

Sydney Local Health District

Seventy Fifth Meeting of the Board

Date: Monday 16 April 2018
Time: 9.00am – 11.00am
Venue: Sydney Dental Hospital Level 1 Conference Room
Chair: The Hon. Ron Phillips, Chair AO

1. Present and apologies

The Hon. Ron Phillips, Chair AO
Ms Victoria Weekes, Member (Departed 11.06am)
Dr Thomas Karplus, Member
Ms Frances O'Brien, Member
Ms Joanna Khoo, Member
Ms Ronwyn North, Member
Dr Mary Haines, Member
Mr David McLean, Member
Ms Susan Anderson, Member
A/Professor Christine Giles, Member
Dr Teresa Anderson, Chief Executive

Apologies

Professor Paul Torzillo AM, Member
Dr Barry Catchlove, AM, Member

In attendance

Ms Nerida Bransby, Secretariat
Ms Lou-Anne Blunden, Director, Clinical Services Integration (District Executive Representative)

Oral Health Services including Sydney Dental Hospital

Dr Jason Cheng, Acting General Manager (9.00am – 9.50am)
Clinical Associate Professor (Dr) Sameer Bhole, Clinical Director (9.00am – 9.50am)
Dr Shilpi Ajwani, Head, Oral Health Promotion and Oral Health Research (9.00am – 9.50am)
Dr Phillip Kelly, Head of Specialist Services (9.00am – 9.50am)
Dr Trupta Desai, Head of Community Oral Health Clinics (9.00am – 9.50am)
Ms Marianne Weston, Operational Nurse Manager (9.00am – 9.50am)
Mr Gary Pratt, Manager Clinical Governance (9.00am – 9.50am)
Ms Camilla Cameron, Acting Business Support Manager (9.00am – 9.50am)

2. Welcome and introductions

The Chair welcomed members and guests to the seventy fifth meeting of the Sydney Local Health District (SLHD) Board.

Presentation:

Dr Cheng presented on the SLHD Oral Health Services and Sydney Dental Hospital including:

- Welcome and acknowledgement
- Organisational Structure
- Introduction and Overview including their goals and roles in NSW Health
- Key relationship with University of Sydney, University of Newcastle and Tafe NSW
- Partnerships and clinical networks external and internal to the District.
- Tertiary referral services to patients from across the State
- Aboriginal oral health service
- Activity for 2016-2017 and 2017 to date
- List of dental service locations and allocated number of chairs at each site
- Achievements
- Patient and Family Centred Care
- The number of full-time staff per category
- The Community
- Current initiatives
- Oral Health Research and partnerships
- Discussions concerning the light rail
- Change environment and introduction of a concierge in the reception area to enhance patient and family centred care and to assist patients navigate the health system
- Voucher system
- Projected increase in population and planning strategies
- Integrated community services, equity and team meetings
- Successful capital upgrade to improve efficiency
- Titanium record keeping system for Oral Health Services that will link to the eMR

The Chair thanked the team for the presentation and for attending the meeting.

3. Declaration / Removal of conflicts of interest

The Chair advised to declare / remove any conflicts of interest at this meeting.

- (i) A/Professor Christine Giles advised the Board that as an employee of the Commonwealth, she will not participate in any discussion pertaining to the correspondence from Minister Hunt.

4. Confirmation of previous minutes

4.1 Minutes – 19 March 2018

The minutes of the Board meeting held on Monday 19 March 2018 were moved and seconded with the following amendments:

- (i) Presentation, 5th dot point should read “who is being vaccinated”

The Chair then signed the minutes.

4.2 CE Report – March 2018

The Chair declared that the CE Report for March 2018 was ready for publication

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the outstanding ‘in progress’ agenda items on the action sheet including:

- Invited guest speaker on the Health Legislation Amendment Act will be incorporated in the Board Planning Day towards the end of May.
- A “lessons learnt” paper on Organ Donation is being placed on the agenda of the Organ Donation Committee and then will be provided to the Board.
- The information on SAC 1 incident target was due to a technical error. This agenda item can be removed from the action list.
- The list of presentations on the action sheet is to be reviewed. Some presentations can be combined and new presentations need to be included as a priority.
- A copy of the new board reporting format was circulated to the Board on 23 March 2018. This agenda item can be removed from the action list.
- A copy of the draft agenda for the Symposium was circulated to the Board on 21 March 2018. This agenda item can be removed from the action list.

6. Patient Story

The Chief Executive conveyed a letter of gratitude received from the family of a patient.

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List.

7.2 Financial Classification Codes

The Board received and noted the Financial Classification Codes List.

7.3 Board Calendar 2018

The Board received and noted the Board Calendar for 2018.

8. Chairman’s Report

The Chair advised the Board:

- No response is required to the correspondence from Minister Hunt that was circulated to the Board on Friday 13 April 2018.
- The Chair distributed correspondence pertaining to a summary of the Council of Chairs Forum held in March 2018. It is requested that the Board provide feedback to the Chair to determine how our Board can best use this information to improve planning and governance processes.
- The Chair clarified the meeting dates for the June and September 2018 Board and Finance Risk and Performance meetings.
- A planning day with the Board and District Executive is to be held end of May 2018.

