

Sydney Local Health District

Seventy Ninth Meeting of the Board

Date: Monday 20 August 2018
Time: 9.00am – 11.00am
Venue: Boardroom, Balmain Hospital
Chair: The Hon. Ron Phillips, Chair AO

1. Present and apologies

The Hon. Ron Phillips, Chair AO
Ms Victoria Weekes, Member
Dr Thomas Karplus, Member
A/Professor Christine Giles, Member
Ms Susan Anderson, Member
Ms Ronwyn North, Member
Dr Mary Haines, Member
Professor Paul Torzillo AM, Member
Ms Frances O'Brien, Member
Dr Barry Catchlove, AM, Member
Mr David McLean, Member
Dr Teresa Anderson, AM, Chief Executive

Apologies

Ms Joanna Khoo, Member
Dr Alicja Smiech, Chair, Medical Staff Executive Council

In attendance

Dr Tim Sinclair, Director, Operations (9.00am – 10.30am)
Adj Assoc Professor Vicki Taylor, Executive Director, Sydney Research (9.00am - 9.40am)
Ms Lisa Daly, Program Manager, Sydney Research (9.00am - 9.40am)
Mr Michael Clark, Manager, Internal Audit (9.00am - 9.55am)
Ms Lily Cao, Senior Auditor, Internal Audit (9.00am - 9.55am)
Mr Michael Morris, Acting General Manager, Balmain Hospital
Ms Nerida Bransby, Secretariat

Presentation: Executive Director, Sydney Research

Adj Assoc Professor Taylor and Ms Lisa Daly presented on Sydney Research, the next level of health and medical research including:

- SLHD Research and Collaborations
- Sydney Research, the next level of health and medical research
- Strategic Plan 2014 - 2019

- Strategic focus areas
- Current focus areas
- Staffing levels
- Major projects including The Big Idea, STRIVE Research Impact and Commercialisation Series, Awards and Scholarship Program and the Sydney Innovation and Research Symposium
- Other relevant projects
- Feedback from The Big Idea attendees.
- SLHD representatives sit on the Board of the major Research Institutes.
- Sydney Research Governing Council meetings are well attended
- Conversations have commenced re sharing staff and resources prior to the research building being built.

The Chair thanked Vicki and Lisa for the presentation and for attending the meeting.

2. Welcome and introductions

The Chair welcomed members and guests to the seventy ninth 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 – 16 July 2018

The minutes of the Board meeting held on Monday 16 July 2018 were moved and seconded.

The Chair then signed the minutes.

4.2 CE Report – July 2018

The Chair declared that the CE Report for July 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:

- A meeting was held with the Westconnex Action Group. Correspondence has been forwarded to the Minister.
- A new app was discussed at the STARS Committee meeting this morning to explore Hospital Acquired Complications.
- An additional slide has been included to capture the challenges the District is facing including the pressure on ICU, managing demands, significant infrastructure needs and requirements including mental health services with an acknowledgement to staff. This agenda item can be removed from the action list.
- An electronic copy of the Budget Presentation was forwarded via email on 17.7.18. This agenda item can be removed from the action list.
- An electronic copy of the Performance Agreement was forwarded to the Board via email on 17.7.18. This agenda item can be removed from the action list.

5.2 Brief – Sleep Health Pathways

The Board received, read and noted the information contained in the brief on Sleep Health Pathways. This agenda item can be removed from the action list.

6. Patient Story

This agenda item was deferred to the next meeting.

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

This agenda item was deferred.

9. Chief Executive's report

The Board received, read and noted the Chief Executive's Report. Three matters for noting in the report including:

- The District has a significant improvement in the NWAU for Mental Health.
- The District came in on budget for the 2017/2018 financial year.

- The additional Special Purpose and Trust Fund expenditure was used to invest in infrastructure and equipment including medical and ICT.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – June 2018

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

9.1.2 Selected Performance Indicators – June 2018

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report – July 2018

The Board received, read and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board noted there were no further updates to report.

9.2.2 Macquarie International Private Hospital

The Board noted there were no further updates to 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 quarterly report for the period May - July 2018 was due in September 2018.

(ii) Monthly Report – Between the Flags

The Board received, read and noted this report.

9.5 Audit and Risk Committee Report – 22 June 2018 - 20 September 2018

The Board noted this report is due in October 2018.

9.6 Facility Reports – June 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 noted the next report for the period July 2018 - September 2018 is due in October 2018.

10. Matters for approval / resolution

10.1 Corporate Governance Statement

The Board received the draft letter to the MoH, a clean copy of the Corporate Governance Statement and a highlighted copy for standard changes and new additional items. Mr Clark and Ms Cao attended the meeting to provide all the supporting documentation for the SLHD Corporate Governance Statement. A verbal report was provided on examples of corrupt conduct and that the District has no tolerance to fraud. The Ministry and ICAC are satisfied with the procedures the District follows. Following these discussions the Board agreed:

1. The District uses risk tolerance not risk appetite. A copy of Key Performance Indicators and Risk Tolerance is to be circulated to the Board.
2. Page 5 of the document, under standard 3c Research and Teaching should read:
The District's second Research Strategic Plan 2018-2022 was launched in 2018.
3. Page 7 of the document under Finance, Risk and Performance Management Committee should read:
The Finance, Risk and Performance Management Committee receive monthly reports that include.

