

Meeting name	Sydney Children's Hospital Network Board
Date	Wednesday, 1 April 2020
Time(s)	8:30 to 9am – NED Discussion 9am to 10am – NED Discussion 10am to 11:30am – SCHN Board Meeting
Location	<b>Bright Alliance, Level 9; Zoom meeting</b>
Membership	<p><b>SCHN Board members</b> Ms Elizabeth Crouch AM (Chair), Mr David Nott (Deputy Chair), Professor Donna Waters, Professor Louise Baur AM, Dr Abby Bloom, Mr Jack Ford, Ms Jane Freudenstein, Dr Elizabeth McEntyre, Mr Bruce MacDiarmid, Professor Kim Oates AM, Mr Jeremy Wright, Professor Les White AM</p> <p><b>Ex officio invitees</b> Adjunct Associate Prof Cheryl McCullagh, Interim Chief Executive, Dr Michael Solomon (MSC SCH Representative), Dr Kathryn Carmo (MSC CHW Chair), Dr Mary McCaskill (Executive Medical Director, SCHN), Mr Colin Murray (Director of Finance and Corporate Services, SCHN), Dr Matthew O'Meara (NSW Chief Paediatrician)</p> <p><b>In attendance</b> Ms Emma Cuell, Executive Projects Ms Julia Millen, Executive Assistant to Chief Executive (Board Secretariat)</p>
Secretariat:	Ms Julia Millen, Executive Assistant to Chief Executive Phone: (02) 9845 3327

Item	Description	Responsibility	Page No.	Time (mins)	Action required
<b>1.0</b>	<b>Administrative matters</b>			<b>5mins</b>	
1.1	Acknowledgement of Country	Chair	-		
1.2	Attendance and Apologies	Chair	-		
	<p>Present (SCHN Board members): Ms Elizabeth Crouch AM (Chair), Mr David Nott (Deputy Chair), Professor Donna Waters, Professor Louise Baur AM, Dr Abby Bloom, Mr Jack Ford, Ms Jane Freudenstein, Dr Elizabeth McEntyre, Mr Bruce MacDiarmid, Professor Kim Oates AM, Mr Jeremy Wright, Professor Les White AM</p> <p><b>Present (Ex officio invitees):</b> Adjunct Associate Prof Cheryl McCullagh (Interim Chief Executive), Dr Michael Solomon (MSC SCH Chair), Dr Kathryn Carmo (MSC CHW Chair), Dr Mary McCaskill (Executive Medical Director, SCHN), Mr Colin Murray (Director of Finance and Corporate Services, SCHN), Dr Matthew O'Meara (NSW Chief Paediatrician); <b>(Attendees):</b> Dr Joanne Ging (A/Director Clinical Operations), Mr Tim Hoffmann (A/Director Planning and Redevelopment), Mr Ian Fuller (Director Workforce), Ms Sally Whalen (A/Director Nursing &amp; Midwifery, and Education), Professor Chris Cowell (Director of Research), Ms Ruth Baker (Director Allied Health) and Mr Michael Dickinson (Director Clinical Integration).</p>				
	<b>Apologies</b>				
	Nil				
1.3	Declaration of Conflicts of Interest	Chair	-		Declaration
	Nil				
<b>2.0</b>	<b>Administrative matters</b>			<b>10 mins</b>	
2.1	Review of Minutes of meetings held:	Chair	-		Approval
	<ul style="list-style-type: none"> <li>- 5 February 2020 The minutes were accepted.</li> <li>- 4 March 2020 The minutes were accepted with the addition of an agreed change to wording of 3.2</li> </ul>				
2.2	Matters Arising from Previous Meeting				Noting
	- Review of Action Table	Chair / CE			
	The Action table from the previous meeting was reviewed with relevant actions noted in the current agenda. A number of actions were deferred given the impact of Covid19.				
<b>3.0</b>	<b>SCHN Chair and CE Update</b>				
3.1	<b>Chair's Report</b>	<b>Chair</b>			Discussion
	The Chair commented positively on her first 3+ weeks in the role and in particular, on the level of professionalism, commitment and goodwill of staff she had met during her visits to both Randwick and Westmead. She also attended staff meetings and participated in the debrief for the recent Accreditation review. She congratulated staff on the highly positive outcome of the Accreditation process and commented on the Network's preparedness to assist NSW Health with the escalating				

