Minutes

Sydney Local Health District

Ninety Second Meeting of the Board

Date: Monday 9 September 2019

Time: 9.30am – 11.30am

Venue: SLHD Boardroom

Chair: The Hon. Ron Phillips AO, Chair

1. Present and apologies

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

Apologies

Mr Richard Acheson, Member
Mr David McLean, Member
Professor Paul Torzillo AM, Member
Ms Susan Anderson, Member
Dr Alicja Smiech, Chair, Medical Staff Executive Council

In attendance

Ms Nerida Bransby, Secretariat
Dr Tim Sinclair, Director, Operations
Mr Ross Sinclair, Director of Finance
Ms Gina Finocchiaro, Executive Director, Workforce and Corporate Operations (Departed 11.15am)
Ms Sharon Campbell for Dr Katherine Moore, Executive Director, Clinical Governance and Risk (Departed 11.15am)
Mr Lance Takiari for Ms Ivanka Komusanac, Executive Director, Nursing and Midwifery (Departed 11.15am)
Ms Miranda Shaw for Ms Lou-Anne Blunden, Executive Director, Clinical Services Integration and Population Health (Departed 11.15am)

Others in Attendance

Mr Jim Mitchell, Acting Independent Chair, Audit and Risk Committee (Departed 9.50am)
Mr Michael Clark, Director, Internal Audit (Departed 9.50am)

Dr Jason Cheng, General Manager, Oral Health Services and Sydney Dental Hospital (Departed 11.15am)
Ms Judy Pearson, General Manager, Drug Health Services (Departed 11.15am)
Ms Michaela Christy, GHMP Trainee (Departed 11.15am)
Ms Louise Treloar, GHMP Trainee (Departed 11.15am)

2. Welcome and introductions

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

Presentation 1: *"Deep Dive into "Sydney Dental Hospital and Oral Health Services"*

Dr Tim Sinclair presented on: Sydney Dental Hospital and Oral Health Services

- Overview of Sydney Dental Hospital and Oral Health Services including provision of general and specialist services, number of chairs, major teaching facility with links to research and training at University of Sydney and Newcastle and TAFE NSW.
- Location of the hospital
- Partnerships and relationships
- Tertiary referral services from patients across the State
- Aboriginal Oral Health Services
- Financial Performance Overview
- Outpatient Activity and Performance
- Workforce – FTE overview
- Quality and safety – NSQHS accredited in July 2019
- Quality and safety indicators
- Challenges include demand management, workforce, aging information system and culture
- Future on-site service expansion
- Always looking at new models of care
- Innovations include Digital Dentistry, Orthodontic Dental Monitoring Research, Oral Health Integrated Care, Paediatric Innovation Fund Scheme and the Surgical Extraction Program
- Introduction of a concierge in the reception area has proved successful

Following the presentation the Board discussed:

- Very impressive presentation
- The improvements noted in engagement and culture indexes in 2019 compared to 2013 prove a strong case for an award and should be nominated.

The Chair thanked Dr Sinclair and Dr Cheng for the presentation and was impressed by all improvements relating to performance, culture, staffing and activity. Dr Cheng to relay the Boards appreciation back to the staff.

Presentation 2: *"Deep Dive into "Drug Health Services"*

Dr Tim Sinclair presented on: Drug Health Services

- Overview includes stand-alone Clinical Stream since 1995
- Leadership in the District and State in clinical care, harm reduction, research, innovation and addiction workforce
- Only District to offer stabilisation service and toxicology
- Patient and family centred care - patients are provided with holistic care, are treated with respect and dignity to many who are homeless
- Biggest issue is licit drugs not illicit
- Model of Care includes contributing factors, priority population, elements of care and health care partners
- Integrated model of care includes, outpatients, inpatients and in the community
- SLHD Drug Health Services provides a leadership role across the state
- Financial Performance
- Activity and Performance includes principal drug of concern for new patients, inpatients and outpatients
- Activity through the Emergency Department
- Workforce includes FTEs, new workcover claims, premium staff usage, sick leave, annual leave and turnover of staff
- Regular staff forums and the exceptional People Matter Survey results
- Quality and Safety indicators includes clinical incidents aggression - aggressor
- Challenges includes admitting rights to Canterbury, accommodation, increase in healthcare for people who inject drugs, redesign opioid treatment program and improved support of vulnerable families
- Innovations include the establishment of Assertive Outreach Teams, increase range of partnerships, improving workplace culture, workforce development and Translational Research Centre.

Following the presentation the Board discussed:

- The Board recognises the challenges and the complexity of patients faced by Drug Health Services
- The Chief Executive advised that she is very proud of Drug Health Services, their dealings with challenging patients and their leadership role across the State.

The Chair thanked Dr Sinclair for the presentation. The Chair thanked Ms Pearson for the beneficial presentation, in what is, a very complex area of health and the provision of constant service improvements for vulnerable patients.

Copies of the presentations are to be provided to the Board.

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

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

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

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4. Confirmation of previous minutes

4.1 Minutes – 19 August 2019

The minutes of the Board meeting held on Monday 19 August 2019 were moved and seconded.

The Chair then signed the minutes.

4.2 CE Report – August 2019

The Chair declared that the CE Report for August 2019 was ready for publication.

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action sheet including:

- Letters of congratulations were signed on 9 September 2019 to Mental Health Services, Oral Health Services and Department of Surgery on their recent accreditation. This agenda item can be removed from the action list.
- The Board requested an extra column in the action sheet to include "progress to date". This agenda item can be removed from the action list.