The Board then **endorsed** the Corporate Governance Statement to be submitted to the MoH with the abovementioned changes.

10.2 DRAFT SLHD Asset Strategic Plan 2018

The Board received, read and noted the DRAFT SLHD Asset Strategic Plan 2018. The Board discussed the top five priorities for the District including, capital works listed as number one on the risk register and the number one challenge for the District.

Following these discussions, the Board **endorsed** the Plan with a presentation to be provided at the next meeting.

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 on 16 July 2018.

11.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 16 July 2018.

11.3 Communications Committee

The Board received, read and noted the minutes of the meeting held on 17 July 2018.

11.4 Audit and Risk Committee

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

11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 25 July 2018.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 22 August 2018.

11.7 Medical Staff Executive Council

The Board received, read and noted the minutes of the meeting held on 3 August 2018.

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

The Board received, read and noted the minutes of the meeting held on 1 August 2018.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 31 July 2018. Board members on this Committee commented on the good will in the room, positive start and the goal to have the healthiest Aboriginal Community in Australia.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the next 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 11 July 2018.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 16 July 2018.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the meeting was held on 15 August 2018.

12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board received, read and noted the minutes of the meeting held on 25 July 2018.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 21 August 2018.

12.7 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held on 24 July 2018.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 10 July 2018.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the meeting held on 17 July 2018 was cancelled.

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

The Board noted the next meeting is to be held on 27 August 2018.

12.11 Concord Hospital Redevelopment Executive Steering Committee

The Board noted the minutes of the meeting held on 25 July 2018 were not available.

13. Matters for noting

3.1 Brief – Increase in Violent and Aggressive Incidents against SLHD Staff from Patients and Visitors

The Board received, read and discussed this correspondence including:

- The majority of incidences occur in the wards and in mental health.
- The incidences are a mixture of patients and visitors.
- Risk assessments are important and should be completed early.
- Initiatives are in place for nurses to escalate incident sooner.
- Clinicians are now attending “code black” incidents for a comprehensive approach.
- Increase in locations for duress alarms.
- Baring notices put in place when needed.

The Board is supportive of the initiatives taken and agreed staff should not tolerate this behaviour. The Board noted that these incidents will be monitored through workers compensation claims and people matter surveys.

13.2 Cultural Diversity Framework and Strategic Plan 2018-2023

The Board received, read and noted this correspondence. The Board supported the proposed processes with the launch to be held at the Annual General Meeting later this year.

- 13.3 Correspondence – Reporting on the Implementation Plan to reduce the use of Seclusion and Restraint

The Board received, read and noted this correspondence. The Board noted the District is on-track with recommended actions to improve the safety and quality of patient experiences in very acute situations.

- 13.4 Multiple Sclerosis Clinic and Clinical Trials - Happenings at your Clinic – July 2018

The Board received, read and noted this correspondence.

- 13.5 Correspondence - Local and State-wide Performance Update June 2018

The Board received, read and noted this correspondence.

- 13.6 Correspondence – Mental Health Commission

The Board received, read and noted this correspondence.

- 13.7 Brief - My Health Record – Works Completed

The Board received, read and noted this correspondence.

- 13.8 SLHD Safety and Quality Account 2016/2017 Update

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 17 September 2018 at 9.00am.

The meeting closed at 11.00am.

Following the meeting the Board proceeded on a tour of Balmain Hospital.



Chair



Date

Board Report

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

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

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

Mental Health Readmissions within 28 days slightly increased for the month of April to 17.1%. There has been a slight increase (0.8%) in the percentage of Mental Health Readmissions within 28 Days as of YTD April 2018 in comparison to the same period last year.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation at 5.1% for both the month and YTD May, which is below the State rates of 5.6% and 5.9% respectively. Unplanned Emergency Presentations (same ED within 48 hours) were 4.2% for both the month and YTD June, which is below the State rates of 4.7% and 4.9% respectively.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus aureus Bloodstream Infections (SABSI) with a result of 0.6 per 10,000 bed days for the month of May 2018. There were 3 Central Line Associated Bloodstream (CLAB) infections during May 2018, 2 at Royal Prince Alfred and 1 at Concord Hospital. YTD there have been 3 CLAB, the previously reported CLAB at Concord Hospital was investigated and found not to be CLAB infection, with the Ministry to update the reports from next month. 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

Premium staff usage for Medical, Nursing and Allied Health decreased for June 2018 compared to the same period last year by -0.03, -0.25 and -0.26 respectively.

Activity

There was a slight decrease (-0.42%) in the number of separations (14,219) for the month June 2018 when compared to the June last year. YTD separations have increased by 1.39% across the District in comparison to last year. In June the District's occupancy rate decreased by 0.68%, to 91.99% when compared to the 92.67% in June 2017. The YTD occupancy rate has increased by 1.34%, to 89.33%, when compared to YTD June 2017. The District has experienced a 4.42% increase in YTD case weighted attendances, when compared to the previous year.

