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## Sydney Local Health District

### Seventy Seventh Meeting of the Board

Date: Monday 25 June 2018  
Time: 9.30am – 11.30am  
Venue: Level 11, KGV Boardroom  
Chair: The Hon. Ron Phillips, Chair AO

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#### 1. Present and apologies

The Hon. Ron Phillips, Chair AO  
Ms Victoria Weekes, Member  
Dr Thomas Karplus, Member  
Ms Ronwyn North, Member  
Dr Mary Haines, Member  
Professor Paul Torzillo AM, Member  
A/Professor Christine Giles, Member  
Dr Teresa Anderson, AM, Chief Executive

#### Apologies

Mr David McLean, Member  
Ms Susan Anderson, Member  
Ms Frances O'Brien, Member  
Ms Joanna Khoo, Member  
Dr Barry Catchlove, AM, Member

#### In attendance

Dr Tim Sinclair, Director, Operations  
Ms Nerida Bransby, Secretariat

#### 2. Welcome and introductions

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

#### 3. Declaration / Removal of conflicts of interest

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

There were no **new** conflicts of interests to declare or to be added to the Register at this meeting.

## 4. Confirmation of previous minutes

### 4.1 Minutes – 21 May 2018

The minutes of the Board meeting held on Monday 21 May 2018 were moved and seconded with the following amendment.

Page 9, third dot point to read: This new Committee will include all revenue streams.

The Chair then signed the minutes.

### 4.2 CE Report – May 2018

The Chair declared that the CE Report for May 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:

- The Director, Corporate Governance and Risk Management, Legal and Regulatory Services, MoH attended the SLHD Board Planning Forum on Friday 1 June 2018. This agenda item can be removed from the action list.
- A walk-around the westconnex site was held on Friday 25 May 2018. A meeting with the Minister for Westconnex will now proceed.
- Feedback on the Research Strategic Plan 2018-2023 has been forwarded to the Education and Research Committee. This agenda item can be removed from the action list.

### 5.2 SLHD Finance Leaders Forum – Terms of Reference

The Board received, read and noted the Terms of Reference for the SLHD Leaders Forum. The role of this committee has been broadened and is now an operational committee with a copy of the minutes being provided to the Board. This agenda item can be removed from the action list.

## 6. Patient Story

The Chief Executive provided a verbal report on patient outcomes, gaining informed consent and the outlining of complications associated with some procedures.

## 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 requested the circulation of documents including Tuning Governance and Accountability that was discussed at the Council of Board Chairs Meeting on 18 June 2018.

The Chair congratulated the Chief Executive and the District Team on the great success of the Symposium. The attendance on all of the days was high. A copy of the Partners in Care document is to be circulated to the Board.

## 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.
- Mental Health Readmissions within 28 days increased to 20.7% for the month of February 2018. The Finance, Risk and Performance Management Meeting discussed mental health admissions at length at the meeting this morning. The actions from these discussions will be provided to the Board.
- Unplanned Emergency Representations (same ED within 48 hours) were 4.5% for April and 4.2% YTD April 2018, which is below the State rates of 4.9% and 4.9% respectively. Unplanned readmissions are a result of low socioeconomic, poor or lack of compliance with medications and follow-up treatments including physiotherapy. The Director of Operations, Director, Clinical Governance and Risk will meet with the Clinical Directors to explore Hospital Acquired Complications.
- The District continues to manage its staff in line with activity and the acuity of patients. Overtime for junior medical staff was discussed at the Finance, Risk and Performance Management Meeting this morning. Some clinical specialty areas are difficulty to recruit into and time frames may be extensive due to the thorough checks required.
- Sydney District Nursing is still managing over 1,000 patients per day in the community who would otherwise be in hospital. Of these patients 350 – 400 would be Hospital in the Home patients as they are seen by a General Practitioner and are bulked billed.
- The Health Pathways report is due in October 2018 and will be published.
- Discussions with the MoH are occurring re the provision for doubtful debts.
- 1,300 Special Purpose and Trust Fund accounts have been reviewed.
- The 2018/2019 Service Agreement has been received. Dr Anderson provided a verbal report on the highlights of the Agreement and a budget presentation will be provided at the next Board Meeting.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – April 2018

The Board received, read and noted the SLHD Board Reporting Pack for April 2018.

### 9.1.2 Selected Performance Indicators – April 2018

The Board received, read and noted this report.

### 9.1.3 HealthPathways Dashboard Report – April 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 received, read and noted the report for the period February – April 2018.

### (ii) Monthly Report – Privacy Matters

The Board received, read and noted this report.

## 9.5 Audit and Risk Committee Report – 14 March 2018 – 21 June 2018

The Board noted this report is due in July 2018.

