

MEETING MINUTES - ENDORSED

DATE: Wednesday, 11 July 2018

TIME: 2.30pm – 6pm

VENUE: Port Macquarie Community Health Campus (CHHC ED020/ PMQ MNCCI/)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
Attendance and Declarations			
<u>Welcome:</u> Warren Grimshaw AM, Chair.			
Present: Warren Grimshaw AM Chair (WG), Rev. Dr John Barrett OAM (JBarrett), Dr Jennifer Beange (JBeange), Dr Stephen Begbie (SB), David Kennedy (DK), Neil Porter (NPorter), Janine Reed (JR), Dr Joanna Sutherland (JS), Neil Wendt (NW), Prof Gail Whiteford (GW)			
Apologies: Neville Parsons Deputy Chair (NParsons)			
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Kathleen Ryan (KR), Lynn Lelean (LL), Dr Bruce Hodge (observer), Julie Usher Minutes			
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions - Dr Jennifer Beange advised that she is no longer employed by the PHN.			
Item 1: Presentations			
Presentations/Discussions			
1.1	<p>Presentation – Audit and Risk Presenter: Ken Barker</p> <p>WG welcomed Ken Barker Chair of the Audit and Risk Committee to the Board Meeting.</p> <p>Ken Barker reported on Audit and Risk Committee (A&RC) activities for the six months to June 2018, and noted the following:</p> <ul style="list-style-type: none"> • The end of financial year statements will be referred to the audit office and the MoH shortly. • At the A&RC Meeting held on the 13 June 2018, the Early Close financial statements were considered clean with the statements provided on time. Appreciation was extended to the finance team for a job well done in this regard. • Prior year issues (2017/2018) include: <ul style="list-style-type: none"> ○ Health roster and unapproved time sheets – the district is taking action on this. ○ Salary over payments and excessive annual leave – this is being monitored. ○ Asset revaluation (the next revaluation is due 2019/20) ○ SP&T accounts • The Auditor General has reported to Parliament on the benefits of the Health Roster rollout as managed by the Ministry. The report found that where implementation was early, benefits to the relevant District was not as high as later implementation sites such as the MNCLHD. The Ministry is responsible for taking further action where appropriate. • During the six months to June 2018, the Committee has: <ul style="list-style-type: none"> ○ Reviewed and endorsed the 2017/18 Early Close Financial Statements. ○ Monitored district responses to internal and external audit findings. ○ Reviewed as standing items: MoH Security Implementation Plan, Risk Management, WH&S, Financial performance, the Internal Audit Plan and overall governance issues. ○ Significant progress made in reducing the number of dormant SP&T accounts and reducing and reconciling the number of petty cash floats. The internal audit on petty cash exposed some weaknesses in internal controls and a number of floats have been reduced as a result of this. 		

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<ul style="list-style-type: none"> • Status of Internal Audits for the six months to June 2018; The following internal audit reports have been considered: <ul style="list-style-type: none"> ○ 2016/17 District and Network Return (Mandated by Ministry re patient coding). ○ Travel Claims ○ Ethics Education/Speak Up education programs continue. • The following internal audits will occur over the next six months: <ul style="list-style-type: none"> ○ Vmoney ○ Purchasing including P-Cards ○ Mobile phones and accounts payable ○ Enterprise Wide Risk Management ○ Recruitment ○ IIMS Management ○ Macksville facility. ○ WG asked how the enterprise audit for Macksville is managed. KB advised that they will review the outcomes from the audit and go from there. WG noted that this audit is of considerable interest to the Board. ○ NPorter advised that the ICAC revealed a number of poor recruitment practices and recommendations against same in the ICAC NSW Strengthening Employment Screening Practices in the NSW Public Sector February 2018 report. KB advised that the MoH would be reviewing these outcomes as part of their overall governance. • Internal Audit Resourcing: <ul style="list-style-type: none"> ○ Close to full utilisation of internal audit hours was expected to cover internal audits, investigations/PID's and associated requirements eg servicing the ARC. ○ Kimberley Sayner was appointed as Internal Audit Manager in early 2018 and the unit is now fully staffed. ○ Management response to audit recommendations is a standing item for all meetings. <ul style="list-style-type: none"> ▪ 59 are overdue including; Capital Works (21), and Travel (18). Four are deemed 'High Risk' and relate to PMBH drugs (1) and HM contracts (3). ▪ The IA Manager will now attend nominated SET meetings to bring overdue items to the attention of SET when action is required. ○ There have been a number of ICAC notifications lodged and three new PIDS. • Clinical Risk: <ul style="list-style-type: none"> ○ The ARC continues to review reportable incidents and the HCQC Report. An internal audit to review the Incident Reporting system is in draft and should be presented to the September ARC. This report could be made available to the Board after September. ○ The ARC reviewed the KPMG review of 2015 RCA recommendations at its February 2018 meeting. An outcome of this was the suggestion by the ARC to track implementation of RCA recommendations each quarter to ensure they are delivered. WG noted that the Board will review this from time to time. KR noted progress with RCA recommendations is monitored via the RCA portal and reported to the HCQC monthly. A quarterly overview could be provided to the Governing Board. JS noted that the RCA review group has formed in Coffs Harbour to monitor progress with RCA recommendations every second week. KR noted that the KPMG report has resulted in implementation of additional review mechanisms at local level. The focus of the KPMG is objective evidence of completion of implementation of the RCA recommendations ○ JBeange asked if the internal audit review also goes to the HCQC? KB advised, that yes, as soon as the report has been to the ARC, it can then go to any committee the Board sees fit. • Risk framework: <ul style="list-style-type: none"> ○ The district risk officer now attends the A&RC meeting. ○ The A&RC Committee review the Top 10 report and note that the MoH still do not provide feedback on this report. 			