There were 12,737 attendances to the District's Emergency Departments in June 2018, representing an increase of 0.6% when compared to the same month last year. YTD Emergency Department attendances have increased by 2.72% to 164,592, representing an increase of 4,357 additional presentations.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to improve ETP performance, with a 1.44% increase in the month of June 2018, to 72.26%, when compared to the same month in the previous year. YTD June there has been a 0.01% decrease in ETP performance to 71.54% when compared to the same period in the previous year. Increases in occupancy, demand and the acuity of patients, particularly during winter period, has had a major impact on YTD ETP performance. 3,089 more patients were admitted, referred or discharge within 4 hours of presentation to our Emergency Departments in 2017/18 when compared to 2016/17.

Transfer of Care

The transfer of care (TOC) target (90%) was met by all three emergency departments in June 2018, with 94.5% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. YTD June the District continues to meet the TOC target, again highlighting the success of the RPA initiated TOC initiatives in operation in SLHD Emergency Departments.

ED Triage

The District met target for all Triage Categories for the month of June. YTD June 2018, Triage Category 3 is the only triage category slightly under target at 70.90%. Triage Category 3 performance remains a challenge for the District due to the significant increases in triage 1, 2 and 3 presentations. The District experienced a 39% increase in the number of triage category 1 patients, representing 299 additional patients, in 2017/18 when compared to 2016/17. Triage category 1 patients increased by 46% at Royal Prince Alfred Hospital (209 additional patients), increased by 26% at Concord Hospital (50 additional patients) and increased by 34% at Canterbury Hospital (40 additional patients). Triage category 2 patients increased by 9%, representing 1,743 additional patients, and triage category 3 increased by 7%, representing 4,942 additional patients presenting to the District's emergency departments. Ongoing work is continuing to be undertaken across the District to manage Emergency Department activity.

Elective Surgery

There was a slight (4.6%) decrease in surgical admission in the month of June 2018 when compared to the same month last year. During this period there was 4.8% reduction in the total number of operating days – 21 days in June 2018 compared to 22 in June 2017. YTD surgical admissions have increased by 1.71% 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 3.36% 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 19% increase in the number of Hospital in the Home overnight separations June YTD in comparison to YTD June 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 1.95% variance to target YTD June

Board Report

Stream	Target	Actual	Variation	Variation %
Acute*	157,553	159,919	2,365	1.50%
ED	22,616	22,553	- 63	-0.28%
NAP**	43,375	43,318	- 56	-0.13%
SNAP**	11,137	11,310	173	1.55%
MH Admit^	15,528	16,561	1,033	6.65%
MH NAP^^	12,691	12,247	- 444	-3.50%
Total	262,900	265,908	3,008	1.14%
Dental DWAU	63,423	81,019	17,596	27.70%
Dental NWAU#	8,234	10,518	2,284	27.74%
Total (NWAU)	271,134.22	276,426.53	5,292	1.95%

* Acute admitted activity is 99.74% coded, 400 episodes outstanding

** Final data close off 17 August

^ 98.81% coded, 16 episodes outstanding

^^ YTD May

NWAU=589/4605*1.015*DWAU

2018/19 Service Level Agreement and Activity Purchasing

The Performance Unit has finalised the allocation and phasing of activity targets for the 2018/19 financial year, with facilities and services provided with the opportunity to review and provide feedback on the targets. Targets are phased across the year and are reflective of the activity fluctuations across the preceding six years of historical data (where appropriate), with adjustments made based on service changes.

For the first time the Performance Unit will also be further allocating the non-admitted activity by specialty unit and Mental Health non-admitted activity by community team.

Non-Admitted Patient (NAP) Activity

The Performance Unit is working closely with facility NAP coordinators to clean and resubmit their 2017/18 NAP data prior to the close-off deadline of 17 August.

Ministry testing of the loading of summary level data into mLoad has been successfully completed, with the Ministry aiming for Districts to load their July summary data into mLoad in August.

Sub and Non-Acute Patient (SNAP) Activity

The District continues to perform well in relation to grouped SNAP episodes, with 100% of all episodes grouped as of YTD June 2018, which is above the State average of 99%. The SNAP Working Party continues to meet on a regular basis and developing strategies to improve data quality and reduce error rate.

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. Significant improvement was made in the month of May with the result 41% above target. YTD May the District is 3.5% below target, with this expected to further improve with the June result.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of June 2018 SLHD recorded 20.44% of all patients discharged as privately insured which is a record 7 months in a row, achieving above 20%.

For the financial year ended June 2018 there were an additional 3,257 (1.67%) patients who elected to use their private insurance compared to the same period last year, comprising:

- 1,886 (2.38%) at RPAH
- 1,014 (0.94%) at Concord
- 292 (1.04%) at Canterbury
- 38 (1.92%) at IRO
- 27 (1.09%) at Balmain

RPAH reported their 6th month in a row achieving over 22% private patient utilisation and additional 102 privately insured patients as compared to last financial year. Canterbury finished the month at 11.68% which is the highest result for the last 24 months.

Single Room Usage

For the month of May 2018 8.27% of patients were isolated as a result of clinical alert, the lowest in 24 months.

For the month 27% of all available single rooms were occupied by private patients and 38% of all private patients were accommodated in single rooms.

