

Meeting name	Sydney Children's Hospital Network (SCHN) Board
Date	Thursday 2 July, 2020
Time(s)	8:30 – 9:30am – SCHN NED Board Meeting 9:30– 11:35am – SCHN Board Meeting
Location	Bright Alliance L9 Boardroom, CHW L4 Boardroom or join via Zoom <a href="https://us02web.zoom.us/j/180901102">https://us02web.zoom.us/j/180901102</a> Meeting ID: 180 901 102 Password: 503989
Membership	<b>SCHN Board members</b> Ms Elizabeth Crouch AM (Chair), Mr David Nott (Deputy Chair), Professor Donna Waters, Professor Louise Baur AM, Dr Abby Bloom, Mr Jack Ford, Ms Jane Freudenstein, Dr Elizabeth McEntyre, Mr Bruce MacDiarmid, Professor Kim Oates AM, Mr Jeremy Wright, Professor Les White AM.  <b>Ex officio invitees</b> Adjunct Associate Prof Cheryl McCullagh, Interim Chief Executive, Dr Mary McCaskill (Executive Medical Director, SCHN), Dr Matthew O'Meara (NSW Chief Pediatrician), Dr Kathryn Carmo (MSC CHW Chair), Dr Michael Solomon (MSC SCH Chair), Mr Colin Murray (Director of Finance and Corporate Services, SCHN).  <b>In attendance</b> Dr Joanne Ging (A/Director Clinical Operations) Ms Emma Cuell, Associate Director Office of the Chief Executive Ms Amanda Walsh, Executive Officer
Secretariat:	Ms Amanda Walsh, Executive Officer Phone: 0429 394 977

<b>1.0</b>	<b>In Camera Session</b>	<b>Chair</b>	<b>60 min</b>	<b>Discussion</b>
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The Chair held an in-camera session with the SCHN Board members and invited the Chief Executive to join part of the session.

<b>2.0</b>	<b>Administrative matters</b>		<b>10 min</b>	
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2.1	Acknowledgement of Country	Chair		Noting
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Mr Bruce MacDiarmid provided the acknowledgement of Country.

2.2	Attendance and Apologies	Chair		
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Present:

(SCHN Board Members): Ms Elizabeth Crouch AM (Chair), Professor Donna Waters, Professor Louise Baur AM, Dr Abby Bloom, Mr Jack Ford, Ms Jane Freudenstein, Mr Bruce MacDiarmid, Professor Kim Oates AM, Mr Jeremy Wright, and Professor Les White AM, Dr Elizabeth McEntryre (for In Camera Session only).

(Ex officio invitees): Adjunct Associate Prof Cheryl McCullagh (Interim Chief Executive); Dr Kathryn Carmo (MSC CHW Chair); Dr Michael Solomon (MSC SCH Chair); Dr Mary McCaskill (Executive Medical Director, SCHN); Mr Colin Murray (Director of Finance and Corporate Services, SCHN);

(Attendees): Dr Joanne Ging (A/Director Clinical Operations), Ms Emma Cuell (Associate Director, Office of the Chief Executive); Ms Amanda Walsh (Executive Officer)

Apologies: Mr David Nott (Deputy Chair), Dr Matthew O'Meara (NSW Chief Pediatrician), Mr Ian Fuller (Director of Workforce), Mr Tim Hoffmann (A/Director Planning and Redevelopment), Mr Michael Dickinson (A/Director Clinical Integration).

2.3	Declaration of Conflicts of Interest	Chair		Declaration
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Nil

2.4	Review of Minutes of meetings held:	Chair		Approval
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- 4 June 2020

*Decision: Noting a few typographical errors, the Minutes were accepted as a true and accurate record of the meeting.*

<b>3.0</b>	<b>Matters for Decision</b>		<b>15 mins</b>	
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3.1	Audit and Risk Committee Membership	Assoc. Director Office of the CE		Decision
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The Board noted the paper outlining expiring terms for the Audit and Risk Committee (ARC) independent members and the recommended options for extensions. The Board agreed to extend both Mr David Nott and Mr Stephen Horne for a period of twelve months to 30 June 2021. The Nominations and People Committee will review memberships for all Board Committees by March 2021.

