



Minutes

Sydney Local Health District

Thirty Fourth Meeting of the Board

Date: Monday 21 July 2014

Time: 9.00am - 11.00am

Venue: SLHD Boardroom

Chair: The Hon. Ron Phillips

1. Present and apologies

The Hon. Ron Phillips, Chair
Dr Teresa Anderson, Chief Executive
Dr Thomas Karplus, Member
Ms Victoria Weekes, Member
Mr Trevor Danos, AM, Member
A/Prof. Christine Giles, Member
Ms Frances O'Brien, Member
Mr Danny Lester, Member
Mr David McLean, Member

Apologies

Dr John Daniels, Member
Professor Paul Torzillo AM, Member
Dr Barry Catchlove, Deputy Chair

In attendance

Mr Steven Carr, Director of Finance
Ms Anna Mactiernan, GHMT
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

The Chair welcomed Members to the thirty fourth meeting of the Sydney Local Health District (SLHD) Board.

3. Declaration of conflicts of interest

There were no conflicts of interest to declare.

4. Confirmation of previous minutes

The minutes of the Board meeting held on Monday 16 June 2014 were moved and seconded.

The Chair then declared and signed the minutes as a true and accurate record of the meeting.

5. Matters arising from the previous minutes

5.1 Action sheet

The Board discussed the outstanding items on the action sheet.

- ED activity report to be circulated when available and discussed at the next Board Meeting.
- A meeting was held on 14 July 2014 to review the minutes and look at reporting systems. The Board discussed and agreed a copy of the signed minutes and the relevant Chief Executive's Report will be added to the agenda for approval to publish on the SLHD website. This will be reviewed in three months.

6. Standing Items

6.1 Acronyms List

The Board received and noted the Acronyms List.

6.2 Financial Classification Codes.

The Board received and noted the Financial Classification Codes List.

6.3 Board Calendar

The Board received and noted the Board Calendar.

7. Chief Executive's report

The Board received the Chief Executive's Report. In particular the Board noted and discussed:

- The District NWAU activity continued to improve its performance remaining in the 2% threshold.
- The MoH is supportive of change in relation to the shifting of some activity from admitted to non-admitted and is working on methods to achieve this.
- Private health insurance usage has increased to 18.87%. The revenue tool and the RPAH liaison officers are working well.
- Wifi will be completed by the end of September 2014.
- A presentation on Clinical Redesign will be towards the end of the year.
- HealthPathways projects have been submitted for consideration for the Premier's and Quality Awards.

- In May 2014 the Net Cost of Service result was \$2.33M favourable, comprising a \$2.859M favourability in expenditure and a \$0.529M unfavourability in Revenue
- In May 2014 the SP&T Result YTD result was \$1.1791M favourable.
- The 2013/14 EOFY budget was \$567K favourable.
- The District continues to be at Performance Level 0.
- NEAT has improved.
- Transfer of Care time to be added to the CE Report
- Increase in the use of nursing agency staff
- Sick leave for the District is decreasing
- The NWP will be opening in November 2014

7.1 National Health and Hospital Reform

The Board received and noted the information on the National Health and Hospital Reform provided in the Chief Executive's report.

7.2 Finance and performance reports

7.2.1 SLHD Board reporting pack – May 2014.

The Board received and noted the SLHD Board reporting pack for May 2014.

7.2.2 Selected Performance Indicators

The Board received and noted this report for May 2014.

7.2.3 SLHD Financial and Activity

The Board received and noted the Financial and Activity report for the month ending 31 May 2014.

7.3 Project updates

7.3.1 North West Precinct

The Board received and noted the information on North West Precinct provided in the Chief Executive's report.

7.3.2 Lifehouse

The Board received and noted the information on Lifehouse provided in the Chief Executive's report. Meetings are occurring.

7.3.3 Macquarie International Private Hospital

The Board received and discussed the information on Macquarie International Private Hospital in the Chief Executive's report.

7.4 Capital Works Report

The Board received and noted the capital works report. The Board noted:

- The Palliative Care Unit at Concord Hospital is open.
- The Boathouse at Concord received a Heritage Award for an impressive renovation.

7.5 Clinical Governance Report

The Board received and noted the clinical governance report.

