

MEETING MINUTES - Endorsed

DATE: Wednesday, 8 August 2018

TIME: 2.45pm – 6pm

VENUE: Coffs Harbour Health Campus ME025 (PMCHC VCN/ PMQ MNCCI)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
Attendance and Declarations			
<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), David Kennedy (DK), Neil Porter (NPorter), Janine Reed (JR), Dr Joanna Sutherland (JS), Neil Wendt (NW), Prof Gail Whiteford (GW) Apologies: Stewart Dowrick (SD) Annual Leave			
In Attendance: Acting Chief Executive Kathleen Ryan (KR), Vanessa Edwards (VE), Lynn Lelean (LL), Julie Usher Minutes			
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions – Nil declared			
Item 1: Presentations			
Presentations/Discussions			
1.1	<p>Patient Story (video) – Mental Health Presenter:</p> <ul style="list-style-type: none"> – Nicholas Kosseris (NK) Consumer Partnership Coordinator Mental Health and Integrated Care – Sara Shaughnessy (SS) – Director Mental Health and Integrated Care <p>WG welcomed Nicholas Kosseris and Sara Shaughnessy to the Governing Board Meeting;</p> <ul style="list-style-type: none"> • SS advised the Patient Story came about after the patient had presented to PMBH seeking help for a mental health concern. The patient wanted to share his experience in the hope that improvements could be made in the treatment of people with mental health conditions when they attend Emergency Departments. The patient recommended ways in which these improvements could be achieved. • SS advised there are service improvements that can be made in ED to align services for patients presenting with mental health conditions, including working more closely with other service providers, and also to ensure a patient does not leave the hospital without adequate support. • WG noted the patient story touched on some very important issues and asked if the team would consider putting together a strategic direction document to review resource considerations. JS noted that advice should be given back to NSW Health if there is an identified resource allocation issue. • SB noted the level of care for a patient with mental health issue should be the same as a person without a mental health issue. • JBeange noted that one of the difficulties is accessing primary health care services and that we need to partner together to link services to prevent escalation and acuity. • KR advised that SET is currently reviewing the organisations services and they can be better connected. • NParsons suggested a review of the patient’s recommendations to determine if each could be addressed. • NPorter asked what support there is for patients transferring to the home setting? SS advised that transition of care arrangements should include either face-to-face contact the following day and a telephone contact the next day to follow up with the family. • JS stated that this is an opportunity to work closely with the PHN for improved mental health outcomes for the community. 		

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<p>Action:</p> <ul style="list-style-type: none"> • The Board requested a strategic direction document to review resource considerations. • The Board requested a brief on access to psychiatrists • WG to write a letter of appreciation to the patient who contributed to the Patient Story. • WG to write a letter of appreciation to Sara Shaughnessy and Nick Kosseris noting the presentation was well received. 			
<p>Resolution: The Governing Board received and noted the information provided in Item 1.</p>			
<p>Item 2: Minutes of Governing Board</p>			
<p>2.1</p>	<ul style="list-style-type: none"> • Minutes of Meeting 11 July 2018 - Noted • Confidential File Note – PMBH 11 July 2018 - Noted • Minutes of Special Budget Meeting 26 July 2018 - Noted • Confidential File Note – CHHC 26 July 2018 – Noted 		
<p>Resolution: The Minutes of the Governing Board meeting of 11 July 2018 were confirmed as an accurate record and will be made publicly available on the MNCLHD website.</p>			
<p>Item 3: Business Arising</p>			
<p>Action Table and follow up</p>			
<p>3.1</p>	<p>Action Table</p> <p>The action table was noted.</p>		
<p>3.2</p>	<p>Bellingen Medical Model</p> <p>Action: SD to prepare a Brief for the Board on proposed Bellingen Medical Model, including NWAU service.</p> <p>The Bellingen Medical Model was submitted with the CE Report.</p>		
<p>3.3</p>	<p>Macksville Maternity Services</p> <p>Action: WG further recommended taking up suggestion to re-advertise the vacant position.</p> <p>Action: A Brief on Maternity Services to be included in the August papers</p> <p>Refer Item 5.4.2</p>		
<p>3.4</p>	<p>Frederickton Apartments</p> <p>Action: SD to write to the PHN regarding the proposed apartment block in Frederickton which is to include a medical precinct.</p> <p>SD discussed this item with the PHN at the MNCLHD and PHN Combined Board meeting held on 5 July 2018.</p>		
<p>3.5</p>	<p>Conjoint Appointments</p> <p>Action: WG requested a brief on all conjoint 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> <p>Brief to be provided at the September Meeting.</p>		
<p>3.6</p>	<p>Close the Gap</p> <p>Action: DK to provide an analysis of where the areas of improvement are with regard to CTG.</p> <p>DK advised that Robyn Martin is preparing this information and a brief will come to the September Board.</p>		
<p>3.7</p>	<p>CCN Update on ETP and Unplanned Readmissions by Dr Teresa Beswick (TB) – June 2018</p>		