The Chair noted that she had met with the Chair of ARC and discussed a range of issues including the need to ensure a more robust and mature approach to enterprise risk beyond clinical risk which is already well managed. It was also agreed that there is a need to enhance compliance generally.

Financial risks facing the Network were also canvassed with the ARC Chair also commenting favourably on the year end processes for the Network.

*Decision: The Board members supported the extension of Mr David Nott and Mr Stephen Horne as Independent Members of the Audit and Risk Committee (ARC) until 30 June 2021. To be confirmed at the ARC's next meeting.*

3.2 Executive Recruitment Chief Executive Decision

The Board discussed the option to separate corporate service activity from the Director of Finance Role and the option to reassign these functions to Planning and Development.

The Board agreed that the Chief Financial Officer is a priority position for appointment as soon as the new Chief Executive (CE) arrives. The Board therefore approved the advertising of the role to proceed, noting that the incoming CE will be involved in the recruitment process and responsible for recommending a preferred candidate to the Board, and any changes to the structure for appointment.

The Chair thanked Mr Bruce MacDiarmid who agreed to represent the Board on the recruitment panel.

The Board thanked Mr Colin Murray for his contribution to the Network while acting as Director of Finance and Corporate Services.

*Decision: pending some potential amendments to the job description, the Board approved the commencement of recruitment for the Chief Financial Officer position.*

**4.0 Matters for discussion**

**4.1 Board Chair report** 10 min

The Chair provided a verbal update of activities over the last month. Meetings included ongoing cardiac related discussions with the Ministry of Health, discussions regarding the Foundation and performance against Service Level Agreements, attending planning sessions for the Board Values session and participating in the Minister's launch of the BRACE COVID-19 vaccine trial.

The Chair noted the recent briefing of all Board Chairs by the NSW Health Secretary, Elizabeth Koff, given the evolving situation with Covid and changes to COAG. Elizabeth Koff confirmed that that the Interim Budget will be deferred until November 2020. The Chair noted that Elizabeth Koff has been invited to open the forthcoming Board values session in August.

The Chair invited Ms Jane Freudenstein, Chair of the Nominations and People Committee, to speak to the upcoming Board Values session and the focus on purpose, laying the foundations for the Network into the future. This will also inform the Strategic Plan.

**4.2 Chief Executive report** 15 min

(Ex Officio Members joined the meeting from this item onwards).

The Interim Chief Executive referred to the report provided, commenting on the appointment of Dr Paula Bray to the Director Allied Health (DAH), and further noted the Director Mental Health (DMH)

role will be the subject of a recruitment process driven by the new CE. The Interim CE acknowledged the work of the Ruth Baker and Michael Bowden while acting in these two roles.

The Interim CE also commended each of the Executives for their support and achievements over the past 18 months while she has been leading the Network. The Interim CE noted the majority of the Executive are acting in their roles (some for longer than 12 months), and have assumed extra responsibilities during the COVID-19 emergency.

SCHN Psychological Wellbeing week is underway and the Executive team has made a commitment to review their regular meeting schedules and reschedule work commitments to fall within office hours.

The Interim CE also noted a state-wide review of paediatric services by Ms Jo Mitchell which will evaluate governance structures around various paediatric committees. The first meeting will be scheduled within the next few weeks.

The provided report was noted by members.

#### 4.3 Board Skills Self-Assessment

The Board Skills Self-Assessment was held over to the next meeting.

#### 4.4 COVID-19 Update

10:20 min

The Director of Clinical Governance noted that the response to COVID-19 continues.

The team is looking at locations for the Assessment Clinics in the long term. Automated screening for staff is being considered as a joint project with the University of Sydney, where thermal cameras, prefilled questions and automated gating system could be used for building entry.

Community clinics do not test children under 5 years old so those children are being redirected to the hospital and Bondi testing sites. There have been several complaints from families wishing to bring additional other carers into the hospital however we are being very fair and considerate while abiding by the single carer policy.