9. Chief Executive's report

The Board received and discussed the Chief Executive's Report including:

- The District continues to be at Performance Level zero which is the highest level achievable.
- The rate for unplanned readmissions is low in all facilities.
- Mental Health occupancy is over 100%.
- Negotiations are continuing for the Annual Service Plan.
- The Performance Unit will provide a report to the Board on the Pitch Winners following completion of the Annual Service Plan.
- The Sydney District Nursing continues to manage over one thousand patients per day in the Community.
- YTD February 2018 GF Expenditure was \$6.819M (0.61%) unfavourable to budget. The focus for the District is on expenditure and revenue.
- The impact of the significant increase in the doubtful debts provision recognised in March 2018. A major factor in the increase in the provision related to the challenges with collecting fees from Medicare Ineligible patients. All facilities are reviewing the write-offs to determine if there any of the revenue is collectable. There is also work being undertaken to improve the collection and follow-up of patient fees.
- The variability in the annual leave provision expense, the March 2018 result was the highest actual expenditure for the year. The CE has requested HealthShare to review the calculation of the monthly annual leave expense as well as provide explanations for the variability in the monthly expenditure.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – February 2018

The Board received, read and discussed the SLHD Board Reporting Pack for February 2018 in particular the year to date use of casual staff is due to the increase in activity.

9.1.2 Selected Performance Indicators – February 2018

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report – March 2018

The Board received, read and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board received, read and noted this report.

9.2.2 Macquarie International Private Hospital

The Board received, read and noted this report.

9.3 Capital Works Report

The Board received, read and noted the Capital Works report.

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted the next report for the period February – April 2018 is due in June 2018.

(ii) Monthly Report – Pressure Injuries

The Board received, read and noted this report. The Board discussed and agreed to recognise the SLHD Hospital Acquired Pressure Injury Prevalence decreased from 6.7% in 2014 to 1.9% in 2017 which is the lowest in Australia according to publicly reported data. This item is to be placed on the Communications Committee agenda.

9.5 Audit and Risk Committee Report - November 2017 – March 2018

The Board received, read and noted this report. The Audit and Risk Committee meeting held last Friday to discuss Annual Financial Statements for the period ended 31 March 2018. was very positive.

9.6 Facility Reports – February 2018

(i) Balmain Hospital

The Board received, read and noted the Balmain Hospital facility report.

(ii) Canterbury Hospital

The Board received, read and noted the Canterbury Hospital facility report.

(iii) Community Health

The Board received, read and noted the Community Health report.

(iv) Concord Hospital

The Board received, read and noted the Concord Hospital facility report.

(v) Drug Health Services

The Board received, read and noted the Drug Health report.

(vi) Mental Health Services

The Board received, read and noted the Mental Health Services report.

(vii) Oral Health Services and Sydney Dental Hospital

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

(viii) Royal Prince Alfred Hospital

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

(ix) Tresillian

The Board received, read and noted the Tresillian report.

(x) Lifehouse

The Board received, read and noted the Lifehouse report.

(xi) Public Health Unit

The Board received, read and noted the report.

(xii) Population Health

The Board received, read and noted the report.

(xiii) Health Equity Research and Development Unit (HERDU)

The Board received, read and noted the report.

(xiv) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted the report.

(xv) Organ Donation for Transplant – Quarterly Report

The Board received, read and noted the January 2018 – March 2018 report.
The Board discussed:

- the donor process timeline from blood collection to organ recovery and requested further information

- DBD and DCD are to be included on the acronym list.

10. Matters for approval / resolution

Nil to report

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received, read and noted the minutes of the meeting held 12 March 2018.

11.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 19 March 2018.

11.3 Communications Committee

The Board noted the next meeting is to be held on 1 May 2018.

11.4 Audit and Risk Committee

The Board received, read noted the minutes of the meeting held on Tuesday 13 March 2018.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 28 March 2018.
The Board noted the policy Care of the Deceased Patient (non-coronial) is to be reviewed.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 23 May 2018.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 4 May 2018.

11.8 Patient and Family Centred Care Steering Committee (bi-monthly)

The Board noted the meeting was held on 4 April 2018.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting is to be advised.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 14 March 2018.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 19 March 2018.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the next meeting is to be held on 18 April 2018.

12.5 Revenue Enhancement Development Committee

The Board noted the meeting to be held on 28 March 2018 was cancelled.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 12 February 2018 were not available.

12.7 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting to be held on 27 March 2018.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 13 March 2018.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the meeting to be held on 20 March 2018 was cancelled.

12.10 Sydney Healthy and Active Living Steering Committee

The Board received, read and noted the minutes of the meeting held on 26 February 2018.

12.11 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 28 March 2018.

13. Matters for noting

13.1 Presentation to Human Services Executive Committee

The Board received, read and noted this correspondence.

13.2 Update on the implementation of the Child Health and Wellbeing Plan

The Board received, read and noted this correspondence.

13.3 Correspondence – Health Legislation Amendment Act

The Board received, read and noted this correspondence.