SLHD Revenue Committee

The SLHD Revenue Committee did not sit in June 2018.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations

The *Pitch* evaluation report outlining the progress and outcomes of previous *Pitch* ideas is nearing completion.

The next *Pitch* is scheduled on Friday 7 September at the Kerry Packer Education Centre, RPAH. Applications close on 13 August 2018.

Clinical Redesign: CHR Projects

The “A Joint Effort – Patient Centred Redesign in the Rheumatology Outpatient Services at RPA” Project (CHR 2018 – first intake) is delayed but continuing in the Diagnostic Phase. Feedback has been received from the Research Ethics and Governance Office (RPAH Zone) following the team’s application submission. This is currently being reviewed and actioned by the project team. Negotiations were had with the ACI to extend project timelines due to the delay in obtaining ethics approval. The team were granted timeline extensions with a proposed graduation date in April 2019.

The clinical pathway developed through the POPI project (CHR 2017 - first intake) to improve the identification and management of iron-deficient patients prior to surgery was implemented in RPAH Upper Gastrointestinal (UGI) services in March 2018. A review was completed in April 2018 and found significant improvements in identification and management of Iron Deficiency (ID). Identification of ID in high risk patients has increased from 30% to 90%. Additionally, management of identified ID patients has increased from 10% to 75%.

More importantly the pilot process has prompted surgeons and the Clinical Nurse Consultant to actively review the pathway and make changes to enhance the lean process of the pathway and enhance the patient preoperative experience. Currently the clinical pathway is being implemented in the RPAH Colorectal department. This will now be replicated in the UGI and Colorectal departments in Concord Hospital. It is envisaged an analysis of all other surgical departments in the District will be conducted to determine if this framework is appropriate for scaling.

The 'A Collaborative Care Outreach in Residential Aged Care Facilities (RACF) across the SLHD (ACCORD)' project team (CHR 2017 - second intake) launched the newly developed RACF Outreach Model of Care on Wednesday 25 July at the Marion RACF in Leichhardt. The launch was attended by over 60 attendees including SLHD RACF staff, GPs, practice nurses, SLHD staff and NSW Ambulance.

The SPORT (previously known as 'Sterilizing and Perioperative Clinical Redesign') (CHR 2017 – third intake) project team is graduating from the University of Tasmania on 31 August 2018. The team together with the Sterilizing manager and the Operating Theatres Nurse Manager are progressing the implementation of the following solutions:

- Purchase of an ultrasonic cleaner machine which is of paramount importance for efficient sterilising services.
- Creation of a new position titled "Educator/Audit Compliance Officer" for the Sterilizing Department to facilitate the education and training of staff in the Sterilizing Department.
- Reconfiguration of the physical layout of the Sterilizing Department to allow streamlined workflow and minimise opportunities for errors
- Expansion of the electronic system TDoc (Total Documentation System) to facilitate real-life tracking of instruments.
- Creation of the "Loan Set Team Leader" position through regrading existing position.
- Review and redesign current communication forms (i.e. fast tracking, error reports, etc.) used within Operating Theatres and Sterilizing Department.
- Establish a daily huddle between the morning supervisor of the Sterilizing Department and Nursing Unit Manager of the Operating Theatres.
- Re-establish a quarterly meeting between the two departments.

The most significant evaluation results to date include the reduction in the average turnaround time for all standard instrumentation from decontamination stage to dispatch stage from 28.4 hours (Sept 2017) to 15 hours (June 2018). In addition, through a staff survey, staff within the Sterilizing Department have as a whole expressed a profound positive shift in morale and satisfaction with their job since the start of the project. In the pre-implementation staff survey (Sep 2017), 6.6% of staff agreed they were satisfied with their job at the present time compared to 65% post implementation (Jun 2018). In addition, the pre-implementation survey indicated that 0% of staff agreed their department had good morale compared to 64.7% post-implementation.

Accelerating Implementation Methodology (AIM):

The next AIM course is scheduled on 9-10 August 2018.

Board Report



HealthPathways

Workgroups

Workgroups conducted:

- Neurosurgery – 4 July 2018

Workgroup Outcomes

Pathways to be developed for the following conditions:

- Space occupying lesions
- Intracranial tumours
- Cervical/Lumbar radiculopathy
- Referral information

There were no specific service or system re-design opportunities identified but it should be noted that there are no public direct access (Bulk Billing) clinics at RPAH. A bulk billing follow up clinic is in place for post treatment follow up. Concord provides three bulk billing clinics public access clinics per week.

Workgroups scheduled:

- Workgroup activity on hold throughout August in account of the CESP HN Office relocations.

Usage of HealthPathways

July usage figures remain positive and should eclipse June 2018. This is encouraging based on the normal July downturn for NSW School Holidays and the normal drop in GP activity at these periods of time.

	July 1-26 2018	June 2018	July 2017
Users	1,061	1,138	833
Sessions of use	4,635	5,050	3,592
Total Page Views	19,837	20,758	15,285
Unique Page Views	14,593	15,615	11,442

Interim Evaluation Report

The Menzies Centre for Health Policy presented the draft interim report to the HPS Research and evaluation committee on 25th July. The report was received warmly by the committee with recommendations ahead of formal submission of the interim report to the SLHD Board. A number of journal submission opportunities were also identified. The Menzies remain on course for presenting their full evaluation report in October 2018.