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	Action: WG to write a note of thanks to TB and team for the presentation and input at the June 2018 Board Meeting.		
3.8	<p>CHHC Additional \$38M Action: WG requested a report on the \$38M additional funding for the CHHC expansion. SD to write to NSW Health to seek agreement that any unspent contingencies can be made available refurbish the Mental Health Unit at Coffs Harbour.</p> <p>KR advised that a brief will be provided at the September meeting.</p>		
3.9	<p>PMBH Radiology Tender Action: WG requested a list of all actions taken with regard to the tender including the probity officer actions.</p> <ul style="list-style-type: none"> • It was noted the PMBH Radiology Tender was endorsed out of session by the Board on 17 July 2018. • SB suggested advising PMBH clinicians who will be involved in the transition, of the tender award. • Action: CE office to write to PMBH clinicians regarding the PMBH Radiology Tender award. 		
Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.			
Item 4: Chief Executive's Report			
4.1	<p>Chief Executive's Report and Attachments were noted:</p> <ul style="list-style-type: none"> • NSW Health League Table • Brief: MNCLHD Workforce Plan • Memo: Safety and Quality Accounts – Reporting Requirements • MNCLHD ICT Strategy – background paper • Brief: HMCN ED Credentialing • NSWRHP Project Summary • Translational Research Grants Scheme EOI & Guidelines for Applicants • NSW Health Aboriginal Health Dashboard Toolkit • Brief: Bellingen Health Campus Medical Model <p>Acting Chief Executive Kathleen Ryan provided an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> • Macksville – Council has approved the Development Application for construction of the hospital access road and a contractor has been appointed. • CHHC – The additional \$38M will include a new Emergency Department, Renal, Oncology, additional theatre fit-out and design, Cardiac Catheter Laboratory and Intensive Care Unit. • Peak Activity - ED has been very busy over winter. We are still meeting our surgical targets. • People Matter Employee Survey (PMES) – MNCLHD results will be sent to NSW Health Secretary Elizabeth Koff next week. • VMO Reappointment Process – the process has concluded. • Director Financial Operations and Asset Management (FOAM) – the new Director will commence in September. • September 2018 – September 2018 was launched at the end of July. • NSW Health Senior Executive Development Program – Dr Theresa Beswick CCN Coordinator recently graduated from the second cohort of the NSW Health Senior Executive Development Program. Action: The Board requested a Brief on this program for the September meeting. • MNCLHD Workforce plans – plans are progressing 		

