

<b>The Sydney Children's Hospitals Network (Randwick &amp; Westmead)</b>	
<b>Date</b>	Tuesday, 31 January 2017 and Wednesday, 1 February 2017
<b>Time</b>	4.30pm – 6.30pm
<b>Location</b>	Level 9 Boardroom, Bright Alliance Building, Randwick
<b>Membership</b>	<p><b>SCHN Board members</b>            Professor Christine Bennett AO (Chair)            Professor Louise Baur AM            Dr Abby Bloom            Mrs Joanna Capon OAM            Mr Jack Ford            Mrs Renata Kaldor AO            Mr David Nott            Emeritus Professor Kim Oates AM            Dr Robyn Shields AM            Professor Donna Waters            Mr Jeremy Wright            Professor Les White AM            Mr Bruce MacDiarmid</p> <p><b>Ex officio invitees</b>            Dr Michael Brydon (Chief Executive, SCHN)            Dr Christopher Webber (MSC – SCH representative)            Professor Ralph Cohen (MSC – CHW representative)            Dr Mary McCaskill (Executive Medical Director, SCHN)            Mr Brian Jackson (Director of Finance and Corporate Services, SCHN)            Dr Matthew O'Meara (Acting Chief Paediatrician)            Mr Duncan Makeig (Sydney Children's Hospital Foundation – Observer)</p> <p><b>Attendees</b>            Ms Maryanne Lynch (Manager Executive Services, SCHN Board Secretariat)</p>
<b>Secretariat Contact:</b>	Manager Executive Services Sydney Children's Hospitals Network Ph: 9845 3637 mobile 0417 561 273

**Minutes**  
**Sydney Children's Hospitals Network Board Meeting**  
**31 January 2017**

ITEM	By Exception *	DESCRIPTION	RESPONSIBILITY	PAGE NO.	TIME	ACTION REQUIRED
<b>1</b>		<b>Administrative Matters</b>			<b>5 min</b>	<b>For noting</b>
		<b>1.1 Welcome and Attendance</b>	<b>Chair</b>	-		
		<p><b>1.1 Welcome and Attendance</b> <span style="float: right;"><b>Chair</b></span></p> <p><b>Attendance (Tuesday, 31 January 2017):</b>            Professor Christine Bennett AO (Chair), Professor Louise Baur AM, Mrs Joanna Capon, Mrs Renata Kaldor AO, Mr Jack Ford, Mr David Nott, Emeritus Professor Kim Oates AM, Professor Donna Waters, Mr Jeremy Wright, Mr Bruce MacDiarmid, Dr Michael Brydon, Dr Christopher Webber, Dr Mary McCaskill, Mr Brian Jackson, Dr Matthew O'Meara.</p> <p><b>Attendance (Wednesday, 1 February 2017):</b>            Professor Louise Baur AM, Mrs Joanna Capon, Mrs Renata Kaldor AO, Mr Jack Ford, Mr David Nott, Emeritus Professor Kim Oates AM, Professor Donna Waters, Dr Abby Bloom, Mr Jeremy Wright, Mr Bruce MacDiarmid, Professor Ralph Cohen, Professor Les White AM, Dr Michael Brydon, Dr Christopher Webber, Dr Mary McCaskill, Mr Brian Jackson, Dr Matthew O'Meara.</p> <p>The meeting was opened at 4.35pm by Professor Oates on behalf of Professor Bennett. The Board welcomed to Bruce MacDiarmid. An introduction of members was provided by each member and a brief background to Mr MacDiarmid's experience was provided.</p> <p>Welcome to Ms Jane Bridge of Boardroom Partners, presenting on WHS obligations for Board members.</p>				
		<b>1.2 Apologies</b>	<b>Chair</b>	-		
		Dr Robyn Shields				
		<b>1.3 Declaration of Conflicts of Interest</b>	<b>Chair</b>	-		
		Nil.				
<b>2</b>		<b>Minutes and Action Items</b>				
		<b>2.1 Review of Minutes of meeting held on 7 December 2016</b>	<b>Chair</b>		<b>5 min</b>	<b>For approval</b>
		The minutes of the meeting held on 7 December 2016. Accepted as a true and accurate record.				
		<b>2.2 Matters Arising from Previous Meeting</b>			<b>10 min</b>	<b>For noting</b>
		<b>2.2.1 Review of Action Table</b>	<b>Chair</b>			