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	<ul style="list-style-type: none"> ○ The A&RC Committee agreed with a change to future Risk reporting requirements and it will receive Biennial Risk Management Plan, Quarterly ERMS update and the Top 10 report to MoH. ● ARC focus areas – 2018 <ul style="list-style-type: none"> ○ Continue to monitor the implementation of Risk framework and its integration across the organisation, and improved risk reporting management. ○ Continue to support and focus on improved clearance of outstanding external and internal audit findings and recommendations. ○ Ensure compliance with PD 2016-51 dealing with ARC’s ○ Further influence the value of the districts governance, risk, control and external accountability frameworks. ○ Seek attendance of key Executives at the ARC where internal audits appear to reflect a need for significant reform in their area of responsibility. ○ Work with the Quality and Safety Sub Committee to provide an overall framework to the Board as to how clinical risk across the district is oversighted. ● JS asked if the risk management report is ERMS or current risks? KB advised that it looks at new risks or if they have been elevated or raised, what is going in and out at a district level and if the controls are strong enough. The ARC review the high, to extreme risks that the district needs to deal with. ● WG advised that the Board will be looking at the overall strategy for risk management. The Board will still review the Top 10 risks so that they are aware of what is going to the Ministry, notwithstanding the risk profile changes. KB has suggested to MoH that rurals share their risk profiles and that the MoH should be sharing this information. WG suggested SD take to this suggestion to the CE Forum noting this is a big issue from our district point of view. ● WG noted the crucial appointment of the new district risk manager. ● WG thanked Ken Barker for attending the meeting and the presentation on risk. 		
1.2	<p>Discussion with Dr Bruce Hodge Chair Hastings Macleay Clinical Network (HMCN) Medical Staff Council.</p> <ul style="list-style-type: none"> ● WG invited Dr Hodge to the meeting and spoke of establishing an on-going link with the MSC and the Board and the importance of ensuring that the MSC feel like they have a direct link to the Board, and asked how we can improve relating to clinicians going forward in this regard. <ul style="list-style-type: none"> ○ Kempsey site is going well. Kempsey is looking to extend and expand the number of surgeries noting that anaesthetics services are the biggest risk at the moment. It is estimated that 20%-25% of elective surgery lists are being cancelled at present due to the unavailability of anaesthetists. ○ Kempsey have secured an additional anaesthetist who will finish their training in 2019. ○ Kempsey are now working on and requesting six week rosters to minimise surgery cancellations. This will align rosters with nursing and other staff so that surgery can be scheduled accordingly and sends a message that ‘we want to run this better’. ○ WG noted that at the Council of Board Chair’s meeting held recently in Sydney, the Minister raised the matter of rostering well in advance so that staff know where they stand. <p>Resolution: The Board thanked Dr Hodge for drawing the Board’s attention to this matter.</p>		
<p>Resolution: The Governing Board received and noted the information provided in Item 1.</p>			
<p>Item 2: Minutes of Governing Board</p>			
2.1	Minutes of Meeting 13 June 2018		
<p>Resolution: The Minutes of the Governing Board meeting of 13 June 2018 were confirmed as an accurate record and will be made publicly available on the MNCLHD website.</p>			
<p>Item 3: Business Arising</p>			

