus group discussions with available JMO's.</b></p>			
<p><b>5.2.2 Board Sub-Committee: MDAAC</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 8 March 2018</li> <li>Chair Summary – 12 April 2018</li> <li>MNCLHD Critical Actions Compliance Declaration</li> </ul> <p>Chair of the MDAAC Committee Rev. Dr John Barrett OAM provided the following update:</p> <ul style="list-style-type: none"> <li>A late paper on the progress of the VMO Reappointments Project was tabled. JBarrett noted that the team is working very hard to get all of the contracts back on time.</li> <li>WG noted that, following correspondence from the AMA, there is no reason for contracts not to be signed.</li> <li>SB suggested sending a thank you email to those who have returned their signed contracts, and advising them that there is no need for them to do anything further.</li> <li>Strong processes are now in place for the next quinquennium.</li> <li>SD advised that the AMA has accepted our offer to work with them and the Ministry of Health, to develop a standard letter of offer that could be used state-wide in the future.</li> </ul>			
<p><b>5.2.3 BRIEF: Junior Medical Officer Training Survey</b></p> <ul style="list-style-type: none"> <li>Summary of JMO MNCLHD Survey Results</li> <li>JMO MNCLHD Survey Results Report</li> </ul>	For Noting		Att. 5.2.3a Att. 5.2.3b Att. 5.2.3c
<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> <ol style="list-style-type: none"> <li>The Governing Board received and noted the information provided in Item 5.2</li> </ol>			
<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 Board Sub-Committee: Integrated Care</b></p>	Next Meeting 28 June 2018	Chair IC	
<p><b>5.3.2 Better Value Care (Standing Item)</b></p>	For Discussion	Chair	
<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> <ol style="list-style-type: none"> <li>That the Governing Board receive and note the information provided in Item 5.3</li> </ol>			



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<p><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.</p>			
<p><b>5.4.1</b></p>	<p><b>Board Sub-Committee: Health Care Quality</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 26 March 2018</li> <li>Chair Summary – 23 April 2018</li> </ul> <p>Chair of the Health Care Quality Committee Dr Joanna Sutherland, provided the following update:</p> <ul style="list-style-type: none"> <li>National stroke data had been reviewed via CPC and reflected higher than average rate of stroke rates/death within MNC compared with national outcomes. KR will report back to HCQC re: processes, monitoring and governance of stroke care within LHD.</li> <li><b>Action: Stroke rates/death within MNC to be included on the Agenda for the combined MNCLHD/PHN Board meeting.</b></li> <li>Three new risks were noted in the Enterprise Risk Report.</li> <li><b>Action: The Board have requested an update on the Top 10 Risks</b></li> </ul>		
<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> <p>1. <b>The Governing Board received and noted the information provided in Item 5.4.</b></p>			
<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 – 2 February 2018</li> <li>Chair Summary – 13 April 2018</li> </ul> <p>Chair of the Health Service Development and Innovation Committee, Dr Stephen Begbie provided the following update:</p> <ul style="list-style-type: none"> <li>Work on the Sensory Salon at Dorrigo MPS was well received. Providing the elderly with hairdressing and other beauty services. Supported by funding from operational funds. There were increased levels of wellbeing, comfort and quality of life noted among the patients and a perception of general improvement from staff.</li> <li>Work with Hepatitis patients continues to be on track. The goal of the service now is to find and treat those that are hard to engage or hard to reach.</li> <li>The 'Small Ideas' concept will commence at the June meeting.</li> <li>There is still room for more members on this Committee.</li> </ul>		
<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> <p>1. <b>The Governing Board received and noted the information provided in Item 5.5</b></p>			
<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 – 27 March 2018</li> <li>Chair Summary – 24 April 2018</li> </ul> <p>Chair of the Finance and Performance Committee, Neville Parsons provided the following update;</p>		

