

The Sydney Children's Hospitals Network (Randwick & Westmead)	
Date	Wednesday, 5 December 2018
Time	NED Session: 8am to 9.15am SCHN Board Meeting: 9.15am to 10.15am NED Session to resume at 10.15am
Location	Boardroom, Level 4, The Children's Hospital at Westmead
Membership	<p>SCHN Board members</p> <p>Professor Christine Bennett AO (Chair) Professor Louise Baur AM Dr Abby Bloom Ms Joanna Capon OAM Mr Jack Ford Ms 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</p> <p>Dr Michael Brydon Chief Executive, SCHN Dr Susan Russell (MSC SCH Chair) Dr Kathryn Carmo (MSC CHW Chair) 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</p> <p>Mr Duncan Makeig (Board Chair, Sydney Children's Hospital Foundation) Associate Professor Sue Woolfenden (Item 4.1) Associate Professor Karen Zwi (Item 4.1) Professor Raghu Lingam, Professor of Paediatric Population Health (Item 4.1) Professor Natasha Nassar, Chair in Translational Childhood Medicine (Item 4.1) Ms Kate Hurlle, Acting Manager Executive Services (Board Secretariat)</p>
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Agenda
Sydney Children's Hospitals Network Board Meeting
5 December 2018

ITEM	By Exception *	DESCRIPTION	RESPONSIBILITY	PAGE NO.	TIME	ACTION REQUIRED
1		Administrative Matters				
		1.1	Welcome and Attendance	Chair	-	5 min For noting
			Prof Christine Bennett (Chair), Prof Louise Baur AM, Dr Abby Bloom Mr Jack Ford, Ms Renata Kaldor AO, Mr Bruce MacDiarmid Mr David Nott Prof Kim Oates, Prof Donna Waters, Mr Jeremy Wright, Prof Les White, Dr Michael Brydon, Dr Susan Russell, Dr Kathryn Carmo, Dr Mary McCaskill, Mr Brian Jackson Dr Matthew O'Meara			
		1.2	Apologies	Chair	-	
			Ms Joanna Capon, Dr Robyn Shields, Mr Duncan Makeig			
		1.3	Declaration of Conflicts of Interest	Chair	-	
2		Minutes and Action Items				
		2.1	Review of Minutes of meeting held on 7 November 2018	Chair	1-7	5 min For approval
			The minutes of the previous meeting were accepted.			
		2.2	Matters Arising from Previous Meeting			
			2.2.1 Review of Action Table	Chair/ Chief Executive		
			All action sheet items that are due for update are included in the December agenda. It was noted that discussion of learnings from the AICD training (Item 6.8) will be held over to the February meeting.			
3		Work Health and Safety Reporting				
		3.1	Safety Pause	Chief Executive		
			Item held over due to time constraints			
		3.1.1	Response to October Safety Pause - Reinvigorating LEAN	Chief Executive		
			The Board were advised that a position which includes undertaking LEAN functions is currently being recruited. This will reinvigorate the program at SCHN.			
		3.2	Work Health and Safety (monthly report)	Chief Executive		
			The provided report was considered and noted.			
4		Early Intervention				
		4.1	Early Year's Initiatives (includes Patient Story)	A/Prof S Woolfenden A/Prof K Zwi / Prof R Lingam / Prof N Nassar		
			A/Prof S Woolfenden, A/Prof K Zwi, Prof R Lingam and Prof N Nassar were welcomed to the meeting and provided a detailed presentation on the early years intervention initiatives that are occurring across the Network. The significant role of healthcare in reducing social disadvantage and the ability for early interventions to change the trajectory of the life outcomes of a child and their family were demonstrated by the presentation. It was noted that access to healthcare can account for about 25% of the impact of social disadvantage.			

The expanding scope of the early intervention work through the creation of Alpha NSW was outlined. This collaboration is bringing together the data from multiple agencies to increase health intelligence. This is significantly reducing the time needed to evaluate the impacts of an intervention and enables a more dynamic approach. Increased access to data will also support the validation of the financial benefits of early intervention, allowing for return on investment to be demonstrated.

Future plans and opportunities for the expansion and deeper embedding of these programs were outlined, with suggestions raised by several directors in relation to potential funding sources and additional collaboration opportunities.