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Action Table and follow up				
3.1	Action Table The Action Table was noted			
3.2	Better Value Care WG to seek advice on implementation of Better Value Care in June 2018. Refer Item 4.1			
3.3	Risk Framework SD to approach other Health counterparts to exchange on risk approach as there is still concern that there are items on the risk register that we do not have oversight of. Refer item 1.1.			
3.4	Bellingen Medical Model SD to prepare a Brief for the Board on proposed Bellingen Medical Model, including NWAU service. Brief to be provided to the Board in August.			
3.5	UK Manslaughter case against Paediatrician/Lismore Coroners report 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. SD is raising these matters with the CE's			
3.6	NDIS SD to write a note of appreciation to the staff involved in the NDIS.			
3.7	Board Governance Training VE to investigate if governance training can be provided on-line. VE to organise for face to face training in the second half of the year.			
3.8	Macksville Maternity Services WG further recommended taking up suggestion to re-advertise the vacant position Brief re Maternity Services Review to be provided in August.			
3.9	ROB Neil Porter to review the risks and mitigations strategies relating to the district roll out of ROB (Recruitment and On-Boarding system) Noted.			
3.10	District Performance Review SD to discuss with Neil Porter, strategies to improve staff engagement in the performance review process. Noted			
3.11	CE KPI Report SD and KR to review the CE KPI Report and provide options for how this information is presented and scheduled for discussion Noted			
3.12	Health Reform Committee			

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	<p>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 in to.</p> <p>Noted</p>		
3.13	<p>Macksville Hospital VE to review the Communications Plan for the new Macksville hospital to ensure appropriate community based communication.</p> <p>Noted</p>		
3.14	<p>JMO Survey The Community Connections group consider the proposal to conduct focus group discussions with available JMO's</p> <p>It was noted that Janine Reed is taking this forward.</p>		
3.15	<p>CHHC CSP SD to write to HI noting the CHHC redevelopment project is unlikely to meet all components of the Clinical Services Plan</p> <p>No longer required as the additional funding has been allocated</p>		
3.16	<p>Con-Joint Appointments 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.</p>		
3.17	<p>Close the Gap DK to provide an analysis of where the areas of improvement are with regard to CTG.</p> <p>Pending</p>		
<p>Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.</p>			
<p>Item 4: Chief Executive's Report</p>			
4.1	<p>Presentation: 2018-2019 Budget Presentation to Governing Board (Presenter Kate Vandoros) BRIEF: Key Developments 2018/2019 Budget Preparations (2018/2019 Budget presentation to Governing Board and SET post Service Agreement. 2018/2019 MNCLHD Service Agreement).</p> <p>Kate Vandoros provided the following overview of the 2018/2019 budget preparations</p> <ul style="list-style-type: none"> • Planning and preparation for the budget build for the financial year 2018/2019 continues to proceed on schedule. • Purchase negotiations with the MoH commenced December 2017 and were confirmed in the Service Agreement in June 2018. • There are subtle changes with the NWAU from 2017/2018. New services comprise 527 NWAU. • The district benefited from an increase in expense budget which is detailed in the Service Agreement. • Funding for ABF services is based on activity funding. The NSW state price has been set however from 2019/2019 general growth is now funded at 90% of the state price and new services at 100%. • This is the final year for the provision of Transition Grants. • There are noted increases in electricity prices and the MoH have provided some relief in relation to this. • SBegbie asked what proportion of savings do the solar panels cover the electricity bills? KV advised that the loan and interest for the solar panel project needs to be paid off first and then we will see savings along with the energy efficiency projects which are in place. • We are the only LHD to have a positive adjutor because our data quality is good. • The HAC has improved. 		