			Noted.
<b>3</b>	<b>Strategic Priority in Focus – Board Review</b>		
	<b>3.1</b>	<b>Board Review and WHS</b>	
		<p>Ms Jane Bridge of Boardroom Partners – 1 hour presentation on the Board’s responsibilities on WHS. A summary was provided of the consultation undertaken to date with members as part of the overall review.</p> <p>The presentation was aimed at the legislative requirements and the context in which the SCHN Board operates as well as what the Board’s current responsibilities are.</p> <p>A summary of the main items were:</p> <ul style="list-style-type: none"> <li>- The legal obligations and the six reasonable steps that constitute due diligence which are: <ul style="list-style-type: none"> <li>o To acquire and keep up to date knowledge of WHS matters, and</li> <li>o To gain an understanding of the nature of the operations of the business or undertaking of the person conducting the business or undertaking and generally the hazards and risk associated with those operations, and</li> <li>o To ensure that the person conducting the business or undertaking (PCBU) has available for use, and uses, appropriate resources and processes to eliminate or minimize risks to health and safety from work carried out as part of the conduct of the business or undertaking, and</li> <li>o To ensure that the PCBU has appropriate processes for receiving and considering information regarding incidents, hazards and risks and responding in a timely way to that information, and</li> <li>o To ensure that the PCBU has, and implements, processes for complying with any duty or obligation of the PCBU under this Act, and</li> <li>o To verify the provision and use of the resources and processes referred to in paragraphs c - e</li> </ul> </li> </ul> <p>Risk – a health care facility is considered to be at the high end of the risk spectrum and the liability of individual members or the Board overall.</p> <p>Mr Jackson outlined that there are the appropriate frameworks in place around asset/equipment maintenance and he provided greater insight into planning for replacement or repair of equipment.</p> <p>SCHN current approach; the findings of the review in relation to reporting on WHS demonstrate that there are opportunities for improvement. There are many reports that do filter to the Board on its subcommittees however it was agreed that a consolidated report would be helpful.</p> <p>A summary of what other Boards do in this space was provided which would be considered ‘visible engagement’.</p> <p>Three different types of de-identified reports were tabled; these demonstrated varying levels of reporting and involvement in WHS matters. They all included indicators (as agreed or requested by the Board), targets, YTD totals against targets, trend analysis, incident details, compliance with relevant standards.</p> <p>A query as to frequency of practice was raised in comparison with other LHDs. It was noted that this information is readily available but needs to be brought together and presented as a single source. Dr Brydon referred to the work done around the development of the Best Practice Compendium which may have included a section on WHS.</p> <p>It is important that Board members understand the ‘business’ of various aspects of the Network which is recognised as being a challenge. Discussion occurred regarding industrial</p>	

		<p>considerations and the context of working in a larger system, rather than just being a health service in isolation.</p> <p><b>ACTION:</b> It was agreed that there be a draft consolidated report for future consideration. It was also agreed to have WHS report as a standing item early on each meeting.</p>
<b>4</b>		<b>Matters for Discussion</b>
	<b>4.1</b>	<b>Offsite meetings</b>
		<p>Dr Brydon referred to the possibility of meeting offsite, including the possibility of meeting at the new NETS base later in the year as well as a visit to Bear Cottage.</p> <p><b>ACTION:</b> Arrange a visit to Bear Cottage; outside of usual meeting times. dates to be circulated (possibly July).</p>
	<b>4.2</b>	<b>Fundraising matters</b>
		<p>Dr Brydon presented on the proposed fundraising strategy of the SCHN/SCHF Boards' Working Party. This summarised the contributions, the goals and what constitutes funding excellence. Other aspects explored model options and strategies to achieve goals, risks of any change, and the risks the risks of not undertaking a change. Dr Brydon provided context on the current funding of fundraising staff at both sites. Fundraising efforts in the tertiary education space was noted as well as the opportunity to partner. Consideration of documents issued to Board members was requested and discussion ensued.</p> <p>Discussion around partnership opportunities were noted. Considerations around naming and branding were discussed.</p> <p>The Board agreed that there be further consultation, agreeing in principle with the approach as outlined in the documents shared.</p> <p>It was emphasised that the matter remains confidential until the Boards have fully considered the information provided.</p> <p><b>ACTION:</b> Members to review documents circulated and provide any feedback by week's end if possible.</p>
<b>5</b>		<b>Matters For Information</b>
	<b>5.1</b>	<b>Surgery SCH - update</b>
		<p>Dr Brydon provided an update on the status of this matter, referring to the briefing that was circulated as part of the business papers. There remains a concern in relation to the anaesthetic nursing staff however it is envisaged that this will be resolved in the coming months. The Board noted that strategies presently in place are assisting to mitigate.</p>
	<b>5.2</b>	<b>Accreditation</b>
		<p>Dr Brydon provided an update on the status of Accreditation indicating that there will be a focus on the Board requirements at the next meeting (March) before the Accreditation commences on 27 March. There are a several areas that need to be addressed.</p> <p>Discussion ensued regarding the pre-survey and the identification of the gaps arising from that process. Through the use of electronic systems we are capturing some data SCHN was not able to capture previously. Dr Brydon provided some context in relation to reporting, for example with the increase in reporting around deteriorating patients, there has been a decrease in the number of cardiac arrests as a result of earlier identification and intervention.</p>
<b>6</b>		<b>Standing Reports</b>

