

## MEETING MINUTES

**DATE:** Wednesday, 13 December 2017

**TIME:** 3pm – 6pm

**VENUE:** Port Macquarie Community Health Campus (CHHC - ED020)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
<b>Attendance and Declarations</b>			
<u>Welcome:</u> Warren Grimshaw AM, Chair.			
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), David Kennedy (DK), Prof Gail Whiteford (GW), Janine Reed (JR), Dr John Barrett (JBarrett), Dr Stephen Begbie (SB), Neil Wendt (NW), Dr Jennifer Beange (JBeange), Apologies: Dr Jo Sutherland (JS), Neville Parsons (NParsons),			
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean, Dr Bruce Hodge (Observer), Kathleen Ryan, Carlie Kilikas, 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>Patient Story:</b> Jaidal's Incredible Journey A video thank you message to CHHC Paediatrics ward, demonstrating the great outcomes that can be achieved when parents and staff collaborate together on patient care was played to the Board.</p> <p>The Board held general discussion around cancer services available to patients in the MNCLHD and how there is currently a decentralised model of treatment. While we offer a significant number of cancer treatment services locally, there are some services that are appropriately provided in the larger centres such as Sydney.</p> <p>Dr Stephen Begbie noted that the MNCLHD runs the largest rural regional cancer care centres in NSW. He noted that we have highly skilled surgeons in the district and in order to keep them engaged in their work, we should consider broadening the scope of cancer surgery, even though some types of cancer surgery numbers do not support the need for this. This would enhance our ability to recognise the requests of some patients to undertake cancer treatment locally.</p> <p>Dr Hodge advised that he met with the Cancer Institute of NSW recently, and that they advised that MNCLHD are one of the leaders in cancer provision, particularly for bowel and breast cancer. We need to try to ensure that we continue to support this service in the District. He also noted that linking with the Sydney hospitals and major tertiary centre provides us with better access to services.</p> <p>SD advised that we do run the largest rural regional cancer centres in NSW. The Reporting Better Outcomes report highlighted that our results were as good as anyone else in the state. We need to recognise the fact that NSW does have recognised centres of excellence, while recognising the requests of family where we are able to support them. SD further noted that over the last ten years 15,000 patients have avoided having to go to Sydney for oncology services.</p> <p><b>Resolution:</b> WG noted the wonderful video presentation, and the discussion around cancer services within the district was very helpful. The Board further noted Dr Stephen Begbie's point around the role of regional institutes and that the way forward is to continue to work with the larger Sydney hospitals to ensure we continue to enhance cancer treatment services to the community.</p>		