7.6 Facility Reports

(i) Balmain Hospital

The Board received and noted the Balmain Hospital facility report.

(ii) Canterbury Hospital

The Board received and noted the Canterbury Hospital facility report.

(iii) Concord Hospital

The Board received and noted the Concord Hospital facility report.

(iv) Royal Prince Alfred Hospital

The Board received and noted the Royal Prince Alfred facility report.

(v) Oral Health Services and Sydney Dental Hospital

The Board received and noted the Oral Health Services and Sydney Dental Hospital facility report.

(vi) Mental Health

The Board received and noted the Mental Health Services report.

(vii) Croydon/Marrickville/Redfern Community Health Centres

The Board received and noted the Croydon/Marrickville/Redfern Community Health Centres' facility report.

(viii) Drug Health

The Board received and noted the Drug Health report.

(ix) Community Health

The Board received and noted the Community Health report.

- (x) Population Health

The Board received and noted the Population Health report.

8. Matters for approval / resolution

8.1 SLHD 2014/2015 Budget Presentation

Dr Teresa Anderson and Mr Steven Carr presented on the SLHD 2014/2015 Budget including:

- Overview
- Wrap-up of 2013/2014
- Achievements including
 - Capital Works Projects
 - Intra-District Agreements Dissolution
 - Service Activity
 - Performance
 - Service Enhancements
- Overview of the Service Agreement
 - Objectives
 - Strategic Context
 - National Agreement
 - Performance Framework
- Strategies Priorities and Themes
 - Strategic Themes
 - Key Strategies
 - Specific Focus Areas for 2014/15
 - Other Priority Plans and Initiatives
 - Safety and Quality
 - Service Access and Patient Flow
 - Finance and Activity
 - People and Culture
- Budget for 2014/2015
- Next Steps
- Questions

The Board discussed and endorsed:

- the 2014/2015 Budget
- the signing of the 2014/2015 Service Agreement. A copy of the 2014/2015 Service Agreement to be signed and circulated to the Board
- the publishing of the Budget and the Service Agreement by 31 July 2014
- 2014/2015 Budget presentations to be held on three District sites.

9. Board Committee reports / minutes

9.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held on 14 July 2014.

9.2 Education and Research Committee

The Board received and noted the minutes of the meeting held 16 June 2014.

9.3 Communications Committee

The Board noted the next meeting is to be held on 21 July 2014.

9.4 Audit and Risk Committee

The Board received and noted the minutes of the meeting held on 26 June 2014.

9.5 Health Care – Clinical Quality Council

The Board noted the next meeting is to be held on 23 July 2014.

9.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting held on 25 June 2014.

9.7 Medical Staff Council Executive Meeting

The Board noted the next meeting is to be held on 1 August 2014.

10. Other Committee reports / minutes

10.1 Sustainability Committee

No meeting held.

10.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meetings held on 11 June 2014.

10.3 Funding Reform and Performance Committee

The Board received and noted the minutes of the meeting held on 29 May 2014.

10.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 18 June 2014.

10.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 25 June 2014.

10.6 NSW Health / SLHD Performance Review Meeting

The Board received and noted the minutes of the meeting held on 5 March 2014 and 16 June 2014.

10.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 27 June 2014.

10.8 Collaboration for Excellence Executive Steering Committee

The Board received and noted the minutes of the meeting held 6 June 2014.

10.9 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 13 May 2014.

11. Matters for noting

11.1 MoH Surgical Dashboard – March, April and May 2014

The Board received and noted these reports.

11.2 Audit and Risk Committee Report to the Board for March – June 2014

The Board received and noted this report

12. Other Business

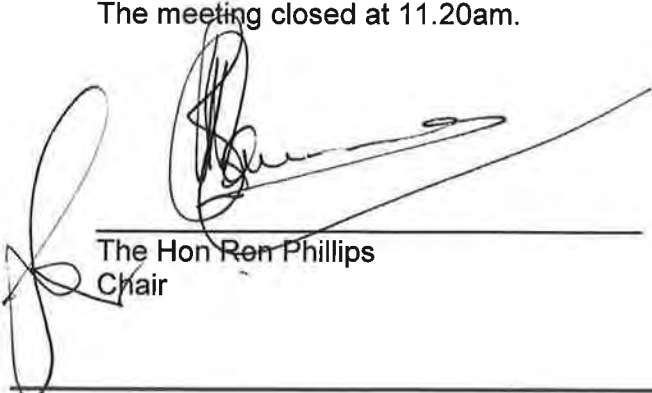
12.1 Correspondence to the Board Chair from Minister Skinner

The Board received and noted this correspondence from Minister Skinner.

13. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 18 August 2014 in the SLHD Boardroom.

The meeting closed at 11.20am.



The Hon Ren Phillips
Chair

18/08/14

Date

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board

July 2014.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

Ongoing work continues across the LHD in preparation for the recent NAP data collection changes mandated by the MoH. As these changes impact on 2014/15 reporting, an urgent gap analysis was conducted to determine the priority areas across each facility / service. IM&TD have been engaged to initiate the changes from a system perspective with the NAP Coordinators responsible for re-training and education at the clinic level. The action plans are structured to ensure the majority of clinics are reporting against the new requirements by the end of calendar year.

The ABF Service Contact Form (for non face-to-face encounters) is progressing to trial stage in July with a small number of clinics selected to trial the tool before wider roll-out across the remainder of the calendar year. This will address the missing component from our patient level reporting figures and ensure all ABF-eligible services are captured and reported.

NWAU Activity against Target

Contrary to figures reported in the Ministry Performance Report for May, the District continued to improve its performance against target remaining within the 2% threshold overall based on internal analysis. There are still over 5400 acute inpatient records that remain uncoded which impacted on the results reported. The issue with the NWAU ED 'grouper' at a Ministry level has not yet been corrected which again impacts on accuracy of actual results for ED for May. Internal analysis conducted by the Performance Unit suggests our performance against ED NWAU target is closer to 0.33% over target rather than the -3% suggested in the May MoH report. This adjustment will also strengthen our overall NWAU against target position once corrected.

The District's efforts in finding the most appropriate setting for patient treatment (keeping them out of a hospital bed when clinically possible) by shifting some activity from admitted to the non-admitted and HiTH areas has been positively recognised by the Ministry. The District is comfortable with its NET position with further improvements expected in remainder of the financial year.

High Cost / Low Volume DRG Modelling Project

The Performance Unit will be partnering with their counterparts in SESLHD and the ABF Taskforce to develop High Cost / Low Volume DRG model to allow more accurate patient level costing submissions through to both MoH and IHPA for the complex DRGs not currently "adequately" covered by NWAU weightings. The model was presented at the MoH Reporting and Analytics Workshop in early May by SESLHD and identified as a tool beneficial to multiple LHDs. The model presented is far superior to current practices which don't always account for all consumables / costs due to lack of reliable or complete feeder system data. The Performance Unit is aiming to have model finalised to incorporate into the 2013/14

Round 18 NHCDC costing submission. This would result in more accurate costing data presented in the ABM Portal which compares costs across the entire State for same DRG.

IHPA Mental Health Costing Study

As part of the continuing development of activity based funding (ABF) arrangements for Australian Hospitals, IHPA has commissioned a costing study to inform the development of the Australian Mental Health Care classification. The study will produce a dataset that includes characteristics of the patients, as well as a measure of the costs of providing mental health services that can be used as the basis for developing a new classification system. The classification system will then be used to further ABF implementation. The MH Costing Study is scheduled to commence in early July and continue til end of calendar year (data collection from 1/7/14 – 31/12/14).

The Concord Centre for Mental Health and its associated Community Services (older persons MH, in-reach to general acute) has been selected as one of the five (5) services in NSW to participate. This will give us great insight into the utilisation and costs of our services in comparison to peer services across the country. Further updates will be provided as the study progresses.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of May, the LHD had another record result of 18.87%. This included a record number of private patients for RPAH (1,458) and the hospital's best ever result of 20.3%.

Single Room Utilisation

In May 2014, 27% of all single rooms were taken up by private patients and 42% of all private patients were accommodated in single rooms. 9.67% of all patients were isolated for a clinical alert

Revenue Enhancement Committee

RPAH's television to private patients still being received positively. Identification of patients using their insurance solely because of the TV offer will continue to be monitored.