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	<ul style="list-style-type: none"> • NSW Review of Restraint and Seclusion - The district has submitted funding applications for the Mental Health Therapeutic Environments Minor Capital Works Program • Maternity Services Review – Refer item 5.4.2 • Associate Director of Clinical Governance – Interviews have concluded and a preferred applicant identified. • Dr Emil Gayed – There have been no further requests for information on this matter. • Accessibility of Critical Care beds – a position paper will be available in October 2018. • Palliative Care – Wauchope District Memorial Hospital and Bellingen Hospital have both achieved benchmark for Palliative Care for the period July to December 2017. Benchmarks set by the Australian Palliative Care Outcome Collaborative (PCOC). • Safety and Quality Accounts – the district will present a progress report from the past 12 months to the NSW Health at the next quarterly performance meeting. • MNCLHD ICT Strategy Review – A draft strategy will be available in the near future. <p>Neil Wendt joined the meeting.</p> <ul style="list-style-type: none"> • HMCN Credentialing of ED Medical Staff – Refer Brief: HMCN ED Credentialing. Resolution: The Governing Board <ul style="list-style-type: none"> ○ Noted the information in the brief and the strategies put in place to address the issues raised. ○ Expressed concern that steps were missed in this administration process. ○ Requested that this matter be noted in the risk register. ○ Seek further advice and assurance that appropriate actions are in place that meet our own guidelines going forward. • Director of Research and Knowledge Translation – new Director will commence soon. • Staff Research Placement – these placements will continue in 2018 and EOIs are currently open for placements commencing September 2018. • Research support grants – applications have been received and recommended for funding. • District budget – we are favourable to budget • CTG Affirmative Action Strategy – at the end of June the district had progressed to 4.1% Aboriginal workforce. • Aboriginal Cultural Safety and Security Framework – the draft framework is currently with the National Centre for Cultural Competence for review. • Aboriginal Identified Positions – the funding reallocation model on vacant positions is still in place. • Luminosity Youth Summit 2018 – MNCLHD was presenting partner of this event. MNCLHD Communications Officer Kylie Young was one of the opening presenters, welcoming delegates on behalf of the district. • Bellingen Health Campus - Mary's Tea House was officially opened in late July. • WG suggested a review of the structure of the Board papers to separate the background information to resources for the board. Action: VE to review the structure of the Board papers. 		
4.2	<p>Chief Executive's Key Performance Indicators Chief Executive's Performance Summary</p> <p>Kathleen Ryan provided an update on the following key issues:</p> <ul style="list-style-type: none"> • There are four Q4 Performance trending below target and at high risk KPIs; <ul style="list-style-type: none"> ○ Stays in ED over 24 Hrs – <i>Risk in ERMS</i> ○ ABM Total ABM Performance (NWAU) ○ ABM Dental (DWAU) – <i>Risk re ABM targets in ERMS</i> ○ Staff performance review. • Overall we are managing to meet target but under target for acute. • NWAU is on track. 		

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<ul style="list-style-type: none"> Dental has identified strategies to improve its DWAU including recent recruitment of dentists. Executive performance reviews are now due and expectation that this will trigger more reviews to be completed. NParsons suggested recording some of the improvement strategies listed in the KPI report into the overall improvement strategy prepared by the Director Finance Operations and Asset Management. Resolution: The Governing Board <ul style="list-style-type: none"> Noted especially the high risk issues as identified in the red and seek ongoing advice in how these are being addressed by the executive. Note the performance report, the at risk issues and the mitigation strategies. 			
<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 – 28 May 2018 Chair’s Summary – 30 July 2018 <p>Chair of the Community Engagement Sub Committee Janine Reed provided the following update:</p> <ul style="list-style-type: none"> Numbers for the Community Reference Group are growing which is pleasing Healthy Communities Advisory Committee continue to work hard TORs have been endorsed for Community Engagement Sub Committees and Community Reference Groups. Planning is underway for Community Connections 2018. The Patient Story this month had generated lengthy discussion with staff. 		
<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>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> <p>Chair of the Workforce, Health and Safety Board Sub-Committee Neil Porter noted that the next meeting is being held on 20 August 2018.</p> <ul style="list-style-type: none"> NPorter advised that the workforce plan will be available in December 2018. NPorter advised that the new Associate Director Nursing Midwifery and Workforce is working on a new recruitment process. 		
<p>5.2.2</p>	<p>Board Sub-Committee: MDAAC</p> <ul style="list-style-type: none"> Confirmed Minutes – 14 June 2018 Chair’s Summary – 12 July 2018 		
<p>5.2.3</p>	<p>BRIEF: Management of Clinical Credentialing</p> <ul style="list-style-type: none"> KR advised that the intent of the Brief is to provide the board with an update on the management of clinical privileges. 		

