

The Sydney Children's Hospitals Network (Randwick & Westmead)	
Date	Wednesday, 2 May 2018
Time	8.30am to 11.30am
Location	Level 4 Boardroom, The Children's Hospital at Westmead
Membership	<p>SCHN Board members 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 Professor Kim Oates AM Dr Robyn Shields AM Professor Donna Waters Mr Jeremy Wright Professor Les White AM</p> <p>Ex officio invitees Adjunct Associate Professor Cheryl McCullagh, (Acting Chief Executive, SCHN) Dr John Lawson (Delegate, MSC, SCH) Professor Ralph Cohen (Delegate MSC CHW) Dr Mary McCaskill (Executive Medical Director, SCHN) Mr Brian Jackson (Director of Finance and Corporate Services, SCHN) Dr Matthew O'Meara (NSW Chief Paediatrician)</p> <p>In attendance Mr Alan Ching (Manager Internal Audit) Maryanne Lynch, Manager Executive Services (Secretariat)</p>
Secretariat Contact:	Manager Executive Services Sydney Children's Hospitals Network Ph: 9845 3637 mobile 0417 561 273

Minutes
Sydney Children's Hospitals Network Board Meeting
2 May 2018

ITEM	By Exception *	DESCRIPTION	RESPONSIBILITY	PAGE NO.	TIME	ACTION REQUIRED	
1		Administrative Matters			5 min	For noting	
1.1		Welcome and Attendance	Chair	-			
		<p>Attendance</p> <p>Board: 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, Professor Kim Oates AM, Dr Robyn Shields (via teleconference), Professor Donna Waters, Mr Jeremy Wright, Professor Les White AM</p> <p>Ex-officio Attendees: Adj. Associate Professor Cheryl McCullagh (Acting Chief Executive), Dr John Lawson (delegate SCH MSC), Professor Ralph Cohen (delegate CHW MSC), Dr Mary McCaskill (Executive Medical Director), Mr Brian Jackson (Director Finance and Corporate Services), Dr Matthew O'Meara (Chief Paediatrician)</p> <p>In attendance: Mr Alan Ching (Manager Internal Audit).</p> <p>It was noted that a non-executive session will to be held at the end of the meeting at request of the Chair</p>					
1.2		Apologies	Chair	-			
		Mr Duncan Makeig (Observer)					
1.3		Declaration of Conflicts of Interest	Chair	-			
		Nil declarations.					
2		Minutes and Action Items					
2.1		Review of Minutes of meeting held on 4 April 2018	Chair	1-6	5 min	For approval	
		<p>A review of the minutes from 4 April was undertaken. Professor Bennett noted some changes and discussion occurred regarding process to be undertaken regarding review from this meeting forward.</p> <p>It was recommended and accepted that minutes be amended and circulated for approval to members by email and that future minutes are to be reviewed by the CE, Chair and David Nott prior to circulation.</p>					
		2.2	Matters Arising from Previous Meeting				
			2.2.1 Review of Action Table	Chair	7-8	5 min	For noting
		<ul style="list-style-type: none"> • Revision of the Network's intranet website: This matter is on hold until presentation from CRM to the Board occurs (date TBA) • CHIMP training for Board members: Access has been set up however given the time constraints with the last meeting and the full agenda this meeting, options are to be explored regarding possibly doing this post June meeting or at another time with individuals 					