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threat of Covid19. The Chair noted that she had established regular meetings with the MSC Chairs and has also met with a number of leading clinicians. The Chair commented on a number of priorities including the:

- CE recruitment process,
- Importance of carefully managing the capital and redevelopment priorities for SCHN
- Need to continue to work through issues arising from the Henry review
- Importance of resolving the ongoing funding model for SCHN and,
- A number of governance issues including the ARC, the need to establish a nominations and people committee to oversight Board nominations, and a range of people related matters including the culture change process.

Other key priorities identified by the Board included the need to support the important work of the Foundation and the importance of remaining focussed on Aboriginal communities particularly during the Covid19 community isolation period.

<b>3.2</b>	<b>Chief Executive Report</b>	<b>CE</b>			<b>Discussion</b>
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The provided reports were noted.

The Chief Executive (CE) presented an update on COVID-19 from information discussed at the NSW Health Senior Executive Forums, and provided a short presentation on state reporting structures. A GIPA application has been lodged regarding board contact with Richard Henry and is being processed. information will be sought from Board members as appropriate.

The current downward pressure on finances has been lessened by the need to increase FTE in preparation of a COVID peak. Current ERE roadmaps can be placed on hold. Capital works plans have also been accelerated or decelerated according to COVID needs. The hospitals have been closed to the general public in response and visitation is limited. Most outpatient activity has been moved to Telehealth, and many staff have been encouraged to work from home.

The Executive Emergency Operations Centre (EOC) has been established and is functioning well. Multiple research projects are underway in the assistance of tracing or investigation of diagnostics and treatments of COVID, some are led by SCHN staff, some in partnership with others.

<b>4.0</b>	<b>Operations Update</b>				
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<b>4.1</b>	<b>COVID-19 SCHN Plan</b>	<b>DCG&amp;MA</b>			<b>Discussion</b>
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The Director Clinical Governance and Medical Administration (DCG&MA) discussed the SCHN Pandemic Plan presentation provided in the board papers, providing an update on the SCHN response phases and the planning proposed and underway for each phase. The DCG&MA commented the Network has moved into Phase 2 of the Pandemic Plan with occasional community cases, and the Network is closely following NSW Health directives, eg the cessation of elective surgery, focusing on urgent and time critical cases. Noting there is no immunity in the community, SCHN are following public health advice.

The DCG&MA provided an overview of the SCHN's virtual Emergency Operations Centre (EOC) structure, noting the Network has advised NSW Health that, when needed, we will accept patients up to their 19<sup>th</sup> birthday, and the Network will work with Prince of Wales and Westmead Hospitals to manage this scenario. The Network is also developing a model for screening families and community

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members as they come into the hospitals to identify who should be directed to COVID-19 testing clinics. The EOC Logistics and Planning teams are ensuring PPE and other supply levels are adequately maintained, that our current stocks are functional, and we have the resources, staff and plans in place to cater for surges within EDs and ICUs.

The EOC is working with the SCHN People and Culture Team on maintaining staff morale, and there are site leads at SCH and CHW available to answer concerns, collate ideas and suggestions from staff. There is a significant focus on COVID-19 communications going to staff and consumers through various portals. The CE commented on the challenge of controlling incorrect communications, noting the Executive has stipulated all information for distribution should be sent to the EOC to determine the scope, scale and correctness of that information, and coordinate its distribution to groups as necessary.

The DCG&MA concluded the presentation with detail on patient volumes noting SCHN has tested 792 patients, only 6 were positive for COVID-19; 2 have been in hospital, 1 patient is in hospital at the moment; and 552 staff have been tested.