13.4 Correspondence – Member of the Audit and Risk Committee

The Board received, read and noted this correspondence.

14. Other Business

Nil to report

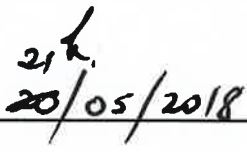
15. Next Meeting

The next meeting is to be held on Monday 21 May 2018 at 9.00am.

The meeting closed at 11.25am.



Chair



Date

Following the meeting, the Board Members proceeded on a tour of the Sydney Dental Hospital.

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board April 2018

PERFORMANCE

According to the Ministry of Health Framework, the District remains at Performance level 0, which is the highest level achievable.

Safety and Quality

Despite the significant activity through the SLHD facilities, the high quality and safety of our services has been maintained.

The District's unplanned readmissions within 28 days of separations were 5.4% for the month and 5.2% YTD January 2018, which are significantly below the state rate of 6.1% and 6.1% respectively. Unplanned readmissions remain strong at all facilities. Unplanned Emergency Presentations (same ED within 48 hours) were 4.1% for February and 4.2% YTD which are significantly below the state rates of 5.0% and 4.9% respectively.

Mental Health Readmissions within 28 days have increased by 5.9% for the month of December 2017 compared to the same month last year. Although Mental Health Readmissions within 28 Days exceeded the target of <13% YTD December 2017, there has been a significant decrease (7.6%) from the same period last year from 17% to 15.7% despite the significant increase in mental health activity this financial year.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureas Bloodstream Infections (SABSI) with a result of 0.6 per 10,000 bed days for the month of January 2018. There were no Central Line Associated Bloodstream (CLAB) infections during January 2018 and there has been one CLAB YTD. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue.

The District's Hospital acquired pressure injuries per 1,000 separations at 0.1 remains below the target and below the state average (0.3) for the month and YTD.

The District has continued to have no incorrect procedures resulting in death or major loss of function.

The District continues to achieve the root cause analysis (RCA) target for February 2018.

Workforce

Despite the increased activity across the District, Premium staff usage for Medical FTE decreased slightly for February 2018 compared to the same period last year by 0.11%. Premium staff usage for Nursing increased for February 2018 compared to the same period last year by 0.44%. Allied Health premium staff usage decreased by 0.22% in February 2018 compared to the same period last year.

Activity

February 2018 has continued to be a busy period for our hospitals with an increase of 1.68% in separation (13,489 separations) in February 2018, in comparison to the same month last year. YTD February there has been an increase of 1.25% separations across the District. The District occupancy rate has slightly decreased by 1.06% to 86.02% in February compared to the same period last year.

YTD occupancy has increased by 2.67% to 90.05% when compared to the YTD February 2017. This is also reflected in the significant 4.64% increase in case weighted attendances in SLHD compared to the previous year.

Attendances to the District's Emergency Departments have slightly decreased by 0.20% in February in comparison to the same month last year, with 12,642 attendances in February 2018. Emergency Department attendances have increased 2.98% YTD to 109,893.

Emergency Treatment Performance (ETP)

There has been a slight increase in the District's ETP performance by 1.61% for the month of February 2018 to 70.87%. The increased occupancy due to the increased demand and increased acuity of patients during winter has had a major impact on YTD ETP performance. This has resulted in a 1.78% decrease in ETP performance February YTD to 70.39% in comparison to the same period in the previous year.

Transfer of Care

The transfer of care (TOC) target (90%) was met by all three emergency departments in January 2018. YTD January the District continues to meet the TOC target, again highlighting the success of the RPA TOC Program in operation in SLHD Emergency Departments.

ED Triage

The District met target for Triage Categories 1,2,4,5 for the month of February and February YTD. Triage Category 3 performance remains a challenge for the District due to the significant increases in triage 1, 2 and 3 presentations. Ongoing work is continuing to be undertaken across the District to manage Emergency Department activity.

Elective Surgery

Despite a 3.0% increase in YTD surgical admission across the District, SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery, with all patients admitted within the clinically appropriate timeframe for their surgery. Performance is at 100% for February 2018 in all categories, which is consistent with the result achieved in February 2017. The District has also made a significant decrease in the number of surgical patients not ready for care of 4.79% YTD.

Community care and Hospital in the Home

The District has continued to manage its activity through investments in Sydney District Nursing who are managing over 1,000 patients per day in the community who would otherwise be in hospital. There has been a 27.7% increase in the number of Hospital in the Home separations February YTD. As previously indicated the District would have had significant difficulty in managing the demands of this winter without the investments made by the District in these services.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

2018/19 Service Level Agreement and Activity Purchasing

The Service Level Agreement and activity purchasing negotiations between the District and the Ministry of Health are progressing well. The second round negotiation meeting will be held in April.

Non-Admitted Patient (NAP) Activity

IHPA have released a public consultation paper on the development of the Australian Non-Admitted Care Classification (ANACC). This consultation paper seeks stakeholders' views on the potential characteristics of the ANACC system, including the patient condition and intervention characteristics that will form the key concepts in the classification hierarchy. The new classification is being established with the aim of replacing the current Tier 2 Non-Admitted Services Classification with a more patient centric model.