6. Patient Story

This agenda item was deferred.

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 2019

The Board received and noted the Board Calendar for 2019.

8. Chairman's Report

Nil to report.

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9. Chief Executive's report

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

- The District remains at Performance level 0, which is the highest level achievable.
- There has been a slight increase (0.5%) in the percentage of Mental Health Readmissions within 28 Days as of YTD May 2019 in comparison to the same period last year. The District continues to focus on strategies to improve mental health performance.
- Premium staff usage has increased for Medical, Nursing and Allied Health for July 2019 compared to the same period last year by 2.49, 0.21 and 0.09 respectively due to the significant increase in activity. SLHD facilities continue to meet both nursing hours per patient bed day and birth-rate plus as per Award. The strategies to ensure compliance requires significant monitoring and mobility of resources.
- In July the District's occupancy rate increased by 7.52%, to 93.47% when compared to the 85.95% in July 2018, reflecting the acuity of patients.
- The District continues to work on ETP performance. Despite the significant increase in activity, there was only a -1.08% decrease in the month of July 2019, to 66.55%, when compared to the same month in the previous year. In July, 677 additional patients have been admitted, referred or discharged within 4 hours of presentation, when compared to the same period in the previous year.
- The District performed slightly under the transfer of care (TOC) target (90%) in July 2019, with 87.20% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. This is despite the significant increase in ambulance activity.
- The District met target for Triage Categories 1, 2, 4 and 5 for the month of July. The District continues to make improvements in relation to Triage Category 3 performance, which was slightly below target at 71.28% for the month of July, representing a 0.93% increase on the 70.35% in July 2018.
- SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery achieving 000, with all patients admitted within the clinically appropriate timeframe for their surgery.
- The enhancements to Sydney District Nursing will see an increase in capacity over coming months.
- The winner of the Pitch held on 6 September 2019 was Parent Supporters, an innovative approach to supporting vulnerable families in SLHD involved with the child protection system.
- Clinical Redesign is progressing well.
- Health Pathways are progressing well.
- The 2019/20 Service Level Agreement between the Board and Ministry of Health has key financial performance targets for expense and revenue.
- Sydney Research is progressing well.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – July 2019

The Board received, read and noted the SLHD Board Reporting Pack for July 2019.

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9.1.2 Selected Performance Indicators – July 2019

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report

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 this report for the period April - June 2019.

(ii) Privacy

The Board received, read and noted this report.

(iii) SLHD Risk Register

The Board received, read and noted this report.

9.5 Audit and Risk Committee Report – Period 1 July 2019 – 18 September 2019

The Board noted this report is due in October 2019.

9.6 Facility Reports – July 2019

(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 Services 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 Services 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)   Population Health

The Board received, read and noted the report.

(ix)   Royal Prince Alfred Hospital

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

(x)   Tresillian

The Board received, read and noted the Tresillian report.

(xi)   Lifehouse

The Board received, read and noted the Lifehouse report.

(xii)   Public Health Unit

The Board received, read and noted this report.

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

The Board received, read and noted this report.

(xiv)   Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report.

(xv)   Organ Donation for Transplant – Quarterly Report (July - September 2019)

The Board noted this quarterly report is due in October 2019.

10.   Matters for approval / resolution

10.1   Annual Financial Statements Year Ending 30 June 2019.

Mr Mitchell introduced himself and provided background information on the independent members of the Audit and Risk Committee. The Board Members on this Committee also provide valuable input. The Audit and Risk Committee look at the financial statements three times per year. The financial statements have been reviewed by the NSW Audit Office with no changes.

Dr Anderson advised the District has a diligent Audit and Risk Committee. Together with the Attestations Statement the systems in place are functional and thorough.

Mr Phillips advised of his confidence in the performance of the District's Audit and Risk and Committee who all work well together and thanked everyone involved.

Following discussion, the Board ratified the signing of the Financial Statements for the period 1 July 2019 – 30 June 2019. The Board agreed a letter of appreciation from the Chair is to be sent to the Director of Internal Audit and the Director of Finance.

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 12 August 2019.

11.2   Education and Research Committee

The Board noted the next meeting will be held on 16 September 2019.

11.3   Communications Committee

The Board noted the next meeting is to be held on 8 October 2019.

11.4   Audit and Risk Committee

The Board noted this meeting was held on 3 September 2019. This agenda item was discussed at 10.1.

11.5   Health Care – Clinical Quality Council

The Board noted the minutes of the meeting held on 28 August 2019 were not available.

11.6   Health Care – Clinical Council

The Board noted the minutes of the meeting held on 28 August 2019 were not available.

11.7   Medical Staff Executive Council

The Board noted the next meeting is to be held 1 November 2019.

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

The Board received, read and noted the minutes of the meeting held on 7 August 2019.

11.9   Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 24 September 2019.

12.   Other Committee reports / minutes

12.1   Sustainability Committee (bi-monthly)

The Board noted the next meeting is to be held 19 September 2019.

12.2   Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 10 July 2019.

12.3   SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 15 August 2019.

12.4   Surgical Demand Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 21 August 2019.

12.5   Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board noted the minutes of the meeting held on 21 August 2019 were not available.

12.6   NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 6 August 2019.

12.7   Organ Donation for Transplantation

The Board noted the meeting held on 27 August 2019 was cancelled.

12.8   Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 13 August 2019.

12.9   Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the next meeting is to be held 17 September 2019.