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<ul style="list-style-type: none"> • There is an increase in the revenue target and the MoH advises this is subject to a revenue realignment process. • The district will need to self-fund escalations in IntraHealth Warehousing, Food and VMO Fee for Service. • This is the final year where we expect to receive nil for the TMF hindsight adjustors. • There are revenue streams which we will not have in 2018/2019 including IPTAAS revenue. • HMCN has not been able to achieve the same revenue as CHHC and distribution between the networks will be applied. This is being raised at the Finance and Performance Committee meeting. • District capital projects funding includes; CHHC expansion increase from \$156M to \$194M; Macksville hospital redevelopment increase from \$50M to \$73M; Port Macquarie Carpark \$11.5M. SBegbie asked if this is a paid carpark? KV advised that this is a loan. WG noted the PMBH carpark will be discussed at a subsequent Board meeting and will include advice on the proposed communications strategy. • Funding for district minor works has increased. • The Special Budget Meeting with the Board is set down for Thursday 26 July 2018. • JS asked if commissioning funding that comes to the LHD from the PHN is reported on? KV advised that this revenue is part of new projects income. • SD noted the draft budget paper includes information on loans and commitments and that the change in NWAU was not notified to the district until the night of the budget. There is no Transition Grant this year. The HAC adjustment is good. We are following up issues of warehousing, food increases and the VMO increase. • SD noted that if the wages policy changes then we will need to reconsider how this will be funded. • WG noted that it seems to be unusual that we are required to increase the revenue target. KV advised that this is because some private doctors are charging well above gap fees. WG noted that this is a challenge and a risk if the proposed changes to private health insurance cover occur. • JS asked if we have ever seen the state efficient price as opposed to our price, and our network by network price? KV to provide this detail at the Special Budget Meeting. • SD advised that a paper on ABF price and distribution of funding would be tabled at the Special Budget Meeting. • WG on behalf of the Board thanked Kate Vandoros for the presentation. <p>Chief Executive's Report and Attachments were noted;</p> <p>Stewart Dowrick provided an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> • Bowraville Brokerage Solution – The Bowraville Community Health Centre opened in late June with the commencement of two GP's who will service the community. The administration should be congratulated on the new service to the Bowraville community. Bowraville can now be removed off the risk register. A six-month progress report will be provided to the Board in January 2019. • Macksville – there will be some subtle changes to the impatient services noting that the project fund of \$73M is quite tight. • CHHC Expansion - The Transit Lounge should be completed in August/September 2018. The additional funds for both Macksville redevelopment and CHHC expansion represent a 30% increase in project funding. ACTION: WG requested a report on the additional \$38M for the August Board meeting. • Coffs Harbour is still on the MoH ETP Watch List because they did not meet the 70% target three months in a row. Most of the growth money this year will support patient growth strategies. • Peak activity - Current peak activity numbers are not yet increasing like last year. We are not seeing the same peak number as same time last year. • MNC Childhood Obesity Regional Action Plan – the launch of the Healthy Communities MNC Childhood Obesity Regional Action Plan was held on the 1 June 2018 in Port Macquarie. • PMBH Carpark – As part of the 2018/2019 budget announcements \$11.5M in funding was announced for car park works at PMBH. Funding will be a staggered release. Recruitment for a project manager will 			

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<p>commence. SD has canvassed the issue of 'paid parking' with some PMBH staff. These staff indicated that if it meant it saved them time looking for a park then they would be willing to pay. Dr Hodge also noted that the staff he had spoken to about this matter, appear to have accepted that it will be a paid car parking arrangement noting that the amount will not be too much. WG noted that this will still be an issue and that we should pay close attention to the communication and strategies to be adopted in this regard.</p> <ul style="list-style-type: none"> • People Matter Employee Survey – the district reached 50% response rate and were the fourth highest uptake in the state. <p>BRIEF: Overview of VMO Reappointment Process 2018</p> <ul style="list-style-type: none"> • VMO reappointment process – SD noted that the process is complete and works commenced on discussions with AMA regarding standardised letters. Wauchope hospital to move toward a 'hospitalist model'. The district has requested Kimberley Sayner Internal Audit Manager to conduct a further audit on the contract process to ensure payment systems are working correctly. • Director Financial Operations and Asset Management –the new DFOAM is due to commence in September 2018. <p>MNCLHD Watch List – this document is a list of present key matters the LHD is monitoring in regards to potential high risk issues. This is for the Board to note. WG asked for this list every so often noting this was a very useful document.</p> <ul style="list-style-type: none"> • Wauchope Health Precinct – we continue to look at ways that we can work together with Bundaleer Nursing Home and a paper will be tabled at the August Board meeting on key considerations. • NSW Review of Restraint and Seclusion – SD noted that if there is any funding available at the end of the CHHC redevelopment then we will request to keep this and put it toward other network projects including the Mental Health unit at Coffs Harbour. This would assist in meeting obligations set down by the government with regard to restraint. <p>Resolution: The Board agreed to support this approach noting that the Mental Health unit at Coffs Harbour needs attention and these funds would assist. SD will write to the MoH to seek agreement that any unspent contingencies that are identified to be excess of the CHHC redevelopment funds will be made available to refurbish the Mental Health unit at Coffs Harbour.</p> <ul style="list-style-type: none"> • PMBH Mental Health Redevelopment – at the end of June a project milestone event was held to celebrate the pouring of 858 tonnes of concrete for the commencement of this redevelopment. <p>BRIEF: Leading Better Value Care implementation program and 2018/2019 program. Resolution: The Board noted the Brief and to take up the district wide medical engagement strategy which is currently under review, with the network MSC's.</p> <p>REPORT: Key NSW Ministry of Health Measures Report – The district maintains its '0' rating.</p> <p>BRIEF: Dr Emil Shawky Gayed – Inquiry commissioned by the Secretary, NSW Ministry of Health.</p> <ul style="list-style-type: none"> • The review of patient records has commenced dating back over 20 years from when Dr Gayed worked at Kempsey District Hospital during the 1990's and early 2000's. The district will review the outcomes of this Inquiry to assist with our own contractual processes. • MNCLHD Health and Innovation Awards – the 8th District Awards were held in June and attended by the NSW Secretary of Health Ms Elizabeth Koff. The Secretary will also be attending the District Symposium which is being held in August. • District Budget – the district remains on budget and will project a balanced result; the district will meet NWAU budget and exceed this by 1.5%; the district is now slightly behind productivity targets and will work to close this gap. <p>REPORT: 2018/2019 Services Agreement – the district has concluded its Service Agreement discussions and has received the SA for the 2018/19 financial year.</p>			