## 9.6 Facility Reports – April 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 and read 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 noted the next report for the April – June 2018 period is due in July 2018.

## 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 14 May 2018.

### 11.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 21 May 2018.

### 11.3 Communications Committee

The Board noted the next meeting is to be held on 17 July 2018.

### 11.4 Audit and Risk Committee

The Board noted the meeting was held on 21 June 2018.

### 11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 23 May 2018. The Board discussed and agreed the agenda and papers for this committee, provides exclusive and thorough information to monitor and keep track of our emerging clinical risks.

### 11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 23 May 2018.

### 11.7 Medical Staff Executive Council

The Board noted the minutes of the meeting held on 8 June 2018 were not available.

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

The Board noted the meeting to be held on 6 June 2018 was cancelled.

### 11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 29 May 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 8 May 2018.

### 12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 21 May 2018.

### 12.4 Surgical Demand Committee (bi-monthly)

The Board noted the meeting was held on 20 June 2018.

### 12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board received, read and noted the minutes of the meeting held on 23 May 2018.

### 12.6 NSW Health / SLHD Performance Review Meeting

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

### 12.7 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting to be held on 22 May 2018.

### 12.8 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 8 May 2018. The Board discussed the pros and cons of centralisation of procurement, noting the importance of having local needs met and maintaining capacity for clinical innovation. Discussions are on-going with the MoH.

### 12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 15 May 2018.

### 12.10 Sydney Healthy and Active Living Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 25 June 2018.

### 12.11 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 23 May 2018.

## 13. Matters for noting

### 13.1 Brief - Community Flu Activation - Redfern Health Centre

The Board received, read and noted this report.

### 13.2 Brief and Report - Socioeconomic Characteristics of Residents in the Canterbury Region

The Board received, read and noted this report.

### 13.3 Brief and Report - A Demographic and Social Profile of SLHD

The Board received, read and noted this report.

### 13.4 Brief and Report – Health Impact Assessment of the Draft Infrastructure Strategy and Plan

The Board received, read and noted this report. The Board discussed and agreed the Health Impact Assessment of the Green Square Draft Infrastructure Strategy and Plan should be circulated to key stakeholders for comment including Population Health and Public Health Units. This document can be circulated by Board Members.

## 14. Other Business

### 14.1 eMR Governance

The Chief Executive provided a verbal report on the Governance of eMR and other clinical programs. A workshop is to be held this Friday and will include identifying any issues and potential problems with the model and mitigation strategies to address these issues including disaster recovery.

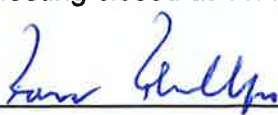
### 14.2 AM for the CE

On behalf of the Board, the Chair congratulated Dr Anderson on receiving a Member (AM) in the General Division of the Order of Australia for service to community health, and to public administration in New South Wales, as a clinician, manager and health service executive.

## 15. Next Meeting

The next meeting is to be held on Monday 16 July 2018 at 9.00am.

The meeting closed at 11.40am.

  
Chair

16/07/2018  
Date



# Board Report



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

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## **PERFORMANCE**

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

### **Safety and Quality**

SLHD continues to maintain the quality and safety of our services.

The District continues to achieve the root cause analysis (RCA) target for April 2018, with all RCAs completed within 70 days.

Mental Health Readmissions within 28 days decreased in the month of February 2018 to 20.7%, which is a slight improvement on the January result of 22.7%. There has been a slight increase (0.1%) in the percentage of Mental Health Readmissions within 28 Days as of YTD February 2018 in comparison to the same period last year. This is associated with the increase in activity and acuity of the patients within mental health.

The District continues to perform well in relation to unplanned readmissions within 28 days of separations at 5% for March and 5.1% YTD March 2018, which is below the State rates of 5.9% and 6.0% respectively. Unplanned Emergency Representations (same ED within 48 hours) were 4.5% for April and 4.2% YTD April 2018, which is below the State rates of 4.9% and 4.9% respectively.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureas Bloodstream Infections (SABSI) with a result of 1.2 per 10,000 bed days for the month of March 2018. There were no Central Line Associated Bloodstream (CLAB) infections during March 2018. There have been no CLAB YTD March 2018. The previously reported CLAB was investigated and found not to be CLAB infection. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue.

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

### **Workforce**

The District continues to manage its staff in line with activity and the acuity of patients. Premium staff usage for Medical and Nursing decreased for March 2018 compared to the same period last year by -2.72% and -0.53 % respectively. Allied Health premium staff usage decreased by -0.37% in March 2018 compared to the same period last year.