			<p>Clinical Services Plan and Asset Strategic Plan: The Capital Works Sub Committee will review these documents in May. It was agreed that the Board is to be provided a summary of these plans if possible prior to the June Board meeting for a full discussion.</p> <p>It was noted that Professor Bennett met with the Health Minister regarding the urgency of securing the redevelopment of SCH ED and confirming Stage 2a of the CHW development. Prof. Bennett will reaffirm SCHN's position in writing (to be drafted by the Board Secretariat). Correspondence to the Secretary and Chief Executive of Health Infrastructure will also occur on the same matters to highlight risks regarding access for families with sick children, street frontage and visibility for members of the community and integration with the campus.</p>				
3		Work Health and Safety Reporting					
		3.1	Work Health and Safety (monthly report)	Chief Executive	9-11	5 min	For discussion
			<p>The Work Health and Safety reports for both the month and quarter were circulated in the business papers and noted.</p> <p>Adj. A/Prof McCullagh advised that there had been a recent increase in one area of claims; presently being reviewed to ascertain whether there is any pattern of concern.</p> <p>Mandatory training completion rates were noted to be low. It was noted that this is part of a broader performance appraisal process with reporting done through direct line managers. Board members urged improvement with compliance and questioned both incentives and the quality of mandatory content.</p> <p>ACTION: Further detailed reporting to be provided to the Board on areas of compliance or concern, particularly those areas where safety is the objective of the training.</p> <p>Discussion ensued regarding varied value of mandatory training and evaluation process.</p> <p>ACTION: Professor Bennett to discuss evaluation of mandatory training with the HETI Chief Executive</p>				
		3.2	Work Health and Safety Report (quarterly)				
			Noted.				
4		Strategic Priority in Focus – Network and Partnerships					
		4.1	Patient Story	Chief Executive	12-14	5 min	For noting
			The Patient Experience Week promotional video sharing a patient and family experience with the services provided across the Sydney Children's Hospitals Network was viewed by the Board (link attached).				
		4.2	Biannual report – Audit and Risk	Independent Member Audit and Risk		30 min	For discussion
			<p>Mr Nott and Mr Ching presented the biannual report, submitting apologies on behalf of Ms Dianne Hill, Chair ARC. Mr Nott referred to the report circulated in the business papers; this was noted.</p> <p>The top 10 Strategic Risks were reviewed, with the following highlighted:</p> <ul style="list-style-type: none"> - Clinical Capacity: This is rated as “High” using NSW Health risk matrix. This is receiving an appropriately high level of attention, internally and externally, with ongoing interest and support from the MOH. - Clinician engagement: this is a generic risk; ensuring clinician involvement in key decisions, there a range of sub groups under this category. <p>It was noted this is an important area; Dr McCaskill referred to results from surveys on the importance of engagement with medical staff and their work is recognized. There is a</p>				

			<p>program of work to address this and there are various changes in how the Executive is attempting to communicate through multiple channels. Clinical Council is looking at further strategies with the Executive.</p> <ul style="list-style-type: none"> - Mr Ching referred to internal audit efforts for data privacy and security. There has been a particular focus on the use of external storage devices. Adj. A/Prof McCullagh advised that the policy is supportive of use of external device use with password encryption. <p>ACTION: Follow up in relation to further communication to support clinicians around protecting external devices and provision of support.</p> <p>It was agreed that there is a potential strategic risk in relation to reputation with recent public discourse not always consistent with the strategic direction of the Network.</p> <p>It was noted that vigilance remains high in relation to the financial risks.</p> <p>The top 10 Operational Risks were reviewed, with the following highlighted:</p> <ul style="list-style-type: none"> - Generators (medium risk): Mr Jackson provided an update on generator replacements and works planned for the future, noting the new generators have been working well to date. Mr Jackson referred to reporting requirements and various avenues for keeping both the Network and Ministry informed. <p>It was noted that the ARC receives briefings on these risks at each meeting and a schedule has been developed around matters to be taken to the ARC meetings for discussion.</p> <p>Mr Nott advised that high risks have a program of work to get them to the acceptable tolerance level. ARC receives advice on mitigation strategies. It was noted that the Board needs continued visibility of new risks and assurance of mitigation.</p> <p>Dr Bloom noted that the ARC reporting both internally and externally has evolved positively over time.</p> <p>Mr Nott advised that the Financial statements are with auditor for review. It was found that assets of SCHN (land) historically attributed to SESLHD have been subsequently corrected to SCHN with the Health Administration Corporation amending this.</p> <p>Internal Audit is requiring additional resources with a suggestion that an external panel be utilised. Dr Brydon continues to review this in consultation with the ARC. It was noted by Mr Ching that resources have been dedicated to outsourcing particular projects.</p> <p>ACTION: Dr Brydon to report back to next Board meeting on changes to internal audit support.</p> <p>Professor Bennett asked that the Board appreciation be conveyed to Ms Hill for the developing work of the ARC.</p>					
5		Matters for Discussion						
		5.1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Patient Access Improvements/Capacity Working Group</td> <td style="width: 15%;">Chief Executive/MSC reps</td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; text-align: center;">30 min</td> <td style="width: 20%; text-align: center;">For discussion</td> </tr> </table>	Patient Access Improvements/Capacity Working Group	Chief Executive/MSC reps	-	30 min	For discussion
Patient Access Improvements/Capacity Working Group	Chief Executive/MSC reps	-	30 min	For discussion				
			<p>Correspondence was received from the CHW MSC representatives, authored by Dr Kathryn Browning-Carmo and Professor Ralph Cohen</p> <p>This correspondence provided their perspective on the timeline of events and capacity concerns. It was noted that this is not a full representation of all events in this matter and may not represent the views of the wider MSC members at CHW or those of the SCH MSC.</p> <p>There was discussion around the parallel requirements of the SCH MSC being included in the Capacity Working Group or Clinical Council's involvement in the development of strategies to address these concerns.</p> <p>ACTION: The provided document to be updated to reflect the authorship as Professor Cohen and Dr Carmo and recorded under correspondence in the meeting papers.</p> <p>Discussion ensued regarding the MSCs working more collaboratively and ways in which this could be achieved in the future such as regular joint reporting with the Network Executive to consider the feasibility of the recommendations made.</p> <p>Professor Bennett thanked Professor Cohen for providing the correspondence; this is referred to the Executive for further consideration</p> <p>Discussion about the recommendation of the Garling Report to investigate the development of a single children's hospital site was prompted by Professor Cohen. Professor Bennett</p>					