12.10   Concord Hospital Redevelopment Executive Steering Committee

The Board noted the minutes of the meeting held on 21 August 2019 were not available.

12.11   Sydney Healthy Eating and Active Living Committee (SHEAL) (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 1 August 2019.

12.12   Minutes of the District Security Co-ordination Committee

The Board received, read and noted the minutes of the meeting held 14 August 2019.

13.   Matters for noting

Nil to report

14.   Other Business

14.1   Board and Committee Dates for 2020

The Board requested dates for the Board meetings and Board sub-committees to be provided at the next meeting.

Next Meeting

The next meeting is to be held on Monday 21 October 2019 at 9.00am in the SLHD Boardroom.

The meeting closed at 11.30am.
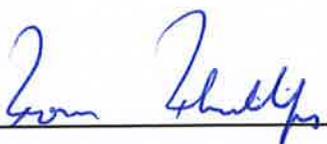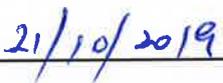
_____   ___21/10/2019___
Chair   Date

Board Report

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board
September 2019

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.

There were no RCAs for the month of July.

Mental Health Readmissions within 28 days slightly decreased for the month of May to 14.8%, from April result of 18.9%. There has been a slight increase (0.5%) in the percentage of Mental Health Readmissions within 28 Days as of YTD May 2019 in comparison to the same period last year. The District continues to focus on strategies to improve mental health performance.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation at 5.5% for both the month and YTD June, which is below the State rates of 6.1% for both the month and YTD June. Unplanned Emergency Representations (same ED within 48 hours) were 3.9% for the month of July, which is also below the State rate of 4.6%.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 0.4 per 10,000 bed days for the month of June 2019. There were 0 Central Line Associated Bloodstream (CLAB) infections during June 2019. 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 focus on strategies to ensure our workforce has the appropriate skill mix and levels to meet demand. Premium staff usage has increased for Medical, Nursing and Allied Health for July 2019 compared to the same period last year by 2.49, 0.21 and 0.09 respectively due to the significant increase in activity. SLHD facilities continue to meet both nursing hours per patient bed day and birth-rate plus as per Award. The strategies to ensure compliance requires significant monitoring and mobility of resources.

Activity
There was an increase (4.66%) in the number of separations (15,263) for the month July 2019 when compared to the July last year. YTD separations have increased across the District by 4.66% in comparison to last year. In July the District's occupancy rate increased by 7.52%, to 93.47% when compared to the 85.95% in July 2018, reflecting the acuity of patients.

There were 14,830 attendances to the District's Emergency Departments in July 2019, representing an increase of 9.17% when compared to the same month last year. In July case weighted attendances have increased by 8.64%, when compared to the previous year.

Board Report

Emergency Treatment Performance (ETP) *(formerly NEAT)*
The District continues to work on ETP performance. Despite the significant increase in activity, there was only a -1.08% decrease in the month of July 2019, to 66.55%, when compared to the same month in the previous year. In July, 677 additional patients have been admitted, referred or discharged within 4 hours of presentation, when compared to the same period in the previous year.

Transfer of Care
The District performed slightly under the transfer of care (TOC) target (90%) in July 2019, with 87.20% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. This is despite the significant increase in ambulance acivity.

ED Triage
The District met target for Triage Categories 1, 2, 4 and 5 for the month of July. The District continues to make improvements in relation to Triage Category 3 performance, which was slightly below target at 71.28% for the month of July, representing a 0.93% increase on the 70.35% in July 2018.

Elective Surgery
There was a 5.38% increase in surgical admissions in the month of July 2019 when compared to the same month last year. SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery achieving 000, with all patients admitted within the clinically appropriate timeframe for their surgery. There has also been a 24.75% decrease in surgical patients not ready for care for the month of July 2019, when compared to the same month last year. This remains an area of focus for rthe District.

Emergency Surgery
There were 63 more emergency surgeries performed in the month of July 2019 when compared to the same month last year, representing a 5.05% increase.

Community care and Hospital in the Home
The District has continued to manage its activity through investments in Sydney District Nursing who continue to manage over 1,000 patients per day in the community who would otherwise be in hospital. There has been a 15.2% decrease in the number of Hospital in the Home overnight separations in July in comparison to the same month last year. 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. The enhancements to Sydney District Nursing will see an increase in capacity over coming months.

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 1.94% variance to target for YTD June, excluding DWAU. eHealth is currently working through some minor issues, prior to making NWAU19 available.

Stream	Target	Actual	Variation	Variation %
Acute*	163,275	164,474	1,199	0.73%
ED	23,187	23,780	593	2.56%
NAP	46,232	47,198	966	2.09%
SNAP	11,955	12,253	298	2.49%
MH Admit	16,596	16,938	342	2.06%
MH NAP	8,396	10,227	1,830	21.80%

Total	269,641	274,870	5,229	1.94%
Dental DWAU	65,897	78,055	12,158	18.45%
Dental NWAU#	7,824	9,267	1,443	18.45%
Total (NWAU)	277,465	284,137	6,672	2.40%

* 10 uncoded episodes
\# NWAU=589/4691*DWAU

Sub and Non-Acute Patient (SNAP) Activity

The District has completed the SNAP data submission for 201/19 with 100% of all episodes grouped.

From 1 July 2019, custodianship of the SNAP data collection transitioned to the System Information and Analytics Branch from the Activity Based Management Branch of the Ministry.