Community Health will be reporting 100% patients level data (including de-identified sexual assault occasions of service) from 1 April 2018.

User Acceptance Testing will begin for summary level data to be loaded into mLoAD with the eventual aim to decommission webNAP. Summary level data reporting via mLoad to commence from 1 July 2018.

Sub and Non-Acute Patient (SNAP) Activity

The District SNAP Working Party continues to meet on a regular basis and developing strategies to improve data quality and reduce error rate.

The District is currently at a SNAP grouped rate of 99%, with Royal Prince Alfred and Concord Hospitals 100% grouped.

Mental Health

The District Performance Unit has been working with Mental Health Services to develop a Community Mental Health STARS app. The app will enable team leaders to easily access and analyse activity data for their teams, with this information not currently readily available and will assist in the identification of reporting gaps.

Clinical Costing Update

The District Performance Unit is currently undertaking the half round 22.1 costing exercise, with the final submission due on 27 April 2018. A number of new local feeders will be introduced in the half round, including:

- hTrack prosthesis feeder for Royal Prince Alfred Hospital and the Institute of Rheumatology and Orthopaedics
- Transition to the use of Surginet for Royal Prince Alfred Hospital and the Institute of Rheumatology and Orthopaedics theatre, anaesthetics and recovery feeders
- Mental Health Consultation Liaison Service feeder, which will enable a more accurate allocation to the District's acute facilities
- The Sydney District Nursing feeder will now be utilised to distribute costs for the full costing period
-

The iFRAC process is progressing well, with weekly teleconferences held between the District Performance Unit and the designated iFRAC Coordinators for each facility/service. It is anticipated that all iFRACs will be completed by the end of April, in preparation for the full costing round 22.2.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage, February 2018

For the month of February, 20.6% of SLHD's inpatients were admitted as privately insured patients. Contributing to this result was RPAH achieving a record result finishing the month at 22.73% with 173 additional privately insured patients compared to February 2017.

Concord finished at 21.6% however an additional 175 privately insured patients compared to February 2017 also contributed to the districts strong result.

Single Room Utilisation, February 2018

With a slight decrease in patients isolated for a clinical alert to 10.67%, the district had 26% of all single rooms taken up by private patients and 46% of all private patients were accommodated in single rooms.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations

- A report is being developed for the Chief Executive and the SLHD Board outlining the progress and outcomes of previous pitch ideas.
- The last Pitch, held on 9 March at the Concord Medical Education Centre, featured four innovative ideas. \$44,190 in prize money was awarded to three pitched ideas:
 1. *Angry men like to destroy things* (previously titled “Pinball wizards”) by Sarah Jacek - \$20,000
 2. *Compression is the Gold Standard* by Naomi James and Pat Avramidis - \$14,190
 3. *Smile*Sparkle*Shine: bring the sparkle into paediatric dental visits through interactive technology* by Jenna Paul and Suzanne Brent - \$18,196.97 co-funded by the Pitch and Dental Hospital.

Clinical Redesign: CHR Projects

- The “A Joint Effort – Patient Centred Redesign in the Rheumatology Outpatient Services at RPA” Project (CHR 2018 – first intake) completed their Project Management Plan which was endorsed and approved by the Chief Executive. The project is currently in Diagnostic Phase where the team are conducting intensive analysis of the current processes of the department. The team will perform a number of process mapping and focus group sessions as well as staff and patient interviews. Key data sets will also be analysed to present a well-informed report of the current situation.
- The ‘POPI: PreOperative Iron deficiency assessment and management’ project (CHR 2017 - first intake) is in implementation phase. The new iron-deficiency management pathway is being piloted in RPA’s upper gastrointestinal specialty. Rollout to RPA’s Colorectal specialty is expected to launch end of April prior to implementing in CRGH.
- The ‘A Collaborative Care Outreach in Residential Aged Care Facilities (RACF) across the SLHD (ACCORD)’ project (CHR 2017 - second intake) is in implementation phase. Executives are currently making changes to the newly developed Model of Care based on feedback from the Clinical Council. In addition, the team are receiving back the last staff and stakeholder surveys and will be able to report on these next month.
- The SPORT (previously known as ‘Perioperative and Sterilizing departments redesign’) (CHR 2017 – third intake) team’s cohort is currently undertaking the UTas translational research subject. One member of the team has decided to defer this subject to the next semester due to personal competing priorities. The implementation of identified solutions is progressing well, being led by Mr George Papadopoulos for the Sterilizing Department and Ms Michelle Skrivanic for the Operating Theatres.
- The SLHD Redesign Managers were invited and presented the Centre for Healthcare Redesign methodology at the Sydney Nursing School (university of Sydney) masters program.

Accelerating Implementation Methodology (AIM):

- The next AIM course is scheduled on 17-18 May 2018 and is nearing capacity.

HealthPathways

Workgroups

No workgroups held in March.

Pathway development commenced for Head and Neck conditions and Radiation Oncology.