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<p>1.2 <b>Presentation: MNCLHD Audit and Risk Report for 6 months at December 2017</b> <b>Presenter: Mr Ken Barker, Chair of the Audit and Risk Committee (ARC)</b></p> <p>Mr Barker provided the Board with an update on the following matters:</p> <ul style="list-style-type: none"> <li>Deborah Green, a former Health senior executive has become the third independent member of the ARC following the retirement of Felicity Barr.</li> <li>The Audit Office in its 2017/18 Performance Audit Plan has identified Health Roster, Risk Management, culture and capability for the District.</li> <li>The ARC held regular meetings on 7 September and 30 November 2017, as well as a Special Finance Meeting on 12 July 2017 to consider the 2016/17 financial statements for referral to the Audit Office and the Ministry of Health.</li> <li>The Audit Office have identified 1 medium (Health Roster) and 1 low (asset revaluation) findings. Management is taking appropriate action to address this which is monitored by the ARC.</li> <li>Prior year issues include nine items of which four are completed, two refer to issues with the Ministry/Health Infrastructure (ADO's Capitalisation/Expensing of new fixed assets). One relates to Timesheets/Health Roster which was raised again in 2017/18, and the other two deal with salary overpayments and excessive leave.</li> <li>The ARC sought details of staff who had excessive overtime.</li> <li>Three staff had both excessive leave and overtime. Sixteen staff (including the three), had excessive overtime, the highest just under 800 hours. As at 24 October 2017, 1,237 staff had excessive leave.</li> <li>The 2016/17 Auditor General's Report to Parliament for Health did not identify any serious issues for the District.</li> <li>During the six months, the ARC has, reviewed and endorsed 2016/17 financial statements, monitored District responses to internal and external audit findings, reviewed as standing items MoU Security Implementation Plan, Risk Management, WH&amp;S, Incident Management Summaries and Quality and Safety Reports.</li> <li>The following internal audit reports were also considered, Capital Works, Dorrigo MPS and Ethics Training. Ethics Training included a District wide program to improve employee awareness around ethics and corruption. It has been launched under the "Speak Up" banner.</li> </ul> <p><b>Resolution: The Board agreed to a presentation on the Speak Up initiative at a future meeting.</b></p> <ul style="list-style-type: none"> <li>Proposed future internal audits include; travel claims, Vmoney, Purchasing, Mobile phones and accounts payable, recruitment screening IIMS management.</li> <li>Internal Audit Manager Gail Farrer has retired and recruitment to this position is underway. The unit is currently at full staffing.</li> <li>The ARC continues to review Reportable Incidents and the HCQC Report.</li> <li>The ARC has requested it receives the KPMG review of 2015 RCA recommendations when completed and considered by the Quality and Safety Sub Committee.</li> <li>The ARC has noted that the District has recently appointed a new Risk and Compliance Program Manager, Mr Steven Williams who will attend future ARC Meetings.</li> <li>The ARC reviews the Top 10 Risk report to MoH and notes with some concern that no responses are received.</li> </ul> <p><b>ACTION: The Board agreed that the CE write to the Ministry of Health about seeking feedback on the Top 10 Risk Report.</b></p> <ul style="list-style-type: none"> <li>The ARC continues to monitor how Risk as a framework is extended across the District. WG noted that Risk Framework is a topic for discussion at the January Board Planning Session.</li> <li>The ARC will seek attendance of key MNCLHD executives at ARC meetings where Internal Audits appear to reflect a need for significant reform in their area of responsibility.</li> <li>The ARC will continue to work with the Quality and Safety Sub Committee so as to provide an overall framework to the Board as to how clinical risk across the District is oversighted.</li> <li>WG stated that the Risk presentation was very comprehensive and raised a number of issues to be considered going forward.</li> </ul>			

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<ul style="list-style-type: none"> <li>WG asked what strategies can we adopt to ensure we are tracking how recommendations for RCAs are monitored, noting that the KPMG report is very helpful, there needs to be a mechanism for on-going follow up.</li> <li>KR advised that there is a regular review of RCA recommendation on the Agenda of the HCQC. The KPMG audit process seeks evidence of the completeness of the implementation of recommendations to ensure they are fully implemented.</li> </ul> <p>Action: WG requested we refer this to the Health Care Quality Committee (HCQC) for their review and feedback. Action to be assigned to KR.</p> <p><b>Resolution: The Governing Board noted the report by Ken Barker with appreciation.</b></p>			
<p><b>Resolution: The Governing Board received and noted the information provided in Item 1.</b></p>			
<p><b>Item 2: Minutes of Governing Board</b></p>			
<p>2.1</p>	<p>Minutes of Meeting 8 November 2017</p> <ul style="list-style-type: none"> <li>The minutes were endorsed with the following edits to be made: Item 3.5 “JR further noted that the community drove the Healthy Kids Bus Stop initiative”</li> </ul>		
<p><b>Resolution: The Minutes of the Governing Board meeting of 8 November 2017 were confirmed as an accurate record and will be made publicly available on the MNCLHD website.</b></p>			
<p><b>Item 3: Business Arising</b></p>			
<p><b>Action Table and follow up</b></p>			
<p>3.1</p>	<p>Action Table</p>	<p>Noted</p>	<p>Chair</p>
<p><b>Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.</b></p>			
<p><b>Item 4: Chief Executive’s Report</b></p>			
<p>4.1</p>	<p>Chief Executive’s Report and Attachments were noted:</p> <ul style="list-style-type: none"> <li>Coffs Harbour Hospital Expansion Final Business Case</li> <li>Anaesthetic Review Draft Terms of Reference</li> <li>Correspondence to PHN re Joint Seasonal Demand Planning</li> <li>BHI Quarterly Surgery and Emergency Department Report July to Sept 2017</li> <li>Draft Auditor General Report</li> <li>KPMG Independent Review of the implementation of 2015 Rood Cause Analysis Recommendations</li> </ul> <p>Stewart Dowrick gave an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> <li>Coffs Clinical Network Five Year Strategy – The lease for the Specialist Medical Centre has been signed and outpatient and palliative care staff are preparing to move to the new facility. Renovation of the library will commence soon.</li> <li>Macksville Hospital Redevelopment – Staff consultation continues with Concept Design 3 held in November and the finalisation of the Business Case with Pricewaterhouse Coopers.</li> <li>Coffs Harbour Health Campus Expansion – The first round of schematic design sessions were held in November with positive feedback received. The final Business Case has been completed.</li> <li>Peak Activity – November reflected a trend to normal levels of activity.</li> <li>VMO reappointment process – regular meetings continue to monitor progress and advice continues to reflect that satisfactory progress is being made.</li> <li>Medical Christmas Hot Spots Report and Christmas Services Plan – The Christmas Service Plan is being developed in consultation with Network Coordinators.</li> <li>Chief Executive Site Visits – the second round of Chief Executive site visits were held across the District in November.</li> <li>PHN MNCLHD Chronic Disease GP Trial – we have accepted an offer from PHN to participate in a pilot focussed on 500 patients with chronic and complex diseases.</li> <li>Key NSW Ministry of Health Measures – The District maintains its ‘O’ rating.</li> </ul>		