HCF arrangement still in discussion stage

For the Concord Cath Lab initiative, the Steering Committee and the Project Control Group have continued to meet regularly with clinical and financial modelling commenced to assess feasibility.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

Preparation is underway to coordinate the start of official 'pitches' in the new financial year.

The Innovations Website is available on the District intranet site and is being refined following comments from the Innovations Group.

Evaluation of the CRGH ERAS project continues with the trialling of the NHS Sustainability Model and analysis of Patient Experience Tracker (PET) data.

Clinical Redesign

2014 CHR Project (third intake)

SLHD was successful with its application to the CHR Program for the 'Combined Maternity/Endocrine outpatient service redesign project' at Canterbury Hospital. The project aims to:

- upgrade and enhance the combined maternity and endocrine clinic service provided to pregnant women affected by Diabetes (Type 2 and GDM) presenting for care at Canterbury Hospital
- redirect women with GDM without complications to an alternative model of care.

The Project will officially commence the CHR Program on the 23rd July 2014

2014 CHR Projects (second intake)

Improving the Physical Health of Mental Health Consumers through Collaborative Care: Is aimed at improving physical health outcomes for mental health consumers (both measurable and consumer perceived) by developing and implementing a model of GP and MHS collaborative care.

- Project Management Plan for the project was endorsed by the CE, SLHD in June 2014
- As the team intend to publish results, the project is slightly delayed to ensure ethics approval is sought for patient interviews. This means that the project team will spend more time in the Diagnostic Phase than originally intended and have advised the Steering Committee of such. Project sponsors are aware of this and the project team have reviewed their timelines and tasks to address this change.

Increase breast screening participation rates in SLHD: to increase the screening participation of target age women in SLHD to 55% over a four year period.

- Project Management Plan for the project was endorsed by the CE, SLHD in May 2014
- The team has finalised the Diagnostic Phase of the project where a number of focus groups, patient and staff interviews and analysing data sets was conducted in collaboration with the Inner West Sydney Medicare Local.
- The project has just commenced the Solution Design Phase and is progressing steadily.

2014 CHR 2014 (first intake) Projects

Reducing delays and cancellations on the day of surgery by redesigning the pre-admission journey: aimed at reducing the day of surgery cancellations, achieve the benchmarks, also reduce number of patients required to attend the Pre Admission Clinic, reduce wait times and improve pre-admission experience.

- The Project has finalised the Solution Design Phase and is progressing steadily.
- The project team have commenced the Implementation Planning phase and will begin to identify key change champions and working groups to progress identified solutions

Review of current practice in Lymphoedema service in the Sydney Local Health District: aim at evaluating the current system and provide a more cost effective, equitable and timely service for patients across the District.

- This project is slightly delayed due to the vast amount of work required to collate data and document findings in a comprehensive manner. Project sponsors are aware of this and the project team have reviewed their timelines and tasks to address this change.
- The Diagnostic Report has been finalised and is currently being reviewed by key Sponsors before submission to the CE, SLHD.
- The project is commencing Solutions Design focus groups where staff will be involved in solution development and prioritisation.

Accelerating Implementation Methodology (AIM)

June AIM course conducted for the CEWD Diploma of Project Management participants (total of 17 in attendance). The next AIM course is scheduled in August 2014.

HealthPathways Sydney

Usage of the live HealthPathways site continues to grow. June saw 207 separate users interface with the website of which 33% were new users, a rise in returning users from 68 to 81 from the May period. The number of sessions remains consistent with May's data.

Pathways for Community and population Health have begun wider consultation and dependant on comments will be ready for Director sign off in early July. Palliative Care and haematology pathways are with the technical writers in New Zealand following draft completion and subject matter expert agreement. They will be ready for wider consultation in the coming weeks.

Planned Workgroup Activities:

- Diabetes Services on July 2nd
- Hospital in the Home on July 8th
- Physiotherapy Services on July 10th
- Speech Pathology on July 17th
- Cardiology will commence early August and have set Heart failure as the service priority; this is based on recent data of ED and inpatient activity.

To date eleven clinical streams and services have commenced pathway development with more identifying priorities, please see the attached spreadsheet of service and department involvement in HealthPathways.

