

The Sydney Children's Hospitals Network (Randwick & Westmead)	
Date	4 February 2015
Time	8.30am – 11.00am
Location	Prince of Wales Hospital
Membership	<p>SCHN Board members Professor Christine Bennett AO (Chair) Mr Richard Alcock (Deputy Chair) Professor Louise Baur AM Dr Abby Bloom Ms Joanna Capon OAM Mr Jack Ford Professor Adam Jaffe Ms Renata Kaldor AO Mr David Nott Professor Kim Oates AM Dr Robyn Shields AM Associate Professor Donna Waters Mr Jeremy Wright</p> <p>Ex officio invitees Dr Michael Brydon, (Acting Chief Executive, SCHN) Dr Christopher Webber (MSC – SCH representative) Dr Mary McCaskill (MSC – CHW representative) Professor Les White AM (NSW Health Chief Paediatrician) Vacant (Executive Medical Director, SCHN) Vacant (Director of Finance and Corporate Services, SCHN)</p> <p>Attendees Ms Kate Hurlle (A/Personal Assistant to Chief Executive)</p>
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Minutes
Sydney Children's Hospitals Network Board Meeting
4 February 2015

ITEM	By Exception *	DESCRIPTION	RESPONSIBILITY	PAGE NO.	TIME	ACTION REQUIRED
1		Administrative Matters			5 min	For noting
		1.1 Welcome and Attendance	Chair	-		
		<p>1.1 Welcome and Attendance Chair</p> <p>The Chair welcomed members to the meeting and introduced Dr Abby Bloom. Dr Bloom's extensive experience in health, including in Executive roles and as a Board member for Western Sydney LHD was acknowledged.</p> <p>The Board's congratulations to Ms Elizabeth Koff on her secondment to the Ministry of Health for a period of 6 months was noted. Dr Michael Brydon has been appointed as Acting Chief Executive to 17 April 2015. The coverage arrangements for the remainder of the period will be confirmed shortly.</p> <p>Attendance C Bennett (Chair), E Koff, M Brydon, A Solman, K Oates, R Alcock, R Kaldor, J Capon D Waters, L Baur, J Ford, J Wright, Abby Bloom M McCaskill C Webber, D Nott, R Shields, M Brydon, A Solman</p>				
		1.2 Apologies	Chair	-		
		A Jaffe				
		1.3 Declaration of Conflicts of Interest	Chair	-		
		No conflicts of interest were raised				
2		Minutes and Action Items				
		2.1 Review of Minutes of meeting held on 3 December 2014	Chair	4	5 min	For approval
		The minutes of the Board meeting held 3 December 2014 were reviewed and accepted by the Board.				
		2.2 Matters Arising from Previous Meeting			10 min	For noting
		2.2.1 Review of Action Table	Chair	9		
		Update on Bright Alliance				
3		Strategic Priority in Focus				

		3.1	Strategy Review
		<p>The CE presented on the progress made against the strategic priorities identified for 2014. Key points noted include:</p> <ul style="list-style-type: none"> - Quality and Safety is an area of high priority for SCHN and positive outcomes have been achieved in terms of compliance; however there remains a need to improve organisational engagement in advancing the quality agenda. This is an area of priority for 2015. - Rare Diseases and personalised medicine are emerging issues requiring integration between research and clinical care. Progress is gradual and this will continue to develop over the coming years. - Access to services, measured by the NEAT and NEST targets has progressed well over the last 12 months. There remain challenges in the area of general surgery waiting times. SCHN's application for funding for Integrated Care has been successful and this will support and expedite the Ambulatory Care project in 2015. - Strategies were launched in 2014 strengthen engagement, including the leadership breakfasts. These have been well received and will continue in 2015. Discussion noted that these provide a means for Board member engagement with the wider SCHN staff; it was agreed that the Board will be advised of dates of these events. - Financial sustainability has progressed well, with initiatives such as the implementation of a billing "app" to support real-time, simplified billing processes. - As well as achieving excellent financial results, Fundraising has become more collaborative within the Network with several successful joint initiatives undertaken. - Infrastructure projects, including the Bright Alliance, Westmead precinct redevelopment and the Block 9 (Rainbow Wing) Development have been a significant focus in 2014. This will continue in the current year. It was noted that infrastructure developments have highlighted the need to ensure strong collaboration with other stakeholders; this relationship is functioning well for the Westmead campus but will need to be further developed at Randwick. 	
4	Matters for Decision		
		4.1	Establishment of Transformative Care Team
		<p>It has been identified that there is an organizational need to establish a unit which is focused on implementing and supporting change and innovation in the SCHN, to be known as the Transformative Care Team.</p> <p>The unit will provide the mechanism for across the board transformation within the organization. It will support stronger engagement with medical staff and a greater capacity for change and innovation with quality and safety at its heart. It was noted that the decision to establish this unit separate from the existing Clinical Governance Unit would assist support a cultural change regarding quality and safety as the current structure has an entrenched mindset of clinical governance being the work of a separate unit, rather than core business of the organisation. The current Clinical Governance Unit will continue to undertake its current functions, including compliance, such as the ACHS accreditation process.</p>	