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<ul style="list-style-type: none"> <li>• Surgical Performance – The District has achieved surgical targets this month.</li> <li>• Patient Safety Accounts – The District has submitted our first ‘Patient Safety Account Report’. This was endorsed for submission by the Quality and Safety Committee, and feedback is expected in the new year. This report will be made public when finalised. SD thanked Dr Joanna Sutherland for her efforts in this regard.</li> <li>• Medical Model Kempsey Hospital – The Outpatient Services Plan has been endorsed by the KDH Medical Staff Council. Recruitment is underway for four VMO Physicians to Kempsey.</li> <li>• Tackling Childhood Obesity – the MNC Regional Obesity Summit was held in November. The District announced the Regional Innovation Fund at the Summit.</li> <li>• Your Health Link National Photographic Competition – The Awards evening was held in November. A record 1,300 entries were received this year and \$45,000 was offered in cash and prizes across four categories.</li> <li>• Rural SEF – Port Macquarie hosted the Rural SEF this year. This provided an opportunity to showcase our team and our future leaders.</li> <li>• Discussion continues regarding the location of the Cath Lab at CHHC. <b>Action: SD to write to HI for consideration of this (pending funding being available) being located within the new Clinical Services building.</b></li> <li>• The Board noted the terms of reference for the anaesthetics review</li> <li>• Safety and Quality – the patient safety report have done a good job. We can put this onto the web once the Board has looked at it. SD thanked Dr Jo Sutherland, and members of the Safety Committee. <ul style="list-style-type: none"> <li>○ <b>Resolution: We should congratulate those who put these reports together they are best practice.</b></li> </ul> </li> <li>• The Service Agreement discussion commences next week – we have to make a submission to the Ministry in relation to new facilities/services which will be operational in the 2018/19 financial year.</li> <li>• The five areas we are thinking about additional funding are: <ul style="list-style-type: none"> <li>○ Integrated Care</li> <li>○ Leading better value care.</li> <li>○ Intensive care at Coffs Harbour, based upon volume of work</li> <li>○ Mental Health.</li> <li>○ Bowraville is a unique situation.</li> <li>○ <b>Resolution; to adopt these in principal.</b></li> </ul> </li> <li>• Port Macquarie Base Hospital Carpark - SD to arrange to me to meet with Sam Sangster. <b>Resolution: The Board supports the increase in the number of car parks at Port Macquarie, and that there is consistency in costing of the carparks across the district.</b></li> </ul> <p>(Dr Hodge departed the meeting.)</p> <p><b>Resolution: The Governing Board received and noted the CE Report.</b></p>				
4.2	<p>Chief Executive’s Key Performance Indicators Chief Executive’s Performance Summary</p> <p><b>Resolution: The Governing Board noted the contents of the Chief Executive’s KPI and Performance Summary Report.</b></p>			
<b>Resolution: The Governing Board received and noted the information provided in Item 4.</b>				
<b>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</b>				
<b>5.1 People, Patients and the Community</b>				
We deliver patient-centred care informed by patients, their families and the community				
5.1.1	<p><b>Board Sub-Committee: Community Engagement</b></p> <ul style="list-style-type: none"> <li>• CRG Chair’s Summary – 27 November 2017</li> <li>• Community Reference Group HMCN 24 October 2017</li> <li>• Community Reference Group CHCN 2 November 2017</li> </ul>			

