

<b>The Sydney Children's Hospitals Network (Randwick &amp; Westmead)</b>	
<b>Date</b>	Wednesday, 10 May 2017
<b>Time</b>	8.30am to 11.30am
<b>Location</b>	Level 9 Boardroom, Bright Alliance, 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 Bruce MacDiarmid            Mr David Nott            Emeritus Professor Kim Oates AM            Dr Robyn Shields AM            Professor Donna Waters            Mr Jeremy Wright            Emeritus Professor Les White AM</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**  
**10 May 2017 – FULL MINUTES**

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:</b>            Professor Christine Bennett AO (Chair), Mr Bruce MacDiarmid, Mrs Joanna Capon OAM, Mr Jack Ford, Mr Jeremy Wright, Professor Donna Waters, Abby Bloom, Mr David Nott, Emeritus Professor Les White AM</p> <p><b>Ex-Officio Invitees:</b>            Dr Michael Brydon (Chief Executive SCHN), Dr Christopher Webber (MSC – SCH Representative), Mr Brian Jackson (Director Finance and Corporate Services, SCHN), Dr Mary McCaskill (Executive Medical Director, SCHN) and Dr Matthew O'Meara (Acting Chief Paediatrician) and Dr Kath Carmo (representing Professor Ralph Cohen).</p> <p>The meeting was opened at 8.30am.</p> <p>Professor Bennett welcomed Ms Megan Shaw, Ms Gilly Paxton, Dr Emma McCahon, Ms Tamara Petty and Mr Alan Ching who will be addressing the Board on a number of items throughout the meeting.</p> <p>Professor Bennett advised that a non-executive session will occur at the conclusion of the standard agenda items.</p>				
		<b>1.2 Apologies</b>	<b>Chair</b>	-		
		<p>Professor Kim Oates AM, Professor Louise Baur AM, Mrs Renata Kaldor AO and Professor Ralph Cohen and Dr Robyn Shields AM. Dr Kath Carmo, attending on behalf of Professor Ralph Cohen provided an overview of her role</p>				
		<b>1.3 Declaration of Conflicts of Interest</b>	<b>Chair</b>	-		
		<p>Nil for this meeting.</p> <p>The documents received from the Ministry pertaining to reporting requirements around declarations of Conflicts of Interest were noted. Professor Bennett advised that this requires all Board members to reaffirm and declare any Conflicts of Interest. This includes declaring family members' interests and is applicable to any members who have left within the financial year.</p> <p>It was noted that in other locations there has been objection to the level of detail that has had to be disclosed.</p> <p>Discussion around the process on how this is undertaken occurred. The normal standard is to declare that any information provided is done to the best to your</p>				

			knowledge and belief.  <b>ACTION:</b> papers to be sent to members ASAP – due back before end of May.
<b>2</b>	<b>Minutes and Action Items</b>		
	<b>2.1</b>	<b>Review of Minutes of meeting held on 5 April 2017</b>	<b>Chair</b>  <b>5 min</b> <b>For approval</b>
			The minutes were subject to some amendments but were otherwise accepted.
	<b>2.2</b>	<b>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>Work Health and Safety</b>		
	<b>3.1</b>	<b>WHS reporting</b>	
			<p>A quarterly report and the monthly update were circulated to members. Benchmarking and target setting still is to be worked through for future meetings. It is evident that SCHN is operating well in this space and utilising data to improve in this area. There are internal reviews of the incidents reported.</p> <p>Discussion around reporting of contractors; particularly with major precinct projects. Mr Jackson reported that SCHN works very closely with Health Infrastructure and the contractors to discuss upcoming major events. Discussion ensued around contractors on site and the obligations on the Network.</p> <p>A query regarding collection of data and reporting; and further discussion around the indicators used and whether this is delivering meaningful data occurred. It was suggested that perhaps the inclusion of near miss incident reporting; evaluation and learning would be beneficial as this is normal in many other industries.</p>
<b>4</b>	<b>Strategic Priority in Focus – Fundraising and Sustainability</b>		
	<b>4.1</b>	<b>ARC presentation</b>	
			<p>Mr Nott led the Audit and Risk reporting. The overall assessment of the Network is that the Network has progressed in this space with the work being undertaken over the past two years. The Risk Management Framework and Policy is under development. Audit and Risk Committee (ARC) will assist the Board in meeting its obligations under the Policy Directive PD2015_043.</p> <p>The ARC Chair has extended an open invitation to all Board members to join a meeting in the future.</p>
	<b>4.2</b>	<b>SCHN ARC Biannual Report</b>	
			<p><b>Audit and Risk report:</b> The Framework (Risk Management) will require Board endorsement, ensuring that the governance framework is a good one. The Risk Appetite will require review by the Board,</p>

especially the tolerance for these risks. These tolerances will drive behaviour.