### **Activity**

The District has continued to experience increased demand for its services. There was 5.06% increase in the number of separations (13,964) for the month April 2018 when compared to the April last year. YTD separations have increased by 1.42% across the District in comparison to last year. In April the District's occupancy rate increased by 5.15%, to 93.05% when compared to April last year. The YTD occupancy rate has increased by 2.04%, to 89.40%, when compared to YTD April 2017. The District has experienced a 4.60% increase in YTD case weighted attendances, when compared to the previous year.

There were 13,806 attendances to the District's Emergency Departments in April 2018, representing an increase of 3.93% when compared to the same month last year. YTD Emergency Department attendances have increased by 2.86% to 138,130.

### **Emergency Treatment Performance (ETP) (formerly NEAT)**

Despite the increase in activity, the District continues to improve ETP performance, with a 4.41% increase in the month of April 2018 to 76.58%. YTD April there has been a 0.51% decrease in ETP performance to 71.32% when compared to the same period in the previous year. RPA in particular has made a significant improvement in their ETP performance over the past few months. Increases in occupancy, demand and the acuity of patients, particularly during winter period, has had a major impact on YTD ETP performance.

### **Transfer of Care**

The transfer of care (TOC) target (90%) was met by all three emergency departments in April 2018. YTD April 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**

Despite the increase in activity, the District met target for all Triage Categories for the month of April. YTD April 2018, Triage Category 3 is the only triage category slightly under target at 69.88%. Triage Category 3 performance remains a challenge for the District due to the increase in the acuity of patients as indicated through 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**

Surgical admission increased by 18.06% for the month of April 2018 when compared to the same month last year. YTD surgical admissions have increased by 2.30% 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. The District has also made a significant decrease in the number of surgical patients not ready for care, with a 4.5% reduction YTD in comparison to last year.

### **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 9.1% increase in the number of Hospital in the Home overnight separations April YTD in comparison to YTD April 2017. 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**

### **NWAU Activity against Target**

The District continues to perform well in relation to NWAU activity against target, with a positive 0.26% variance to target YTD April:

- Acute admitted activity is positive 0.56% to target
- Emergency department activity is negative 1.33% to target
- Mental health acute activity positive 4.55% to target
- Non admitted activity is negative 1.88% to target
- Sub and non-acute activity is positive 2.44% to target.

## **2018/19 Service Level Agreement and Activity Purchasing**

The 2018/19 Service Level Agreement and activity purchasing negotiations between the Ministry and the District have now been finalised, with the District now waiting on the final 2018/19 Purchasing Model to be released.

The negotiations have been very positive with the Ministry indicating that the District will receive additional funds to support the undertaking of data quality improvement projects; for the following highly specialised services: sarcoma, peritonectomy and pelvic exenteration; and additional NWAU for the Endovascular Clot Retrieval and Neuro Interventional Radiology Services, bariatric surgery, and hip and knee replacement surgery.

### **Non-Admitted Patient (NAP) Activity**

The State is currently undertaking testing of summary level loading of data into mLoad, with the District to commence testing in early June 2018. The aim is for testing to be complete and signed off prior to 1 August, to allow summary level reporting via mLoad for July onwards.

### **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. YTD April the District is currently at a SNAP grouped rate of 100%.

### **Mental Health**

The District Performance Unit continues to work with Mental Health Services to improve the reporting and capture of mental health non-admitted activity. Mental Health Services are working with ICT to determine if an eMR enhancement will assist in improving compliance in activity reporting.

### **Clinical Costing Update**

The District Performance Unit continues preparations for Round 22.2 of costing and has volunteered to assist the Activity Based Funding Taskforce in testing the Australian Mental Health Care Classification extractor and data. The District Costing Team is also testing the use of the HealthShare Corporate IT Analytics dashboard to enable food services allocation statistics, rather than the allocation of food services as an overhead.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage, April 2018**

SLHD finished the month with 20.62% of all patients discharged as privately insured.

As at April YTD there were 2,938 additional patients electing to be private as compared to the same period last year.

- 1,637 for RPAH
- 1,032 for Concord
- 225 for Canterbury

RPAH reported their 4<sup>th</sup> month in a row over 22%.

### **Single Room Utilisation, April 2018**

The single room and MRO report was missing 10 days of data therefore the report was not distributed this month.

IM&TD have been consulted and this will not be an issue moving forward.

## Revenue Enhancement Committee

- This meeting has been renamed the SLHD Finance Leaders Forum and will commence June 2018.

## **PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT**

### Innovations

- A report is being finalised outlining the progress and outcomes of previous Pitch ideas for the period August 2014 – November 2017. The report will be ready for dissemination June 2018.
- The next Pitch will be held as part of the Sydney Innovation and Research Symposium on Friday 22 June.
- Applications for The Pitch closed Tuesday 29 May 2018. Seven applications were received. The Pitch Reviewing Committee will meet on 30 May to discuss the applications and vote before they progress to the judging panel.