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<p>Chair of the Community Engagement Sub-Committee Janine Reed noted that it has been a very busy year with a lot of challenges, but that things have come together well at the end of the year. JR also noted the fantastic work done by the Community Advisory Committee in particular Andrew Bailey and his team, for coordinating the successful Obesity Summit.</p> <p>JR further reported that Pat Francis (community representative) is concerned about the NDIS and is seeking guidance from the Board.</p> <p><b>Action: WG to prepare a response to Pat Francis on NDIS, and refer his concerns to Bronwyn Chalker.</b></p>			
<p><b>5.1.2 BRIEF: Complaints Report February 2017 to June 2017</b></p> <ul style="list-style-type: none"> <li>Complaints Report Summary of Performance Feb 2017 to Jun 2017</li> </ul> <p>WG noted that the report was very interesting and thanked the team for their effort in putting this together. It was noted that Scheree Jones has worked with Directorates to increase compliance with resolution dates and that we are now reaching our KPI on complaints management.</p>			
<p><b>5.1.3 BRIEF: Clinical Services Plan</b></p> <ul style="list-style-type: none"> <li>Draft MNCLHD Clinical Services Plan 2017</li> </ul> <p>It was noted that a draft report will be submitted in the first quarter 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> <ol style="list-style-type: none"> <li>The Governing Board received and noted the information provided in Item 5.1.</li> </ol>			
<p><b>5.2 Leadership, Workforce and Culture</b></p> <p>We support the development of our workforce through learning and development, with a culture that supports everyone to be their best</p>			
<p><b>5.2.1 Board Sub-Committee: Workforce, Health &amp; Safety</b></p> <ul style="list-style-type: none"> <li>Chair's Summary – 30 October 2017</li> </ul>			
<p><b>5.2.2 Board Sub-Committee: MDAAC</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 12 October 2017</li> <li>Chair's Summary – 9 November</li> </ul> <p>Chair of the MCAAC Committee John Barrett tabled a late paper - VMO Reappointment Projects Paper – Progress summary as at 7 December 2017.</p>			
<p><b>Identification of Risks for Item 5.2 (if applicable):</b></p>			
<p><b>Resolution/s confirmed by the Board relating to Item 5.2:</b></p> <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> <ul style="list-style-type: none"> <li>Confirmed Minutes – 13 July 2017</li> <li>Chair's Summary – 6 December 2017</li> </ul> <p>Chair of the Integrated Care Committee Prof Gail Whiteford advised the following:</p> <ul style="list-style-type: none"> <li>The MNCLHD Integrated Care Framework is expected to be completed and ready for delivery in February 2018 with adoption of the framework in 2018.</li> <li>This will go to our stakeholders next year.</li> <li>Planning has commenced for an Integrated Care Stakeholder Forum in 2017.</li> </ul>			