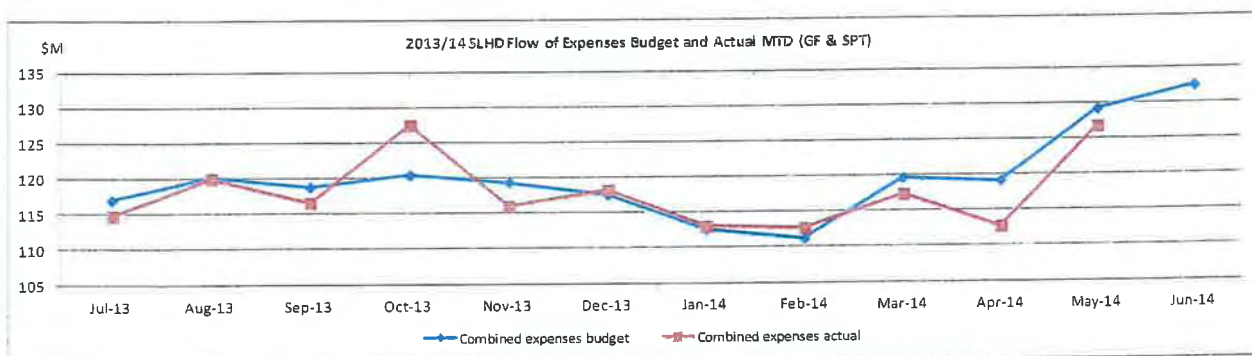
FINANCIAL PERFORMANCE

The month of May 2014 Combined Net Result was \$3.703M favourable to budget. This converted YTD Combined Net Result from \$1.228M favourable at YTD April 2014 to \$4.931M favourable at YTD May 2014.

In April 2014 reporting the District noted NSW Health's transition from Oracle 11i to Oracle R12 financial information management system during late March and early April 2014 reduced the reliability of SLHD's financial results for the month of April 2014. The understatement was estimated at approximately \$5M. HealthShare have advised they are yet to return to normalised processing times. SLHD along with a number of other Districts have re-submitted confirmation of goods and services received to HealthShare that were previously submitted during the transition phase, especially in pharmacy, and have been working clear holds placed through the introduction of invoice scanning.

During the month of May 2014 there was some uplift in goods and services expenditure against historical trends by approximately \$1.2M. As such General Fund results are potentially overstated by \$3.8M.

The following graph and table show Combined GF and SP&T Expenses Budget monthly flow using the predictive tool for 2013/14 along with actual.



	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD May-14
Combined expenses budget	116.853	120.091	118.646	120.279	119.227	117.416	112.466	111.087	119.487	119.035	129.041	132.286	1303.627
Combined expenses actual	114.648	119.876	116.451	127.332	115.867	118.093	112.929	112.583	117.234	112.621	126.637		1294.274
Variance (+ Fav, - Unfav)	2.205	0.214	2.195	(7.054)	3.359	(0.676)	(0.464)	(1.497)	2.252	6.414	2.403		9.353
% of Budget	8.14%	8.36%	8.26%	8.38%	8.30%	8.18%	7.83%	7.74%	8.32%	8.29%	8.99%	9.21%	
YTD budget expended	8.14%	16.50%	24.76%	33.14%	41.44%	49.62%	57.45%	65.19%	73.51%	81.80%	90.79%	100.00%	

General Fund MTD & YTD Net Cost of Service (unadjusted)

For the month of May 2014 the Net Cost of Service result was \$2.33M favourable comprising a \$2.859M favourability in expenditure and a \$0.529M unfavourability in Revenue (including Other Revenue).

Areas of favourability include Salaries & Wages (\$2.668M), and RMR (\$0.521M) more than offsetting the unfavourability in VMO Payments (\$0.425M) and Goods & Services (\$0.459M).

For the month of May 2014, the unfavourable Revenue result was largely in patient fees (\$1.082M), Grants & Contribution (\$0.857M) and other sources of revenue (\$0.115M).

Comparing the average of FY2012/13 monthly actual, the monthly revenue of DVA, MAA and Facility Fees in FY2013/14 has decreased by \$171K, \$546K, and \$146K respectively.

YTD May 2014 Net Cost of Services was \$3.753M favourable to budget with Expenditure \$11.176M favourable and Revenue (including Other Revenue) \$7.423M unfavourable.