The Board thanked all staff involved.

The Board noted that medical teaching has continued at UNSW and University of Sydney during this time so student graduations will not be deferred.

The provided report was noted by members.

#### 4.5 Accreditation Update

5 min

Discussion

It was noted that Accreditation process started in March however, the national body has suspended all accreditation processes during COVID-19. Staff are to continuing work on items identified by the Review team so that the responses are ready when the suspension is lifted. Following the lifting of this suspension the Network will have 4 days to respond to formally.

It was noted that the majority of comments in the accreditation report related to training. Solutions to resolve face to face training restrictions are being considered and storage issues that were also identified as an issue are being addressed.

Service Level Agreements are being discussed with the aim that all will be up to date by August. It was noted that some MOUs with other hospitals have expired however are being reviewed and updated.

*Action: The Secretariat will note the accreditation response as a standing agenda item for regular updates to the Board.*

## 5.0 Matters for Discussion – Executive Reports

50 min

### 5.1 Quality and Safety

The Chief Executive introduced Dr Paula Bray, Director Allied Health, to the Board.

It was noted that the *Take Home Leave Report* will be considered at the Aboriginal Health Strategic Committee. The Chair thanked Professor Les White for offering to assist in ensuring children's views and stories are included.

The Board noted the Quality and Safety report and proposed restructure of clinical governance, with a key person assigned to each area to enhance communications.

### 5.2 Workplace Health and Safety

The Director Workforce sent apologies and the Chief Executive took questions in his absence. The Board expressed concern around the less than 100% compliance for mandatory training on fire evacuation and other key issues. It was noted that non-compliance falls under two categories: mandatory and locally required.

It was agreed that WHS and required training should remain on the Strategic Risk Register.

The provided report was noted by members.

*Action: Mandatory training will be addressed by the Audit and Risk Committee, where an in-depth review and continued oversight will be listed as a standing agenda item.*

### 5.3 Clinical Operations

The Director of Clinical Operations noted that activity is increasing back towards predicted levels, with Randwick at 90% and CHW at 80% of pre-COVID levels, despite physical distancing requirements. As expected, waitlists are longer but are not increasing significantly.

Outpatient activity is increasing more slowly with revised physical distancing and telehealth options in place.

A real-time operational dashboard is now available and will be presented to the August Board meeting. The dashboard can be drilled down to detail for activity on a daily basis.

Presentations to Emergency Departments at both sites have decreased, however the proportion of admissions has increased. It is likely that patients with less severe conditions are seeking alternative support. This is consistent with adult health activity movements.

The Board noted proposals for a strategic plan consultancy for the Neonatal Emergency Transport System (NETS). The Terms of Reference will be circulated to the Board after discussion with the team.

The provided report was noted by members.

*Action: NETS Review Terms of Reference to be circulated to the Board.*

### 5.4 Finance and Performance

The Board noted that the Network is currently \$24.9 million unfavourable for the year, although there are some late supplements expected. This is largely due to salary increases and a reduction in annual leave being taken, consequently increasing ERE costs with more productive staff working. There has also been a deterioration of revenue from parking due to free parking provided during COVID-19.

Guidance on reducing costs and planning will come from the Executive. Efficiency Roadmap strategies to deliver ERE savings have been placed on hold at the direction of the Ministry whilst the impact of COVID-19 is assessed.

Service level conversations have commenced with the Ministry, with rollover of current levels to the end of the calendar year. SCHN Budget issues are an ongoing problem with key issues continuing to be discussed with the Ministry. A new Agreement will be negotiated and in place for 18 months.

The Finance and activity teams are tracking expenditure and financial impacts attributable to COVID-19. COVID supplements have been provided for both base costs (staff) and incremental increases on equipment, new process etc. This may be supplemented in the new financial year as efficiencies and price are adjusted.

The provided report was noted by members.