### Clinical Redesign: CHR Projects

- The “A Joint Effort – Patient Centred Redesign in the Rheumatology Outpatient Services at RPA” Project (CHR 2018 – first intake) is continuing in the Diagnostic Phase where the team progress with conducting intensive analysis of the current processes of the department. The project team are finalising their ethics application which will enable the collection of staff and patient qualitative data. The project team are currently reviewing key data sets to ensure a baseline for this project is obtained.
- The ‘POPI: PreOperative Iron deficiency identification and management’ project team (CHR 2017 - first intake) graduated from the University of Tasmania on 4 May 2018. The new patient journey in the RPAH Upper Gastrointestinal department resulted in the following improvements:
  - Iron deficiency identification has increased from 30% to 90%.
  - Visual cues were developed to prompt surgeons to notify the CNC & complete testing.
  - Now 75% of patients are being appropriately managed (up by 10%)
  - A new pathology process is being considered by surgeons, which would see patients’ complete iron deficiency testing the same day as the surgical appointment within the Pre-Admission clinic. This would be a substantial improvement to the current patient journey
- The ‘A Collaborative Care Outreach in Residential Aged Care Facilities (RACF) across the SLHD (ACCORD)’ project team (CHR 2017 - second intake) also graduated from the University of Tasmania on 4 May 2018. The project’s main achievements to date include the approval and implementation of the new Model of Care, staffing enhancements to the team and improved skills and processes within ACT. These achievements have resulted in:
  - 92% of residents being seen by RACF Outreach, are not transferred to ED (data collected between June 2017 and February 2018)
  - The number of calls to ACT has increased from an average of 78 calls per month in 2017 to 116 calls per month in 2018. A survey in March 2018 identified that 91% of respondents felt that ACT had addressed their referral queries adequately, 96% had used ACT recently and 100% had heard of ACT.
  - The number of RACF Outreach occasions of service increased from an average of 65 per month in 2017 to 212 per month in 2018, well exceeding the target of 70 occasions of service per month.
- The SPORT (previously known as ‘Perioperative and Sterilizing departments redesign’) (CHR 2017 – third intake) project is in the implementation phase.

# Board Report



## Accelerating Implementation Methodology (AIM):

- The May AIM course neared capacity and received exceedingly positive evaluations.
- The next AIM course is scheduled on 9-10 August 2018 and has nearing capacity.

## HEALTH PATHWAYS

### SLHD Board Report HealthPathways Sydney Program

#### Workgroups

Workgroups scheduled for:

- Genetic Testing – 31 May 2018
- Immunology and Allergy – 13 June 2018

#### Workgroups in planning for:

- Hands
- Neurosurgery (Departmental meetings in progress to decide development process)

#### Usage of HealthPathways

Provisional reporting for 1-28 May 2018 shows continued usage of the website and is on track to match previous monthly high of March 2018 for users, page views and sessions of use.

	1-28 May 2018	April 2018	May 2017
Users	1,200	1,082	958
Sessions of use	5,295	4,871	4,487
Total Page Views	21,414	19,379	20,531
Unique Page Views	16,024	14,582	15,000

### HealthPathways Conference 14-16 May Newcastle, NSW

The HealthPathways Sydney team took an active role at this year's HealthPathways conference. Themed around collaboration the three day conference included over 90 workshops and a number of plenary sessions and panel discussions. We presented on our periodic review process for Drug and Alcohol pathways and how as a shared process we developed D&A pathways for the fledgling SES HealthPathways program and brought together the D&A teams from SLHD, SESLHD, SVN and the CESP HN.

SLHD presented one poster on our collaboration with GP Synergy to employ General Practitioner Registrars to undertake our periodic review process. The poster highlighted the benefits to content development and costs benefits when compared to using our main GP writing group. We have just been informed that we have been successful in gaining another GP Registrar for the August 2018 term (half funded by GP Synergy).

Our Evaluation partners the Menzies centre for Health Policy undertook three workshops on Evaluation and research in HealthPathways – early feedback indicates a high level of satisfaction on the workshop contents. We also participated in a number of panel discussions and scenario sessions. This year saw a record number of delegates with over 280 registered to attend.