SP&T MTD & YTD Net Cost of Service (unadjusted)

The May 2014 YTD Result was \$1.179M favourable to budget. Expenditure was \$1.823M unfavourable and Revenue (including Other Revenue) \$3.001M favourable.

The SP&T Fund Net Result at 30 June is projected to be \$0.500M unfavourable to budget and includes an expected RPP balance transfer from No.1 account to No.2 account at the end of June 2014. Some forecasted variations exist in the expenditure and revenue categories.

Liquidity

The District had \$0.710M creditors over 45 days as at 31 May 2014. It is understood HealthShare processed a range of invoices after the payment date contrary to previous agreement. This action is presumed to be associated with catch-up processing around Oracle R12. The District achieved 89% compliance (32 out of 36 payments) with the NSW Government target for payment of small vendor creditors within 30 days for the month of May 2014. Lower than expected performance to this KPI appears to be associated impact of transaction to a new version of financial information system (Oracle R12). Three other Local Health Districts contacted also experienced lower than expected results.

SLHD's General Fund Cash Book Balance (bank account balance less unrepresented cheques) was \$4.659M as at end of May 2014.

Capital Works

The District's Full Year Capital works budget as at May 2014 is \$6.158M comprising \$3.111M of MoH funded and \$3.047M of locally funded projects. Actual expenditure as at YTD May 2014 was \$5.944M which is \$0.214M below projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

For May FYTD 2014 acute same day separations for SLHD are up 7.64% compared to the same FYTD period last year. Balmain has a significant variation 246.15% due to the Hospital in the Home service at the General Practice Casualty Unit and RPA also continues to have increased acute activity at 8.33% above last year.

Hospital in the Home data is reported for the first time in May. Separations have doubled since its commencement in May 2013.

The Total Average Length of Stay (ALOS) for SLHD for FYTD May 2014 is 3.43 days from 3.59 in 2013. Balmain remains the highest at 12.14 days which is a 4.12 decrease from the FYTD period for 2013.

NEAT

The overall NEAT performance for SLHD has improved by 13.00% since 2013. Discussions are continuing with the Ministry of Health and the Commonwealth to re-evaluate the NEAT progression targets. The month of May 2014 NEAT achievements for Canterbury, Concord and RPA are 77.07%, 72.91% and 67.90% respectively.

ED Triage

Concord and Canterbury hospitals achieved all triage categories for the month of May 2014. RPA did not achieve the targets for triage category 2 and 3 in May 2014. However, RPA has shown improvements in both categories for the month of May 2014 compared to 2014. Strategies continue to be revised for ED patient pathways to improve performance with focus on Triage 2 and 3 at RPA.

Elective Surgery

SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery. Performance remains at 100% at May 2014 FYTD for all categories.

Quality and Safety

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for May 2014. The facilities have maintained Clostridium Difficile Infection targets and D1a-F8 is zero for the third month in a row. Mental Health Readmissions within 28 Days continues to be slightly above target of <13%. There are currently numerous initiatives being implemented throughout SLHD to address mental health activity.

Workforce

There is a higher percentage of premium staff usage for allied health compared to NSW Health, but is lower for both medical and nursing in May 2014. However, all workforces are within the process limits. There is an increase in the use of agency nursing from last month by 15.2%, but the average FYTD FTE has reduced by 28.2%.

The projected sick leave for SLHD has decreased from 6.2 to 5.3 hours/FTE for 2014 between April and May. Managers are monitoring their staff's sick leave through Stafflink and training has been provided. The results of the next Public Service People matter survey will assist in identifying any potential areas of concern.

CAPITAL WORKS

North West Precinct

The Prototype Room 2 review is now complete and the comments have been incorporated into overall build plan. The progressive removal of scaffolding is underway. The building remains on target for late September handover.

Concord Palliative Care

Building completed and handover achieved 11th June. The official opening was held on the 26 June. The first patients relocated to unit on 2 July 2014.

COAG High Volume Short Stay & ED Short Stay Canterbury Hospital

Projects complete. HVSS commenced operation 5 May 2014. The business case for recurrent funding for ED Short Stay is currently underway.

Concord Translational Research Facility

The project is currently at tender. Tenders to close on 14 June 2014. Forecast completion remains at June 2015.

