

The Sydney Children's Hospitals Network (Randwick & Westmead)	
Date	Wednesday, 1 May 2019
Time	NED Session: 8.30am to 9.15am (attended by the Secretary, NSW Health) SCHN Board Meeting: 9.20am to 11.30am
Location	Boardroom, Level 9, Bright Alliance Building Sydney Children's Hospital, Randwick
Membership	<p>SCHN Board members</p> <p>Mr David Nott (Acting Chair)</p> <p>Professor Louise Baur AM</p> <p>Dr Abby Bloom</p> <p>Ms Joanna Capon OAM</p> <p>Mr Jack Ford</p> <p>Ms Jane Freudenstein</p> <p>Ms Elizabeth McEntyre</p> <p>Mr Bruce MacDiarmid</p> <p>Professor Kim Oates AM</p> <p>Professor Donna Waters</p> <p>Mr Jeremy Wright</p> <p>Professor Les White AM</p> <p>Ex officio invitees</p> <p>Adjunct Associate Prof Cheryl McCullagh, Acting Chief Executive, SCHN</p> <p>Dr Susan Russell (MSC SCH Representative)</p> <p>Dr Kathryn Carmo (MSC CHW Chair)</p> <p>Dr Mary McCaskill (Executive Medical Director, SCHN)</p> <p>Mr Brian Jackson (Director of Finance and Corporate Services, SCHN)</p> <p>Dr Matthew O'Meara (NSW Chief Paediatrician)</p> <p>In attendance</p> <p>Mr Duncan Makeig (Board Chair, Sydney Children's Hospital Foundation)</p> <p>Ms Kate Hurle, Manager Executive Services (Board Secretariat)</p>
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Agenda
Sydney Children's Hospitals Network Board Meeting
1 May 2019

ITEM	DESCRIPTION	RESPONSIBILITY	PAGE NO.	TIME	ACTION REQUIRED
1	Administrative Matters				
1.1	Welcome and Attendance	A/Chair	-	5min	For noting
	<p>Present: SCHN Board members: David Nott (Acting Chair), Abby Bloom, Joanna Capon, Jack Ford, Jane Freudenstein, Elizabeth McEntyre, Bruce MacDiarmid, Donna Waters, Jeremy Wright</p> <p>Ex-officio: Cheryl McCullagh, Acting Chief Executive, Susan Russell, Simon Paget (delegate for Kath Carmo), Mary McCaskill, Brian Jackson, Matthew O'Meara</p>				
1.2	Apologies	A/Chair	-		
	<p>SCHN Board members: Kim Oates, Les White, Louise Baur Ex-officio: Kath Carmo Observer: Duncan Makeig</p>				
1.3	Declaration of Conflicts of Interest	A/Chair	-		
	<p>David Nott advised that he has stepped down from his position on the Audit Committee of Southern NSW LHD Abby Bloom advised that she has been appointed to the Audit Committee of Southern NSW LHD.</p>				
2	Minutes and Action Items				
2.1	Review of Minutes of meetings held 3 April 2019	A/Chair		10min	For approval
	The minutes of the meeting held 3 April 2019 were accepted.				
2.2	Matters Arising from Previous Meeting				
	2.2.1 Review of Action Table	A/Chair / Chief Executive		5min	For noting
	<p>The listed actions were reviewed, noting that the majority were included in the current agenda.</p> <p>It was recommended that the action required is articulated more specifically as to the outcome required for the item to be considered complete. It was also agreed that the reports provided from the subcommittees be revised to ensure appropriate referral of matters and communication of issues.</p> <p>Action / Decision:</p> <ul style="list-style-type: none"> - <i>Review of current items on action sheet to occur to ensure clarity of requirements</i> - <i>Format and content of the reports from Subcommittee Chairs to be further considered by the Acting CE and Board Chair</i> 				
3	Work Health and Safety Reporting				
3.1	Safety Pause	A/Chief Executive	-	5min	For discussion
	<p>The Acting Chief Executive outlined the current circumstances within an SCHN ward where there has been a breakdown of the relationship between the staff and family of a long-term patient. The family is under significant stress however the level of hostility and ongoing criticism and complaints directed towards individual staff members has also been unacceptable and is impacting on the wellbeing of staff who are regularly reporting that they feel bullied and unsafe. This has affected the ability of staff to communicate effectively with the family.</p> <p>Discussion reflected the importance of ensuring the wellbeing of staff as well as patients and families in all circumstances. Current and planned supports for the clinical team were outlined and the importance of ensuring that all appropriate measures are taken was emphasised.</p>				