Head and Neck was originally planned as a workgroup, but a more direct GP – Specialist approach has been chosen.

Workgroups set for:

- Hands
- Immunology Delayed due to medical staff availability
- Neurosurgery (Departmental meetings in progress to decide development process)

Pathways

The main focus continues to be on our two year review cycle and the conversion of our existing service information pages to the HealthPathways Directory (HPD) database. The pathways for paediatric jaundice and Central line management in the community are nearly complete. These pathways are the first to be developed by our Non Clinical JMO. Our first placement has been successful on a number of levels. The current JMO is providing an excellent support function to the Program team as well as developing extended skills in clinical writing and system awareness.

Usage of HealthPathways

March 2018 saw a number of new records for website usage:

	March 2018	March 2017	Variation
Users	1,172	992	18%
Sessions of use	5,814	4,382	32%
Page Views	23,910	20,313	17%
Unique Page Views	17,965	14,683	22%

Conferences

The program Team has been successful in a number of abstract submissions. We have a joint paper accepted for the 2018 World Hospital Forum in Brisbane, The paper is a joint submission with South Western Sydney and Nepean Blue Mountains HealthPathways Teams examining collaboration across HP boundaries. A presentation and Poster abstract have also been accepted for the 2018 HealthPathways Conference in Newcastle. The presentation will focus on our Drug and alcohol review process in collaboration with SLHD, SESLHD and the St Vincent's network D&A GP liaison services. Whilst our poster will focus on our use of GP Registrar positions to undertake our two year review process.

FINANCIAL PERFORMANCE

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2017/18 Service Level Agreement between the Board and Ministry of Health has as a key financial performance target an expected Net Cost of Service (**NCoS**) result. The following analysis reflects the result for the month ended 28 February 2018 based on the District's budgeted NCoS.

For the month of February 2018, Sydney Local Health District (SLHD) General Fund Expenditure was \$0.355M (0.28%) unfavourable to budget, YTD February 2018 GF Expenditure was \$6.819M (0.61%) unfavourable to budget. GF Revenue was \$0.503M (0.43%) favourable to budget for the month and \$5.924M (0.53%) unfavourable to YTD budget. For the YTD February 2018 the District's GF NCoS was \$12.743M unfavourable to budget.

The Chief Executive and the A/Director of Finance are confident that the District will have an on budget NCoS result for the 2017/18 financial year despite the challenges that are facing the District. To achieve the 2017/18 NCoS target the District continues to maintain the good controls that it has in place and monitors performance on a daily basis.

The major variances for the month were:

Expenditure

- For the month of February 2018 GF Total Expenditure was \$0.355M (0.28%) unfavourable to budget, reflecting unfavourable results for Overtime (\$0.312M), Annual Leave Provision (\$1.423M), VMO Payments (\$0.476M), G&S Special Services (\$0.345M), G&S Drugs (\$0.311M), Superannuation (\$0.168M) and RMR (\$0.493M) offset by favourable variations in Salaries & Wages (\$0.739M), G&S Medical & Surgical Supplies (\$0.194M), G&S Prosthetics (\$0.545M) and G&S Admin (\$1.746M).
- YTD February 2018 GF Total Expenditure was \$6.819M (0.61%) unfavourable to budget. This result reflects unfavourable results for Overtime (\$4.015M), Annual Leave Provision (\$2.542M), Superannuation (\$0.406M), VMO Payments (\$0.798M), RMR (\$2.029M), G&S Med and Surgical Supplies (\$2.347M), G&S Special Services (\$5.458M) and G&S Support (\$0.475M) offset by favourable variances in Salaries & Wages (\$1.508M), G&S Drugs (\$6.651M), G&S Admin (\$2.659M) and G&S Prosthetics (\$0.673M).

Revenue

- GF Total Revenue was \$0.503M (0.43%) favourable to budget for the month of February 2018. The result for the month reflects unfavourable variances in User Charges Facility Fees (\$0.364M), Services to Other Organisation (\$1.394M), High Cost Drugs (\$0.225M) and Prosthesis Income (\$0.257M) offset by favourable variances in Patient Fees (\$0.849M), Treasury Managed Fund (\$3.599M) and Grants & Contributions (\$0.452M).
- YTD February 2018 GF Total Revenue was \$5.924M (0.53%) unfavourable to budget. The unfavourable YTD result reflects mainly unfavourable variance in User Charges (\$15.808M) offset by favourable variances in Patient Fees (\$3.061M), Grants & Contribution (\$4.184M) and Other Revenue (\$2.639M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$2.757M unfavourable to budget for the month of February 2018 and \$5.066M unfavourable to budget for the YTD February 2018. This YTD result reflects unfavourable budget variances for Expenditure (\$2.094M) and Revenue (\$2.972M).

CONSOLIDATED RESULT

For the period ended 28 February 2018 the consolidated year to date NCoS result for the General Fund and SP&T was \$17.808M unfavourable to budget. The result comprises unfavourable variances in Expenditure \$8.912M and Revenue \$8.896M.

