

## Sydney Local Health District

### Meeting One Hundred and Forty Six of the Board

Date: Monday 20 May 2024  
Time: 9.00am – 11:00am  
Venue: Teams / SLHD Boardroom  
Chair: The Hon, John Ajaka, Chair

#### 1. Present and apologies

The Hon, John Ajaka, Chair  
Dr Mary Haines, Member  
Mr Richard Acheson, Member  
Dr Paul Hosie, Member  
Mr John McGee, Member  
Ms Kerry-Anne Hartman, Member  
Ms Ronwyn North, Member  
Ms LaVerne Belleair, Member  
Adj/Professor Karen Crawshaw PSM, Member  
Mr Raymond Dib, Member  
Dr Teresa Anderson, AM, Chief Executive

#### Apologies

Mr Rob Furolo, Member  
Dr Alicja Smiech, Chair, Medical Staff Executive Council

#### In attendance

Ms Nerida Bransby, Secretariat  
Ms Alexandra Wagstaff Executive Director, Digital Health and Innovation (9.00am – 9.35am)  
Mr David Norwood, Director, Cloud and Infrastructure (9.00am – 9.35am)  
Ms Claire Peirce, Executive Officer, Digital Health and Innovation (9.00am – 9.35am)

#### 2. Welcome

The Chair acknowledged the traditional owners of the land.

The Chair welcomed members and guests to meeting one hundred and forty six of the Sydney Local Health District (SLHD) Board.

#### **Presentation – Cyber Security**

Ms Wagstaff, Mr Norwood and Ms Peirce presented on Cyber Security including:

- Agenda
- Why we need a strong Cyber Security profile
- Health Sector is a target industry
- Our SLHD Cyber Security Team
- Cyber security within NSW Health and the SLHD
- Cyber Security Roadmap 2023 -2024
- Cyber Mitigation Measures
- Vulnerability and Incident Management
- Vulnerability Statistics
- Incident Management Statistics for November 2023 to April 2024
- Reporting Obligations
- Recent Essential 8 Reforms and Policy Changes
- Security of Critical Infrastructure Act 2018 (SOCl)
- SOCl Act Reforms
- Proposed SOCl Act Amendments
- Challenges and Vision for the Future

Following the presentation the Board discussed:

The Board agreed to writing to e-Health to gain a better understanding and to clarify the roles and responsibilities of e-Health and the SLHD for Cyber Security.

The Chair thanked Ms Wagstaff, Mr Norwood and Ms Peirce for the presentation and for attending the meeting.

Ms Wagstaff also thanked Dr Anderson and wished her luck in her new role.

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

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

There were no additional new conflicts of interests to declare or to be added/removed in the Register at this meeting.

### **4. Confirmation of previous minutes**

#### **4.1 Minutes of the previous meeting held 15 April 2024.**

The minutes of the meeting held on 15 April 2024 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

#### **4.2 CE Report – April 2024**

The Chair declared that the CE Report for April 2024 was ready for publication.

### **5. Matters arising from the previous minutes**

#### **5.1 Action sheet**

The Board received, read and noted the items on the action sheet including:

- Schedule of mandatory training has been sent to the Board Members. This agenda item can be removed from the action sheet.
- Nominations for the independent member for the Audit and Risk Committee is to be sent to the Board Chair and incoming Chief Executive. This agenda item can be removed from the action sheet.

## 6. Patient Story

The Chief Executive provided a verbal report on a baby born on Mother's Day at RPAH and the wonderful specialised care provided by the NICU team.

## 7. Standing Items

### 7.1 Acronyms List

The Board received and noted this list.

### 7.2 Financial Classification Codes

The Board received and noted this list.

### 7.3 Board Calendar 2024

The Board received and noted the Board Calendar for 2024.

## 8. Chair's Report

Nil to report

## 9. Chief Executive's report

The Board received, read and noted the Chief Executive's Report for May 2024 including:

- The District continues to be at Performance Level 1.
- The significant improvement relating to the HACs.
- Workforce remains a priority.
- There has been a 2.88% decrease in the number of separations for the month of March 2024 (14,032), when compared to the same period last year (14,448). This could possibly be due to Easter and school holidays.
- Emergency Treatment Performance (ETP) will be removed from the MoH indicators.
- Car parking fees for staff have been reinstated.
- HealthPathways are performing well.
- Expenditure Review Committee continues to meet weekly.
- All capital works projects are progressing well.
- A verbal report was provided on the MRI at Concord.
- All planning is progressing well.
- Innovation Week is going ahead.