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	<p>PLAN: MNCLHD Operational Plan 2018/2019 – SET have concluded the operational plan and this will be reviewed each quarter.</p> <ul style="list-style-type: none"> Aboriginal Identified Positions – an Innovation Fund has been set up to capture identified vacancies that exist beyond three months and place this funding in a reserve to be reallocated to Close the Gap projects within the district. DK noted the initiative is up and running and working well, further noting that while the aim is to have these Aboriginal identified positions filled in the first instance, it is good to see the redirection of these funds back into aboriginal health services. <p>MINUTES: Rural Ministerial Taskforce on Rural Health – the CE attended the first Rural Ministerial Taskforce on Rural Health.</p> <ul style="list-style-type: none"> Radiology Tender for PMBH –SD advised that this is a 15 year contract. WG stated that the Board needs to be sure that all the processes are as good as they should be. VE advised that she had met with Jane Evans to go through a communication strategy for the process. Action: WG requested a list of all the actions being taken on this tender including the probity officer actions. NCPHN – the NCPHN have appointed Julie Sturgess as their new Chief Executive for the North Coast. WG noted the Combined MNCLHD and NCPHN Board meeting held on 5 July, noting the meeting went well and thanked the Board for their support. SET – Steve Mann from NCPHN and Tracy Baker MNCLHD presented on the PHN direction and partnership with the LHD. <p>PLAN: MNCLHD 2018/2019 Strategic Plan: - SD advised that this document had only recently come into circulation and that we will ensure there is alignment to the operational plan and note that this is being looked at in context of the Ministry plan.</p> <p>Resolution: The Governing Board received and noted the information provided in Item 4.1</p>		
4.2	<p>Chief Executive’s Key Performance Indicators Chief Executive’s Performance Summary</p> <p>Stewart Dowrick provided an update on the following key issues:</p> <ul style="list-style-type: none"> The three Q4 Performance trending below target and at high risk KPI’s have not changed from last month: <ul style="list-style-type: none"> Stays in ED over 24 hours. Work is being done to revisit this issue with the teams. ABM Dental (DWAU). SD advised that ABM dental will improve in the next financial year. We did not meet the target this year. Staff performance reviews. Progress continues to address this matter. It was noted that the format of the KPI Report had improved the ability to review the information. Kathleen Ryan and the Clinical Governance team have broadened the scope beyond the service agreement re BI and patient reports and agreement. The report is becoming more comprehensive. KR advised that SET are also being asked to review this report and in particular how we compare to other districts and services eg, comparison with the Stroke Foundation national reports. NPorter asked if there are any other strategies in place to further develop the representation of female aboriginal staff into leadership roles. SD advised that there are a number of strategies in place for female aboriginal staff to develop into leadership roles including mentoring programs and leadership programs and noted that there are a number of good emerging leaders coming through in the district. NPorter then asked about finding out about where Elsa Dixon participants were up to – and SD 		