		<p>Discussion noted that this represents an exciting opportunity to support the evolution of the organisation towards a culture that is centred on patient safety and care. This will lead also to financial benefits in the long term. It was acknowledged that this must be a long term commitment by the organisation to this initiative to enable results to be achieved. It was noted that there would be a negative impact on culture if it were commenced but not continued.</p> <p>It was also be important that those involved embody the vision of the unit. This will also be an opportunity to build staff capacity by seconding staff into the roles within the unit.</p> <p>The Board supported the proposal for the establishment of a Transformative Care Unit and several members offered their personal support to assist in this initiative</p>
	4.2	<p>Charity Status of The Children’s Hospital at Westmead</p>
		<p>The regulatory agency for Australian charities has advised that The Children's Hospital at Westmead (CHW) does not meet the criteria as a charitable institution because of being a government organisation. This necessitates CHW being removed from the Charities register; donations to the organisation remain tax deductible.</p> <p>The potential strategies identified to date were noted to be:</p> <ul style="list-style-type: none"> • Do nothing and accept removal from charity register. • Create a virtual foundation • Create a whole separate CHW foundation • Look at joining with SCH foundation <p>The first two noted options were exclude on review by the Board. Removal from the Charities register was not considered an acceptable option due to the potential for loss of income, presence and status being high. It was identified that establishing an internal Foundation is not feasible as it would be part of a government controlled entity.</p> <p>The Board's discussion identified that there are many issues that need to be considered including but not limited to:</p> <ul style="list-style-type: none"> - The ability of donors to direct their funds as desired - The need to ensure that income is not impacted by any change - SCHN retaining the ability to determine the use of funds - Protections of brand identity - If a Foundation is to be established, it's structure and governance needs to be carefully designed to support integration with the Network's strategic priorities. <p>It was agreed that a cautious approach needs to be taken in this matter as it carries a significant amount of potential risk for the organisation. The ACNC have requested a progress report on this matter in less 3 months and has expressed the expectation that this be resolved quickly.</p> <p>It was agreed that R Alcock, D Nott and M Brydon will meet to progress this matter. It was noted that it is likely that SCHN will need to also engage external support to develop a suitable model.</p> <p>Action: R Alcock, D Nott and M Brydon to meet to progress fundraising structure.</p>

		4.3	Membership of the Audit and Risk Management Committee
			<p>The Board is required to determine whether to renew the appointment of a current member of the Audit and Risk Management Committee. It was noted that the current Chair has performed well in the role and the decision regarding renewal is not performance related; however as the appointment term of two other members, including the Chair, will be exhausted in 2016, there is a need to determine the best option to balance the need for renewal with continuity for the Committee.</p> <p>It was agreed that the prequalified list of potential members be obtained prior to a recommendation regarding reappointment being developed. It was noted that the skills required by the Committee are broader than finance and that the skill mix of the committee will need to be considered when determining future membership. The Board agreed that C Bennett, D Nott and M Brydon would undertake the initial review of the prequalified list and develop a recommendation to the Board.</p> <p>Action: C Bennett, D Nott and M Brydon to undertake the initial review of the prequalified list and develop a recommendation to the Board.</p>
5			Matters for Discussion
		5.1	Integrated Care Planning and Innovation Fund
			<p>The CE advised that SCHN has been successful in its application for funding from the MoH Integrated Care Planning and Innovation. The projects to be supported are part of the existing ambulatory care work underway. It was noted that Medicare Locals have been a partner to date in this work; the changes in this area bring a level of uncertainty as the new primary health network structures are created.</p> <p>The Board requested that a progress report on the projects be provided in 6 months</p>
		5.2	Commencement of Clinical Trials of Medical Cannabis
			<p>The Board noted the brief provided. Discussion noted that SCHN's role in the trial is to provide governance to the trial of the use of paediatric medical cannabis for patients with epilepsy trial. There is a high level on interest in this matter, generating the general public.</p>
		5.3	Assessment of Finance and Performance Committee
			<p>The results of the Finance and Performance Committee's self-assessment survey were reviewed. The results identified the following recommendations:</p> <ul style="list-style-type: none"> - Increased focus on strategic issues (ideally 2 meeting per year) - Expansion of the membership to include a second Board representative - Continued focus on improving the reports provided to the committee. <p>The complete results will be tabulated and tabled for information at the next Board meeting.</p> <p>Following discussion, the Board identified Mr Nott as an appropriate nomination to be the</p>

