

Board Meeting

27 January 2021

Present: Elizabeth Crouch AM (Chair), David Nott, Jane Freudenstein, Emeritus Professor Les White AM, Jack Ford, Professor Donna Waters, Dr Abby Bloom, Jeremy White, Professor Louise Baur AM, Emeritus Professor Kim Oates AO, Dr Elizabeth McEntyre and Bruce MacDiarmid.

In Attendance: Cathryn Cox PSM, Dr Joanne Ging, Rebecca Williams and Emma Cuell (Secretariat)

Via Zoom

1.0 Meeting Opening

The Chair welcomed everyone to the meeting. Since the **Board** meeting on Friday 22 January 2021, the Board has had the opportunity to reflect on the briefing provided by Professor Marshall and review in detail the material circulated last week including the proposed model of care, the additional information provided by individual members of the Panel and the detailed literature review and data analysis undertaken by the Royal Australasian College of Surgeons (RACS).

The **Board** Chair also acknowledged the offer from Dr Phil Roberts for **Board** Members to seek clarification on any matters from the cardiac team and clinical staff at the Children's Hospital at Westmead.

An email from the Sydney Children's Hospital (Randwick) Medical Staff Council was also circulated to the **Board** since the last meeting indicating a commitment to working together with colleagues from Westmead.

2.0 Matters for Discussion

2.1 NSW Paediatric Cardiac Services Model of Care Panel (Panel) Recommendations

The purpose of today's meeting was to finalise the **Board's** deliberations and decision regarding the model of care and approach for paediatric cardiac services.

Noting the decision by the NSW Health in January 2020 that paediatric cardiac surgery and cardiology will be delivered at the networked Westmead and Randwick campuses, the **Panel** was established to develop an appropriate Model of Care. The key decision for the **Board** is how a one service, two site model could be delivered safely while positioning the needs of the child at the centre of any decision making. It was noted that it is not for the **Board** to determine the appropriate services/procedures to be provided at each site. These are matters for the Executive and clinicians to determine in operationalising and implementing the Model of Care following the decision of the **Board**.

The **Board** discussed and noted:

- complexity of cases and where there was consensus by the Panel – Professor Marshall advised there was consensus for highest complexity cases to be performed only at one site.
- the two elements of categorisation and individual patient selection to ensure safe and quality care for each child.
- consideration regarding capacity, capability and resourcing at each site.
- empowering the Executive and leadership team to operationalise the model of care, safely and securely, with the right people, resources and equipment.
- longer-term considerations and budgetary constraints for the health system, which will require ongoing assessment of resource impacts and requirements for cardiac services alongside the needs of other SCHN clinical services.

Further to the Board meeting on Friday 22 January, there was also discussion on strategic and operational risks, and the importance of a formal risk framework being used as part of implementation and ongoing monitoring and reporting of the service to the **Board**. The Board noted relevant recommendations from the Panel including:

"Monitoring and evaluation of the SCHN service will be essential to ensure the service is achieving the best outcomes for patients, their families and carers. To do this the SCHN

should commit to collecting a standardised minimum data set which will include patient-reported and parent-reported outcomes and experience”

The **Board** commended the **Panel** for the comprehensive review process under the leadership of independent and expert chair Professor Willis Marshall and for their efforts in supporting the development of a rigorous model of care. The development of that inaugural model of care and the analysis undertaken by RACS of the data and evidence and associated recommendations will help drive the safe implementation a one service, two site model.

The **Board** accepted the recommendations that were unanimously agreed by the **Panel**. Following a further review of the RACs material, detailed discussion and consideration of the briefing provided by Professor Marshall AC, the Board unanimously supported the adoption of the model of care and the stand up of cardiac services across a one service, two site model, with the Executive to work with clinicians to implement the model of care.

The **Board** determined:

- the model of care will be used as the framework to operationalise future service delivery
- the paediatric cardiac service should be delivered as one service by the SCHN, as one team, across the two hospital sites – The Children's Hospital at Westmead (CHW) and Sydney Children's Hospital, Randwick (SCH)
- paediatric cardiac services should be recognised as a state-wide service
- highest complexity cardiac surgery will only be performed at CHW, and lower complexity cases will be performed at both the SCH and CHW, with the appropriate supports in place
- the SCHN Executive and clinicians will work to determine the arrangements for medium complexity cases
- care provided should be seamless for all patients accessing the service regardless of where they live
- robust data collection and analysis is required for the ongoing development of paediatric cardiac services to guide and shape future models of care.

The **Board** Chair thanked the team for the work progressed and the Deputy Board Chair for his involvement in meetings with clinicians throughout this process.

The **Board** discussed and noted the approach for communicating the Board decision including briefings for the Ministry of Health and an announcement from the Board Chair and Chief Executive to all staff. To provide transparency of the process and decision making, the documentation provided to the Board will be publicly available directly linked with the announcements made.

The **Board** supported the Executive working with the cardiac services team to operationalise and implement the Model of Car which will be led by the Executive Director Clinical Operations and supported by the Director Clinical Operations site leads. Throughout this process collaboration will be essential with input from the cardiac services medical, nursing and allied health clinicians.

The **Board** Chair thanked **Board** members for their time and their detailed consideration and deliberations regarding this important and complex matter.

3.0 Any Other Business – nil