Clinical Costing

The District Performance Unit has commenced preparations for Round 23.2 of costing, including:
- Preparation of the General Leger for Finance sign off
- Gathering of all patient feeder data
- Preliminary data quality checks

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of July 2019, 17.52% (2,574 separations) of all patients discharged by SLHD facilities were classified as privately insured.

Whilst there was a decrease of 193 (7.49%) patients who elected to use their private insurance compared to the same period last year there has been an increase of 630 (4.29%) in separations.

For the month ended July 2019 conversions for facilities as compared to the same period last year were:
- RPAH – a reduction of 244 (17.98%) private patients.
- Concord – an increase of 25 (2.27%) private patients.
- Canterbury Hospital – an increase of 10 (5.59%) private patients.
- IRO – an increase of 7 (20.59%) private patients.
- Balmain Hospital – a decrease of 11 (78.57%) private patients.

Single Room Usage

For the month of July 2019, 9.16% of patients were flagged as infection control across the District. For the month, 27% of all available single rooms were occupied by private patients and 37% of all private patients were accommodated in single rooms.

SLHD Revenue Committee

Key notes:
- Governance over SLHD revenue was discussed including a change in attendance at the Revenue Committee meeting to include General Managers
- Facilities will conduct a review of all outpatient clinic activity to identify revenue opportunities
- Finance to develop standardised financial vs activity reporting across all facilities

Board Report

REDESIGN AND SERVICE IMPROVEMENT

Innovations
- The next round of the Pitch is scheduled on 6 September 2019 and will be held at Concord Medical Education Centre.
- Eleven applications were received for consideration in the September round. The applications that have been chosen to progress to the live round are:
  1. Urine for a change
     - Description: Introducing a new tool to measure urine output on the wards
     - Applicant: Monique Thompson, Clinical Nurse Educator, Concord Hospital
  2. Parent Supporters
     - Description: An innovative approach to supporting vulnerable families in SLHD involved with the child protection system
     - Applicant: Zia Tayebjee, Co-Coordinator Pregnancy Family Conferencing, Clinical Governance and Risk
  3. GeriCO-V
     - Description: Geriatric CO-management of older Vascular patients
     - Applicant: Janani Thillainadesan, Staff Specialist Geriatrician, Geriatric Medicine
  4. Living Well with Pulmonary Fibrosis
     - Description: Proposal to launch a Living Well Clinic, a state of the art, multidisciplinary clinic for RPA Interstitial Lung Disease patients and their carers
     - Applicant: Tamera Corte, Respiratory Physician, Respiratory
  5. Dentarterie – The Art in Dental
     - Description: Dentarterie aims to use art to improve patient and carer experience and reduce anxiety and stress for patients and carers waiting for an appointment.
     - Applicant: Eugenia Szuba, A/Patient and Family Experience Officer, Medical Legal Officer, Oral Health

Clinical Redesign: CHR Projects
- Applications to the ACI's Centre for Healthcare Redesign, Graduate Certificate (Clinical Redesign) Program 2020 (first intake) are now open.
  o Applications have opened particularly early as the first intake will be offering a targeted Redesign Graduate Certificate course for partnership teams in primary and acute care to redesign services to deliver improved care for Aboriginal people in 2020.
  o The Director of Aboriginal Health has been engaged to explore potential projects for submission to the program.

- The "A Joint Effort – Patient Centred Redesign in the Rheumatology Outpatient Services at RPA" Project (CHR 2018 – first intake) is in the process of implementing nine solutions. Progress includes:
  o eReferrals – went live on 4 June. The first eReferral was received on 12 July. Only two referrals have been received via eReferral to date.
  o Clinic Huddles – Huddles continue in the biologics clinic.
  o Administrative staff continue to phone patients to remind them of their appointments 24-48 hours in advance. An audit of the No Show rates for the first 4 months (April – July) has been conducted and compared to the corresponding time period in 2018. The overall No Show Rate for the Rheumatology Outpatient Clinics within the scope of the Redesign Project has remained exactly the same at 11%. Audits will continue. There has been no surveying of patients or staff to evaluate this initiative.

- o Monthly education sessions for all staff commenced in May. The education sessions are being attended by administrative, allied health and nursing staff.
- o Weekly departmental communication via an email newsletter commenced 16 weeks ago. It is planned to formally evaluate this initiative with the staff this month. To date departmental meetings have not yet commenced.
- o The second meeting with facility planner regarding the refurbishment of the Rheumatology Clinic environment was held on 19 June. Awaiting draft plans.
- o An education workshop on patient communication was conducted 26 July by Ms. Jennifer Graham, Clinical Audit Manager, RPAH and Mr. Graeme Slade, Patient and Family Experience Director, RPAH.
- o The focus of the workshop was on communication with the patients and families and how to handle the complaints from the patients. The workshop was only attended by nursing and administrative staff.
- o Templates for No Show letters for patients and their referring doctors have been drafted and are waiting for HOD approval.
- o Patient and staff satisfaction surveys are now due to be resent.
- o Nurse led outpatient clinics are planned for commencement in September.