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 June 2018 based on the District's budgeted NCoS.

For the month of June 2018, Sydney Local Health District (SLHD) General Fund Expenditure was \$7.563M (4.60%) favourable to budget. Full year GF Expenditure was \$7.924M (0.46%) favourable to budget. GF Revenue was \$34.679M (40.04%) favourable to budget for the month and \$18.768M (1.15%) favourable to full year budget. Excluding cash assistance, GF Revenue was \$4.798M favourable to budget for the month and \$11.114M unfavourable to full year budget.

For the full year, the District's GF NCoS was \$26.692M favourable to budget. Excluding cash assistance, the District's GF NCoS was \$3.189M unfavourable to budget. The full year NCoS result was impacted by a significant increase in the Doubtful Debts provision, the majority of which was recognised in March 2018. Excluding the Doubtful Debt unfavourability of \$4.477M, the District's GF NCoS was \$1.289M favourable to full year budget.

As projected by the Chief Executive and the A/Executive Director of Finance the District achieved an on budget NCoS result (excluding one off items below the line, Doubtful Debts and Cash Assistance) for the 2017/18 financial year despite the challenges that faced the District. This result was achieved by the continued maintenance of good internal controls that are in place to monitor performance on a daily basis. There is no doubt that the significant increase in demand for services combined with the resultant financial pressures on the District has placed significant pressure on the District's staff who have managed incredibly well.

The District's NCoS result for 2017/18, excluding the impact of one-off items (i.e. cash assistance and doubtful debts) was \$1.289M favourable to budget. The major Expenditure and Revenue variances that contributed to this result were:

Expenditure

- For the month of June 2018 GF Total Expenditure was \$7.563M (4.60%) favourable to budget, reflecting favourable results for Salaries & Wages (\$4.412M), Overtime (\$0.404M), RMR (\$1.200M), G&S Drugs (\$1.106M), G&S Prosthetics (\$1.034M), G&S Special Services (\$0.753M), G&S Medical & Surgical Supplies (\$0.634M) and Depreciation (\$0.879M) offset by unfavourable variances in Annual Leave Provision (\$0.440M), Superannuation (\$3.033M), VMO Payments (\$0.626M) and G&S Admin (\$0.557M).
- Full Year GF Total Expenditure was \$7.925M (0.46%) favourable to budget. This result reflects favourable variances in Salaries & Wages (\$8.960M), G&S Admin (\$12.108M), G&S Drugs (\$6.131M), G&S Prosthetics (\$1.133M), RMR (\$4.187M) and Depreciation (\$0.879M) offset by unfavourable results for Overtime (\$2.487M), Annual Leave Provision (\$6.452M), VMO Payments (\$2.448M), G&S Med and Surgical Supplies (\$2.385M), G&S Special Services (\$8.759M) and G&S Support (\$0.610M).

Revenue

- GF Total Revenue was \$34.679M (40.04%) favourable to budget for the month of June 2018. The result for the month reflects \$30M cash assistance and favourable variances in Facility Fees (\$2.526M), Services to Other Organisation (\$4.193M) and Insurance Refunds (\$1.039M) offset by unfavourable variances in Patient Fees (\$5.299M), Grants and Contributions (\$4.904M) and Non User Charges General (\$3.373M).
- Full year GF Total Revenue was \$18.768M (1.15%) favourable to budget. The favourable full year result reflects \$30M cash assistance and favourable variances in Patient Fees (\$0.471M) and Treasury Managed Fund (\$3.599M) offset by unfavourable variances in User Charges (\$6.336M), Doubtful Debts (\$4.252M) and Grants & Contribution (\$0.942M).

Board Report

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$6.018M favourable to budget for the month of June 2018 and \$5.205M unfavourable to budget for the full year. This full year result reflects an unfavourable budget variance for Expenditure (\$11.327M) and a favourable budget variance for Revenue (\$6.122M).

The additional SP&T Expenditure for 2017/18 was used to invest in infrastructure and equipment (medical and ICT) across the District.

CONSOLIDATED RESULT

For the year ended 30 June 2018, the consolidated year to date NCoS result for the General Fund and SP&T was \$21.473M favourable to budget. The result comprises a favourable variance for Revenue (\$24.875M) and an unfavourable variance in Expenditure (\$3.402M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 30 June 2018, SLHD recorded a Total Net Result of \$8.242M which was \$22.104M (73%) favourable to budget. The Net Direct Operating Result (GF and SP&T) for the full year was \$15.788M favourable to budget. The full year Net Direct Operating Result reflects a favourable budget variance in Revenue (\$30.089M) offset by an unfavourable budget variance in Expenditure (\$14.300M).