3.2 Work Health and Safety (monthly report) 24-26 10min For discussion

The report was reviewed. There has not yet been a visible improvement in the time taken to resolve bullying allegations. The Workplace Culture and Engagement team have commenced sessions working directly with targeted Departments aimed at intervening before matters escalate; it will be some time before an impact is likely to be reflected in the data.

Discussion reflected that the highly structured format of the investigation process, including the high levels of confidentiality, prevents teams being informed of the progress of an investigation. This contributes to the sense that resolution is protracted. The importance of making support available to managers to enable effective early interventions that prevent matters escalating was highlighted. Investment in this support is occurring however it will take time for an effect to be seen.

The Acting CE advised that an evaluation of the protocols used to manage bullying and grievance allegations is planned with the aim of identifying improvements. It was also suggested that SCHN seek to benchmark timeframes with other Local Health Districts to ensure best practice.

Action / Decisions:

- **Review of internal practices for the management of allegations to occur and with outcomes to be reported to the Board**
- **Benchmarking opportunities with other Local Health Districts to be identified**

Progress on these actions will be report to the next Board meeting.

3.3 Work Health and Safety (Quarter 3 Report) A/Chief Executive

The provided report was noted. Feedback was requested on the Staff Wellbeing Meditation sessions; it was reported that these are well attended by staff from nursing and allied health.

3.3 Significant Workforce Issues (Report provided to NED) A/Chief Executive For discussion

The Acting Chair advised that this matter would be held over. It was noted that these matters reflect the complexities of the grievances and other allegations under management.

4

Strategic Focus

4.1 Advocacy / Early Intervention

4.1.1 Patient Story A/Chief Executive

Discussion reflected that this story highlights the impact of clinicians addressing the needs of the whole family rather than treating only the presenting problem, and shows the impact of services like Kids GPS that assist with bringing together hospital and community support systems. This Patient Story demonstrates that the hospital is doing everything it should do in these circumstances and is achieving good outcomes.

The Acting Chair queried how care of this nature is captured in the current funding model. It was outlined that there is no activity measure for these very wide-ranging functions involved in providing this comprehensive care. Similarly, the National Funding model does not count activities such as providing advice to other health providers which is a frequent requirement for SCHN. Discussion also noted that, unlike other Local Health Services, health promotion work undertaken by SCHN does not result in a long-term reduction on demand for services within SCHN services, but may reduce impact on other services.

It was agreed that the Chair of the Finance and Performance Committee and Director of Finance and Corporate Services will consider an advocacy strategy for increased recognition in the SCHN budget for early intervention care, noting that this is an important part of SCHN's Strategic plan.

Action / Decision:

- **Chair of the Finance and Performance Committee and Director of Finance and Corporate Services will develop an advocacy strategy for increased recognition in the SCHN budget for early intervention care, with an update to provide in September / October 2019**

4.1.2 Strategic Objectives Progress

A/Chief Executive / Director of Clinical Operations For discussion

- Advocacy
- Early Intervention

Matthew Hillard, Acting Director of Strategic Communications and Public Relations was welcomed to the meeting.

The reports of progress towards the strategic plan in the areas of Advocacy and Early Intervention were noted. The Acting Chief Executive presented highlights:

Advocacy

- Through the Health Promotion and Advocacy Committee, the Network identifies a focus area each year. Recent examples include family and domestic violence prevention and Aboriginal health promotion. This year's focus is diversity and inclusion as well as the importance of play for child development.
- The committee has also taken a leading role in injury prevention programs through community awareness campaigns and advocating for legislative changes (eg window falls, quad bike safety).
- SCHN also partners with organizations such as Children's Hospitals Australasia to support a nationally unified voice. This often focusses on changes to the overall health care system, such as a current program that is advocating for PBS recognition for more medications for use in children to overcome the current high cost of many treatments.