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	<ul style="list-style-type: none"> • KR noted that weekly notifications are received if there are any restrictions on anyone's scope of practice or registration. If there are concerns raised with the initial credentialing it is raised with the CCC. • WG asked if this process had been referred to MDAAC? KR advised, it had not. • JS asked if there is a difference between credentialing and proof of scope of practice, and who does the latter? KR advised that the scope of practice committee is formed at local level and is prior to MDAAC. JS advised of the risk to the organisation that the scope of practice is not appropriate. • WG asked if scope of practice would be a role for MDAAC? • JBarrett agreed to raise the matter at MDAAC, and to ask for confirmation of the practices and processes that happen at local level. NParsons suggested aligning these with NSW Health expectations. • WG reiterated that we need to be sure we are examining the qualifications and the scope of practice of our clinicians. <p>Resolution: Governing Board agreed on the following:</p> <ul style="list-style-type: none"> ○ KR will map out a process and align with NSW Health expectations. A paper to be prepared for the Board outlining our practices with state policy. ○ JBarrett to table this item at the next MDAAC 		
Identification of Risks for Item 5.2 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.2:			
1. That the Governing Board receive and note the information provided in Item 5.2			
5.3 Integrated Care			
We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare			
5.3.1	Board Sub-Committee: Integrated Care Next meeting 23 August 2018		
5.3.2	<p>Better Value Care (Standing Item)</p> <p>BRIEF: Leading Better Value Care Premise</p> <ul style="list-style-type: none"> • KR noted that there are some areas progressing well and other high risk services that need clinicians to be available. Working quite closely with SS to improve engagement. • JS asked what strategies are in place with regard to implementation of the Management of Acute Low Back Pain Model of Care. JS further requested that the next report include an update on the implementation and progressive measures on each service listed in the report. • NParsons suggested referring this report to the Director Finance Operations and Asset Management to note the initiatives in the overall improvement strategy. • Action: SS to provide a progress report on the implementation and progressive measures on each service listed in the report, and to provide this report more regularly. <p>Resolution: The Governing Board noted the outcomes.</p>		
Identification of Risks for Item 5.3 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.3:			
1. The Governing Board received and noted the information provided in Item 5.3			
5.4 Safety and Quality			
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.			
5.4.1	<p>Board Sub-Committee: Health Care Quality</p> <ul style="list-style-type: none"> • Confirmed Minutes – 25 June 2018 • Chair Summary – 23 July 2018 		