Mr Nott reported the top 10 Strategic Risks – there are five with inherent ratings as extreme. The Audit and Risk Committee (ARC) feel that the Board should have visibility of the top ‘high’ operational risks and what mitigation strategies are in place to reduce these risks or eliminate them. Mr Nott referenced a presentation provided on data security .

Mr Jackson provided some commentary around the definitions for some of the risk categories.

Dr Brydon advised that there are clear criteria for extreme and high operational risks to be approved. A review of risks occurs at the executive meetings (both operational and strategic) with discussion focussing on whether the risk is new, what action is being taken to address the risk and whether any risk has deteriorated.

Mr Jackson reported that the generators are presently rated as a medium risk. A query was raised around reporting to the Board and development of a dashboard with Dr Brydon advising that the Board reporting forms part of the reporting framework.

Discussion around risk appetite in the clinical space occurred. Professor Bennett provided some background on the history of reporting relationship between the Audit and Risk Committee and the Board.

**Internal Audit report:**  
Mr Nott reported that recruitment is underway for the recently created internal auditor position.

Mr Nott reported that there has been significant work undertaken around controls and mitigation. The relationship between Risk and Audit has been consolidated. The KPMG report was referred to in relation to scope of works in the future.

**External Audit report:**  
Mr Nott advised that the External Auditors were present at the last ARC for a hard close of the financial books in March.

Mr Nott recognised the efforts of the ARC Chair to date. Professor Bennett acknowledged the work of the Audit and Risk Management team.

**4.3 ARC Charter**

Mr Nott referred to the ARC Charter included in the business papers. The Chair and the Board endorsed the support of this Charter.

**5 Matters for Discussion**

**5.1 Presentation – Sustainable Hospitals**

Ms Megan Shaw, Sustainable Hospitals Project Office and Ms Gilly Paxton, Director Community Relations and Marketing presented on the Sustainable Hospitals project. The key elements of the presentation were:

- The reason for change and embarking on this project
- Developments in healthcare and sustainability at present and progress made in NSW
- The journey so far; including initiatives to promote sustainability and the historical context (for example the sustainability plan when the CHW was constructed)
- Overview of the Plan for the next five years and the six key focus areas
- Measuring progress and reviewing performance against key performance indicators as well as benchmarking against other hospitals
- Short term focus areas which provide tangible outcomes

		<p>Discussion ensued around linking social responsibility to environmental responsibility and the required behavioural and cultural change; this is a significant challenge – how would this be achieved en masse. Ms Shaw reflected that collectively small actions would make a difference. In surveys conducted elsewhere in the healthcare setting, the top motivator was around what was best for the patient.</p> <p>Discussion around the priorities – offer to make contact with Sydney Water. It is recognised that there is a high use of bottled water and there are opportunities to advocate for better promotion of tap water. In looking at the current infrastructure projects and building for the future would it be possible to look at the example of the Chelsea Westminster Hospital (London) where people moving through the hospital generate energy. It was agreed that any transport options need to be safe.</p>
		<p><b>5.2 NSW Treasury – Management Policies: Liquidity</b></p>
		<p>Mr Jackson provided context to the review of this policy and the policies under items 5.3, 5.4, 5.5 and 5.6. There have been no changes.</p> <p>Mr Nott reflected on discussion at the Finance and Performance Committee.</p> <p>Mr MacDiarmid’s request to discuss with Mr Jackson noted.</p> <p>The Board endorsed this policy subject to Ms MacDiarmid’s feedback being considered.</p>
		<p><b>5.3 NSW Treasury – Management Policies: Treasury</b></p>
		<p>As referenced under item 5.2, there have been no changes.</p> <p>The Board endorsed this policy.</p>
		<p><b>5.4 NSW Treasury – Management Policies: SCHN Investment</b></p>
		<p>As referenced under item 5.2, the Board endorsed this policy.</p>
		<p><b>5.5 NSW Treasury – Management Policies: Operational Risk</b></p>
		<p>As referenced under item 5.2, the Board endorsed this policy.</p>
		<p><b>5.6 NSW Treasury – Management Policies: Treasury Permitted Instruments</b></p>
		<p>As referenced under item 5.2, the Board endorsed this policy.</p>
<b>6</b>		<p><b>Matters For Information</b></p>
		<p><b>6.1 Patient Story</b></p>
		<p>Dr Emma McCahon, Director Clinical Operations presented a patient story which provided the perspective of the family, the referring clinician where child initially presented and the SCHN.</p> <p>This story focused on an 18-month-old patient’s journey looking at different hospital sites and inter-hospital transfers.</p> <p>Dr McCahon provided Emergency Treatment Performance data (within 4 hours), patients in the emergency department for a period greater than 24 hours and isolated patients noting trends over the past two years and that this has been sustained. There have been new developments in technology, nursing education and other factors that have been considered</p>

as contributing factors.