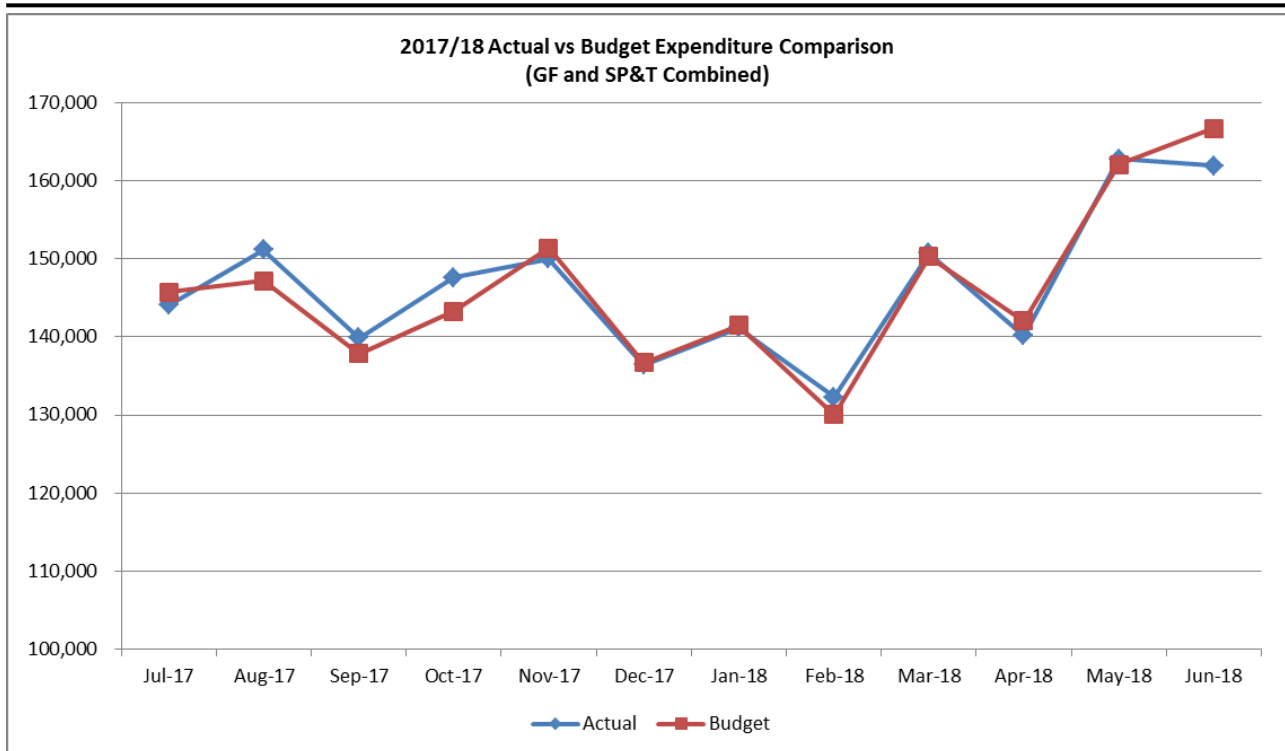
For the month of June 2018, Total Direct Revenue was \$43.713M favourable to budget, comprising \$34.881M favourable variance for the General Fund and \$8.832M favourable variance for the SP&T Fund. Full year Total Direct Revenue was \$30.089M favourable to budget, comprising favourable variances for the General Fund (\$23.678M) and SP&T Fund (\$6.411M). The full year result for the GF reflects the \$30M Cash Assistance and favourable results in Patient Fees and Other Income offset by unfavourable variances in User Charges and Grant Income.

Total Direct Expenditure was \$0.904M favourable to budget for the month of June 2018, comprising unfavourable result for the SP&T Fund (\$2.680M) offset by favourable result for the General Fund (\$3.585M). Full year Total Direct Expenditure was \$14.300M unfavourable to budget, comprising \$1.457M unfavourable variance for the General Fund and \$12.843M unfavourable variance for the SP&T Fund. The full year result for the General Fund reflects unfavourable variances in Overtime (\$2.4877M), On-costs (\$12.664M), Direct Clinical Operating (\$3.894M), G&S Support Services (\$0.610M) and VMOs (\$2.448M). These results were offset by favourable results for Salaries & Wages (\$8.960M) and G&S Corporate & Operational Admin (\$12.114M).

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 June 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 June 2018.

The cash balance at 30 June 2018 for the SLHD Operating bank account was \$2.599M and the Operating Cash book balance was \$2.273M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget relating to SMRS Projects as at 30 June 2018 is \$19.721M comprising \$5.682M of MoH funded projects and \$14.039M of locally funded projects.

Actual expenditure at the end of June 2018 was \$14.099M which is \$5.621M below budget. Several projects were completed with cost less than budget as the District, through its procurement process, was able to negotiate lower costs than originally anticipated.

OTHER CAPITAL PROJECTS

As at the end of June 2018, the District has expended a total amount of \$1.031M on projects relating to the Institute of Academic Surgery (various equipment), K2 Foetal Monitoring System and Internal Audit relocation. The total expenditure of \$1.031M was sourced from General Fund.

CAPITAL WORKS

Concord Hospital Stage 1 Redevelopment Update

The Final Business Case has been submitted to the Ministry of Health. The development of the Environmental Impact Study (EIS) has continued as part of the State Significant Development Application.

Drug Health sub-acute beds will be relocated into refurbished buildings 69, 70 and 71 (the current veteran day centre) and comprise of 9 beds. The Veterans Day centre will be relocated to Building 83, significant refurbishment is underway. 12 acute Drug Health beds have been transferred to RPA during the period by the LHD. The Drug Health refurbishment works are the final stage of the decant strategy & critical to the construction key miles. The table below summarises the key dates.