Other projects
- Palliative Care Services Co-designed Model of Care Review
  - o The Performance and Clinical Redesign team has provided feedback on the report and assisted with conducting patient and carer interviews using the Patient and Carer Experience (PaCE) discussion format.
  - o The project reviewers are in the process of finalising the co-redesign model of care review with submission of the report planned in August.
- Whole of Health (WoH) Services Mapping for SLHD
  - o The Clinical Redesign team has met with key service contacts to discuss the services and programs the District delivers which support access to care. In particular candidates were asked of any outreach, community services or hospital avoidance programs they were aware of for inclusion to the report.
  - o The mapping out will be used to prioritised and form the work plan of the WoH Steering Committee

Accelerating Implementation Methodology (AIM):

- The August AIM course was a success with a total of 17 participants and positive feedback received.
- The next 2 day AIM training course is scheduled on 7-8 November 2019.

HealthPathways

Content development
No Workgroups were conducted in early August.
- RPAH and Canterbury Paediatrics pushed back to September 9th 2019
- Commencing content re-alignment and development as part of the RPAH Endoscopy and Rapid Access Colonoscopy model design.

Content in Development:
- Bone Sarcoma
- Upper GI service mapping
- Neurology
- Neurosurgery
- Genetic Testing

- Social determinate assessment and support resources

Usage of HealthPathways

Provisional August 2019 (1 – 21) usage figures remain favourable but are lower in comparison to 2018 figures. This along with benchmarking data from the South Eastern Sydney HP program and geo-tracking of users via Google Analytics appears to be a reflection of the uptake of South Eastern Sydney GPs to their own HP website.

	August 1– 21 2019	July 2019	June 2019	August 1– 21 2018
Users	831	973	913	941
Sessions of use	3,647	5,194	4,772	3,806
Unique Page Views	10,465	15,574	14,393	11,848
Total Page Views	12,941	19,278	17,817	15,758

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2019/20 Service Level Agreement between the Board and Ministry of Health has key financial performance targets for Expense and Revenue. The following analysis reflects the result for the period ended 31 July 2019 based on the District's budgeted NCoS.

For the month of July 2019, Sydney Local Health District (**SLHD**) General Fund Expenditure was $5.025M (3.23%) unfavourable to budget. Expenditure in the month of July 2019 increased significantly (by $9.259M or 6.13%) compared to July 2018. The average monthly expense rate increased from $145.289M from July 2018 to March 2019 to $156.819M from April to June 2019 to $160.387M in July 2019. Continued increase in FTE numbers is contributing to these results. Due to the significant increase in acivity discussed previously.

GF Revenue was $0.482M (0.26%) unfavourable to budget for the month. For the month ended 31 July 2019, the District's GF NCoS was $5.507M unfavourable to budget.

The Chief Executive and the Executive Director of Finance are confident that the District would have an on budget NCoS result (excluding Doubtful Debt) for the 2019/20 financial year despite the challenges that are facing the District. To achieve the 2019/20 NCoS target the District continued 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 July 2019, GF Total Expenditure was $5.025M (3.23%) unfavourable to budget, reflecting unfavourable results for Salaries & Wages ($0.414M), Overtime ($0.515M), Annual Leave Provision ($0.322M), Superannuation $0.503M, VMO Payments ($1.075M), G&S Clinical Operating ($4.322M) and RMR ($0.212M) offset by a favourable result for G&S Admin ($2.404M).

Revenue
- GF Total Revenue was $0.482M (0.26%) unfavourable to budget for the month of July 2019. The result for the month reflects favourable variances for High Cost Drugs ($0.646M), Facility Fees ($0.234M) offset by unfavourable variances in Patient Fees ($0.147M), Grants & Contributions ($0.298M), Rent Income ($0.266M) and Doubtful Debts ($0.430M).

Board Report

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was $2.424M favourable to budget for the month of July 2019. This result reflects an unfavourable budget variance for Expenditure ($0.169M) offset by a favourable budget variance for Revenue ($2.593M).

CONSOLIDATED RESULT

For the period ended 31 July 2019, the consolidated year to date NCoS result for the General Fund and SP&T was $3.085M unfavourable to budget. The result comprises a favourable variance for Own Source Revenue ($2.540M) offset by unfavourable variances for Expenditure ($5.195M) and Doubtful Debts ($0.430M).

**FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT**

For the period ended 31 July 2019, SLHD recorded a Total Net Result of -$30.203M (Note that Total Revenue was higher than Total Expenditure for July 2019) which was $1.537M (5%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the month was $2.487M unfavourable to budget, reflecting a favourable budget variance in Revenue ($2.596M) offset by an unfavourable budget variance in Expenditure ($5.083M).

For the month of July 2019, Total Direct Revenue was $2.596M favourable to budget, comprising favourable variance for the SP&T Fund ($2.647M) offset by an unfavourable variance for the General Fund ($0.052M). The General Fund reflects a favourable result for User Charges offset by unfavourable variances in Patient Fees, Grant Income and Other Income.

Total Direct Expenditure was $5.083M unfavourable to budget for the month of July 2019, comprising favourable result for the SP&T Fund ($2.355M) offset by unfavourable result for the General Fund ($4.842M). This result for the General Fund reflects unfavourable variances in Salaries & Wages ($0.414M), Overtime ($0.515M), On-costs ($0.825M), VMOs ($1.075M) and Direct Clinical Operating ($4.322M) offset by a favourable result for Corporate & Operational Admin ($2.404M).