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

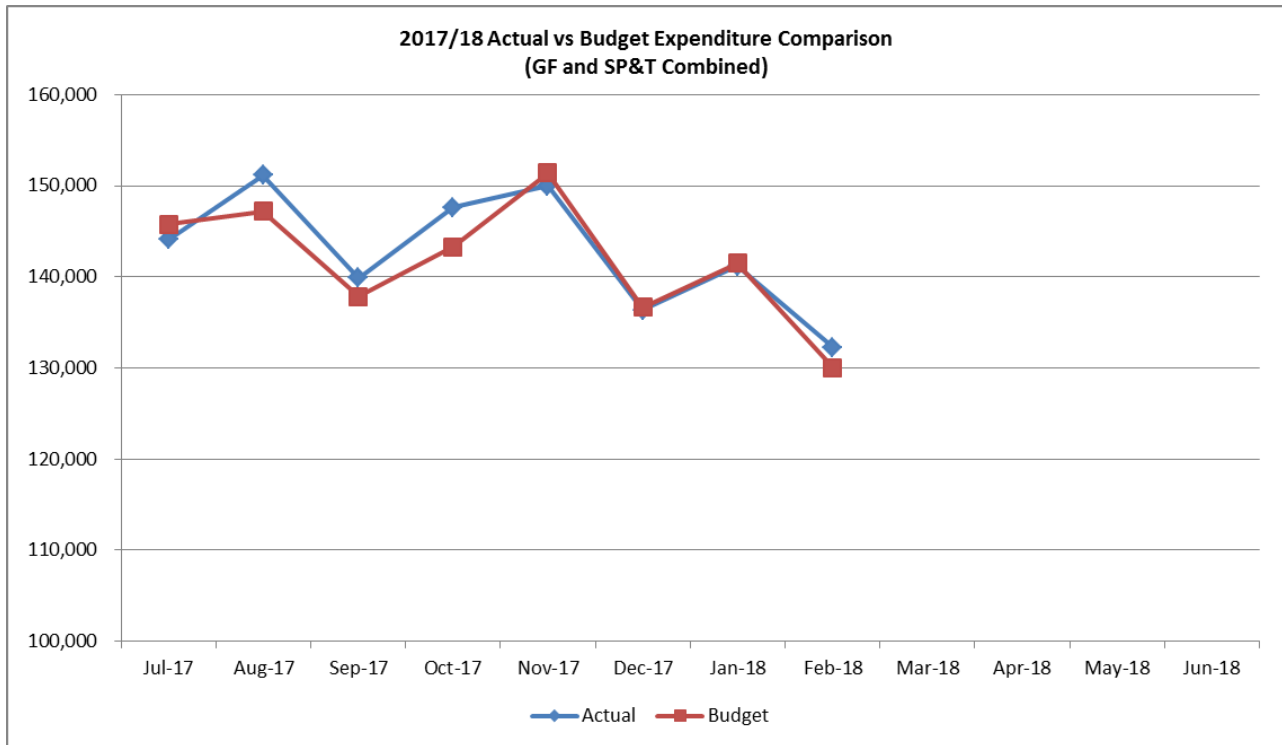
For the period ended 28 February 2018, SLHD recorded a Total Net Result of -\$24.077M (Note that Total Revenue was higher than Total Expenditure for YTD February 2018) which was \$17.800M (43%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the YTD February 2018 was \$18.579M unfavourable to budget. The YTD Net Direct Operating Result reflects unfavourable budget variances in Expenditure (\$9.852M) and Revenue (\$8.727M).

For the month of February 2018 Total Direct Revenue was \$0.308M unfavourable to budget, comprising \$0.533M favourable variance for the General Fund and a \$0.841M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$8.727M unfavourable to budget, comprising unfavourable variances for the General Fund (\$5.959M) and SP&T Fund (\$2.768M). The YTD result for the GF reflects unfavourable variances in User Charges offset by favourable results for Patient Fees, Grant Income and Other Income.

Total Direct Expenditure was \$1.961M unfavourable to budget for the month of February 2018, comprising unfavourable results for the General Fund (\$0.075M) and the SP&T Fund (\$1.886M). YTD Total Direct Expenditure was \$9.852M unfavourable to budget, comprising \$6.627M unfavourable variance for the General Fund and a \$3.225M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Overtime (\$4.015M), On-costs (\$4.917M), Direct Clinical Operating (\$0.490M), G&S Support Services (\$0.475M) and VMOs (\$0.796M). These results were offset by favourable results for Salaries & Wages (\$1.508M), and G&S Corporate & Operational Admin (\$2.659M).

MONTHLY BUDGET PERFORMANCE

The graph below compares the actual and budget performance on a monthly basis.



LIQUIDITY

The District had **NIL** creditors over 45 days as at 28 February 2018.

The District achieved the target of 100% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of February 2018.

The cash balance at 28 February 18 for the SLHD Operating bank account was \$12.691M and the Operating Cash book balance was \$12.473M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget relating to SMRS Projects as of February 2018 is \$24.914M comprising \$6.862M of MoH funded and \$18.052M of locally funded projects. In February 2018, two locally funded projects, namely Concord Hospital Replacement Mammography Unit (\$0.750M) and Canterbury Hospital Replacement - TSSU Sterilisers/Equipment (\$0.800M) were approved by MoH.