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<p>commented we can look at the group where they've gone to and find out their journey – via the Rural Task Force in Tamworth.</p> <p>Resolution: The Board noted the KPI report, the progress being made and the high risk issues as identified in the report.</p>			
<p>Resolution: The Governing Board received and noted the information provided in Item 4.</p>			
<p>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</p>			
<p>5.1 People, Patients and the Community We deliver patient-centred care informed by patients, their families and the community</p>			
<p>5.1.1</p>	<p>Board Sub-Committee: Community Engagement</p> <ul style="list-style-type: none"> Confirmed Minutes – 26 March 2018 Chair's Summary – 28 May 2018 CRG CCN Confirmed Minutes 23 February 2018 CRG HMCN Confirmed Minutes 20 February 2018 <p>Chair of the Community Engagement Sub Committee Janine Reed provided the following update:</p> <ul style="list-style-type: none"> JR attended the Strategy Implementation Workshop which was very good. JR requested the Board provide advice on strategic issues for discussion at future CRG meetings. WG requested the Board consider projects which might come to the CRG. 		
<p>5.1.2</p>	<p>REPORT: MNCLHD Complaints Report Summary of Performance July 2017 to December 2017</p> <ul style="list-style-type: none"> WG advised that the Minister is actively monitoring the number of complaints received and resolved in all districts. WG noted the issue of surgery cancellations within the district. VE advised that surgery cancellations data is reflected in wait times data. VE advised that further details can be provided regarding the types of complaints within this data. VE advised that one of the initiatives put in place to address surgery cancellations is a Nurse Manager Consumer Experience at CHHC. The role is currently being trialled. JS observed that some surgeons are scheduling unrealistic surgery targets, effectively overbooking their schedule and that at the end of the day when surgeries are cancelled the patient is then blaming the hospital. JS suggested providing feedback to the CHHC MSC on how this affects patients and patient flow when there are too many patients booked. NPorter asked what the current trends were with regard to waitlists and cancellations and noted that it is important that we understand and keep on top of these matters if there are adverse trends emerging. <p>Resolution: The Board noted the MNCLHD Complaints Report Summary of Performance July 2017 to December 2017, and await the next report.</p>		
<p>Identification of Risks for Item 5.1 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.1:</p> <p>1. The Governing Board received and noted the information provided in Item 5.1.</p>			
<p>A t t</p>	<p>5.2 Leadership, Workforce and Culture We support the development of our workforce through learning and development, with a culture that supports everyone to be their best</p>		
	<p>5.2.1</p>	<p>Board Sub-Committee: Workforce, Health & Safety</p> <ul style="list-style-type: none"> Confirmed Minutes – 16 April 2018 Chair Summary – 18 June 2018 BRIEF: JMO Wellbeing progress and Survey Results 2017-18 BRIEF: People Matter Employee Survey 2018 	

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	<p>Chair of the Workforce, Health and Safety Sub Committee Neil Porter provided the following update:</p> <ul style="list-style-type: none"> • MNCLHD Aboriginal employment is sitting at 4.1% which is above the state average of 2.6%. • JMO Wellbeing Survey results were released in April 2018 and while the LHD are above the state average, there are still some concerns with regard to JMO's. Vicki Simpson is addressing these with the assistance of Janine Reed who is running focus groups with the CRG. • The Recruitment and Onboarding system (ROB) continues to stabilise. • The Medical Services Review will come to the Board in December. • WG noted concern around recruitment to vacancies in the district especially in specialities that are hard to recruit to. SD noted Associate Director of Workforce Dennis Hogno will commence work on this issue. • SB suggested a review of the budget at PMBH could ensure more surgeons available at the hospital, noting that a lot of surgeons are choosing to remain in the Sydney metropolitan area. WG advised that this is a strategic planning issue and asked NPorter to put on the WHS Board Sub-Committee agenda for discussion at a future meeting. <p>Resolution: The Board noted;</p> <ul style="list-style-type: none"> • There are any number of vacancies in the district that are not filled and note the work being undertaken by the CE to address this going forward. • These vacancies are a risk to delivery of services to the MNCLHD communities. 		
5.2.2	<p>Board Sub-Committee: MDAAC</p> <ul style="list-style-type: none"> • Confirmed Minutes – 10 May 2018 • Chair Summary – 14 June 2018 <p>Chair of the MDAAC Sub Committee Rev. Dr John Barrett OAM provided the following update:</p> <ul style="list-style-type: none"> • JBarrett noted the BRIEF: Overview of VMO Reappointment Process 2018, provided in the CE report and thanked SD for appointing administration roles in both networks to assist with the reappointment process. <ul style="list-style-type: none"> ○ JBarrett noted that all contracts have now been signed, and while there had been a few resignations there had not been many. JBarrett noted that there was a spirit of co-operation in the end and that when the review comes out, perhaps it will show that in hindsight more support could have been provided to the doctors to lead them through the process and that this could be a consideration for next time. ○ SD noted the work undertaken by Meredith Kirby-Brown and the team with regard to medical recruitment. SD noted that medical recruitment and in particular the role of the DMS needs to be discussed as well as how we train our future medical administrators to make the process more efficient. WG noted that training medical administrators is a key issue that has been reported to the Board. ○ WG suggested that the issue of medical recruitment and hospital staff, including flexibilities of the hospitals to attract the right people be placed on a future WHS agenda for a half hour strategic discussion. 		
<p>Identification of Risks for Item 5.2 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.2:</p> <ol style="list-style-type: none"> 1. The Governing Board received and noted the information provided in Item 5.2 			
<p>5.3 Integrated Care</p> <p>We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare</p>			
5.3.1	<p>Board Sub-Committee: Integrated Care</p> <ul style="list-style-type: none"> • Confirmed Minutes – 22 March 2018 • Chair Summary – 20 June 2018 		