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<p><b>Resolution: The Governing Board noted and adopted the Integrated Care Stakeholder Forum program in principle.</b></p>				
5.3.2	<p><b>Better Value Care (Standing Item)</b> It was noted that BVC remains a priority for the District.</p>			
<p><b>Identification of Risks for Item 5.3 (if applicable):</b></p>				
<p><b>Resolution/s confirmed by the Board relating to Item 5.3:</b> 1. The Governing Board received and noted the information provided in Item 5.3</p>				
<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>				
5.4.1	<p><b>Board Sub-Committee: Health Care Quality</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 30 October 2017</li> <li>Chair Summary – 27 November 2017</li> </ul>			
5.4.2	<p><b>BRIEF: NSW RCA Summary Report</b></p> <ul style="list-style-type: none"> <li>NSW RCA Summary Report October 2017</li> </ul>			
5.4.3	<p><b>BRIEF: Risk Management Plan Update</b></p> <ul style="list-style-type: none"> <li>Risk Management Plan 2016-2019 Status Update 12/2017</li> </ul> <p>Executive Director Clinical Governance and Information Services Kathleen Ryan advised the following:</p> <ul style="list-style-type: none"> <li>MNCLHD Risk and Compliance Program Manager, Mr Steven Williams has been appointed.</li> <li>In 2018, directorate risk workshops will be held to identify risks and opportunities to be managed to ensure the successful implementation of the strategic plan and to identify other risks and opportunities associated with day-to-day operations to assist in prioritising resources accordingly.</li> <li>Formalisation of the Risk Governance framework for the identification and acceptance of new risk and the review of existing risks will occur in 2018.</li> <li>KR proposed a combined Board and SET risk workshop to agree the strategic risk profile based on the District's new strategic plan and any newly identified emerging risks. The Board conferred that this would be valuable to do together.</li> </ul> <p><b>Resolution: The Board agreed to adopt the key activities for 2018, and agreed to a combined half hour session on risk with SET and the Board, (prior to a Board meeting in 2018) to be facilitated by Steven Williams.</b></p>			
<p><b>Identification of Risks for Item 5.4 (if applicable):</b></p>				
<p><b>Resolution/s confirmed by the Board relating to Item 5.4:</b> 1. The Governing Board received and noted the information provided in Item 5.4.</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>				
5.5.1	<p><b>Board Sub-Committee: Health Service Development &amp; Innovation</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 13 October 2017</li> <li>Chair Summary – 1 December 2017</li> </ul> <p>Chair of the Health Service Development and Innovation Sub Committee Dr Stephen Begbie advised the following;</p> <ul style="list-style-type: none"> <li>It appears that the Macksville and Coffs Harbour redevelopments will be occurring very close together</li> <li>Attendance by MNCLHD senior executive staff at the Health Service Development and Innovation Sub Committee meetings</li> </ul>	For Noting	Chair HSDI	Att 5.5.1



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	<p>continues to be underrepresented. A suggestion to trial inviting emerging leaders who report to executives to come along for the year was proposed, as part of their executive training processes.</p> <ul style="list-style-type: none"> <li>Discussion was held around seeking presentations from external innovators to attend the meeting and present innovative ideas. WG suggested extending an invitation to the Coffs Harbour Innovation Centre.</li> </ul> <p><b>Action: WG meet with the Chair of the ACI – should we invite persons from the Ministry and the CEC to one of our Board meetings. Keen to participate. ACI Chair Brian McCaughan, Gerry Maher CE. WG to extend an invitation</b></p>		
<b>Identification of Risks for Item 5.5 (if applicable):</b>			
<b>Resolution/s confirmed by the Board relating to Item 5.5:</b>			
1. That the Governing Board receive and note the information provided in Item 5.5			
<b>5.6 Value and Accountability</b>			
We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable			
5.6.1	<p><b>Board Sub-Committee: Finance and Performance</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 31 October 2017</li> <li>Chair Summary – 28 November 2017</li> </ul> <p>The Board discussed the recent announcement by Minister for Health Brad Hazzard of funding for a Palliative Care Specialist in MNCLHD. WG requested this item be put on the Action list for further discussion.</p>		
5.6.2	<p><b>REPORT: Finance &amp; Performance Report Year to Date 31 October 2017</b></p> <p>Executive Director Financial Operations and Asset Management, Carlie Kilikas tabled a Brief on the mid year current financial position, including workforce, efficiencies and improvements. CK also noted;</p> <ul style="list-style-type: none"> <li>Cash is stable and is forecasting to continue in this state.</li> <li>The District will continue the tracking of FTE and management of variations and improvements which has YTD leveraged a positive result.</li> <li>The DNR Costing was submitted for 2016/17 with positive results, and is in line with state price.</li> <li>For Budget 2018/19 - development of a budget plan and commence identification of HACC and Data Quality gaps and errors to be rectified to avoid financial penalties into next year.</li> <li>Revenue Target is being reviewed, and analysis undertaken of potential upcoming private health/medicare changes which could adversely affect revenue going forward.</li> <li>Savings strategies predominately productivity will be closely monitored across the district and re-developed in-line with PMO advice.</li> <li>A request has been sent to the MoH for subsidy following the winter activity impact.</li> <li>Backlog of coding needs to be addressed</li> </ul>		
5.6.3	<p><b>Board Sub-Committee: Audit and Risk</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 7 September 2017</li> <li>Outstanding Recommendations Summary</li> </ul>		
<b>Identification of Risks for Item 5.6 (if applicable):</b>			
<b>Resolution/s confirmed by the Board relating to Item 5.6:</b>			
1. The Governing Board received and noted the information provided in Item 5.6.			
<b>5.7 Closing the Gap</b>			
We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people			
5.7.1	<p><b>Board Sub-Committee: Close the Gap</b></p> <ul style="list-style-type: none"> <li>Confirmed Minutes – 24 October 2017</li> </ul>		

