

Meeting name	Sydney Children's Hospital Network (SCHN) Board
Date	Thursday, 5 August 2021
Time	8:30am – 9:30am SCHN NED Board Meeting 9:30am – 11:30am SCHN Board Meeting
Location	Via Zoom

## 1 In Camera Session Chair

The Chair led an in-camera session with the SCHN NED Board members and Chief Executive.

## 2 Administrative matters

### 2.1 Acknowledgement of Country

Mr Nott delivered an acknowledgement to Country noting that Sydney Children's Hospitals Network respectfully acknowledges Aboriginal people as the traditional custodians of the lands on which our health facilities are located and the areas from which our patients are spiritually connected.

We acknowledge the strength, wisdom, compassion and care Aboriginal people have for their kinship, language, culture and spiritual connection to country.

We pay our respects to the Elders, family members and children, who are our future leaders. We acknowledge our community members, our Aboriginal staff, and the Aboriginal services and organisations who work closely with us to improve the health and wellbeing of Aboriginal children and young people, their families and their communities.

### 2.2 Attendance and Apologies Chair

Present:

Board members: Ms Elizabeth Crouch AM (Chair), Mr David Nott (Deputy Chair), Professor Louise Baur AM, Dr Abby Bloom, Mr Jack Ford, Ms Jane Freudenstein, Dr Elizabeth McEntyre, Mr Bruce MacDiarmid, Professor Donna Waters, and Mr Jeremy Wright AM.

Ex officio invitees: Dr Kathryn Carmo (Medical Staff Council CHW Chair), Dr Matthew O'Meara (NSW Chief Paediatrician)

In attendance: Ms Cathryn Cox PSM (Chief Executive), Dr Mary McCaskill (Director Medical Services and Clinical Governance), Ms Judy Goldman (Director, Communications and Engagement), Bart Cavalletto (Director, Sustainability and Innovation), Mr Sam Galluccio (Director, People and Culture), Dr Joanne Ging (Executive Director Clinical Operations), Mr Tim Hoffmann (Director Planning and Redevelopment), Ms Sally Whalen (Director Nursing & Midwifery and Education) and Mr Sayeed Zia (Director, Finance and Corporate Services); Prof Chris Cowell (Director, Research)

Apologies: Dr Michael Solomon, Medical Staff Council (Randwick)

Secretariat: Jane Jennings (Senior Executive Support Officer)

2.3 Declaration of Conflicts of Interest Chair

No new declarations noted.

2.4 Previous Meeting Minutes Chair

The minutes of the July 2021 meeting were accepted as a true record of the meeting.

2.5 Actions Arising Chair

The Board noted the Actions Register.

## 2.6 Board Chair Report

On behalf of the Board, Ms Crouch expressed her thanks to all staff during this time given the extraordinary efforts to manage COVID patients, as well as continue "usual" business during this outbreak. The Board also expressed their appreciation to all staff, including front line and critical support staff. The Board also noted their ongoing commitment to supporting the Network in responding to the current outbreak.

Ms Crouch noted that the Sydney Children's Hospitals Foundation (SCHF) had supported staff with care packages and in other ways and may look to do this again to acknowledge staff for their dedication and efforts at this time. Ms Crouch has also provided a video message on behalf of the Board to acknowledge and thank staff. This was sent on 2 August 2021. Ms Crouch thanked the Communications team for their assistance in putting this message together.

Ms Crouch has met with the new Chair of the Audit and Risk Committee, Mr Brian Blood. Mr Nott advised that SCHN is fortunate to have Mr Blood appointed to the SCHN Audit and Risk Committee given his skills and capabilities.

Ms Crouch and Ms Cox have also been invited to meet with Mr Mark Scott, the new Vice Chancellor of Sydney University at a date to be determined.

Ms Crouch noted the discussions and update on the services agreement with SCHF.

Ms Crouch will circulate the NSW Health Secretary's update for the Board's information.