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	<p>Chair of the Health Care Quality Board Sub Committee Dr Joanna Sutherland provided the following update:</p> <ul style="list-style-type: none"> Concerns were raised over attendance at the committee meeting. The issue of consistent attendance was raised during accreditation in 2017 which highlighted a need for more high-level medical input into this committee. JS further advised that despite attempts to address this, the matter had not been resolved and this is largely due to the VMO model. <p>Resolution: The Governing Board agreed to refer the matter of membership of the Health Care Quality Board Sub-Committee, to the CHHC and PMBH Medical Staff Councils, seeking assistance to provide the best possible membership to this committee, further noting that consistent members need to be able to attend.</p> <ul style="list-style-type: none"> NParsons enquired about RCA Reports and noted the Board had not seen one in some time. JS advised summary reports are submitted to the Board. Full reviews are submitted as appropriate and following the Committee Chair's review. 		
<p>5.4.2</p>	<p>BRIEF: Maternity Services Review</p> <p>KR provided an update on the findings and recommendations of the external review of MNCLHD maternity services and the communication plan, including;</p> <ul style="list-style-type: none"> The MNCLHD Maternity Services review was initiated to provide reporting on the progress and effectiveness of the strategies implemented in response to RCAs, NSW Mothers and Babies 2015 Report and MNCLHD Maternity and Neonatal Service Capability Assessment 2017. The review was conducted by a team of external clinical experts in collaboration with internal clinicians and managers. Two reports were produced by the team; a Maternity Services Review Report and a Resilience Assessment Maternity Service Report. Both reports identified a number of recommendations which will be shared with senior staff and paediatricians as part of the consultation process. Appropriate role delineation and service capability were highlighted with the report indicating that Port Macquarie and Coffs Harbour are Level 4 Maternity and Level 3 Neonatal Services but, due to historical operations, are sometimes providing services above this. WG stated that the recommendation be that we can only operate at a certain level and that we practice and deliver safe services within our capacity. JS advised that some discussion had occurred with clinicians at CHHC and PMBH who indicated that while they agree on the role delineations that their preference was that the hospitals be resourced to provide these services. JS further stated that we need to have a five-year plan of what we want our maternity services to look like. NWendt asked what happens when women want to birth on country at 32 weeks? <p>Action: KR to find out how many women are birthing at 32 weeks so we can identify how many are being transferred to John Hunter.</p> <ul style="list-style-type: none"> JBeange suggested the four common themes identified in the review be referred to the Health Care Quality Board Sub Committee as it suggests a vulnerability in their reporting. The four themes are: <ol style="list-style-type: none"> Maternal and perinatal RCAs are variable with respect to their ability to delve deeply into the system factors that are most often the precursors to the human factors that are more readily identifiable. The categorisation of the found causes / contributory factors suggests that there are gaps in the existing systems and processes for the avoidance of adverse clinical incidents. The strength of the recommendation and system improvement opportunities reflects both the variability in the ability to delve deeply into the system factors and the gaps in the existing systems and processes for the avoidance of adverse clinical incidents. 		

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	<p>4. The system and human factors identified suggest that there may be opportunities to improve the organisations ability to prepare for adverse clinical incidents.</p> <ul style="list-style-type: none"> • KR noted that we self-nominate our standards against the NSW Maternity and Neonatal Capability Assessment and that this process is relatively new. • NParsons asked that because of the risk factors involved, should we not ask that we operate at Level 4 Maternity and Level 3 Neonatal Services? • JBeange cautioned that the Board should not presume what levels of service are provided. • JBeange asked if there are interim resources that could be provided to ensure clinical safety to handle emergency obstetric and neonatal services as we work towards being Level 5 Maternity and Level 4 Neonatal Services. • NWedt agreed that there would be a community expectation that we can provide these services. • SB noted that while there are only three paediatric hospitals in NSW, it may still be appropriate to transfer a baby to ensure safety. <p>Resolution: The Governing Board;</p> <ul style="list-style-type: none"> • Noted the MNCLHD Maternity Services Review Report and the Resilience Assessment Maternity Service Report. • Noted that, due to historical arrangements, the district could be operating and delivering above capacity. • Noted that there has been some discussion with clinicians, and we would like evidence that clinicians agree with our levels of care. • Agreed to seek advice from the Chief Executive immediately as to what resources are needed to get to Level 5 Maternity and Level 4 Neonatal as soon as possible, but to ensure we are operating safely in the interim. • Agreed to seek a formal report from the Chief Executive, following advice from the Health Care Quality Board Sub Committee, on the actions being taken in regard to the status of transferring babies, so that we can have a full perspective of services. Noting that we would like to provide services to our community, but that the Board want to go forward in safety for the women and mothers birthing in our district. • Request Professor Michael Nicholl come to the district to talk to the clinical groups 		
5.4.3	<p>BRIEF: Media Attention - Inpatient Deaths Coffs Harbour Mental Health Service</p> <ul style="list-style-type: none"> • A Confidential File Note was recorded for this 'in camera' discussion. 		
Identification of Risks for Item 5.4 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.4:			
1. The Governing Board received and noted the information provided in Item 5.4.			
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	<p>Board Sub-Committee: Health Service Development & Innovation</p> <ul style="list-style-type: none"> • Confirmed Minutes – 1 June 2018 • Chair Summary – 3 August 2018 <p>Chair of the Health Service Development and Innovation Board Sub Committee Dr Stephen Begbie advised that the committee are continuing to think about ways in which they can broaden the exchange of ideas in this forum and that the meeting included discussion on a range of useful projects.</p>		