## Promotion

Along with members of a number of NSW HealthPathways teams we participated in promotional activities at the following events:

- Public Health Prevention Conference – Sydney, 2-4 May 2018
- GPCE 2018 – Sydney, 18-20 May 2018

## Mobile platform

One of the major announcements at the HealthPathways conference was the intended delivery of mobile platform for HealthPathways. Whilst useable the current website is limited in its functionality on tablet and phone platforms. From September 2018 HP regions will be able to start moving over to the new platform providing they have undertaken a number of other format changes. Sydney has already moved to the new style format and provider directory along with the generic homepage design. Cost to update to the new platform will be \$5,000 plus remedial costs of between \$5-10,000 based on amount of current content that needs formatting. Sydney through its periodic review process has already modified a large portion of the changes that would be required.

Aside from making the platform easier to use on both desktop and mobile devices, the new platform will allow for us to build in direct linkage to other HP sites of our choosing, enabling our users to be able access content on the adjoining HP sites such as SWS or SES without additional user authentication.

## Evaluation update

Under the guidance of our Research and Evaluation Advisory Committee our large scale evaluation being undertaken in collaboration with the Menzies Centre for Health Policy continues to reach milestones and aims to complete the remaining studies in the next three months. We are expecting an interim evaluation report by 30 June 2018 and a full report by October 2018. An outline of our evaluation methodology was presented to the SLHD Clinical Council on 23 May 2018.

Post the Menzies evaluation we are looking at opportunities to engage with other research and education bodies to undertake smaller scale, clinically focused research projects. Note dame University has indicated their ability to undertake MD student studies focusing on individual pathway usage as well as projects on access to service etc. Further discussion is still to be had.

## Operational Team Changes

After four years of service to the HealthPathways Sydney Program Dr Linda Mann has announced she is stepping down from her position of GP Clinical Lead. Dr Mann has been fundamental in the development of pathways and the promotion of its use across our region. She will remain engaged with the program in a less formal manner through attending our workgroups with LHD services etc.

In replacement a new position combining both the Clinical Lead and GP writer roles will be developed and employed by CESPHE.

## **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 30 April 2018 based on the District's budgeted NCoS.

For the month of April 2018, Sydney Local Health District (SLHD) General Fund Expenditure was \$2.065M (1.48%) favourable to budget. YTD April 2018 GF Expenditure was \$3.600M (0.26%) unfavourable to budget. GF Revenue was \$1.101M (0.88%) unfavourable to budget for the month and \$12.962M (0.92%) unfavourable to YTD budget. For YTD April 2018, the District's GF NCoS was \$16.562M unfavourable to budget. The NCoS YTD result was impacted by a significant increase in the Doubtful Debts provision (\$4.589M), the majority of which was recognised in March 2018.

The Chief Executive and the A/Director of Finance are confident that the District will have an on budget NCoS result, prior to any impact associated with Doubtful Debt provision, 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 April 2018 GF Total Expenditure was \$2.065M (1.48%) favourable to budget, reflecting favourable results for Overtime (\$0.234M), RMR (\$1.419M), G&S Admin (\$0.500M), G&S Prosthetics (\$0.802M), G&S Medical & Surgical Supplies (\$0.270M) and G&S Drugs (\$1.509M), offset by unfavourable variances in Salaries & Wages (\$0.583M), Superannuation (\$0.176M), G&S Special Services (\$0.751M) and Annual Leave Provision (\$1.303M).
- YTD April 2018 GF Total Expenditure was \$3.600M (0.26%) unfavourable to budget. This result reflects unfavourable results for Overtime (\$3.367M), Annual Leave Provision (\$5.925M), Superannuation (\$0.329M), VMO Payments (\$1.544M), RMR (\$0.320M), G&S Med and Surgical Supplies (\$2.436M), G&S Special Services (\$7.684M) and G&S Support (\$0.322M) offset by favourable variances in Salaries & Wages (\$2.625M), G&S Drugs (\$7.044M), G&S Admin (\$7.503M) and G&S Prosthetics (\$1.718M).

#### **Revenue**

- GF Total Revenue was \$1.101M (0.88%) unfavourable to budget for the month of April 2018. The result for the month reflects unfavourable variances in Facility Fees (\$0.346M), Services to Other Organisation (\$1.517M), Prosthesis Income (\$0.325M) and High Cost Drugs (\$0.623M) offset by favourable variances in Patient Fees (\$1.572M) and Grants & Contributions (\$0.460M).
- YTD April 2018 GF Total Revenue was \$12.962M (0.92%) unfavourable to budget. The unfavourable YTD result reflects mainly unfavourable variances in User Charges (\$20.993M) and Doubtful Debts (\$4.589M) offset by favourable variances in Patient Fees (\$5.681M), Grants & Contribution (\$4.654M) and Other Revenue (\$2.523M).

# Board Report

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.998M unfavourable to budget for the month of April 2018 and \$7.751M unfavourable to budget for the YTD April 2018. This YTD result reflects unfavourable budget variances for Expenditure (\$3.844M) and Revenue (\$3.907M).