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<ul style="list-style-type: none"> <li>Chair Summary – 4 December 2017</li> </ul>			
<p><b>5.7.2 NSW Aboriginal Health Plan 2013-2023 Mid-term Evaluation</b></p> <ul style="list-style-type: none"> <li>MNCLHD Case Studies</li> </ul> <p>Chair of the Close the Gap Committee David Kennedy noted that the NSW Aboriginal Health Plan 2013-2023 Mid-term Evaluation was a very comprehensive paper with some great case studies provided which were also noted by the Centre for Aboriginal Health.</p>			
<p><b>5.7.3 BRIEF: MNCLHD Aboriginal Health Dashboard</b></p> <ul style="list-style-type: none"> <li>MNCLHD Aboriginal Health Dashboard</li> <li>MNCLHD Aboriginal Health Dashboard compared to other LHD/SHN</li> </ul> <p>DK noted that the MNCLHD Aboriginal Health Dashboard compared to other LHD/SHN Report is the first time this data has been compared across the state. It highlighted that MNCLHD appear toward the top for most indicators, and while we are doing some great work, there is still more improvements to be made.</p> <p>SB noted the data on the number of aboriginal mothers smoking in pregnancy and asked if there are any other strategies to assist pregnant women to reduce/cease smoking at this time.</p> <p>DK advised that there are a number of strategies in place to assist pregnant mothers with this issue including in the antenatal clinics, NRT, referrals, early intervention, but that this continues to be a perennial issue.</p> <p>KR suggested putting this question to the community innovators group.</p> <p><b>Action: KR to ask community innovators group for ideas and suggestions to help address the rate of aboriginal mothers smoking in pregnancy.</b></p> <p>WG wished to congratulate Robyn Martin, David Kennedy and the team who prepared these papers, and noted that the dashboard was an important document to have. WG further noted that these initiatives are supported by MNCLHD staff.</p>			
<u>Identification of Risks for Item 5.7 (if applicable):</u>			
<b>Resolution/s confirmed by the Board relating to Item 5.7:</b>			
1. <b>The Governing Board received and noted the information provided in Item 5.7.</b>			
<b>Item 6: Other Operational Items for Discussion</b>			
6.1	Nil		
<b>Item 7: Directorate Updates</b>			
<b>Directorate Updates</b>			
7.1	Mental Health & Integrated Care		
7.2	Public Health		
7.3	Aboriginal Health & Primary Partnerships		
7.4	Nursing, Midwifery & Workforce		
7.5	Clinical Governance & Information Services		
7.6	Financial Operations and Asset Management		
7.7	Communications & Strategic Relations		
7.8	Coffs Clinical Network Report		
7.9	Hastings Macleay Clinical Network Report		
<b>Resolution: The Governing Board received and noted the information provided in Item 7.</b>			
The comprehensive Network reports for Coffs Clinical Network and Hastings Macleay Clinical Network were noted.			
<b>Item 8: For Information of the Board (Discussion by exception)</b>			





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<b>Correspondence, General Business &amp; Questions on Notice</b>				
8.1	Confidentiality (Standing item)			
8.2	NSW Health Submission to the Commonwealth Private Health Insurance Consultation			
8.3	Combined MNCLHD Board Meeting Minutes – 17 October 2017			
8.4	The MNCLHD response to the Ministry on Clinical Leadership Models was tabled.			
<b>Resolution: The Governing Board received and noted the information provided in Item 8.</b>				
<b>Item 9: 2017 - Upcoming visits and events (for information)</b>				
	Date	Event Details		
	13 December	Annual Public Meeting - Glass House Port Macquarie MNCLHD Board Meeting – PMCHC MNCLHD Board end of year dinner – Quay Lime Bar and Grill		
	24 January 18	MNCLHD Planning Day – Coffs Harbour		
<b>There being no further business the meeting closed at 6.10pm.</b>				