Early Intervention

- The impact of the first 2000 days of a child's life on their long-term health and wellbeing is well established though international and Australian research. The Early Intervention strategy for SCHN is focused on bringing together the components of care, as well as data and researches that impact this critical period.
- Partnerships are the basis of this strategy and SCHN is working with partners in universities, Non-government organizations and across health services to enable intervention to support families in ways that can significantly change the trajectory of a child's development and long-term outcomes.
- The fetal alcohol syndrome follow-up program, which includes world leading research, interventions through pre-natal clinics and programs to support early identification of impacted children was noted as an example where research, early intervention and prevention intersect.
- The potential for increased engagement with Aboriginal Medical Services as part of the overall Early Years program was noted; this has commenced through pilots within Integrated Care.

The Acting Chair requested information on the funding model for these strategies and was advised that funds are largely through research grants and project funding, making advocacy in this area essential.

It was agreed that the Stakeholder Engagement and Communications Committee will consider how it can support the work occurring in the areas of Advocacy and Early Intervention and link this to raising the profile of SCHN. This will be considered by the Committee and feedback provided to the Board in 3-4 months.

SCHN's role in Aboriginal Health was discussed, with agreement that this area required a higher level of visibility with the Board. The KPI's that are monitored and reported in this area will be considered.

Action / Decisions

- **The Stakeholder Engagement and Communications Committee will consider their role in the areas of Advocacy and Early Intervention and report back in 3 – 4 months.**
- **The KPI's that are monitored and reported in relation to Aboriginal health will be reviewed over coming months.**

5 Matters for Discussion / Approval

5.1	External Review of SCHN Governance	A/Chair / Chief Executive	For discussion
	Refer item 6.1.		
5.2	Board Representation – External Committees and Groups	Chief Executive	For discussion

The Acting CE outlined that the departure of Prof Bennett as SCHN Board Chair has necessitated a review of representation for on external committees and groups.

Further discussion on this matter between the Acting Board Chair and Acting Chief Executive is required and it was agreed that this item will be deferred to the June 2019 meeting. In the meantime, the Acting Board Chair will attend meetings as required.

It was raised that the minutes of the Randwick Precinct Council would assist the work of the Capital Works Subcommittee and agreed that Chair of the Council will be approached for approval that these are shared at least with the Chair of the Capital Works Subcommittees. It was noted that these minutes are commercial in confidence which will limit the distribution.

Decision / Action:

- **Briefing re Board Representation on External Committees and Groups will be resubmitted to the June Board meeting following discussion between the Acting Board Chair and Acting CE.**
- **The Acting Board Chair will attend meetings as required in the interim**
- **The Acting Chief Executive / Acting Board Chair will request the Chair of the Randwick Precinct Council to consider approving the Council's minutes being shared with the Chair of the SCHN Capital Works Subcommittee**

6 Standing Reports

6.1 Chair's Report **Chair** **For discussion**

The Acting Chair noted that it is an honour to take on the role and emphasised that he will take whatever measures are necessary to assist the governance of SCHN. It was acknowledged that there are still some significant issues in progress for the Network and all members were strongly encouraged to contact the Acting Chair at any time.

A summary of the NED meeting was provided, with the following points noted:

- The NSW Health Secretary attended the session to provide an update on current matters.
- Progress of the Governance Review was noted. A consultation summary is anticipated to be provided to the Secretary in May 2019, with the final report expected in June 2019.
- The mediation process between representatives regarding cardiac services was closed. No additional direction has been given to SCHN from this process.
- The appointment of a new Board chair for SCHN is with the Minister for Health to progress.

6.2 Chief Executive's Report **Chief Executive** **For discussion**

The provided report was noted.

6.3 SCHN Performance Report (February 2019) **Chief Executive** **For discussion**

The provided report was noted. Activity remains high and the budget forecast remains at approximately \$10 million overrun for the end of the 2018/2019 financial year.

Discussions with MoH regarding target and activities are ongoing, with SCHN maintaining patient safety as the core priority.