MONTHLY BUDGET PERFORMANCE

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

2019/20 Actual vs Budget Expenditure Comparison (GF and SP&T Combined)

Board Report
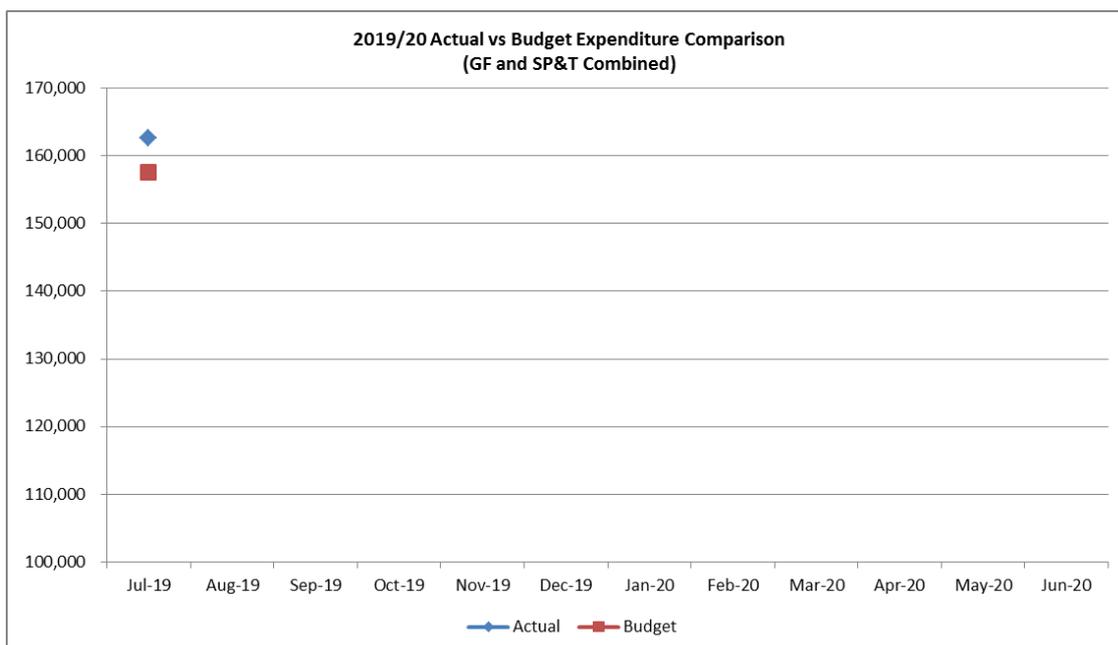
LIQUIDITY
The District had NIL creditors over 45 days as at 30 June 2019. However, HealthShare placed a number of invoices on hold and released them for payment after the month close. The LHD is engaging with HealthShare regarding this matter.

The District achieved over 98% compliance for payment of small vendor creditors within 20 days for the month of July 2019 against the NSW Government 80% target.

The cash balance at 31 July 2019 for the SLHD Operating bank account was $29.417M and the Operating Cash book balance was $29.257M.

CAPITAL WORKS – SMRS PROJECTS
As at 31 July 2019, the District's Full Year Capital works budget relating to SMRS Projects is $34.983M comprising $15.090M of MoH funded and $19.893M of locally funded projects. A total amount of $9.175M relates to pending budget roll-over from previous year.

Actual expenditure as at the end of July 19 was $0.486M which is $0.033M over budget.

OTHER CAPITAL PROJECTS
As at the end of July 2019, the District has not expended any amount relating to other capital projects.

CAPITAL WORKS

RPA

Building 63 RPU
Mechanical and electrical documentation are 95% complete. The clean room product review has been undertaken. We are awaiting final decision and drawings for revised quotes. The Hot Cells tender is complete and a successful vendor has been selected.

Building 75, Level 11 Respiratory Labs – Stage 2
Phase 2 demolition is complete. Partitions have been installed and service rough and flooring are complete. Painting is nearing completion and service fit off is underway.

Concord

Building 34-JMO's Relocation
The internal area is now being occupied. External cladding and painting are nearing completion. The external courtyard works will commence once cladding has been complete.

Building 75 – Fussell House
Demolition works to ground floor are nearing completion and procurement to undertake demolition to level 1 is underway.

Oncology Modular Accommodation
The modular building has been purchased and is being constructed off site. Existing vegetation has been removed and footing for the new retaining wall are complete. The new retaining wall will commence in early July.

Building 3 - MADU relocation

Preliminary service disconnections are complete and light weight demolition has commenced. Fridge and freezer room demolition has been completed. Mechanical services and procurement are underway.

Concord Redevelopment
Refer to EUG Minutes. Progressing well.

Canterbury Hospital

ED Expansion
Procurement is ongoing. Site profiles have been installed and piers are complete. Drainage and footing is taking place.

PLANNING

RPA Clinical Services Plan
The RPA Clinical Services Plan is being updated and finalised. Over 70 consultations have been held across departments at RPA to inform the updated plan. Activity and forecasted activity have been generated.

A two and a half hour major stakeholder workshop, attended by over 130 RPA clinicians and stakeholders was held to receive feedback on the draft plan. Feedback from all who attended was very positive. The outcomes of this consultation have been documented. Consultations have also been held with RPA senior nursing staff and individual clinical groupings.

Additional consultations are being held to determine the preferred future approach to Ambulatory Care, Aged Care and Rehabilitation, Wellness and Homelessness.

The draft plan has been received very positively. On completion, the draft Plan will proceed to the Board in October, 2019.

Concord Clinical Services Plan (CSP) – Stage 2
The Executive Steering Committee has been meeting regularly to support the process of planning for Concord Stage 2.

The Planning Unit is reviewing and updating the projected clinical service activity using the new Ministry of Health forecasting tools (HealthApp). Updated activity and staffing data has been incorporated into departmental and service summaries for review and discussion as the initial stage of consultation.