Dr McCahon commented that performance against the Emergency Surgery Access target (in less than 72 hours) is generally good at SCHN. The question of capacity is an important access consideration. Strategies such as treatment closer to home, at home or getting children home sooner assist in this regard.

An example of the kilometres of travel saved over the 16/17 year demonstrates how these strategies can assist with saving travel, minimising the disruption of families from work and children from education. A range of services that can be provided through the Hospital in the Home program was summarised noting that these elements create capacity. Utilisation of resources more effectively to include avoiding delays in surgery on the day of surgery and starting theatre sessions on time.

In reviewing the individual patient’s story, there are strategies that could have been employed to ensure that the patient had a more seamless journey and received appropriate and timely treatment. The outcome for the patient was positive overall.

Discussion occurred around recognising that communication from referring clinicians is important.

Discussion around acute presentations and query why the child wasn’t transferred back to the initiating hospital. A query regarding isolation was explained as being a range of contributing factors aside from immunosuppressed children.

Further discussion ensued regarding cultural aspects, networking, triaging patients and looking at the coordination of resources to have a collective approach, rather than location based and standardisation of approach. Reviewing models of care and how best to deliver this is being considered as part of the campus planning with Dr Brydon advising that SCHN has invested heavily in Ambulatory Care and Integrated Care.

It was noted that engagement with all clinicians across the state and having education supported by guidelines based on best practice is important.

<b>6</b>	<b>Standing Reports</b>					
	<b>7.1</b>	<b>Chair’s Report</b>	<b>Chair</b>	-	<b>5 min</b>	<b>For noting</b>
		<ul style="list-style-type: none"> <li>- Has been in liaison with Secretary around redevelopment updates</li> <li>- Attended the SCHF Gold Dinner with \$2million raised. A note of thanks was extended to Nicola Stokes and the Gold Dinner Committee.</li> <li>- The SCH Foundation work and progress to date.</li> <li>- Redevelopment and relationship building opportunities on the Randwick campus. It is important to use lessons from Westmead to implement these at Randwick across Boards and at the executive level.</li> </ul>				
	<b>7.2</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>- Report noted:               <ul style="list-style-type: none"> <li>o Light rail construction and signage considerations. This aims to improve access to ED so it is as good as it can be</li> <li>o Chief Executive search for SCHF in presently underway. Foundation matters are being worked through presently. A working group has been formed to review the due diligence issues around the new entity, and to look at opportunities. Appreciation expressed from SCHN Board to the SCHF Board</li> <li>o Accreditation – making reasonably good progress, addressing AC90s</li> </ul> </li> </ul>				

		<ul style="list-style-type: none"> <li>○ CHW training programme for Radiology and Director of Training progress</li> <li>○ Bright Alliance launch was very successful and Dr Brydon thanked the Board for its strong support</li> <li>○ NSW Governor visit to INMR at Westmead</li> <li>○ Chief Executive visit to China – full report for next meeting. In brief – population growth and an increase in paediatric population; infrastructure development.</li> <li>○ Medical tourism and impacts in the healthcare space as a result of population control decisions.</li> </ul>		
		<b>7.3 SCHN Performance Report – April 2017</b>		
		Mr Jackson referred to the Performance Report and provided a year end forecast summary citing some key items such as liver transplant reimbursements occurring as well as eHealth funding. Expenses; a reasonable month overall. Network travelling as expected.		
<b>7</b>		<b>Board Sub-Committee &amp; Network Committee Minutes</b>		
	*	<b>7.1 Finance and Performance Committee – report for April 2017 and Minutes for March 2017</b>		
		Noted		
	*	<b>7.2 Health Care Quality Committee – report for April 2017 and minutes for March 2017</b>		
		Mrs Capon referred to the meeting that occurred and the Medico-Legal presentation. <b>ACTION:</b> same presentation to be provided to Board. Noted		
	*	<b>7.3 Medical and Dental Appointment Advisory Committee – report for April 2017</b>		
		Noted		
	*	<b>7.4 Audit and Risk Committee – minutes for April 2017</b>		
<b>10</b>		<b>Details of Next Meeting</b>		
		<table border="1"> <tr> <td> <b>Date and Location</b>  Wednesday, 7 June 2017  SCHN Boardroom, Level 9  Bright Alliance Building  Randwick </td> <td> <b>Strategic Focus for Future meetings</b>  June – to be confirmed (Randwick)  July – no meeting  August – Financial Sustainability (Randwick) </td> </tr> </table>	<b>Date and Location</b> Wednesday, 7 June 2017 SCHN Boardroom, Level 9 Bright Alliance Building Randwick	<b>Strategic Focus for Future meetings</b> June – to be confirmed (Randwick) July – no meeting August – Financial Sustainability (Randwick)
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