*Action: The secretariat will include the MOH selected performance indicators by LHD and Network report for future monthly meetings.*

### 5.5 Planning and Redevelopment

The Acting Director of Planning and Development noted that the Ministry of Health is assisting with lease/licence issues for CASB for a 40 year term. This will include a proportion of build costs, long term security and registering the asset. The Board noted this assistance was most helpful.

Both projects at Randwick are at concept planning stage, allowing time for future proofing. There is a need to find alternative funds to fulfil aspirations to build to full height. It was noted that the design needs to be communicated well with clinical staff.

In relation to Westmead developments, the Board noted that the Staff Hub at Westmead is 12–18 months behind schedule and this needs to be negotiated with the Cancer Council. Ronald McDonald House Westmead has been informed that the new car park will now be located on their old site.

Traffic issues at Westmead (which mainly result from new light rail works) are being discussed with the Department of Transport and the Department of Infrastructure. The Board noted current traffic barrier arrangements could be dangerous as it is difficult for drivers to see pedestrians, especially children. The Board requested this feedback be passed on.

The provided report was noted by members.

*Action: Director of Planning to relay the Board's concerns about dangerous traffic arrangements to the Department of Transport.*

### 5.6 Clinical Integration

The provided report was noted by members.

The Board noted Amazon web services would be assisting with work on extracting data from eMR. The Network Digital Strategy and Roadmaps has begun in partnership with the Checkly Group.

### 5.7 Research

The Director of Research spoke to an extraordinary year for research efforts, with a 40-50% success rates on grants. This provided some offset for a drop in philanthropic funds. The Board noted the fantastic collaborative approach that is in place with all partners.

The Board commented that funding for some health and medical research has been affected by COVID-19. This is a risk for the health and medical research workforce of the future. The Board noted that a focus on support for early to mid-career researcher staff is needed from the Network and Foundation.

It was noted that Aboriginal Health Research is a strength of the Network and additional funding of \$1.4M specifically to improve ear health is needed. It was noted that the Board has access to advocates for Aboriginal Health in NSW and the Director of Research will put together a report for a future meeting.

The Director of Research raised concerns around Research infrastructure funding as access to untagged funds from the Foundation is in question. The Chair will hold an out-of-session meeting with the Chief Executive and Director Research regarding a presentation and funding from Foundation.

The Chair recommended this item for future discussion with the board members, including how the Network is building capacity for Aboriginal and Torres Strait Islanders to become researchers. The Chair RAC commented this item will be noted for the RAC to discuss. The Chair also proposed that the Foundation Board be invited to attend a joint board meeting with the SCHN Board.

*Action: The Chair will hold an out-of-session meeting with the Chief Executive and Director Research regarding a presentation and funding from Foundation. Joint board meeting between SCHN and SCHF to be discussed by the Chairs.*

## 5.8 Communications and Public Relations Report

The provided report was noted by members.

## 5.9 Risk Reports

The provided report was noted by members.

*Action: The Board requested funding from the Foundation be added to the Strategic Risk Register.*

## 6.0 Matters for Noting

### 6.1 Board Committee Minutes

Noting

The following provided reports were noted as read:

- 6.1.1 Finance and Performance
- 6.1.2 Quality and Safety
- 6.1.3 Stakeholder Engagement Committee

## 6.2 Clinical Council Update

The provided report was noted by members.

## 6.3 Mandatory Training Report

The Board noted that fire training is undertaken by all staff on an annual basis however has been delayed by three months due to COVID physical distancing. Clinical staff will be encouraged to complete high value mandatory training as soon as possible.

## 7.0 Any Other Business

15 mins

As requested, the letter from Dr Michael Solomon, Chair Medical Staff Council (MSC) SCH was circulated to Board Members prior to the meeting. Dr Solomon spoke to concerns from the MSC regarding cardiac services which were discussed with the Board. The Board Chair confirmed the Board is committed to the process for a network approach to cardiac services, focused on safe, high quality care for children and young people.

There was no further other business.

## 8.0 Next meeting

The next meeting will be scheduled 8:30 – 11:30am on Thursday, 6 August 2020.

There being no further business, the meeting closed at 11:35am.