## 2.7 Chief Executive Report

### Chief Executive

Ms Cox acknowledged the work of the SCHN Emergency Operations Centre and Dr Mary McCaskill, with support from the Executive Leadership Team (ELT), in leading the COVID response. This response has involved supporting children and families in the special health accommodation (SHA), vulnerable families in many hotspot areas and working with other Local Health Districts to promote critical public health messages.

The efforts of the ELT for their coordinated response and all staff, including those redeployed to support patients, were acknowledged. Areas of concern continue to be South West Sydney, Western Sydney and Canterbury/Bankstown.

Strategic work is continuing in relation to the outcomes of the Board planning day. Priorities from that day including the 'deep dive' in depth reviews for specific areas such as Mental Health, with a program for this to be built into the forward agenda.

Discussions about the Network's vision of being a 'World leading health service' and possibility of moving towards 'Children's Health Network' instead of 'Children's Hospitals Network' will be considered as part of the strategic plan consultation process.

The development of the 2020-21 Operations Plan is continuing and is being aligned with the Board's strategic priorities. The ELT's performance and development plans are also being aligned to the Board's strategic priorities.

The Separation Agreement between SCHF and SCHN will be extended until January 2022.

Ms Cox advised that Ms Emma Cuell has been appointed to the position of Director, Office of the Chief Executive following a competitive process. Ms Melissa Gibson-Darling has been appointed to the position of Board Executive Officer having previously held a number of positions within NSW Health including with SCHN. Mr Brian Blood assisted Mr Zia and Ms Cox in the recruitment of the Manager, Internal Audit which is in the process of being finalised.

Ms Cox attended a number of key meetings, of note the 'UNSW Forum: Health Leadership in Challenging Times'. Any resources provided from such forums will be provided to the Board through Diligent. Prof Waters inquired as to whether information from the forums can assist SCHN to reflect on the longer term impacts of COVID on staff. Ms Cox advised the UK experiences discussed focussed on the trauma on healthcare workers when the UK was overwhelmed with COVID. Maintaining health and wellbeing is paramount and the Network's People and Culture team have a number of initiatives to support SCHN staff.

The Board noted the update.

### **3 Matters for Decision**

#### **3.1 Comprehensive Children's Cancer Centre (CCCC)**

Ms Cox noted that the CCCC forms part of the Stage 1 Development of Sydney Children's Hospital. It is a coordinated approach between the Kids Cancer Centre and Children Cancer Institute (CCI) to achieve a seamless integration between clinical care and research for children with cancer. Workshops have been facilitated by Karen Crawshaw and a detailed governance proposal has been developed for consideration by both Boards and the NSW Ministry of Health. The proposal includes development of a memorandum of understanding as a foundation document that would then encompass a suite of other arrangements.

Endorsement of the proposed way forward was provided by the NSW Health Secretary and General Counsel at a meeting in August 2021. The next step is to establish an interim steering committee to embed the new governance structure. The steering committee will have representatives from SCHN, SCHN Board, CCI, CCI Board and the Ministry.

The Board endorsed progress to the next stage.

#### **3.2 Risk Appetite Statement (RAS)**

Since the last Board meeting the RAS was considered by the Audit and Risk Committee with some suggested minor amendments to simplify the document. The final document will be circulated to Board members for endorsement.

The next step is operationalising the statement. Workshops have been held to assist the ELT in applying the RAS and this now needs to be applied to the wider organisation. For example, the RAS will be reflected in an updated briefing note processes. The Board recommended the RAS graphic be shared with staff more widely to engage staff in understanding of the RAS and to promote discussion on how this will integrate into daily practice.

The Board endorsed the final version to finalise and operationalise.

**Action:** Circulate final version to the Board highlighting minor changes.

## 4 Matters for Discussion

### 4.1 COVID-19 Update

**Director, Medical Services and  
Clinical Governance**

Dr McCaskill provided an update on the current strategy of realigning staff in response to the COVID outbreak. In accordance with Ministry guidelines, elective surgery is continuing for urgent cases or where there would be an impact on the patient with lower priority cases deferred.

COVID Planning, led by Bart Cavalletto and Sally Whalen, is developing strategies to manage the often daily changes in service requirements.