## CONSOLIDATED RESULT

For the period ended 30 April 2018 the consolidated year to date NCoS result for the General Fund and SP&T was \$24.330M unfavourable to budget. The result comprises unfavourable variances in Expenditure \$7.443M and Revenue \$16.887M.

## FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

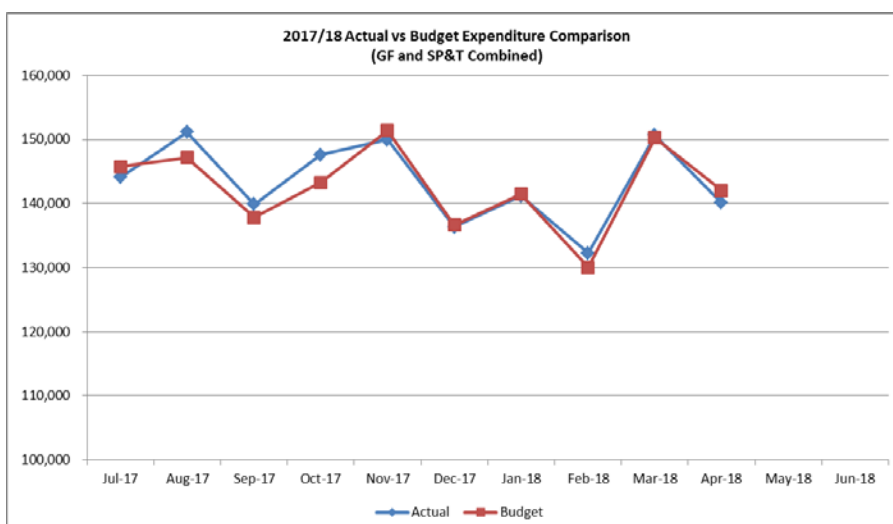
For the period ended 30 April 2018, SLHD recorded a Total Net Result of -\$19.607M (Note that Total Revenue was higher than Total Expenditure for YTD April 2018) which was \$24.264M (55%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD April 2018 was \$22.727M unfavourable to budget. The YTD Net Direct Operating Result reflects unfavourable budget variances in Expenditure (\$10.916M) and Revenue (\$11.810M).

For the month of April 2018 Total Direct Revenue was \$1.783M unfavourable to budget, comprising \$0.981M unfavourable variance for the General Fund and a \$0.802M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$11.810M unfavourable to budget, comprising unfavourable variances for the General Fund (\$8.164M) and SP&T Fund (\$3.646M). 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 \$0.081M unfavourable to budget for the month of April 2018, comprising unfavourable result for the SP&T Fund (\$0.580M) offset by favourable result for the General Fund (\$0.499M). YTD Total Direct Expenditure was \$10.916M unfavourable to budget, comprising \$5.483M unfavourable variance for the General Fund and a \$5.433M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Overtime (\$3.367M), On-costs (\$8.891M), Direct Clinical Operating (\$1.367M), G&S Support Services (\$0.322M) and VMOs (\$1.544M). These results were offset by favourable results for Salaries & Wages (\$2.625M), and G&S Corporate & Operational Admin (\$7.503M).

## MONTHLY BUDGET PERFORMANCE

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





# Board Report

## **LIQUIDITY**

The District had **NIL** creditors over 45 days as at 30 April 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 April 2018.

The cash balance at 30 April 18 for the SLHD Operating bank account was \$11.017M and the Operating Cash book balance was \$11.066M.

## **CAPITAL WORKS – SMRS PROJECTS**

The District's Full Year Capital works budget relating to SMRS Projects as at 30 April 2018 is \$20.901M comprising \$6.862M of MoH funded projects and \$14.039M of locally funded projects. In April 2018, two locally funded projects, i.e. Concord Hospital Mammography Unit Replacement (\$0.750M) and Canterbury Hospital TSSU Equipment Replacement (\$0.250M) were approved by MoH.

Actual expenditure as at YTD April 18 was \$10.952M which is \$0.219M below budget.

## **OTHER CAPITAL PROJECTS**

As at the end of April 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 Internal Audit relocation. The total expenditure of \$0.802M was sourced from General Fund.

## **CAPITAL WORKS**

### **RPA QEII Level 6 East Refurbishment**

Painting works are 95% complete. Touch ups will be undertaken after all works are complete. Bathroom fixtures and reception installation completed. Orders have been placed for corner guards and door protection.

### **RPA QEII Hydrotherapy Pool Stage 1**

The Nurse call rough in, ceilings, hydraulic fit and duct cleaning have now been complete. Painting has been completed. Bathroom fixture installation has been completed. Curtain tracks have been installed. The pool reopened 14 May 2018. The Project has now been completed.