		<p>Board's second representative on the Committee. It was agreed that Mr Nott would consider his involvement and provide advice to the Acting CE prior to the next meeting of the Finance and Performance meeting (24 February 2015).</p> <p>The Committee assessment was noted to be a positive process and a similar process will be undertaken by the Board in the coming months.</p> <p>The excellent contribution of Mr Alcock as the Chair of the Committee was noted.</p> <p>Action: Mr Nott to consider the invitation to join the Finance and Performance Committee and advise the Acting CE.</p>
	5.4	Asbestos in NSW Health Buildings
		The briefing provided was noted by the Board. The Ministry of Health's requirement that a register of all asbestos on Hospital sites is maintained and that the matter is required to be monitor via the Risk Register was noted. The CE advised that this matter has not previously received due attention within the Network; this is currently being addressed.
6	Matters For Information	
	6.1	Sydney Children's Hospitals Network Board Appointments
		The Chair thanked members for their continuing services and contribution. Dr McCaskill advised that her term as Medical Staff Council Chair for CHW will conclude at the Council meeting in late February 2015. It is anticipated that the incoming MSC Chair will take the role of Board representative.
	6.2	Training Opportunities for Board Members
		It was noted that Board members have received communication directly from the Ministry of Health regarding opportunities for Board members to undertake training. Members taking up this training are requested to advise the Acting CE.
	6.3	Behaving Ethically: A Guide for NSW Government Sector Employees
		The brief provided was noted.
	6.4	Fundraising Events for 2015
		The brief provided was noted. Members expressed interest in increasing engagement with these events and it was agreed that the CE office will ensure that the Board are kept informed of major events.
	6.5	Capacity Assessment Project
		The brief provided was noted. Further communication to members from MoH is understood to be expected shortly.

7	Standing Reports					
	7.1	Chair's Report	Chair	-	5 min	For noting
		<p>The Chair and Chief Executive have attended two productive meetings with the Minister for Health and Medical Research. The first of these meetings was in relation to the establishment of the Paediatric. The Minister has indicated that she is supportive of the initiative, however formal outcomes are pending.</p> <p>A second meeting occurred yesterday to discuss the capital program for CHW. This meeting was also very positive and appeared to increase the Minister's appreciation of the importance of SPT funding in providing clinical services within SCHN. The meeting also provided the opportunity to make the Minister aware that CHW is not currently included in the allocation of funding for the as part of the Westmead precinct planning. It was noted that the Minister's expectation is that CHW will be included in the processes surrounding phases 2 & 3 of the Westmead precinct development.</p> <p>The Chair congratulated Elizabeth Koff on her secondment to the Ministry of Health, noting that the Board is supportive of this opportunity. The stability and direction to Ms Koff has provided to SCHN and the outcomes achieved as a result were acknowledged.</p>				
	7.2	Chief Executive's Report	Chief Executive		5 min	For noting
		<p>The CE's report was noted; discussion focussed on:</p> <ul style="list-style-type: none"> - Industrial Relations Matter: General Surgery <p>This matter will return to the Industrial Relations Commission on 13 February 2015. Although many matters brought forward by the Department of Surgery have been identified by the IRC as not industrial issues, the IRC is seeking to assist the parties to identify an agreed way forward.</p> <p>The Medical Staff Council representatives were asked to provide the perspective of the senior medical staff on the current situation. M McCaskill (CHW MSC) advised that the matter had not been discussed at the MSC since 2013 as it was not considered appropriate for this to occur while the IRC matters were in progress.</p> <p>The Board emphasised the need to ensure that this dispute does not result in a negative impact on patient care.</p> - Partnerships – RMH Telethons <p>Ronald McDonald House, Westmead (RMH-W) will be conducting a telethon on Channel 7 on 16 May 2016 as part of a capital campaign. There is a risk that this will impact on the Sydney Children's Hospitals Foundation telethon which is held over the June long weekend as well as potentially causing "brand confusion" for donors who may think that their donation is going to CHW. It was noted that SCHN has not supported access to CHW for the telethon.</p> 				

		<p>It was acknowledged that RMH-W is a an independent entity and it entitled to undertake fundraising activities, however there was significant concern expressed that the donor market will be unable to sustain two telethons in quick succession, both of which target child health related services.</p> <p>It was agreed that the SCHN Executive will seek meet with the RMH Executive to discuss these concerns and seek to negotiate on the planned date for the telethon.</p>			
		7.3	SCHN Performance Report		
			<p>The performance report was noted.</p> <p>Dr Brydon made specific mention of the improved performance on spinal surgery waiting times over the last months.</p>		
8	Board Sub-Committee & Network Committee Minutes				
	*	8.1	Finance and Performance Committee		
			The brief provided was noted.		
	*	8.2	Health Care Quality Committee		
			The brief provided was noted.		
	*	8.3	Medical and Dental Appointment Advisory Committee		
			The brief provided was noted.		
9	Details of Next Meeting				
		Date and Location Wednesday, 4 March 2015 Rooms A & B Prince of Wales Hospital		Strategic Focus for Future meetings April 2015 – Partnerships and Networks May 2015 – Audit and Risk Management June 2015 - Financial sustainability	