Virtual Kids (COVID Outpatient Response Team) is managing high numbers of children and young people in the community, as well as working alongside the special health accommodation (SHA). Virtual Kids is constantly reviewing how to best support children in the SHA, in the home and when parents / patients are in hospital.

The complexity of families in Western Sydney and South Western Sydney with multigenerational, cross household family structures was highlighted. The Public Health response is requiring staff to assist with language support and understanding the families' environment in these areas. The paediatric perspective in this process is crucial.

Large numbers of allied health, nursing and medical, as well as administrative support is required to support the service demand and the volume of work is increasing. Dr McCaskill thanked the wider ELT for their extensive support.

The wellbeing of our staff is a high priority and work is being done with the People and Culture teams to ensure staff are supported. The aim is to empower and inspire staff to be a part of our efforts and for everyone to see the contribution they can make. SCHN is also providing a variety of support to staff such as circulating tips gathered from teachers to assist with home schooling.

Ms Crouch and the Board noted the work being done and thanked all staff for their extraordinary efforts.

The importance of personal protective equipment (PPE) with this variant was emphasised. The Clinical Excellence Commission (CEC) has guidelines on the use of PPE and have continued to update advice which SCHN operationalises. More staff are accessing PPE resulting in the need for additional training.

SCHN is engaged with the Primary Healthcare Networks and GP's as required to support children and families.

Mr Wright inquired as to the increase in presentations from children with respiratory issues and whether that has continued. It was indicated that patients presenting at our emergency departments has reduced overall, including respiratory cases.

The Board noted the update.

## 4.2 Research Strategy

## Director, Research

Prof Cowell provided a presentation regarding the Research Strategy. Prof Cowell advised it has been a strong year in Research with growth in activity, funding and publications despite the ongoing challenges.

There are a variety of student, researcher and clinician researchers across the SCHN who are maintaining high performing ethics and governance. For example, Asra Gholami, Executive Officer Research Ethics who has been recruited to complete a statewide initiative enabling ethics and governance across NSW.

There have been a large number of clinical trials and publications over the past few years.

Strategic priorities are around four key areas: People; Partnerships; Population and Practice; and Precision Health.

Prof Cowell outlined a number of research activities proposed and underway including Research Communities of Practice; integrating research into the clinical workforce; building on partnerships, for example Luminesce, Westmead Health and Innovation Precinct and Randwick Health and Innovation Precinct; advanced therapeutics; and learning health systems; with project leads advancing each of these areas.

Of the approximate 600 staff, there is in the order of 280-300 paid individuals from research monies/grants, 150-180 PhD/Masters students, and a large group of clinician researchers that make time to be research active alongside clinical demands.

The SCHN and its patients benefit from the extraordinary volumes of research and number of talented researchers within the Network.

There was discussion regarding opportunities for resourcing and capacity building to plan for the future. Resourcing is an ongoing issue with options being explored around a multidisciplinary workforce to build a pathway and relationships with new ways of integrating research into the long term workforce strategy.

Some discussion took place about where research work is being held and protected to ensure collective research knowledge and integrity is maintained and secured. Universities have strong guidelines to ensure that work is stored appropriately, and there are constant reminders about the importance of protecting and preserving key research.

**Action:** Prof Cowell to consider opportunities to remind research staff about data protection.

Other matters discussed included commercialisation of intellectual property, funding for commercialisation and start-ups, and ongoing risks of grant monies and support of vital programs that may be impacted by limited grant funding. Assessment of risks in this area is important but it is also important to build relationships with SCHF and other philanthropic organisations to help support research.

The Research Strategy is to be adapted to engage a broader non-academic workforce to promote the opportunity to onboard potential researchers across the Network. Work is planned with the communications team to further develop messages for a broader audience and engagement through social media avenues.

Dr McEntyre noted previous discussions with Prof Cowell about increased engagement and opportunities for Aboriginal health staff in the research space.

**5 Matters for Discussion / Update**

**5.1 Quality and Safety Update**

**Director Medical Services and Clinical Governance**

Dr McCaskill noted the patient and family engagement team and interaction with families. SCHN has learnt from last year's experiences with COVID and the impact on families and has aimed to improve communications and interactions with families during this outbreak. Families appear to feel more engaged which is positive.