RPAH Stonework repair main façade

Work commenced on the repair to the stone facade at RPAH. Work will be part of the NSW Public Works Centenary Stone Program which is a \$ for \$ grant. SLHD contribution will be made in the 2014/15 financial year.

QMB University of Sydney

The University of Sydney has commenced work on the refurbishment of the QMB as student Accommodation. SLHD & RPA representatives continue in a liaison capacity to assist with the management of the site and to reduce the impact of the work in the RPA site.

PLANNING

Charles Perkins Centre (CPC) Clinical Research Facility (CRF)

Planning continues to lead the Charles Perkins Centre (CPC) Clinical Research Facility (CRF) Model of Care and project development. With the Model of Care largely completed, there are a number of other processes required prior to the finalisation of this project.

CRF and RPA Due Diligence

The RPA due diligence consultation process for the CRF has been established by the District to address the question; "What is the impact on RPA of the CRF Model of Care?" Meetings have been held in May/June with each of the five aggregated clinic groupings or "project nodes". Project nodes include Cardiovascular Health, Women's Health, Diabetes and

Endocrinology, Chronic Care and Lifestyle. The clinical leaders of each of the clinics have met with the RPA GM, the RPA executive and the Director of Planning with a view to identifying impacts on RPA. Impacts that have been identified include revenue loss, loss of research expertise, loss of key clinician time, financial impacts due to more expensive models of care. These impacts are being referred for inclusion in the CRF Business Case. It is also recognised within this process that the CRF provides a positive opportunity to productively grow translational and clinical research in collaboration with the University of Sydney.

Other Key Processes

Equipment and ICT has been purchased by either the SLHD, the University or the medical staff through trust funds. Work is also underway by the University to identify clinical trials and other research studies which may wish to locate to the CRF. The recruitment of key staff such as the Facility Manager and the Academic Director will follow once legal and business processes have been completed.

Information Management and Communications Plan

Significant number of consultations have been held with clinical streams, facilities and services towards an SLHD ICT Plan following the review of IMTD undertaken by the Checkley Group. Consultations have also been held with ICT senior staff, with a major broader consultation planned with ICT staff for August.

Child Health and Wellbeing Plan

Child Health planning has advanced in collaboration with Family and Community Services (FACS) and the Inner West Sydney Medicare Local. The planning has been undertaken within an integrated care and population health planning framework.

A workshop was held in May which focused the joint Health/FACS/Education/Housing Steering Committee on demography, a joint governance model and the scope of the plan. The plan will be comprehensive, with universal as well as targeted strategic intent. Importantly, the governance provides for community based NGOs to be directly linked and report regularly to the Steering Committee.

At the workshop, which was also attended by senior staff from NSW Kids and Families, a number of priority areas for focus were collaboratively identified. This included Aboriginal and Torres Strait Islander children and families; children and young people suffering intergenerational trauma, chaotic family lives, poor health behaviours and/or systematic bullying; and, parents and children affected by mental health and/or drugs and alcohol.

SLHD Strategic Plan Refresh

The draft Strategic Plan Refresh has been circulated widely within the District. The refreshed plan will be presented to the Board in July/August after consideration by Clinical Council. The

refreshed Strategic Plan will be launched as part of the SLHD Budget Roadshows and its strategies integrated into the budget presentation.

Primary Care Workshop

The Planning Unit has collaborated with Community Health, the Inner West Sydney Medicare Local and others to develop a Primary Care Workshop with the aim of analysing and addressing the changing environmental context for primary care. The Planning Unit developed an Options Paper outlining the risks and opportunities associated with major responses to the current community policy and funding environment.

Regional Leaders Group

The Director of Planning and the Director of Clinical Governance represented the Chief Executive at the Regional Leaders Group. The Regional Action Plans (RAPs), with many department/organisation-specific actions will be replaced by Action Plans based on 3 collaborative, cross-departmental priorities per region.

At this workshop the idea of having an Inner West Councils/FACS, Health and Housing forum to share strategic plans, key concerns and issues was supported.

Asset Strategic Planning

The Planning Unit has provided significant data, information and service projections towards the latest Asset Strategic Plan and for a number of other economic and business cases being undertaken in the District.