This area of intervention will have an increased focus within NSW Health in coming years with the embedding of the "First 2000 days" program which will incorporate both maternal and child health with programs covering the period from pregnancy to school readiness.

The Board expressed their admiration and support for the outstanding work that is being undertaken in this area which is making a clear impact on the lives of children and demonstrates great gains from a united, collaborative approach.

5	Matters for Discussion					
	5.1	SCHN Strategy - Working together for children	Chief Executive	18-20	10 min	
		The strategy summary was noted, emphasizing that providing a collaborative and united voice to advocate for children's health and wellbeing is both the purpose, and valuable opportunity offered by the Network. The value of working together for children was exemplified by the presentation on the early years interventions.				
	5.2	Financial Forecast for 2018/2019	Director of Finance / Chief Executive	21	15 min	
		Current forecasts indicate a significant deficit at the end of the financial year. It was noted that previous above target activity has slowed in the period since August, and although it is likely that this will increase in early 2019, the likelihood of a significant budget adjustment from the Ministry of Health may be impacted. Actions to minimize the deficit are being implemented by management. Leave management continues to be a focus area and other measures are being identified.				
6	Standing Reports					
	6.1	Chair's Report	Chair	-	10 min	
		The Chair expressed thanks to the Board and Executive for their dedication and efforts across 2018. The Board particularly recognised the contributions of Renata Kaldor who will complete her term on the Board at the end of December 2018. The outstanding contributions made by Ms Kaldor as an advocate for child health were applauded, with sincere appreciation of her service to the Network.				
	6.2	Chief Executive's Report	Chief Executive	22-31	10 min	
		The provided report was noted.				
	6.3	SCHN Performance Report (October 2018)	Chief Executive	32-35	10 min	
	6.4	Patient Care Capacity	Chief Executive	36-37	5 min	
		The provided report was noted.				
	6.5	Capital Works Report	Chair – CWSC	38	5 min	

The provided report was reviewed. The appointment of a precinct coordinator role for the Randwick precinct was noted to have assisted with progression of the campus planning, including increased engagement with the Royal Hospital for Women. It was also noted that the Precinct Council has made significant progress over the year, with a current focus on town planning issues.

There has been no announcement made in relation to support for the SCH Emergency Department Stage 1 and the Comprehensive Children’s Cancer Centre. It is understood that the matter is still under consideration within NSW Government. It was noted that the announcement of the partnership between University of NSW and NSW Health which is scheduled for tomorrow provides another opportunity to gain further support for the SCH Stage 1 as part of the redevelopment of the Campus.

The importance of a united voice from all stakeholders was discussed, noting that the decision making on this matter is in a crucial phase.

Specifically discussed was the recent adverse media highlighting the lack of unity within the Network regarding cardiac surgery. The level of concern expressed by the SCH Medical Staff Council in relation to Cardiac Services is very significant. This, together with other factors including the failure to secure funding for the SCH redevelopment, has resulted in discussions within the MSC about whether SCH would be better placed outside the Network.

The process of planning for the Randwick campus Emergency Department redevelopment was discussed. The CE noted that the need for a redevelopment of the Emergency Department has been identified as a priority in the Network’s Asset Plan for several years, the new land available to the west of the SCH facilities is even better as a result of alignment with the PoW and UNSW building plans. The plans are now well developed, integrated with the other health and educational facilities at Randwick, fully costed and now under serious consideration by Government.

The Chair emphasised the Board and management’s ongoing commitment to advocating for the Randwick redevelopment.

6.6	Cardiac Services Implementation Update	Executive Medical Director	39-41	10 min
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The report provided was and noted. The EMD highlighted that the focus of the Steering Group is on progressing actions rather than debating the two site, single service model.

Discussion of the challenges for the implementation group followed including:

1. The SCH MSC opinion that the Implementation Committee formed to implement the Reid Report into Cardiac Services was not appropriately constituted and was taking too long to deliver, leading to a high degree of skepticism that it would be effective.
2. The SCH MSC letter to the Non-executive Board Directors and the Chief Executive dated 2 November 2018 concerning the lack of cardiac surgery at the Randwick campus and the letter from the SCH MSC dated 20 November setting out a list of requests for a restoration of the service.
3. The advice from SCH MSC that a campaign to withdraw from the Network is under consideration.
4. The SCH MSC Chair’s scheduled meeting the Minister and what that might achieve or not achieve and how it might be approached.