**4.2 COVID-19 – Impact on Sydney Children's Hospitals Foundation      CEO SCHF**

This presentation was postponed, with a separate meeting to be held at a future date.

**5.0 Finance / Infrastructure / Systems & Processes**

**5.1 Finance and Performance      Discussion**  
**a) Chair's Report – Finance and Performance Committee      Chair – F&PC / DFCS**

The report was noted. The Chair Finance & Performance Committee commented that SCHN has a material amount of money invested from previous donations, and the investment has performed well due to the Network's conservative investment approach.

The Board Deputy Chair enquired if the Ministry has requested any forecasting on COVID-19 related expenses. The Director Finance and Corporate Services (DFCS) noted the Network is liaising with the Ministry and providing information on the financial implications of COVID-19. This information will be provided to the Finance and Performance Committee for review in due course.

**5.2 Infrastructure      Discussion**  
**a) Chair's Report Capital Works Subcommittee      CE / DFCS /**  
**b) Redevelopment Update – CHW      DCO**  
**c) Redevelopment Update – SCH**

The provided reports were noted.

The Chair, Capital Works Committee, noted the minutes of extraordinary Capital Works Committee meeting held on 18 March 2020, and provided an update on the SCHN Asset Strategic Plan (ASP) discussions, noting the Ministry is extending the ASP submission due date from June 2020. The Director of Planning and Redevelopment commented that the Ministry's view on asset strategic

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planning is evolving, and the SCHN ASP is a 20 year plan which proposes a continuation of existing strategies for up to five key projects. The projects, including NETS base strategic relocation, CHW Stage 3 redevelopment, SCH Stage 2 redevelopment, and the Kids Research expansion, will be developed and costed for further review by the Capital Works Committee. The Committee Chair advised the SCHN ASP will be presented to the Board for review prior to submission with the Ministry.

In relation to advice on the treatment of the CASB asset, the MOH legal team have advised they continue to work on this matter and will provide advice in due course.

The DFCS provided an update on the renegotiation of the Service Level Agreement with SESLHD. The CE advised the appointment of a separate consultancy is required to progress this task, however we are not able to bring external organisations onboard at this time given Covid-19.

<b>5.3</b>	<b>Risk Management</b>		Noting
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- a) **SCHN Operational Risks** **CE / DFCS**
- b) **SCHN Strategic Risks**

The provided reports were noted. The CE commented COVID-19 short term related risks would be managed through the EOC, and only sustained organisational and strategic risks would be provided for the information of Board members.

The Board Chair requested COVID-19 risks to be tracked separately to the strategic and operational risks for future reports.

<b>6.0</b>	<b>Strategic Focus: Planning</b>		
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<b>6.1</b>	<b>SCHN Asset Strategic Plan 2020</b>		Noting
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Refer item 5.2 for comments on the SCHN Asset Strategic Plan 2020.

### Domain Updates

<b>7.0</b>	<b>Safe, excellent child and family centred care</b>		<b>35 mins</b>
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<b>7.1</b>	<b>Patient Story</b>	<b>CE</b>	-	Noting
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The Patient Story was held over to the next meeting.

<b>7.2</b>	<b>KPI's against Service Agreement</b>	<b>CE / DCG</b>		Noting
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The provided report was noted and taken as read.

<b>7.3</b>	<b>Chair's Report - Quality and Safety Committee</b>	<b>Co-Chairs HCQC</b>		Noting
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The provided report was noted and taken as read.