Actual expenditure as at YTD February 18 was \$7.833M which is \$0.195M below budget.

OTHER CAPITAL PROJECTS

As of February 2018, the District has expended a total amount of \$0.802M on projects relating to the Institute of Academic Surgery (various equipment), K2 Fetal Monitoring System and the relocation of the Internal Audit Division.

CAPITAL WORKS

RPA QEII Level 6 East Refurbishment

The reinstatement of Level 6 IRO from temporary Mental Health back to orthopaedic surgical ward is currently underway. Ceiling installation is complete. Painting Works have commenced. Anti-ligature tapware has been replaced. Vinyl floor installation will commence in early March.

RPA QEII Hydrotherapy Pool Stage 1

Hydraulic services have been roughed in along with nurse call service and fire detection. Walls have been sheeted and set. Floor topping is complete. Rendering of existing bathrooms is complete.

RPA Building 77 Plant Room

Existing services have been temporarily relocated. Engineer has revised drawings and steel work S1 has been placed. Mechanical and hydraulic documentation is being finalised.

RPA QEII Level 6 West - Orthopaedics

The ward on Q 6 W is being refurbished to function as a pre-admission clinic for orthopaedic surgery and expansion of consult space for Rheumatology. It aims to make the patient experience quicker and more streamlined by co-locating all the disciplines into one area for orthopaedics and increases consult capacity for Rheumatology

Wall framing for additional consult rooms has been completed. Hydraulic rough in is complete. Electrical rough in is complete. LED lighting has been installed. Existing mesh screens from the balcony have been removed. Floor repairs are underway. Nurse call quote has been received and is being reviewed.

CRGH Theatres 7 & 8

Painting works for the dirty corridor are 75% complete – final coat will be undertaken once theatres 9 and 10 are complete. Electrical rough in is 90% complete. Medical gas rough in is 90% complete. Hydraulic rough in is complete. Mechanical service rough in is complete – units have been installed in the plant room. Pendant and light structural works are complete. Sheeting and patching is underway.

Painting works for the dirty corridor are 75% complete. Final coat will be undertaken once theatres 9 and 10 are complete. Electrical and medical gas rough in 90% complete. Pendant and light structural works are complete. Sheeting and patching is underway.

CRGH Building 75 Decanting Project Offices

Electrical services are complete – disruption notice for electrical shutdown issued and approved – works complete. Mechanical services are complete. Partitions and ceilings are complete. Hydraulic services to the kitchen are complete. Joinery has been installed. Floor finishes are complete. Painting is complete. Certification being received. Project offices have been occupied

Balmain Sorrie Street – Stacy House

Additional brickwork has been completed. Rendering is underway – awaiting installation of fence. Fence has been ordered and due for installation mid-March. Plantings are being finalised.

PLANNING

SLHD Research Strategic Plan

The draft SLHD Research Strategic Plan was presented by the Research Director at the Education and Research Committee, Sydney Research Council, the executive of the Institute of Academic Surgery and to a range of major stakeholders. The intention is to launch the plan at the Innovations Symposium.

SLHD Diabetes Strategy

The SLHD Planning Unit, in collaboration with the Clinical Director, Chronic Diseases has drafted the plan for the consideration of the Diabetes Steering Committee and then broader circulation.

Defence Force Centre of Excellence

The SLHD Planning Director, in collaboration with GM Concord, facilitated a workshop of key providers/stakeholders for the new Defence Force Centre of excellence to articulate the model of care.

RPA HealthOne East (Green Square)

- The Planning Unit held, with the Central and Eastern Sydney Primary Health Network, the second Continuing Professional Development (CPD) event for Green Square GPs and private providers to assist in developing the “health neighbourhood”.
- The formal governance structure for the HealthOne has been established in consultation with Health Infrastructure (HI).
- SLHD executives have visited the key sites under consideration for the HealthOne as outlined by the consultants. The agreed site selection criteria will be applied to develop a preferred set of options for consideration by the District.
- Meeting was held to further articulate the role of the three universities in the HealthOne.

Urban Development

- **Waterloo State Significant Site**

The follow-up Waterloo – Building a Healthy and Resilient Waterloo Forum will be held on the 4th May, 2018. Invitations have now been issued, a follow-up “Voices of Waterloo” video has been organised and the program has been drafted.

A presentation was made to the SLHD Audit and Risk Committee on the risks associated with urban development in SLHD.

- **EquityFest**

The Director of Planning provided an overview of the urban development in the inner west and chaired a session at the conference.

SLHD Imaging Strategic Plan and Position Paper

The Imaging Position Paper has been uploaded to the website. The Strategic Plan is currently with AV and being prepared for publication with a launch being planned.

SYDNEY RESEARCH

Commercialisation

The 2018 STRIVE program has continued with very positive feedback from attendees.