6.4 Patient Care Capacity **Chief Executive** **For discussion**

The provided report was noted. Discussion focused on the number of patients waiting for prolonged period in the Emergency Department, in particular those that leave without receiving care. This has been an issue at CHW over a sustained period of time. The increased bed capacity has assisted to some extent with patient flow but this has not impacted the number of families who leave without finalising care.

The risk or impact to patients leaving without care was unclear although obviously, it is far from a satisfactory situation. A previous review undertaken in the CHW ED identified that this varies with some patients representing more unwell, some seeking care elsewhere and some having left as the family no longer thought they needed care.

Although data on the number of patients leaving without care being completed is captured, there is not a target set by MoH. It was agreed that it would be of benefit for SCHN to establish a target.

The Acting Chief Executive advised that a meeting with the CHW Emergency Department Head has occurred and that recruitment of additional staff has been approved as an interim measure. Further meeting will occur to better assess potential strategies. The potential of approaching this in an informed manner to ensure that interventions are effective as highlighted.

It was noted that the NSW Government has recently established a ministerial portfolio for Customer Service; this is anticipated to have implications for all service portfolios including health.

Actions / Decisions

- **The “did not wait” data to be separated by campus for future reports**
- **A target for “did not wait” to be established based on international best practice**
- **“Did not wait” information to be included in future patient care reports**

An update on the above matters is to be provided to the June Board meeting.

6.5	Planning and Capital Works	Chief Executive / Director of Finance and Corporate Services	For discussion
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The provided report was noted. SCHN is currently waiting on budget announcements to provide final confirmation of the allocation of planning funding. The Acting Chair highlighted the need to ensure that the planning processes undertaken for the capital works include appropriate consultation to ensure positive staff engagement. It was noted that the processes to increase planning resources to support the process has commenced as SCHN is not currently fully resourced to undertake this work. In particular, it was noted that a draft position description for the new Director position has been prepared and approved by the Committee and is now with the Ministry for approval, which may not eventuate until after the NSW budget in June. It was also noted that the Committee has scheduled an out of session meeting on May 30 to settle the ASP priorities and hear about progress on hiring the new Director.

6.6	Cardiac Services Implementation Update	Executive Medical Director	For discussion
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The detailed update within the Chief Executive (Item 6.2) was referenced. The Chair of the Heart Action Group advised of the following key progress made:

- Cover for patients requiring medical cardiology input is available at both Randwick and Westmead. The roster is readily available on each site. There is a cardiologist on site at both Hospitals during working hours. After hours, there is a separate cardiologist on call for each site the majority of the time. Commencement of a new cardiologist will allow this to be in place at all times in future.
- Pathways for delivery of care for urgent cardiac conditions have been reviewed; it was established that the processes were not clearly articulated and this is being addressed.

The group’s next area of focus is elective cardiac care. It is acknowledged that this will be a significant process to undertake.

Dr Russell raised concerns that the process to date has not resulted in an increase in the amount of cardiac surgery undertaken at SCH and requested the Board ensure that the level of oversight that was agreed of this matter is maintained. The board will continue to receive reports on this matter.

Action / Decision:

- **The board will continue to receive reports on this matter**

6.7	Foundation Update	Chief Executive/ Chair SCHF	For noting
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The Chair of the Foundation Board and the Chief Executive will attend the June Board meeting and provide an update on integration progress and the Foundations vision and goals.

7 Reports from Sub-Committees

7.1	Finance & Performance Committee	Chair Finance and Performance Committee / Director of Finance	For noting
	7.1.1 Director’s Report		

The Director of Finance and Corporate services spoke to the provided report. Key matters highlighted included:

- It was noted that April data is not available due to an IT issue at MoH
- MoH have removed the stretch target for revenue improving our position in revenue.
- There is little change in the financial position of SCHN compared to the detailed report provided in April. Activity targets remain under discussion with NSW Health however may LHD's are also experiencing increased activity making relief for SCHN less likely.
- The revision of the Shared Services Agreements with POW is ongoing, with focus on high risk agreements.
- Appraisal compliance remains below 50%. This KPI has not improved despite interventions to date. This continues to concern to both the Board and Executive.