		<b>6.1</b>	<b>Chair's Report</b>	<b>Chair</b>	-	<b>5 min</b>	<b>For noting</b>
			<ul style="list-style-type: none"> <li>- Cabinet reshuffle; Secretary of Health seems to have a relationship with three ministerial portfolios</li> <li>- Meeting with Secretary around the Westmead redevelopment – Stage 2</li> <li>- An inaugural meeting of Paediatrico will be occurring soon</li> </ul>				
		<b>6.2</b>	<b>Chief Executive's Report</b>	<b>Chief Executive</b>		<b>5 min</b>	<b>For noting</b>
			<ul style="list-style-type: none"> <li>- Heater/cooler issue was summarised</li> <li>- Light Rail discussions and positioning of the emergency department</li> <li>- Stage 1A/B is progressing well; Stage 2 is subject to further discussions with the Secretary and the Minister</li> <li>- Budget performance; no significant changes however it appears that the Christmas/New Year leave strategy may have assisted</li> </ul>				
		<b>6.3</b>	<b>SCHN Performance Report – December 2016</b>				
			Noted.				
<b>7</b>		<b>Board Sub-Committee &amp; Network Committee Minutes</b>					
	*	<b>7.1</b>	<b>Finance and Performance Committee</b>				
			Nil				
	*	<b>7.2</b>	<b>Health Care Quality Committee – report for January and minutes for December (ratified)</b>				
			Noted.				
	*	<b>7.3</b>	<b>Medical and Dental Appointment Advisory Committee</b>				
			Nil				
<b>8</b>		<b>Board meeting of 1 February 2017 – Strategic Planning session</b>					
			<p>On 1 February 2017, the Board met to focus on Strategic Planning for SCHN.</p> <p>Mrs Renata Kaldor chaired this session on behalf of Professor Christine Bennett. Mrs Kaldor orientated Board members to the process and their general oversight function assisting the network's direction.</p> <p>Welcome to Lisa Hagan and Adrian Wilson from Second Road – Strategic Planners.</p> <p>Dr Brydon made opening remarks about being forward thinking and therefore planning and positioning for the future.</p> <p>Members provided views into what they see as the future of healthcare in 25-30 years which included considerations around:</p> <ul style="list-style-type: none"> <li>• Social determinants of health and disease,</li> <li>• The cost of healthcare and technologies to support healthcare delivery</li> <li>• Population; a key driver in relation to an ageing population</li> <li>• Structure of the system and a need to change.</li> <li>• Other considerations that may impact would include: <ul style="list-style-type: none"> <li>○ expectations from families/consumers</li> <li>○ enhanced general community access to health knowledge</li> <li>○ The Government needing to support the system</li> <li>○ The ability to 'do' and deliver services, but within the resources allocated – the need to be innovative, lean and effective.</li> </ul> </li> </ul>				

Consultations with parents and surgeons can be challenging given the sources of information readily available that create expectations for patients. However, as the information is sometimes not accurate or appropriate, the need to have open dialogue and engage is key.

The ability to look at alternative treatments versus conventional medicine is important but also to not utilise resources on futile treatments; balancing this between what is 'wanted' versus what is appropriate care and treatment. Another aspect is around providing reassurance as opposed to 'care' and treatment.

The physical environment in which healthcare in the future will need to be considered. Hospitals of the future will require enhanced high dependency opportunities as many more patients will have their care closer to, or at home. A need to have a focus on prevention that improves a long term outcome. SCHN will need to have flexibly trained staff; having staff who can adapt to a changing environment and which will rapidly incorporate research outcomes into practice. Dealing with complex and chronic conditions, engaging patients as true partners.

Ms Lisa Hagan made introductory comments, providing an overview of the work of Second Road. A summary of innovations available in the healthcare industry today was provided; highlighting the need to harness these resources.

The Strategic Roadmap (A, B, C, D) was presented. Ms Hagan described the three key ingredients of solution findings –leadership, experience (use of), and the capacity to design a good solution in the best way that is creative and ready for the future.

Working in the A space, the group discussed the purpose, ambition and operating principles of the SCHN.

- Issues that were discussed included:
- The best term for young people/adolescents/youth
  - Transformational care
  - Use of certain language – eg. 'kids'
  - Health and wellbeing – (health as defined by WHO)
  - Identity

**ACTION:** A revised list of operating principles are to be sent to members for consideration.

Model for change: Education to perhaps be under core business and as a strategic focus area. Another idea of not separating education; should all be under core business. Biggest trainers of paediatric healthcare workforce in Australia, important that this is highlighted. There needs to be greater integration with population health, research and education. The document needs to demonstrate that there is a true sense of 'working together' with patients and families.

**ACTION:** Acknowledgement and expression of thanks for Executive from the Board on the work done to date.

<b>10</b>	<b>Details of Next Meeting</b>	
	<p><b>Date and Location</b>          Wednesday, 1 March 2017          Boardroom, Level 4, The          Children’s Hospital at Westmead</p>	<p><b>Strategic Focus for Future meetings</b>          March -</p>