This has included for example: DRG and ESRG Projections to 2027 for each SLHD facility; Renal Dialysis projected chair requirements; Neonatal Cot projections; ED and operating theatre projections; Ambulatory Care projections; ICU bed projections; etc

Population Projections

Planning and Infrastructure have now released the latest population projections. The Planning Unit has analysed this new data.

- Approximately 190,500 additional residents are projected in the 20 years between 2011-2031. SLHD will account for 12% of Sydney Metropolitan's growth, and 9.5% of NSW's overall growth.
- SLHD is expected to grow at a faster rate than the NSW average growth rate, at 32.7% compared with 27.8%. However the overall Sydney Metropolitan rate will grow faster, at 36.8% growth over the 20 years.
- The fastest growing LGA is anticipated to be City of Sydney LGA, at a rate of 49.9%. With an additional 52,430 people projected for the Sydney South and West SLAs, the population density will increase to 9,545/km². Burwood LGA will become the second most densely populated, at 6,669/km².
- When comparing the 2014 NSW Planning & Environment projections to the 2009 NSW Health projections, the more recent calculations project an additional 76,237 residents.

These new projections will soon be incorporated into planning tools which will mean an upward revision of our projected bed and service requirements to 2031 and beyond.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

At the June Yaralla Estate Community Advisory Committee meeting an update on the progress of various projects was given by the Director, Capital Assets and Contract Services. The pathways plan was supported by the committee and quotes are being obtained for a new car park at the south western end of the Estate. Comments from the committee members have been incorporated into the management document and will be provided for public comment this month.

SYDNEY RESEARCH

Sydney Research continues to develop strength through collaboration, shared capabilities and partnership. Key focus areas during this period include Information Management, Dementia Research and proposal of an Advanced Health Research Centre model.

Information Management

The inaugural meeting of the Sydney Research Information Technology (SRIT) working group occurred in May 2014. Key area of interest to be explored by the SRIT Working Group included data storage, electronic lab note books and electronic data management systems. Agreement by the group that these areas are aligned with ICT, USyd strategies. Improved communication and linkages across member platforms can contribute to alignment of strategies, investment and capabilities. The SRIT working group will continue to meet on a quarterly basis.

In addition, the Checkley Group (Consultants) attending the meeting and provided an opportunity to consult the working group on the development of an Information Management and Technology (IM&TD) Strategic Plan for the SLHD.

Dementia Research

The Federal Budget 2014 has maintained the \$200 million over five years (including \$40 million in 2018/19) government commitment to boost research aimed at improving the treatment of dementia in Australia. In NSW, a state health working group has been established to explore a state-wide strategy. Membership includes Prof Ian Hickie & Prof Matthew Kiernan from Sydney Research. At a local level, the SLHD is working with the USyd (Dementia Research working group) to explore programs involving biomarkers and imaging, lifestyle interventions (through CPC) and possible nodes such as neurovascular links to lifestyle interventions.

Advanced Health Research Centre

A federated partnership model is proposed including the University of Sydney, Sydney Local Health District (LHD), Western Sydney LHD (including the Sydney Children's Hospitals Network), Northern Sydney LHD, and representatives of Sydney Research and other research hubs. Collaboration does not replicate (or detract from) existing strategic priorities, such as research hubs. Instead, it builds on existing dispersed strength to drive innovation and translational research. Dr Teresa Anderson will be engaging key stakeholders, to


develop consensus on overarching principles. As an example governance could be established through high-level executive membership including CE's, Vice Chancellor nominee and MRI elected representatives. Joint appointments between SLHD and USyd Executive structures are being explored.

Successful Grant

Sydney Research members, the University of Sydney were successful recipients of the OHMR Bioinformatics Collaborative Grant Program. The grant submission titled *"Towards a real time data sharing to support patient-centred care, quality health delivery, improvement programmes, performance management and research"* was a joint submission between the Charles Perkins Centre and the Kolling Institute, RNSH.

ORGAN DONATION

The Organ Donation for Transplantation Committee is meeting on a monthly basis and has endorsed the SLHD strategic plan for Organ Donation and Transplantation 2014-2017. A meeting occurred with the CEO of the Organ and Tissue Authority. Recruitment of the Clinical Academic and the administration officer is about to commence as is auditing.



Dr Teresa Anderson
Chief Executive

8-7-14