The barriers to completion were considered, with the Acting Chief Executive noting that it does not seem to be primarily a lack of skill or willingness to complete the appraisals. Factors such as the high number of managers who are in temporary roles and the day to day demands, particularly in the clinical settings, lead to a lack of priority being given to this process.

The templates and processes used were queried, with feedback that these can be time consuming. Review of these to ensure effectiveness and efficiency will occur.

- It was noted that the minutes of the Finance and Performance Committee were not provided as the meeting was deferred to 29 April 2019 due to the Easter / ANZAC day period.

Action / Decision

- ***Acting Chief Executive to consider the current approach to performance appraisals with a view to maximizing effectiveness, efficiency and uptake***

7.2	Health Care Quality Committee	Chair HCQC	For noting
	No April meeting held due to the Easter / ANZAC day period		
7.3	Medical & Dental Appointments Advisory Committee	Chief Executive	For noting
	7.3.1 Director's Report		
	Report noted.		
7.4	Clinical Council	Executive Medical Director	For noting
	No April meeting held due to the Easter / ANZAC day period		
7.5	Capital Works Subcommittee	Chair, Capital Works Subcommittee	

7.5.1 Director's Report

The report was noted with the following points highlighted:

- Key matters arising from the Joint SCHN and WSLHD Capital Works Committee were:
 - Development of Shared Services Agreement for the new CASB will be a standing item until complete (planned by end 2019)
 - The IT risks for WSLHD are now making good progress towards resolution
 - The Committee undertook a tour of the CASB; the building is on schedule for completion and occupation in 2020.

It was noted that the Governance Review panel had expressed interest in the work of the Capital Works Subcommittee and particularly in the progress to create and appoint a senior executive to lead the upcoming projects. The Acting CE confirmed that the request to create this position is now with the Ministry of Health. The importance ensuring that change management support is built into the redevelopment team as well was noted.

7.5.2 Updated Terms of Reference

The updated terms of reference were approved.

7.5.3 Endorsed Minutes

The minutes were noted.

7.6 Audit and Risk Committee

7.6.1 Updated Terms of Reference

7.6.2 Endorsed Minutes

The Acting Chair noted that the planned Audit and Risk Committee report to the Board at this meeting has been deferred until the June meeting. A comprehensive update on the Internal Audit Plan and on the Strategic Risk and Operating Risks classified as High will be tabled and discussed at that meeting.

The ARC will formally report to the Board once a year, at the October meeting, after the completion of the year-end financial statements and the Chair of ARC will be invited to make a presentation on the ARC's activities for the year.

It was noted that Dianne Hill's appointment as Chair of the ARC has been extended for a further 2 years.

Actions / Decisions

- ***The ARC will provide a comprehensive update on the Internal Audit Plan and on the Strategic Risk and Operating Risks classified as High for the June 2019 Board meeting***
- ***The reporting schedule will be updated to include the ARC for the October meeting and an invitation will be sent to the ARC chair for this meeting.***
- ***The updated terms of reference of the ARC were endorsed.***

7.7 Stakeholder Engagement and Communications Committee

For approval

7.7.1 Terms of Reference

The Chair of the Stakeholder Engagement and Communications Committee noted that an interim meeting of the Committee was held on 24 April at which the Terms of Reference were refined. It was noted that the scope of the committee may be further revised over time. It was noted that the need for this Committee's formation emerged out of the process of engagement and discussion around the governance review and as a result identifying a number of topics that might benefit from a process to support management, escalation and planning of strategic communication, brand identity and the sub identities of the facilities within the Network.

Decision / Action:

- ***The Terms of Reference for the Stakeholder Engagement and Communications Committee were endorsed***
- ***It was agreed that the list of stakeholders should also include the key precinct partners, including the Randwick Precinct Council.***

No matters were submitted for noting

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Next Meeting

The next meeting of the Sydney Children's Hospitals Network Board will be held Wednesday 5 June 2019 in the Boardroom, Level 4, The Children's Hospital at Westmead commencing at 8.30am

There being no further matters, the meeting closed at 11.36am