referred to the Garling report and noted that this was fully investigated and assessed by government at the time. The Hon Ron Phillips and an independent committee reviewed the Garling Report and recommended the creation of the SCHN Network and NSW Kids and Families for statewide policy leadership. These recommendations were accepted by Government and those decisions now supersede Garling Report.. Further discussion regarding representations from the CHW Medical Staff Council to the Minister ensued with consideration of other Network priorities and activities to be considered.

The Board unanimously urged that should there be further meetings with the Minister and CHW MSC that this would be most effectively pursued through a joint and united approach with SCH MSC, highlighting agreed strategic needs and priorities of the Network.

The Chair outlined the Network priorities and activities that would be helpfully presented including budget and resourcing issues under discussion with the MOH; the urgent Asset Plan requests for capital redevelopments at both Westmead (Stage 2a) and Randwick (ED redevelopment); and the Paediatric submission. A letter responding to the MSC on this point was requested.

ACTION - Prof Bennett to contact the MSC chair to consider next steps

Professor Cohen expressed the intent of the actions of the CHW MSC is an attempt to highlight the important capacity issues and frustration at the rate of progress.

Professor Bennett noted the work that has been undertaken in relation to supporting the work of the Network. Other Board members expressed their concern regarding resourcing for many matters yet to be addressed. Further context regarding the negotiations for the Service Level Agreement and high level of engagement with the Ministry in reaching next year's agreement was provided by the A/CE. Representatives from the SCH Randwick MSC expressed their deep concern regarding the inadequate allocation of resources to that site over many years and the failure of the executive to ensure the implementation the Board's desired strategy with regard to cardiac services.

Professor Bennett provided additional context and explanation of the governance arrangements, the role of the MOH and resource allocation processes and the factors contributing to budget pressures, as well as other key projects in discussions for funding.

Adj. A/Prof McCullagh acknowledged the support of the Board in recognising the work of the Executive and acknowledged the recent communications with Medical Staff Councils around funding.

A copy of a short presentation provided to the Medical Staff Council Executives by the Chief Executive (Dr Brydon) was circulated in the Board papers outlining what has been funded under the 17/18 allocation based having been identified as the highest priorities in the clinical operational space.

In reference to these commitments, it was noted that some positions were newly funded to support high priority areas while others transferred existing positions from SP&T across to general funds. Other items are either known budget commitments or strategies developed by the Capacity Working Groups.

Adj. A/Prof McCullagh referred to paper tabled at the meeting providing an update to progress on more recent issues:

Cardiac Services across the Network: Professor Bennett indicated that a plan is being developed, led by the Network Head of Cardiac Services, to address the drop in cardiac surgical activity at Randwick. She reiterated the Board's decision and commitment to a single cardiac service across the Network with cardiac surgery at both hospital sites and the important implications for other tertiary services for children at Randwick. There were concerns raised about the pace of implementation of this plan and the Board asked that management report to each Board meeting so the Board can actively monitor progress in this space.

Discussion ensued regarding the importance of this planning and that clarity around communication of cardiac services as a common goal.

Action: A/Prof Gary Sholler, Network Head of Cardiac Services and Prof David Winlaw to be invited to present at a future meeting to present the plan and progress update.