Works	Programme
LHD refurbish building 83 and decant veterans Day Centre.	Complete 6 August 2018
AW Edwards refurbish buildings 69, 70, 71 for Drug Health	Complete 8 December 2018
Decant Drug Health	Complete 21 December 2018
Demolition of current Drug Health buildings 64, 65, 72, 73	Complete March 2019

The Enabling Works contract has been awarded to AW Edwards. Site establishment is complete and demolition works are scheduled to commence during the coming period.

Design Development phase has commenced with the third round of use group consultation scheduled for completion on 6 July 2018.

RPAH Emergency Department Short Stay Unit (EDSSU) relocation and Expansion of Emergency Department Resuscitation capacity

EDSSU relocation to 9West1 completed. The Site is now operational. ED Resuscitation work is well under way and with a planned completion date of mid-September.

The Emergency Department Refurbishment to improve the Department's Patient and Family Centred environment is underway with the majority of furniture installed and in use.

The graphics for paediatrics, storage system installation as well as recliners for patients and family members are in progress.

RPA QEII Level 6 East Refurbishment

Door protection has been ordered and will be installed once delivered. The Unit is expected to be operational in early August.

RPA QEII Hydrotherapy Pool Stage 1

The Project is now completed and the Site is operational.

RPA Building 77 Plant Room

Temporary relocation of existing services has occurred. Drawings have been revised by engineering and the order for steel work placed. Mechanical and hydraulic documentation are being finalised.

RPA QEII Level 6 West - Orthopaedics

Floor repairs and hydraulic fit are now completed. The Nurse call system 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 – 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. Defects being undertaken. Theatres are operational.

Balmain Sorrie Street – Stacy House

Additional brickwork complete, Rendering is complete. Fence installation is complete. Paint colour selected and expected to be complete early May.

PLANNING

RPA

The draft RPA Clinical Services Strategy is being revised by the Planning Unit in view of the new Ministry of Health bed and service forecasting tools. Master Planning for the RPA site has identified the optimal development zones and staging and has been incorporated into the SLHD asset Strategic Plan.

Canterbury

The Canterbury master Planning exercise has been completed; a two staged plan for redevelopment has been incorporated into the SLHD asset Strategic plan. Bed and service requirements will also be revised in line with the new MoH planning tools.

Strategic Plan, Enabling Plans, Facility Plans and Clinical Stream Position Papers

With the launch of the SLHD Strategic Plan, a range of other District and facility plans need to be updated/refreshed or revised in order to articulate to this new plan. The consistency of the SLHD principles, priorities and strategies in plans and position papers across the Districts services, streams and facilities is a hallmark of our Planning and has provided an important means of ensuring consistent implementation and understanding of the overall strategy.

Facility Strategic Plans will be revised, led by the relevant General Manager, using the Planning Unit for data, information, templates and advice on processes. It is expected that these plans will be completed by the end of the year.

Similarly it is expected that Clinical Stream Position Papers will be refreshed by early 2019.

Enabling plans will be revised as they fall due. The first of these, the SLHD Research Strategic Plan has now been completed and launched.

Other plans that have been prioritised in the SLHD Strategic Plan or in the Annual Service Plan will be developed as required.

Urban Development

- A Workshop was held with UrbanGrowth NSW and Transport for NSW to provide a briefing to the CE on the Waterloo Metro Quarter Master Plan and to review opportunities for establishing health services in that precinct.
- Further meetings have been held between developers, University of Sydney, Inner West Council, UTS and SLHD to discuss the proposed Biotechnology Hub, zoned by the Inner West Council, on Parramatta Road. Additional discussions are planned for August.
- Several meetings, workshops and forums have been attended to contribute to the Camperdown-Ultimo Collaboration Area Place Strategy, being developed through the Greater Sydney Commission. The Brookings Institute will provide a set of workshops as part of the planning to further develop the health, education and creative strategy.

Asset Strategic Plan

To support the 2018 Asset Strategic Plan, the Planning Unit are developing activity, projections and demographics.

Activity, bed projections and other physical requirements are currently being revised based on the new MoH forecasting tool.

Royal Prince Alfred Hospital Clinical Services Strategy

The Planning Unit is currently working with the RPA GM and RPA Clinical Council to refresh the draft RPA Clinical Services Strategy with revised beds and service forecasts based on new MoH tools and updated activity data. Once completed, it will be issued for consultation.

A presentation and consultation was undertaken with the RPA Clinical Council outlining the principles and approach.

Youth Health and Wellbeing Plan

Further meetings have been held to organise the launch of the Youth Health and Wellbeing Plan.

RPA HealthOne (HO) East (Green Square)

A preliminary Business Case for Waterloo HealthOne has been prepared. Health Infrastructure will provide funds for the full Business case.

A two hour workshop for major community-based service providers was organised and facilitated by the Planning Unit to discuss the Green Square HealthOne and to conceptualise the Waterloo health facility.

A service plan for the Green Square Health “Pop-Up” has been drafted for consideration. The plan outlines the likely usage of the Pop-Up and the ambulatory requirements of the current population of Green Square.