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
	<p>Chair of the Integrated Care Sub Committee Prof Gail Whiteford provided the following update:</p> <ul style="list-style-type: none"> The Committee would like to consider changing the name of the Integrated Care Sub Committee to 'Integrating Care Sub Committee', as well as changing the name of the Integrated Care Framework to 'Integrating Care Framework'. This would then be consistent with NSW Health's position that integrating care is an aspiration that will occur over time as an ongoing process. Discussion of the planned community stakeholder forum was held and the committee noted that there is still a great deal of work to be done within the LHD before this could take place. The Committee expressed a desire to link more formally with the PHN and suggested inviting Steve Mann, Director of Integrated Care of the PHN to join the Sub- Committee. <p>Resolution: The Board endorsed the following recommendations put forward by the Integrated Care Sub-Committee:</p> <ul style="list-style-type: none"> The name change to Integrating Care; noting that the TOR are amended accordingly. Steve Mann from the PHN be invited to join the Sub-Committee. 		
5.3.2	<p>Better Value Care (Standing Item)</p> <p>Refer discussion in CE Report Item 4.1.</p>		
5.3.3	<p>BRIEF: Mental Health Review Tribunal in respect of forensic patients</p> <ul style="list-style-type: none"> NSW Health Report - Review of the Mental Health Review Tribunal in respect of forensic patients <p>Resolution: The Board noted the Brief and Report; NSW Health Report - Review of the Mental Health Review Tribunal in respect of forensic patients</p>		
<p>Identification of Risks for Item 5.3 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.3:</p> <p>1. The Governing Board received and noted the information provided in Item 5.3</p>			
<p>5.4 Safety and Quality</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>			
5.4.1	<p>Board Sub-Committee: Health Care Quality</p> <ul style="list-style-type: none"> Confirmed Minutes – 28 May 2018 Chair Summary – 25 June 2018 <p>Chair of the Health Care Quality Sub Committee Dr Joanna Sutherland provided the following update:</p> <ul style="list-style-type: none"> The Sub Committee received summary reports of NSQIP quality improvement projects from both networks showing good results in reducing SSI's. The Sub Committee is still waiting on the Maternity Services Review Report. KR advised that this will come to the Board after the Health Care Quality Committee have reviewed it. Perioperative services presented at the meeting – they are using the letter 'P' in front of IMMS = 'PIMMS', to promote 'positive' behaviour with regard to incident management reporting. District Risk Manager Steve Williams attended the meeting and gave his regular report. Discussion was held on the new risks and a need to understand which risks are open and being worked on so that the HCQC can understand how this is managed. WG suggested inviting Steve Williams to a future Board meeting. 		
<p>Identification of Risks for Item 5.4 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.4:</p> <p>1. The Governing Board received and noted the information provided in Item 5.4.</p>			