The investment in overall network capacity is significant in the work undertaken to date, recognising other areas of need and budget for next financial year, with the budget not yet available.

			Next steps: finalising model of care for Close Observation Unit, opening SCH beds, and network mental health service plan.				
		5.2	Foundation Update	Chief Executive/Mr Makeig	-	5 min	For information
			<p>The establishment of the Sydney Children's Hospitals Foundation and agreement to transfer the CHW fundraising functions was signed last week. The new Foundation will launch on or about 21 May 2018.</p> <p>It was noted that offers have been made to current CHW fundraising staff and recruitment efforts are continuing.</p> <p>The special contribution by Mr Nott was recognised and greatly appreciated, with the efforts of Mr Jackson, Dr Brydon, Renata Kaldor, Professor White and Mr Ford also acknowledged.</p>				
6		Standing Reports					
		6.1	Chair's Report	Chair	verbal	10 min	For noting
			<p>Professor Bennett referred to the Board refresh currently underway and advised that documentation will be sent out to Board members affected. Action is due to be finalized by the 4th May 2018.</p> <p>A Non-Executive session was also held to discuss this and other matters further.</p>				
		6.2	Chief Executive's Report	Chief Executive	15-29	10 min	For noting
			<p>The provided report was noted, with the following points highlighted:</p> <ul style="list-style-type: none"> • The Secretary has confirmed advice from the COAG meeting of continuing support for ABF to 2025. • Training Accreditation reviews are being conducted by the Royal Australian College of Surgeons (RACS) (SCH) and the Australian College of Emergency Medicine (both sites) are occurring this week. • \$41 million investment in proteomics was announced at the CMRI • Gold launch occurred yesterday for the SCH Foundation. 				
		6.3	SCHN Performance Report (February 2018)	Chief Executive	30-33	5 min	
			Noted				

7 Board Sub-Committee & Network Committee Minutes					
*	7.1	Finance and Performance Committee	Chair F&P Committee	5 mins	For noting
		7.1.1 Directors report: April 2018	Director Finance and Corporate Services	34-36	
		Mr Jackson provided a summary and end of year forecast, noting particular items that are expected to resolve before end of financial year as they have done previously. The report provided in the business papers was noted.			
		7.1.2 Endorsed Minutes: March 2018		44-49	
		The minutes of the March Finance and Performance Committee were noted.			
*	7.2	Health Care Quality Committee	Chair HCQC	5 mins	For noting
		7.2.1 Directors report: April 2018		50	
		Mr Wright referred to the minutes from the HCQC. Of particular note was discussion around a recent Central Vascular Access Devices (CVAD) audit in relation to different levels of compliance between sites around procedures and practices. A Working Party has been established in regard to an ongoing item on the HCQC Action Sheet and Risk Register, Professor Waters added that a tender has now been called to update infusion pump libraries across the Network to address differences in practice and an audit has been undertaken looking at post-operative management.			
		7.2.2 Endorsed Minutes: March 2018		51-53	
		The minutes of the March Health Care Quality Committee were noted.			
*	7.3	Medical and Dental Appointment Advisory Committee	Chief Executive	5 mins	For noting
		7.3.1 Directors report: April 2018		54-57	
		The report from the April Medical and Dental Appointments Advisory Committee, contained within the business papers was noted.			
	7.4	Capital Works Sub Committee	Jack Ford	10 mins	For discussion
		7.4.1 Chair's Report: April 2018		58-59	
		Mr Ford referred to the recent meeting and discussions regarding project manager for the Randwick redevelopment. Adj A/Prof McCullagh advised that Dr Brydon has provided his feedback but the position remains unresolved at this time. Professor Bennett referred to ongoing discussions around the location of the redevelopment at Randwick. Additional resources for the SCHN planning team are being progressed.			
	7.5	Audit and Risk Committee	David Nott	10 mins	For discussion

		Refer Biannual Report under Item 4.2			
	7.6	Clinical Council	Mary McCaskill	10 mins	For discussion
		Nil meeting due to ANZAC Day – deferred to Wednesday, 2 May			
8	Business Without Notice				
	Non executive session held				
9	Details of Next Meeting				
	Date and Location Wednesday, 6 June Level 9 Boardroom, Bright Alliance Randwick		Strategic Focus for Future meetings June – Capital/Infrastructure July – No meeting August - Finance		