- Sydney Research is progressing well.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – March 2024

The Board received, read and noted the SLHD Board Reporting Pack for March 2024.

### 9.1.2 Performance Indicators – February 2024

The Board received, read and noted this report.

### 9.1.3 HealthPathways and e-Referral Dashboard Report

The Board received, read and noted this report.

### 9.1.4 MoH Board Quarterly Report for the SLHD

The Board received, read and noted the report for the period October to December 2023.

### 9.1.5 HAC Committee Report – March 2024

The Board received, read and noted this report.

### 9.1.6 Aboriginal Workforce Report (six monthly)

The Board noted this report is due in June 2024

## 9.2 Project updates

### 9.2.1 Lifehouse

The Board noted there were no further updates in the Chief Executive's Report.

### 9.2.2 Macquarie International Private Hospital

The Board noted there were no further updates in the Chief Executive's Report.

## 9.3 Capital Works Report

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

## 9.4 Clinical Governance and Risk Reports

### (i) Quarterly Report

The Board noted this report is due in June 2024.

### (ii) Infection Prevention and Control

The Board received, read and noted this report.

(iii) SLHD Quarterly Risk Report

The Board noted this report is due in June 2024.

(iv) Emergency Management Report (Quarterly)

The Board noted this report is due in June 2024.

9.5 Audit and Risk Committee Report (period 5 March 2024 – 12 June 2024)

The Board noted this report is due in July 2024.

9.6 Facility Reports – March 2024

(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 this 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) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report.

(xi) Tresillian

The Board received, read and noted the Tresillian report.

(xii) Lifehouse

The Board received, read and noted the Lifehouse report.

(xiii) Public Health Unit

The Board received, read and noted this report.

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

The Board received, read and noted this report.

(xv) Canterbury / Croydon / Marrickville / Redfern Community Health Centres and RPA HealthOne Green Square

The Board received, read and noted this report.

At 10.25am the Board had a 5min break.

## 10. Matters for approval / resolution

### 10.1 SLHD Capital Investment Proposals (CIPs) 2024

The Board received, read and noted these very comprehensive reports for Concord, HealthOne, Mental Health and RPAH. The Board relayed their congratulations to Dr Pam Garrett and the planning team.

### 10.2 Governance for the SBA

The Board received, read and noted this information provided to the Board via email on 17 May 2024. The Board agreed to write to Sydney University detailing an equal partnership is supported.

## 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 8 April 2024.

### 11.2 Education and Research Committee

The Board noted the next meeting is on 20 May 2024.

### 11.3 Strategic Communication and Partnerships Committee

(i) Minutes of Meeting

The Board noted the next meeting is on 4 June 2024.

(ii) Bi-Monthly Report

The Board noted this report is due in June 2024.

**11.4 Audit and Risk Committee**

The Board read, received and noted the minutes of the meeting held on 19 April 2024.

**11.5 Health Care – Clinical Quality Council**

The Board received, read and noted the minutes of the meeting held on 24 April 2024.

**11.6 Health Care – Clinical Council**

The Board noted the next meeting will be held on 22 May 2024.

**11.7 Medical Staff Executive Council**

The Board received, read and noted the minutes of the meeting held on 3 May 2024.

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

The Board received, read and noted the minutes of the meeting held on 3 April 2024.

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

The Board received, read and noted the minutes of the meeting held on 26 March 2024.

**12. Other Committee reports / minutes**

**12.1 Sustainability Committee (bi-monthly)**

The Board received, read and noted the minutes of the meeting held on 16 April 2024.

**12.2 Medical and Dental Appointments Advisory Committee**

The Board received, read and noted the minutes of the meeting held on 10 April 2024.  
The VMOs not seeking reappointments include a lot of retirements.

**12.3 Finance Leaders Forum**

The Board received, read and noted the minutes of the meeting held on 27 April 2024.

**12.4 NSW Health / SLHD Performance Review Meeting**

The Board received, read and noted the minutes of the meeting held on 15 February 2024.

**12.5 Organ Donation for Transplantation**

The Board noted the meeting to be held on 23 April 2024 was cancelled.

**12.6 Major Procurement, Assets and Imaging Steering Committee**

The Board received, read and noted the minutes of the meeting held on 19 April 2024.

12.7 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board read, received and noted the minutes of the meeting held 16 April 2024.

12.8 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 9 April 2024.

12.9 Contracts Implementation Committee

The Board read, received and noted the minutes of the meeting held on 25 March 2024.

12.10 Concord Forensic Mental Health Executive Steering Committee

The Board read, received and noted the minutes of the meeting held on 20 March 2024.