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT
5.5 Innovation and Research				
We evaluate our outcomes against best practice. We collaborate with academic partners to ensure research is part of our culture				
5.5.1	Board Sub-Committee: Health Service Development & Innovation	Next Meeting 3 August 2018	Chair HSDI	
<u>Identification of Risks for Item 5.5 (if applicable):</u>				
<u>Resolution/s confirmed by the Board relating to Item 5.5:</u>				
1. The Governing Board received and noted the information provided in Item 5.5				
5.6 Value and Accountability				
We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable				
5.6.1	Board Sub-Committee: Finance and Performance <ul style="list-style-type: none"> Confirmed Minutes – 29 May 2018 Chair Summary – 26 June 2018 <p>Alternate rep for the Finance and Performance Sub-Committee Rev. Dr John Barrett OAM provided the following update:</p> <ul style="list-style-type: none"> The 2017/2018 budget was favourable. The work undertaken on FTE budgets had ensured a favourable end result in this regard. Work will continue on HMCN budget noting that CCN is also now unfavourable. The network general managers are working through these budget issues which are also being reviewed at SET. JB noted that the GP Super Clinics are working well and that the PHN are looking to progress these. JB noted a surge in winter activity at Kempsey District Hospital. 			
5.6.2	Report: Finance and Performance Report Year to Date 31 May 2018			
5.6.3	Board Sub-Committee: Audit and Risk <ul style="list-style-type: none"> Confirmed Minutes – 22 February 2018 2017/18 Internal Audit Attestation Statement Internal Audit Manager's Report excerpt – June 2018, details of Agreed Action Plans (formerly Outstanding Recommendations) <p>Board representative for the Audit and Risk Sub-Committee Neil Wendt advised that SET members will now be requested to present to the AR&C when actions/recommendations remain outstanding to explain why this is occurring.</p>			
<u>Identification of Risks for Item 5.6 (if applicable):</u>				
<u>Resolution/s confirmed by the Board relating to Item 5.6:</u>				
1. That the Governing Board receive and note the information provided in Item 5.6.				
5.7 Closing the Gap				
We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people				
5.7.1	Board Sub-Committee: Close the Gap <ul style="list-style-type: none"> Confirmed Minutes – 17 April 2018. Chair Summary – 19 June 2018 and Think Tank Communique BRIEF: MNCLHD Progress of the 'Respecting the Difference' An Aboriginal Cultural Training Framework (Framework) for NSW Health <p>Chair of the Close the Gap Sub Committee David Kennedy provided the following update:</p> <ul style="list-style-type: none"> Respecting the Difference compliance of face to face training; 			

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT
	<ul style="list-style-type: none"> DK noted that the district currently sits at 74% compliance for face to face training with a target of 80% by December 2018, and that at current attendance rates we may reach around 76% at year end. DK further advised that we have moved to a shared accountability model with regard to attendance and KPI's in this regard, noting that training will now be undertaken via directorate. A final attendance report and strategies on increasing attendance will be provided to the Board. 			
<u>Identification of Risks for Item 5.7 (if applicable):</u>				
Resolution/s confirmed by the Board relating to Item 5.7:				
1. The Governing Board received and noted the information provided in Item 5.7.				
Item 6: Other Operational Items for Discussion				
6.1	Nil			
Item 7: Directorate Updates				
Directorate Updates – Not due this month.				
Correspondence, General Business & Questions on Notice				
8.1	Confidentiality (Standing item) <ul style="list-style-type: none"> Business update on review of issues raised by PM MSC. Refer Item 1.2.			
8.2	Council of Board Chair's Meeting – Monday 18 June 2018 <ul style="list-style-type: none"> Memo to MNCLHD Board TAB A – Discussion Paper Private Health Insurance in NSW TAB B – Turning Governance and Accountability – Project Overview 			
8.3	2018-19 NSW Health Budget <ul style="list-style-type: none"> Email from Elizabeth Koff Secretary NSW Health including Health Budget 			
8.4	Workforce Planning and Recruitment <p>Refer Item 5.2.2</p>			
8.5	Correspondence from Board Chair to: <ul style="list-style-type: none"> Dr Malcolm Smith CHHC Anaesthetics Department Elizabeth Koff Secretary NSW Ministry of Health Carrie Marr Chief Executive Clinical Excellence Commission 			
8.6	General Business <ul style="list-style-type: none"> The Board agreed to a 2:30pm start time when presentations are made. WG noted that the Board need to spend more time on strategic issues identified in the CE Report It was noted that Neil Porter will be on leave from 27 August 2018 to 20 September 2018. WG and Neil Porter congratulated Kathleen Ryan on the format of the new KPI report. The Board wished SD a happy holiday and a well-earned period of rest for his long service leave. 			
Resolution: The Governing Board received and noted the information provided in Item 8.				
Item 9: 2018 - Upcoming visits and events (for information)				



ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT
Date	Event Details			
11 July	MNCLHD Governing Board Meeting – Port Macquarie			
26 July	MNCLHD Special Budget Meeting – Video Conference (Coffs and Port)			
8 August	MNCLHD Governing Board Meeting – 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			
There being no further business the meeting closed at 5:45pm.				