### **RPA QEII Level 6 West - Orthopaedics**

Floor repairs and hydraulic fit have been completed. Nurse call installation and painting are underway. Additional works for reception have been approved and are underway.

### **CRGH Theatres 7 & 8**

Painting works for the dirty corridor are 75% complete – the final coat will be undertaken once theatres 9 and 10 are complete. Electrical fit off is complete. Mechanical services fit off is complete and commissioning documentation received. Light and integration works are complete and operational. Painting is complete. Lead lined doors installation complete – theatre 8 auto doors operational. New theatre 7 doors between scrub room and theatre have to be changed and have been ordered. Theatres are operational.

## **PLANNING**

### **Board/Executive Planning Forum**

Preparations for the Board/Senior Executive Planning Day included a report on actions to date on the Strategic Plan. The report and operational plan from the Planning Day is being completed and will be circulated between Board meetings following receipt of the 2018/19 Annual Service Plan.

### **RPA HealthOne East (Green Square)**

- A meeting will be held with the City of Sydney to further discuss site options for the HealthOne. Following from that a further meeting was held to discuss site opportunities in the Waterloo and Alexandria areas.
- A consultant brief on the demography and health services in place was received.

### **Urban Development**

#### **• Waterloo Forum 2.0**

The second Waterloo Forum was held on the 4<sup>th</sup> May. At the Forum SLHD reported back to the community on the progress made since the last forum, with an aim to “dig deeper” into a selection of identified local issues such as mental health and drug health. It was agreed that the next forum would focus on Aboriginal health in Waterloo and social enterprise opportunities.

The Director of Planning was honoured to later be invited to present the Redfern-Waterloo Community Awards for volunteering.

### **Local Government Engagement**

The Planning Unit organised for the SLHD Chief Executive and senior staff to meet with the General Manager/Chief Executive of local councils and their senior staff. In some councils the Lord Mayor/Mayor was also present.

Meetings were held with:

- City of Sydney
- Inner West Council
- Strathfield Council
- Canada Bay Council
- Canterbury-Bankstown Council.

The meeting with Burwood Council was deferred until June.

These meetings have been very productive and have spanned a range of issues including collaboration areas, transport, community-based service provision, community service planning, population health, urban development (such as Sydenham to Bankstown and The Bays), the Western Metro and public health issues such as hoarding, air pollution, Westconnex and environmental health. Ongoing contact will be maintained.

### **Camperdown-Ultimo Collaboration Area**

A number of meetings have been held to develop the Camperdown-Ultimo Collaboration Area and to discuss future directions. A major forum will be held for members in early June to further develop this work.

## **Youth Health and Wellbeing Plan**

The Planning Unit is working with Media and Coms to organise an inter sectoral event to launch the Youth Health and Wellbeing Plan, a plan developed by SLHD, FACS, Education and the Primary Health Network. This plan is the first of its kind.

## **Asset Strategic Plan and Forecasting for Clinical Services Plans**

The Planning Unit is undertaking considerable work to develop the future scenarios and forecasted bed and service needs for the District based on a new planning tool developed by the Ministry.

## **Women's Health Strategy Paper**

The Women's Health Stream Position Paper has been finalised and will be presented at Clinical Council. The plan provides the priorities for the Stream over the next five years.

## **SYDNEY RESEARCH**

### **The Big Idea**

Of the 15 applications for the Big Idea received from across the Sydney Research partnership, 4 finalists have been selected. These finalists (included below) have been informed and will attend a pre-briefing on 12 June 2018.

The program for the 2018 Big Idea has been finalised and is awaiting final production from the SLHD AV team for release and inclusion on the website and in advertising.

As of 29 May 2018, 65 individuals have registered to attend the event. This is a promising initial display of interest, with registrations expected to increase closer to the event with the release of the program and with continued structured communications.

### **Sydney Research Awards**

The panel consisting of Prof Warwick Britton, Director, Research SLHD, Adj Assoc Prof Vicki Taylor, Executive Director, Sydney Research, Prof Laurent Rivory, Pro Vice Chancellor Research, Prof David Handelsman, Director, ANZAC Research Institute, Prof Elizabeth Denney-Wilson, Conjoint Professor of Nursing, SLHD and Mr Aaron Jones, Chief Nursing Information Officer, SLHD have provided their rankings of the applicants.

Seven Sydney Research Awards (five awards and two scholarships) will be awarded at the Sydney Innovation and Research Symposium. Trophies have been ordered to present to the winners.