SYDNEY RESEARCH

Office for Health and Medical Research (OHMR) – Cardiovascular Disease Research Grants for Senior Scientists and Clinician Scientists

Three applications with SLHD as the nominated host organisation were successful in receiving funding in inaugural round of Senior Scientists and Clinician Scientists Grants, focusing on driving scientific discoveries and developing innovative therapies for cardiovascular disease. The successful grant winners who nominated Sydney Local Health District as the host organisation are:

Clinician Scientist	Project Title	Research Organisation
Dr Vivien Chen	Procoagulant platelets: a novel target in	ANZAC Medical

	cardiovascular disease	Research Institute
Prof Leonard Kritharides	Reverse cholesterol transport in at risk populations	ANZAC Medical Research Institute
Dr John O'Sullivan	Giving the failing heart the nutrients it needs	Heart Research Institute

Other successful grant winners from across the Sydney Research include:

Dr Richard Bagnall, Prof Jennifer Gamble and Prof Christopher Semsarian from the University of Sydney and Centenary Institute, Prof Gemma Figtree, from the University of Sydney and Charles Perkins Centre, Assoc Prof Martin Ng from the University of Sydney and Heart Research Institute, and Assoc Prof James Chong, Prof Clara Chow and Prof Martin Ugander, University of Sydney.

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

Feedback has been provided on the draft guidelines on Aboriginal health research for TRGS applicants which has been developed by the Centre for Aboriginal Health in collaboration with the OHMR. The guidelines are intended to support applicants to conduct ethical and culturally relevant research and increase the quantity and quality of Aboriginal health research being undertaken in NSW. This includes research projects that are focused entirely on Aboriginal peoples, and those projects that have a broader population focus and should, could or do have a specific focus on Aboriginal people.

Sydney Research continues to work with and support the TRGS winners from Rounds 1 – 4. Round 4 winners have commenced the processes of recruitment for their projects, and good progress is being made from previous winners.

Two projects from Round 1 have been completed:

1. A/Prof Li Ming Wen: *"A 3-Arm Randomised Controlled Trial of Communicating Healthy Beginnings Advice by Telephone (CHAT) to Mothers with Infants to Prevent Childhood Obesity".* This project name has been revised from the original *"Translating research evidence from the Healthy Beginnings Trial to prevent childhood obesity at the beginning of life: feasibility, effectiveness and cost-effectiveness".*

   A/Prof Wen's study aimed to determine the effectiveness of nurse-led telephone support of SMS in promoting health infant feeding practices. A total of 1155 women were recruited in the third trimester of pregnancy across NSW in 2017-18. The intervention groups consisted of either 6 nurse-led telephone support sessions or 6 staged text message interventions, together with 6 intervention booklets (containing healthy feeding practice information) being mailed at specific times one in the antenatal period, and five at 1, 3, 5, 9, 12 months after birth. The main outcomes showed that both the nurse-led telephone support and SMS interventions are effective in promoting appropriate timing of introduction of solids and cup usage as well as reducing screen time. It also showed that telephone support is more effective in promoting other healthy feeding practices, but both have less effect on promoting breastfeeding, which requires further investigation.

   Based on the results of the CHAT study, NSW Ministry of Health has commenced planning to build a new module of the Get Healthy Service with a focus on parents of 0-2 year old children using the Healthy Beginnings content, phone-based support and text messaging. NSW Health will provide funding to SLHD for staffing, data management and service delivery (e.g. text messaging) to support the gradual introduction of the Health Beginnings program into the state-wide Get Healthy Telephone Coaching Service. The MOU between SLHD and NSW Ministry of Health on state-wide roll-out of Healthy Beginnings CHAT intervention has been signed.

2. Prof Paul Haber: *"Integrating care for substance use and mental health comorbidity"*. This project title has been revised from *"Improving management of comorbid substance use and mental illness with an integrated stepped care (ISC) approach"*.

Prof Haber's study aimed to evaluate the impact of the PCC to increase proficiency and uptake of integrated care and enhance clinical knowledge, self-efficacy, identification, assessment and clinical management of comorbidity within the drug and alcohol services of NSW LHDs. 35 staff members participated in the study, with 20 at the active sites and 15 at control sites. Active sites were provided with a 9-month multimodal training package which included access to the PCC online materials, manuals, seminars, and group workshops.

Overall, it was found that the active group had a significant increase in levels of self-efficacy, improvement in skills for assessment, treatment planning, referral, co-occurring disorder, group counselling, knowledge and attitude, with no or non-significant change demonstrated in the control group. To build on the success of the implementation of this project, a Clinical Champion package will be provided to each LHD to facilitate regular workshops across NSW, additional content is being added to further enhance the seminars, and a strategy for reviewing clinical files is being developed.

OHMR – Embedding Quality Research into Local Health Districts (EQRLHD)
A Working Group co-chaired by A/Prof Vicki Taylor and Prof Stephen Leeder has been established with representatives across the State. This Working Group will lead the progression of the work in each of the 4 priority focus areas as determined and agreed by the EQRLHD Steering Committee- co-chaired by Dr Teresa Anderson AM and Dr Tony Penna Exec Director OHMR, with an initial focus on Clinical Trials Strategy. The EQRLHD Project Manager (Digital Communications) continues to meet with key stakeholders across the State to progress the work in this initiative, including members from the Office for Health and Medical Research, the Kolling Institute and Northern Sydney Local Health District.