On 13 March, University of Sydney Business Development Managers presented to 15 individuals on industry engagement at RPA. On 28 March, 13 people attended the “Introduction to Commercialisation” session which included guest speakers:

- A/Prof Greg Roger, CEO Vestech, Director AIMS Research
- Dr Dharmica Mistry, Chief Scientist, BCAL Diagnostics Pty Ltd
- Prof Michael Kassiou, Professor of Medicinal Chemistry, University of Sydney

The Big Idea

The Big Idea has been advertised with applications closing on 3 April 2018. Dr Marlene Kanga, Special Advisor to the Innovation and Science Australia Board has been secured as the keynote speaker for the Big Idea 2018 and will also participate on the judging panel.

Sydney Research also met with Dr Gerard Sutton, winner of the 2017 Big Idea. The iFixPen/iFixInk (formerly known as the “corneal biopen”) project is progressing as per the project plan submitted. The team are progressing to a trial of the device, have strengthened their links with Prof Gordon Wallace and team at the University of Wollongong and have now secured funding to continue working through to 2020. A vignette of this project will be presented at the 2018 Big Idea.

OHMR – Embedding Quality Research into LHDs

A dedicated resource for this project is required and the ongoing delivery of the project will be discussed with OHMR.

Sydney Health Partners (SHP)

The Sydney Research team continue to work closely with Prof Garry Jennings, Executive Director, SHP:

- Mr Mark Mathot has commenced as the Media and Communications Manager.
- Sydney Research has provided the SLHD response to a report, “Review of clinical trials commencement processes within Sydney Health Partners” written by Gordon McGurk
- A data workshop will be held on 5 April 2018, with four representatives from Sydney Research participating.
- SHP will commence conducting consultations towards development of their strategic plan. The CE, SLHD and the Executive Director and Program Manager, Sydney Research will meet with Prof Garry Jennings and Ms Aisling Forrest on 17 April 2018. Sydney Research will prepare discussion points for this meeting.

Sydney Research Building

At the request of the Minister, an information brief was submitted on 6 March 2018 regarding the feasibility of the “Missenden Road precinct”. On 9 March this brief was returned to SLHD ESU, having been noted by the Chief Health Officer, requesting Tony Penna and Cathryn Cox to provide a joint analysis of this proposal with a Ministry perspective.

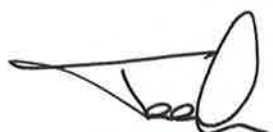
Sydney Research Membership

Discussions regarding the membership and MOU of Sydney Research including expansion of members has been initiated via a survey. Survey responses indicate there is no urgent need for

change and that with its current form and objectives, Sydney Research is successful. However, should the intention and purpose of Sydney Research be redefined, the membership and TOR should be updated to reflect the optimal membership and intent.

Other Activities

- Sydney Research is liaising with the Ministry of Health as the point of contact for an upcoming visit from the COAG Health Ministers ahead of their meeting in Sydney.
- Approval from the Chief Health Officer has been sought to construct an interim pharmaceutical design, formulation, manufacturing and training facility co-located within the NSW Health Statewide Biobank in the Professor Marie Bashir Centre. This will form SLHD's in-kind contribution to Prof Paul Young's MTP Connect Project Fund Program project, "Ab-initio pharma | Formulation and GMP product manufacturing services for clinical trials in NSW".
- Sydney Research continues to participate in plans for Innovation Week. Applications for the Big Idea and Sydney Research Awards and Scholarships program will close in the first week of April.
- Adj Assoc Prof Vicki Taylor has been nominated to Co-Chair the SLHD PFCC Research Working Group with Dr Alan McPhail.
- A general funds cost centre will be established for Sydney Research to streamline and monitor expenditure for Sydney Research projects such as The Big Idea and the Scholarships.
- Presentations on Sydney Research have been delivered to the Institute of Musculoskeletal Health, the SLHD Allied Health Research Committee and the SLHD Graduate Health Management Trainees.
- An introductory meeting has been held with Ms Jackie Randles, the Manager of Inspiring Australia for NSW. The Inspiring Australia strategy aims to deliver a more scientifically engaged Australia. It is a Commonwealth-funded initiative of the National Innovation and Science Agenda.
- Sydney Research has facilitated discussion between the SLHD Director of Clinical Services Integration and portfolio and the Clinical Director of Public Health with the University of Sydney School of Public Health.
- Sydney Research attended a number of events representing Sydney Research and/or SLHD including the Australia and New Zealand Musculoskeletal Clinical Trials Network Annual Scientific Meeting and launch of the NHMRC CRE, the Susan Waikil Health Building (SWHB) Knowledge Hub Industry Engagement Workshop at the University of Sydney, the AusBiotech Women In Sciences Luncheon, the launch of the Australian Sports Brain Bank and a public lecture with Trish Greenhalgh and Anne Kelso, "Measuring the Impact of Research".
- Two full TRGS-3 applications were submitted on 2 March with SLHD as the Host Organisation. Applications are awaiting the outcome which will be released in May 2018
- Changes to the Sydney Research 16-17 Biennial Report design have been completed
- @SydneyResearch currently has 236 followers on Twitter.



Dr Teresa Anderson
Chief Executive
Date: 16.9.18