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Identification of Risks for Item 5.5 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.5: 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 – 26 June 2018 Confirmed Minutes – Special Budget Meeting 19 July 2018 Chair Summary – 31 July 2018 		
5.6.2	Report: Finance and Performance Report Year to Date 30 June 2018		
5.6.3	Board Sub-Committee: Audit and Risk <ul style="list-style-type: none"> The next meeting of the Audit and Risk Committee is 13 September 2018. 		
5.6.4	BRIEF: MNCLHD Top 10 Risk Report <ul style="list-style-type: none"> KR proposed sending this report to NSW Health. SB suggested broadening risk 580 location and the risk description to note that we take on the recommendations from the Maternity Services Review conducted by Dr Michael Nicholl et al. SB stated that the report should include the need for improved clinical support for patients with mental health concerns. Further noting that the report should include any matter where lives are at stake. KR agreed to take up this suggestion in the next report. WG advised that risk 584 location should be changed to a generalised district wide issue. NParsons advised that risk 213 should have the date of 'Sept 2015' adjusted accordingly. KR will incorporate the suggestions into the next quarterly report. 		
5.6.5	BRIEF: MNCLHD Delegations Manual (updated) <ul style="list-style-type: none"> KR advised that the purpose of the brief was to advise the Board of slight changes to the delegations, mainly name changes and title changes as indicated from NSW Health. 		
5.6.6	BRIEF: Out of session addendum to the previous Governing Board 2018/2019 Budget brief <ul style="list-style-type: none"> This brief was endorsed out of session. Resolution: The Governing Board, <ul style="list-style-type: none"> Endorsed the revised MNCLHD 2018/2019 Budget as detailed in the revised 2018/2019 MNCLHD Service Agreement. Endorsed the allocation of the additional \$48K funding to the Coffs Harbour Hospital for ED. 		
Identification of Risks for Item 5.6 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.6: 1. The Governing Board received and noted 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"> The next meeting of the Close the Gap Board Sub-Committee is 28 August 2018. 		
Identification of Risks for Item 5.7 (if applicable):			
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 / DESCRIPTION		ACTION	CARRIAGE	ATT
Item 6: Other Operational Items for Discussion				
6.1	BRIEF: Medical Imaging Tender PMBH <ul style="list-style-type: none"> It was noted that the PMBH Medical Imaging Tender was endorsed out of session by the Board on 17 July 2018. 			
6.2	BRIEF: Board Portal Governance Software <ul style="list-style-type: none"> VE advised that after investigating a number of options for paperless and on-line board software, a suitable product has been identified that will be trialled for 12 months. NParsons asked if protocols for the distribution of late papers could be reviewed. Resolution: The Governing Board, <ul style="list-style-type: none"> Agreed to keep late papers to a minimum Endorsed the 12-month trial of Board Portal Governance Software 			
Item 7: Directorate Updates				
Directorate Updates				
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			
Resolution: The Governing Board received and noted the information provided in Item 7.				
Item 8: For Information of the Board (Discussion by exception)				
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. A confidential file note was recorded for this discussion. 			
8.2	<ul style="list-style-type: none"> NSW Health Board Members Conference – Monday 8 October 2018 Resolution: The Governing Board endorsed the attendance of Warren Grimshaw, Neville Parsons and Neil Porter at this conference, with Janine Reed to attend if any of the noted members are no longer able to attend.			
Resolution: The Governing Board received and noted the information provided in Item 8.				
Item 9: 2018 - Upcoming visits and events (for information)				
Date	Event Details			
16-17 August	MNCLHD National Health Innovation and Research Symposium – Bonville Golf Resort			
12 Sept	MNCLHD Governing Board Meeting – Wauchope			
10 Oct	MNCLHD Governing Board Meeting – Dorrigo			
There being no further business the meeting closed at – 5.45pm				