In discussing these challenges, the SCH representative reported that they found the process of engagement and consultation in preparing the recently completed Cardiac Report unsatisfactory. Furthermore, the report did not meet their expectations due to its focus on obstacles (“barriers”) and its lack of specific recommendations and path forward; therefore the base document that the implementation group has to work with is not adequate.

The alternate view, as reflected in comments from the Chair and others involved in the initial process, was that the information provided in the Cardiac Report provides a comprehensive platform of understanding of what needs to be addressed to successfully implement the one service, two site cardiac model and is a good base document for the implementation group to commence its work. The Board agreed that it was appropriate to commence action rather than re-work the report.

The Committee's progress will be monitored and reported monthly to the Board.

In relation to the future of cardiac surgery at Randwick and the SCH MSC's statement that they would consider advocating for SCH to be removed from the Network if certain outcomes are not achieved promptly, the Board acknowledged the SCH MSC concerns and through the Chair, re-affirmed it is committed to the "one service/two site model" of cardiac surgery. The Chair also acknowledged that this could only be achieved with an appropriate and agreed model of care – and the Implementation Committee was working through this. The Chair again emphasized that as a Board we wish to operate two comprehensive tertiary campuses but that does not require identical services across all subspecialty disciplines.

In relation to the adverse media campaign and the public commentary from the SCH MSC that a campaign to withdraw from the Network is under discussion, the Non- Executive directors urged the SCH MSC to address their concerns through management processes rather than in the public arena. The Non-Executive Directors indicated their unanimous commitment to the Network structure as the best governance model for advocating for paediatric services for the children of NSW, the common view of allDirectors.

The importance of a united voice from all stakeholders was discussed.

The Board noted that the SCH MSC Chair has secured a meeting with the Minister to express its concerns about the future of cardiac surgery at Randwick and adequate funding. Directors provided perspectives on how that meeting might proceed.

Finally, in bringing this discussion to a close, the Chair with the CE made three points:

- That provision of Cardiac Services at the two sites has been a long term issue and the frustration of clinicians from both sites in resolving the matter was acknowledged. The Board however supported the processes that had led to the Cardiac Services report, and now in the implementation phase, as appropriate in addressing all issues raised.
- That the Network has been more effective in advocating for funding and recognition of paediatric services than previous structures. The establishment of Paediatric and the recent merger of fundraising activities through the Foundation were noted as important examples.
- That the Network has had many achievements while acknowledging that there are areas that have not progressed as hoped or met expectations of some stakeholders. The Board and Executive continue to work towards the overall strategy of obtaining the best outcomes for children as seek both MSCs support of this approach.

		6.7	Foundation Report	Chief Executive/ Chair SCHF	42-52	5 min		
			The provided report was noted.					
		6.8	Board Development	Chair	-			
			Item deferred to February 2019 agenda due to time constraints.					

7.1	Finance & Performance Committee	Director of Finance		5 mins
	7.1.1 Director's Report November 2018			
	7.1.2 Endorsed Minutes October 2018		53-55	
	The provided report and minutes were noted.			
7.2	Health Care Quality Committee	Chair HCQC		5 mins
	7.2.1 Director's Report November 2018		63-64	
	7.2.2 Endorsed Minutes October 2018		65-70	
	The provided report and minutes were noted.			

7.3	Medical & Dental Appointments Advisory Committee 7.3.1 Director's Report November 2018	Chief Executive	71-72	5 mins
	The provided report was noted.			
7.4	Capital Works Sub Committee 7.4.1 Chair's Report Nil meeting; refer report under 6.4	Chair CWSC		5 mins
	The provided report was noted under Item 6.4.			
7.5	Clinical Council 7.5.1 Director's Report October 2018	Executive Medical Director	73	5 mins
	The provided report was noted.			
7.6	Audit and Risk Committee Nil Meeting	Deputy Chair		

8 Correspondence Received					
	8.1	Letter from Minister Hazzard - Commitment to the Removal of Bullying from NSW Health Workplaces	Chief Executive	74-76	5 mins
		The correspondence was noted and will be responded to by the Chair.			

9 Next meeting			
	Location	Time and date	
	Level 4, Boardroom Executive Office Westmead	8.30am Wednesday, 6 February 2018	-