Dr McCaskill discussed the Attestation Statement and requirement for Board sign off. This statement forms the first part of the Safety and Quality Account to be presented to the Board in October.

Clarification was sought regarding the level of detail in the Statement relating to Aboriginal health.

Dr McCaskill advised that work has been undertaken with Aboriginal Health staff to ensure what is being proposed can be delivered and whilst the attestation statement is overarching, more detail will be included in the Quality and Safety Account.

**Action:** The attestation statement was approved, noting additional detail regarding Aboriginal health will be included in the Quality and Safety Account which accompanies the attestation statement

The process of reviewing complaints has highlighted an increased number of children with medically unexplained symptoms, often with complex family situations. Early involvement with the Department of Communities and Justice is important to ensure the best outcome for the child and support for our staff.

The Board noted the update.

**5.2 People and Culture Update**

**Director People and Culture**

Mr Galluccio noted the number of violence and aggression related incidents. These incidents are clearly not acceptable and present risks to SCHN staff. Mr Galluccio discussed the importance of building a culture of reporting incidents and near misses to ensure there is not under reporting of incidents.

Mr Galluccio presented on the approach to workplace, safety and wellness. The development of a framework for the prevention and management of Occupational Violence and Aggression (OVA) is part of the Network's response to key risk areas, including muscular skeletal injuries and workplace mental health.

Strengthening governance has been a focus with a review of workplace health and safety committees. A Workplace Safety and Wellness Governance Committee has been established with supporting work health and safety consultation committees and working groups to integrate priorities into the organisation.

Data and trending information will be considered by these groups. There will be an integrated and aligned approach to OVA with risk assessments completed, including consideration of the Board's risk appetite statement, risk management framework, National Safety and Quality Standards, WHS Act obligations and the Anderson report recommendations all to be incorporated into this process.

Implementation of key measures and supporting staff remains a high priority to achieve immediate change in the way we work and in responding appropriately to violence and aggression. Work is

progressing to ensure clarity and accountability around roles and responsibilities for all staff in and across all levels of management.

Mr Galluccio advised that it is intended to launch the broader safety and wellness strategy in October which is Safety Month and this will include a supporting campaign for staff and a toolkit for staff to respond to a range of situations.

It was noted that the Governance Committee membership comprises ELT leads with clinical program directors and heads of department while the consultation committees involve broader staff; this requires further consideration and discussion.

**Action:** Board People, Strategy and Engagement Committee to review the TOR and composition of Workplace Safety and Wellness Committee and supporting groups.

The Board noted the update.

### 5.3 Clinical Operations Update

#### Executive Director Clinical Operations

##### 5.3.1 Access to Care Performance Report

A project has been established for the CHW Emergency Department (ED) to review a wide range of issues. The Steering group held the first meeting this week as part of the structured project and will work on improved models of care. This is an opportunity to review patient safety, staffing, and flow of work. Meetings are being held regularly with Children's Healthcare Australasia and ED directors with a lot of work going on in this space. The CEC is also working on these learnings from a State perspective. It was noted that presentations to ED have reduced due to COVID.

The exceptional work of the surgical teams to achieve the 0-0-0 result was highlighted by Dr Ging.

SCHN Operational Plan to be presented at the September meeting.

The Board noted the update.

##### 5.3.2 Cardiac Services

Dr Ging provided a brief update on Cardiac Services. Meetings are continuing regarding cardiac surgery. A simulation plan has been developed for implementation in multiple areas at Randwick extending to the emergency, Recovery, ward and ICU. The commissioning of the Heart Centre has been delayed due to COVID.

ECMO service leads have now been appointed. Significant work is continuing on enhancing the culture within the service, with Dr John Skinner appointed as head of cardiology at Randwick. Dr Skinner has been working with many teams facilitating a wide range of conversations and communications. Consideration is being given to setting up three joint clinics as well as looking into research between different departments at Randwick and cardiology.