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
	<ul style="list-style-type: none"> <li>The Committee has been asked to review the productivity targets set by the MoH.</li> <li>The Committee has been asked to look at possible incentives that could be built into the Health system by way of individual rewards.</li> <li>On-budget results are being reviewed</li> <li>Reviewing a fully funded Allied Health model.</li> <li>Reviewing stock transfer processes when decanting the ED for the CHHC redevelopment occurs, to manage costs.</li> <li>We owe a debt to Kate Vandoros who is an incredible resource. Recognition of her performance should also be made at the Finance and Performance Committee meeting.</li> </ul> <p><b>Resolution: The Board extends our appreciation to Kate Vandoros for her valuable contribution and support during this time of transition. WG to send a letter to Kate thanking her on behalf of the Board.</b></p>		
5.6.2	<p><b>Report: Finance and Performance Report Year to Date 31 March 2018</b></p>		
5.6.3	<p><b>Board Sub-Committee: Audit and Risk (Next Meeting 26 June)</b></p> <p><b>Audit and Risk Special Meeting 13 April 2018</b></p> <ul style="list-style-type: none"> <li>Changes and Responses 31 March 2018 Financial Statements-ARC Special Meeting 13 April 2018</li> <li>MNCLHD Financial Statements at 31 March 2018</li> <li>MNCLHD Special Purpose Entity Financial Statements at 31 March 2018.</li> </ul>		
<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> 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> <ul style="list-style-type: none"> <li>Confirmed Minutes – 27 February 2018</li> <li>Chair Summary – 14 April 2018</li> <li>MNCLHD Aboriginal Health Report Card July 2017 to December 2017</li> <li>MNCLHD Aboriginal Health Dashboard 2018</li> <li>SB noted the difference between Aboriginal and non-Aboriginal mothers who smoke during pregnancy.</li> </ul> <p><b>Resolution: The Board noted the impressive reports and wished to congratulate the authors of the reports and those who have delivered the good results.</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>Notice of Motion: MNCLHD meeting with Kempsey Shire Council 28 March 2018.</p> <p>The Board noted the following NOM from the meeting with Kempsey Shire council on 28 March:</p> <ol style="list-style-type: none"> <li>The matter of resourcing a full-time manager (or assistant to HMN Manager) at the Kempsey Hospital. (now resourced 3 days a week from PMBH).</li> <li>Provision of future car-parking on vacant land opposite to Kempsey Hospital (opposite ED).</li> </ol>		

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT
	<p>3. Consultation with Rural Doctors Network concerning provision of GPs at Kempsey and Macksville.</p> <p>4. Consultation with Thompson Company (Nursing Home at Frederickton) concerning the development of 120 new apartments adjacent to NH, and the provision being made for medical offices.</p> <p>The Board noted items 1 and 2 apply to the Board. Items 3 and 4 apply to the PHN.</p> <p><b>Action: SD to write to the PHN regarding the proposed apartment block in Frederickton which is to include a medical precinct.</b></p>			
<b>Item 7: Directorate Updates</b>				
<b>Directorate Updates – Not due this month</b>				
<b>Item 8: For Information of the Board</b> (Discussion by exception)				
<b>Correspondence, General Business &amp; Questions on Notice</b>				
8.1	<p>Confidentiality (Standing item)</p> <ul style="list-style-type: none"> <li>Business update on proposed review of issues raised by PM MSC. A Confidential File Note was recorded for this discussion.</li> <li>NParsons suggested a meeting at half year, to review how we are aligning to the strategic plan, and to include integrated care.</li> <li>JBeange suggested a service report from Leading Better Value Care. NParsons suggested reviewing how we are managing Leading Better Value Care at a future meeting.</li> </ul>			
8.2	Council of Board Chairs Forum and Update from the Secretary, NSW Health			
<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>				
	<b>Date</b>	<b>Event Details</b>		
	1 June	Launch of the Mid North Coast Regional Child Obesity Plan – Port Macquarie		
	13 June	MNCLHD Governing Board Meeting – Coffs Harbour		
	14 June	MNCLHD Health Innovation Awards – Opal Cove Coffs Harbour		
	16-17 August	MNCLHD National Health Innovation and Research Symposium – Bonville Golf Resort		
	31 August (TBC)	IMPact Mental Health Forum – South West Rocks		
<b>There being no further business the meeting closed at 6.30pm</b>				