Sydney Health Partners (SHP)
The Sydney Research team continues to work closely with Prof Garry Jennings, Executive Director, SHP and the SHP team.
- SLHD is the lead organisation for the implementation of the Sydney Health Partners Strategic Platform 2 *"Transforming how research improves patient outcomes to meet the needs of our community"*. A Working Group has been established, chaired by Dr Teresa Anderson AM, Chief Executive, SLHD. The inaugural meeting has been held with an aim to define the scope of work, including to suggest projects which align with the Platform 2 strategy. The Working Group has representatives from across SLHD's clinical networks, research, and Aboriginal Health representation, as well as representatives from NSLHD, WSLHD, SCHN and The University of Sydney.
- SLHD has representation on each of the other SHP Strategic Platform working groups, with Platform 1 *"Promoting collaboration and inclusivity to increase scale and international competitiveness"* and Platform 3 *"Building capacity and removing barriers to support research"* having convened.
- Sydney Research has representation on the SHP Website Working Group which convened in August to determine the requirements for the new website, including refining the aim, objectives, content, resources, style and structure.
- Sydney Research is participating in a SHP Membership Committee to review the existing documentation concerning SHP membership, set criteria, responsibilities and obligations of members, and determine categories of membership.

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- Sydney Research has been working with SHP and SLHD Finance to develop a new pro-forma for capturing the in-kind contributions of all SHP partners and establish governance and reporting mechanisms in line with this.

Biodesign

Participants of the Biodesign program have begun immersion within the hospital, observing the clinical departments of Renal, Cardiology, Emergency and Community Health, and meeting with their clinical mentors. The program has covered aspects of design thinking, project management, strategic focus, needs statements, needs screening, ideation and brainstorming. These sessions have been delivered by IDE Group, Cicada Innovations, The University of Sydney, and Biodesign Stanford Alumni.

Precinct Planning

Work is continuing to progress for precinct planning, integrating concepts in line with the Royal Prince Alfred Hospital redevelopment. The group is working on a revised strategic planning timeline and governance structure together with Health Infrastructure NSW and Capital Insight. A suite of metrics will be developed for the precinct including, but not limited to finance, research output, commercialisation, collaborations and partnerships, workforce development, education and training programs, workforce culture, communication and media and showcases/events and public forums.

Other Activities

- Highlights and upcoming activities of Sydney Research Council members have been documented for coverage by Sydney Research in 2019.
- The Digital Health Cooperative Research Centre Board has approved SLHD to join as a core participant. This is awaiting consent from the Commonwealth.
- Sydney Research has supported the initial opportunity to collaborate with HMS, the largest industry partner of the Digital Health Cooperative Research Centre who are working to identify new ways to enhance patient outcomes while controlling costs using big data.
- Sydney Research has continued to participate in the Australian Health Research Alliance's National Committee for Clinical Research, as representatives of Sydney Health Partners and Sydney Local Health District.
- Sydney Research continues to support and explore:
  - The work in Cell and Gene Therapy, particular for RPA Immune Effector Cell Quality Service Steering Committee.
  - Partnerships and collaboration opportunities, linking with the Macquarie University Centre for the Health Economy (MUCHE), as well as the University of Sydney Faculty of Engineering and Business School.
  - The establishment of the Pharmaceutical Manufacturing Lab to be located within the NSW State Biobank.
  - The work of the Collaborative Centre for Cardiometabolic Health in Psychosis (ccCHiP) in progressing the clinics and its expansion into other locations and avenues.
  - The NSW State Biobank by linking them with potential partners, clinicians and researchers.
  - The Concord Repatriation General Hospital's Near to Peer Mentoring Program.
  - The Tissue Analytics digital wound application project.
  - The work with Camperdown-Ultimo Alliance, particularly focusing on a special enterprise precinct.
- Sydney Research attended a number of events representing Sydney Research and/or SLHD including:
  - 2019 NSW Medical Devices Fund announcement at Parliament House which awarded:
    - $2.96M to Baymatob for Oli^{TM}, a non-invasive device for monitoring pregnancy and labour progression;

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Health
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NSW
GOVERNMENT

- $2.311M to CleanSpace for their re-useable respirator designed for healthcare pandemic preparedness;
- $830,000 to Beyond 700 for their camera that enables the invisible tear film to be seen and observe if it is healthy;
- $748,000 to Perx Health for their digital therapeutic that engages and motivates patients to better manage their conditions and form health habits.

Both the Baymatob and Perx Health have been supported by SLHD and Sydney Research.

- o 2019 Allied Health Research Forum with a focus on technology advancing patient care
- o 2019 RPA Foundation Research Medal presentation which awarded Prof Nick Buckley of RPA, and Charles Perkins Centre at the University of Sydney for his outstanding contribution and dedication to toxicology and pharmacology research.
- o RPA Clinical Services Plan consultation
- o Franklin Women Equity Think Tank: Leaders Lunch focusing on an inclusive culture in the workplace
- Planning has commenced for Innovation Week 2020. Sydney Research has scheduled meetings and made new contacts to progress plans for the series of research events.
- Regular Sydney Research eUpdates have been refreshed into a new format.
- Through the Sydney Research Council, fortnightly e-update, communications and social media, Sydney Research is promoting internal and partner educational and research activities to its audience of 600+ subscribers.
- @SydneyResearch currently has 788 followers on Twitter.

Dr Teresa Anderson AM
Chief Executive
Date: 9.9.19