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7.4	<b>Clinical Operations Report - Child and Family-Centred Clinical Care Report</b>	<b>CE / DCO</b>			Noting
	The provided report was noted and taken as read. The Director for Clinical Operations provided a verbal update on facility operations noting ED daily presentations have reduced: there were 93 presentations on 31 March 2020 compared with an average of 210 per day during February 2020. The admitted rate is currently 25%, however all non COVID-19 related at the moment. CHW closed two wards on 31 March 2020 due to the cancellation of elective surgeries, and related staff are taking leave or being redeployed for training as part of planning for COVID-19 response.				
7.5	<b>Clinical Services Planning Update</b>	<b>CE</b>			Noting
	The provided report was noted and taken as read.				
7.6	<b>Clinical Integration Update</b>	<b>CE / DCI</b>			
	The provided report was noted and taken as read.				
7.7	<b>SCHN Accreditation Outcomes</b>	<b>CE / DCG</b>			
	The provided report was noted and taken as read.				
<b>8.0 People and Culture / Education</b>					
8.1	<b>Work Health and Safety Report</b>	<b>CE / DoW</b>			Noting
	The provided report was noted and taken as read. The CE commented on staff anxiety relating to preparing for the COVID-19 pandemic, noting we are prepared but not busy in the workplace as yet. It was noted that the anticipation of the pandemic is a significant negative factor. The Director of Workforce commented on planning activities to support morale and staff wellbeing including targeted communications, training, online tools and handouts.				
	The Chair CHW Medical Staff Council suggested providing phone chargers around the facilities to support teams who are using their phones to attend meetings and for parking to be provided where possible.				
8.2	<b>Performance Appraisal Compliance Report</b>	<b>CE / DoW</b>			Noting
	The provided report was noted and taken as read.				
8.3	<b>Director's Report – Medical and Dental Appointments Committee</b>	<b>CE / DCG</b>			Noting
	The provided report was noted and taken as read.				
<b>9.0 Partnerships and Networks</b>					
8.1	<b>Chair's Report – Stakeholder Engagement and Communications Committee</b>	<b>Chair – SECC / CE</b>			Noting
	The Committee Minutes were noted. The Chair Stakeholder Engagement and Communications Committee commented the Committee is available to CE, SCHN and SCHF when needed particularly to assist around Covid-19.				

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<b>9.2</b>	<b>Communications and Public Relations Activity Report</b>	<b>CE</b>			Noting
	The provided report was noted and taken as read.				
<b>10.0</b>	<b>Research</b>				
<b>10.1</b>	<b>Research Update</b>	<b>CE</b>			Noting
	The provided report was noted and taken as read.				
	The Director of Research (DoR) provided a verbal update on research activity commenting most clinical research is on hold unless ongoing visits or recruitment is required for existing studies. Lab based research is also affected, with limited staff undertaking experimentation as required. The facilities continue to be well managed.				
	Researchers are using this time to think on big ideas, publish, and complete grant applications, though some funding mechanisms are falling away (except MRRF or COVID-19 related research). The DoR noted the energy going into COVID-19 research including a Sydney-wide collaboration involving the SCHN, Kirby Institute, Garvan Institute, Marie Bashir Institute, and USYD among others.				
<b>11.0</b>	<b>For Noting</b>				
<b>11.1</b>	<b>Subcommittee Minutes</b>				
	Minutes of Subcommittees of the Board were noted.				
<b>12.0</b>	<b>Business without notice</b>				
	The DoR acknowledged the Director of Clinical Integration (DCI) and team for their key advice, capability and support in progressing eMR and learning systems for research in NSW and Queensland.				
	The Chair CHW Medical Staff Council commented on difficulties with remote access to PowerChart and the DCI advised work is underway with Telstra to improve capacity and increase VPN throughput; Citrix servers are also being operationalised to increase bandwidth. The CE noted the DCI team is currently developing a smartphone version of Powerchart.				
	The Chair SCH Medical Staff Council requested an update on the cardiac implementation committee. The Board Chair commented on her discussions with Dr Nigel Lyons regarding what could be worked through in the absence of Professor Marshall due to Covid-19 travel restrictions.				
<b>13.0</b>	<b>Next meeting</b>				
	The Board Chair recommended the board meetings move to a fortnightly timeframe for status updates with the SCHN executive team, and a meeting schedule will be established. The fortnightly format will be focused on COVID-19, Quality and Safety, and any other emergent matters. The normal pattern of Board meetings will resume once there is greater clarity about the impact of Covid-19.				
	There being no further business, the meeting closed at 11:40am.				