The Planning Unit is completing the write-up of the second Waterloo Forum and is drafting the Waterloo Health and Wellbeing Plan which will articulate to the FACS-led Waterloo Human Services Framework and Plan.

Regional Mental Health Strategy

The Planning Unit and the Mental Health service have attended meetings to develop the PHN-led Regional Mental Health Strategy. The SLHD will also develop its own Mental Health Plan as the current plan runs to 2020.

SYDNEY RESEARCH

Office for Health and Medical Research (OHMR) – Translational Research Grants Scheme (TRGS)

The fourth round of the TRGS was launched on 10 July 2018.

TRGS Round 4 will focus on a number of priority themes, which are reviewed through the standard TRGS process:

1. Aboriginal health
2. Hospital acquired infections
3. Frail and elderly
4. Delirium
5. Low value care
6. Models to support shared decision making with consumers
7. Other locally identified priorities

The total number of Expressions of Interest (EOIs) that can be submitted to the TRGS is again capped at *five* (5) per Host Organisation. All EOIs and Full Applications must be submitted through the TRGS coordinator for the Host Organisation. The TRGS Coordinator for SLHD is Ms Lisa Daly, Program Manager, Sydney Research.

To fulfil this, an adapted template will be used to optimise project selection and EOI development. Completed templates will be reviewed by a panel to select the five (5) projects and only these selected projects will then be developed into full EOIs for submission with SLHD as the Host Organisation. This process ensures optimal use of the time, effort and dedication of all SLHD staff.

The attached information that was distributed through SLHD Executive, Sydney Research Council, SLHD Research, all previous SLHD TRGS applicants and put on the SLHD intranet bulletin board.

The Big Idea

- The major prize of \$45,000 pre-seed funding was awarded to A/Prof Wojciech Chrzanowski, for '*EV the Eagle*': *AeroEV – Aerosolised EVs as next generation therapeutics*.
- A/Prof Chrzanowski has been provided with the reporting templates that the team must complete quarterly – September 2018, December 2018/January 2019, March 2019 and the final report in June 2019.
- A/Prof Chrzanowski has also been advised to provide an invoice for the \$45,000 pre-seed funding (which has not yet been received).
- Meetings have been held or scheduled with all finalists for the Big Idea to determine where Sydney Research is able to add value and support to these projects.
- Winner of the Big Idea 2017, Prof Gerard Sutton will present to the Sydney Research Council on 31 July to update the Council on the progress the team was able to make using the pre-seed funding over the 12 months of the award.

OHMR – Embedding Quality Research into LHDs

A proposal has been drafted for consideration and endorsement by the Steering Committee, which has now been scheduled.

Sydney Health Partners (SHP)

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

- Sydney Research has rescheduled a meeting to be held between SHP and the SLHD Communications teams on 9 August 2018, in an effort to streamline some of the operational aspects of the partnership.
- Sydney Research has continued to be the key SLHD contact in collating and submitting responses to a number of requests for information from SHP in the following areas :
 - Wound Care researchers
 - Indigenous Research Network and Capacity Building environment
 - Redesign and Quality Improvement contacts
 - Biobanking scoping
- Sydney Research has also been the lead contact to progress discussions regarding a proposed Imaging partnership with SHP LHDs and the SCHN.
- Sydney Research provided comment on a proposed “Data Sharing Accord” and participated in a meeting responding to a University of Sydney (USYD) request for data to be stored on USYD servers.

STRIVE Research

The Research Impact and Commercialisation Series session *Collaborating with Industry in research and Clinical Practice* was held on 25 July 2018, with over 30 attendees. Feedback received to date has been positive.

The talks by Warren Bingham and Tim Hirst were filmed, and have been provided (with consent) to OHMR and USYD for their promotion and use in education and capacity building.

Campus Master Planning and the Sydney Research Building

On 17 July 2018, a meeting was held with the Directors and Board Chairs of those MRIs who could be co-located in the Sydney Research building. The USYD was also represented at this meeting. This meeting clarified the master planning process for the RPA campus and the intended integration with the USYD campus to enhance this existing health, research and education precinct.

Other Activities

- SLHD and USYD signed historic agreements in July 2018, a Collaboration Agreement and an IP Agreement.
- Sydney Research has secured CE approval to purchase advertising space in *The Australian's Research Journal 2018*. The Research Journal 2018 target audiences are Corporate, Government and Academic groups. The wide reach and the target audiences present a unique opportunity to promote the Sydney Research collaboration and the RPA-University of Sydney campus. SLHD Strategic Relations and Communications will produce the design and op-ed for this piece.

Board Report



- Sydney Research have met with a number of stakeholders to progress initiatives including:
 - Prof Warwick Britton regarding the potential introduction of an Immunology and Infectious Diseases Institute.
 - Dr Tony Penna to discuss a CE Escalation framework in regards to Clinical Trials contract negotiations and SSAs.
 - Prof Guy Ford and Ms Joanna Bishop from USYD to develop a model for Sydney Research, linking researchers with students of Sydney Business school
- @SydneyResearch currently has 414 followers on Twitter.

A handwritten signature in black ink, appearing to read "Tim Sinclair".

Dr Tim Sinclair
Acting Chief Executive

Date: 17 September 2018