### **STRIVE – Research Impact and Commercialisation Series**

The "What is "Intellectual Property" and Why is it Important?" session was delivered by Mr Gavin Recchia, Principal, Patent Attorney, Davies, Collison and Cave on 9 May 2018. It is possible that similar sessions being delivered by the University of Sydney the following week may have reduced attendance at this STRIVE session.

### **PFCC Research Working Group**

The first meeting of the PFCC Research Working Group was held on 17 May 2018. Background documents were circulated ahead of the meeting including work on consumer engagement from the South Australian Health and Medical Research Institute and an opinion piece from Ms Belinda Macleod-Smith. At this meeting, the Working Group endorsed the Terms of Reference, Focus Areas and the proposed Action Plan.

Initial work will include a literature review surrounding patient participation in research which includes consideration of the Sydney Health Partners “Engaging Consumers in health Research” report. This review will allow for strategies to be developed and further actions to be assigned.

The PFCC Research Working Group will continue to meet bimonthly, with the next meeting scheduled for 18 July 2018.

## **OHMR – Embedding Quality Research into LHDs**

A dedicated resource for this project is required and is being sought to support the ongoing delivery of the project. This has been discussed with OHMR who have agreed to fund the dedicated resource.

The proposed approach includes an initial phase involving Ms Kate McGregor to leverage off redevelopment of the OHMR website. Dr Tony Penna will speak with Ms McGregor prior to development of a formal proposal.

## **Sydney Health Partners (SHP)**

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

- Sydney Research has facilitated meetings that will be held between SHP and the SLHD Finance and SLHD Communications teams in an effort to streamline some of the operational aspects of the partnership.
- Sydney Research has continued to be a key contact in progressing early conversations regarding a proposed partnership with Siemens and SHP.

## **Sydney Research Building**

- A formal response from Dr Tony Penna, Executive Director, OHMR and Cathryn Cox, Executive Director, Health System Planning and Investment Branch and the Ministry of Health has not yet been received regarding the “Missenden Rd Precinct” brief which was submitted 6 March 2018.
- A meeting was held on 11 May 2018 with representatives from SLHD, Capital Insight and the University of Sydney to further conversations regarding master planning and ensuring the integration of the campuses.
- The PowerPoint presentation “Sydney Central Innovation Precinct” sent by the Centenary Institute on 20 April 2018 prompted the Minister’s Office to request an information brief. Sydney Research coordinated the response titled “Sydney Integrated Health, Research and Education Precinct” which was provided on 15 May 2018.
- Representatives from SLHD, Capital Insight and the University of Sydney attended the HRI board meeting on 23 May 2018.

## **Other Activities**

- Sydney Research have met with a number of stakeholders to progress initiatives including:
  - Prof Paul Haber regarding a new potential drug and alcohol clinical research centre.
  - Prof Mathew Vadas and Nick Pearce to discuss available lab space in the Centenary Institute building.
  - Mr Ben Schmitt and Mr Tobias Huegle from Siemens regarding a potential Australian Digital Health Agency project.
  - Ms Megan Crane and Ms Elise Webster from University of Sydney Marketing to strengthen this relationship and discuss areas of alignment.
- Promotion collateral is being collected from the member organisations of Sydney Research. This will be used for a collective promotional show bag, first handed out at the Big Idea but with the intention of continued promotional use.

# Board Report



- Sydney Research attended a number of events representing Sydney Research and/or SLHD including the launch of the InsideOut Institute, and a counter terrorism briefing by NSW Police.
- CE support has been obtained to establish a general funds cost centre for Sydney Research to streamline and monitor expenditure for Sydney Research projects such as The Big Idea and the Scholarships.
- The Sydney Research 16-17 Biennial Report has been finalised and is available electronically. Printed copies will be available at the Symposium.
- @SydneyResearch currently has 310 followers on Twitter.

## Summary of Finalists: The Big Idea

No	Applicant Name	Organisation	Big Idea Full Title
6	<b>Maria Fiatarone Singh</b>	University of Sydney	Development of HUMPHRE: The Holistic Unit for the Management of Personal Healthcare and Rehabilitation.
10	<b>Rebekah Moles</b>	Faculty of Pharmacy, University of Sydney	Developing a smart syringe to combat liquid dose errors in children.
12	<b>Tim Lambert</b>	University of Sydney, ccCHiP and SLHD	Development of a mobile app to enhance patient cardiometabolic outcomes through individualised, data-driven interactive media to improve treatment adherence.
13	<b>Wojciech Chrzanowski</b>	University of Sydney	AeroEV - Aerosol technology for pulmonary delivery of 'nanoscale messengers', extracellular vesicles (EV), to promote and accelerate functional tissue repair in degenerative lung diseases.

Dr Teresa Anderson  
Chief Executive

Date: 28.6.18