The full model of care is nearing finalisation and will continue to operate as a living document. A 'Restart the Heart' education program has been developed within nursing. Recruitment of an Aboriginal Engagement Manager to join the team working with the Cardiac Care for Kids Rural and Regional is in progress.

The Board noted the update and congratulated Dr Skinner on his appointment.

**5.4 Finance Capital Works and Performance Update Director Finance and Corporate Services**

Mr Zia noted SCHN achieved its forecast position for 2020/21 but will need to maintain and continue to improve over this financial year. Finance is working with the Clinical Operations team to build bottom up budgets for various departments and identify areas of concern. Measures in place for FY21 in the areas of recruitment, procurement and managing risks are high priorities. Positions with "soft" funding and reduction of elective surgery will also impact this year. An additional emerging risk is the recurrent cost impact of both redevelopments coming online in the same financial year.

There was discussion around the release of unspecified funding from the Foundation with consideration of associated risks.

The Board noted the update.

**5.5 Planning and Development Update Director Planning and Redevelopment**

Mr Hoffman noted achievement of a key milestone of detailed design for both projects. Most project user groups have now signed off on their design. It was noted that COVID may impact on availability of clinicians to support planning moving forward.

Work to incorporate the Neurosciences Centre in the Stage 1 SCH Redevelopment project Randwick is progressing.

Work space planning is becoming an issue to manage and the team is continuing consultation and design and working closely with clinicians and industrial associations.

Recent cessation of work on building sites due to COVID restrictions has impacted Westmead and Randwick construction schedules.

The Board noted the update.

**5.6 Strategy and Innovation Update Director Strategy and Innovation**

The Board noted the update provided with further advice to be provided at next meeting.

**5.7 Research Update Director Research**

The Board noted the update.

**5.8 Communication and Engagement Update Director Communications and Engagement**

Ms Goldman acknowledged the work being done by the internal communications teams managing daily COVID updates as well as two all staff forums which have been well received by staff.

Work continues on the proactive media strategy with a focus in the research and innovation, building thought leadership and a social media strategy that links into the Network strategy. It is proposed that the Board become further engaged in this strategy with options to be provided to the Board after review by the People, Strategy and Engagement committee.

The Board noted the update provided.

## 5.9 Risk Reports Director Finance and Corporate Services

Minimal changes have been were to the strategic risk register this month, with the primary focus being on the operational response to the COVID-19 pandemic and prioritisation of services. Risks remain related to funding from the Sydney Children's Hospitals Foundation (SCHF) and finance and performance.

The Board noted the update provided.

## 6 Matters for Noting

### 6.1 Board Committee Minutes

The following reports were noted as read:

- 6.1.1 Aboriginal Health Strategic Committee
- 6.1.2 Finance, Capital Works and Performance Committee
- 6.1.3 Quality and Safety Committee
- 6.1.4 Audit and Risk Committee
- 6.1.5 Medical and Dental Appointment Advisory Committee

### 6.2 Mandatory Training Update

Ms Whalen noted the extensive work being done by the education team during this outbreak specifically in relation to fit testing with approx. 200-250 being undertaken per week. This will be increasing as part of the current response to the outbreak. Redeployment of staff is also requiring additional focus of resources.

Mandatory training rates are being maintained. It was noted that Child Protection training should be up to date for all staff working with Virtual Kids.

The Board noted the update.

### 6.3 Clinical Council

The Board noted the update provided.

## 7 Other Business

Ms Freudenstein highlighted an ongoing concern of the rise in mental health issues. With the impact increasing due to lockdown, the Board needs to understand what measures and reporting is in place. There will be a forthcoming presentation and deep dive on this issue but the Board should remain vigilant about the impact as the COVID crises worsens. Dr Ging has advised that Mental Health presentations have reduced but the lockdown is likely to see an increase so preparation is important as restrictions are eased.

**Action:** Ms Crouch requested an update to the Board out of session.

**8 Next Meeting**

The next meeting will be scheduled 8:30 – 12:00am on Thursday, 2 September 2021.

The meeting closed at 12:00 noon