12.11 RPAH Redevelopment Executive Steering Committee

The Board read, received and noted the minutes of the meeting held on 20 March 2024.

12.12 Canterbury Hospital Redevelopment Executive Steering Committee

The Board read, received and noted the minutes of the meeting held on 20 March 2024.

12.13 Sydney Bio-Medical Accelerator Executive Steering Committee

The Board read, received and noted the minutes of the meeting held on 18 March 2024.

## 13. Matters for Noting

13.1 RPA Advanced Upper Gastrointestinal (UGI) Malignancy Program - Annual Report FY22/23.

The Board received, read and noted this report.

13.2 Royal Prince Alfred Hospital Structural Heart Program Review - Update March 2024

The Board received, read and noted this report.

13.3 SLHD Clinical Governance Framework

The Board received, read and noted this report. The Board requested two changes to this document:

- SLHD Strategic Communications and Partnerships Committee should be updated as per the terms of reference.
- The Consumer Council should be replaced with Patient and Family Centred Care.

13.4 RPA Virtual Hospital Strategic Action Plan 2024 & 2025

The Board received, read and noted this report.



- 13.5 Material decreases in Patient Fee revenue for FY2023/24 due to continued impacts of Medicare PRNIP compliance

The Board received, read and noted this report.

- 13.6 NSW Health Consumer, Carer and Community Advisory Council

The Board received, read and noted this report.

## 14. Other Business

- 14.1 Matters raised by Board Members

The Board received, read and noted the information on planning submissions.

- 14.2 Concord Hospital Restorative Actions.

The Board received, read and noted this report.

- 14.3. Thank you letter

The Board received, read and noted this lovely thank you letter.

## 15. Next Meeting

The next meeting will be held on Monday 17 June 2024 at 9.30am.

On behalf of the Board, the Chair presented a gift to the Chief Executive and congratulated her on all her achievements and wished her all the best in her new position.

All Board Members, individually around the table, relayed their personal messages of thanks and well wishes to Dr Anderson.

Dr Anderson responded.

The meeting closed at 11.15am

  
Chair

17. 6. 24  
Date

---

## Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board May 2024

---

### **PERFORMANCE**

**According to the Ministry of Health Framework, the District has been moved to Performance Level 1.**

#### **Safety and Quality**

During the month of February 2024, 100% of all Serious Adverse Events were reviewed within 60 days. YTD March 2024, 97.92% of all Serious Adverse Events were reviewed within 60 days.

Mental Health Readmissions within 28 days for YTD January 2024 have increased by 2.9% compared to the same time last year (11.1%). The General Manager and Clinical Director of Mental Health continue to focus on strategies to improve performance.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation, reporting 4.7% YTD February 2024, which is below the State average of 5.6%. Unplanned Emergency Representations (same ED within 48 hours) were 4.3% YTD March 2024 and is lower than the State average of 4.8%.

Staphylococcus Aureus Bloodstream Infections (SABSI) below target (1.0/10,000 bed days), with 0.2 per 10,000 bed days for the month of February 2024. There were no Central Line Associated Bloodstream (CLAB) infections reported in February 2024. The District remains vigilant with ongoing education and training in Infection Prevention and Control (IPC) strategies and CLAB awareness discussions at ICU morbidity and mortality meetings are continuing.

IPC facilitators continue to be deployed to high-risk clinical streams across the District. The District aims to have no Hospital Acquired Infection by 2025.

The District performed well in relation to 13 of the 14 Hospital Acquired Complications (HACs) which is a significant improvement on this time last year. Although the District is under performing in relation to Hospital Acquired Endocrine Complications, improvements have been made in relation to this HAC.

The rate of Hospital Acquired Endocrine Complications was 34.2 per 10,000 episodes, which is above the target of 33.2 for the 12-month rolling period of February 2023 – January 2024. The instances of Hospital Acquired Endocrine Complications decreased by 21 during the period, when compared to the previous 12-month rolling period and have also improved on last month's rate of 34.5.

The District has remained focused on improving its performance in relation to all HACs, with facilities/services providing monthly updates to their HAC Action Plans. The SLHD HAC Steering Committee continues to meet with the District HAC Operational Coordinators and Clinical Leads for each of the HACs supporting facilities and services in the development of strategies to reduce HACs District wide. "Deep Dives" into strategies for specific HACs are provided to the District Clinical Quality Council.

#### **Workforce**

The District continues to focus on strategies to ensure our workforce has the appropriate skill mix and levels to meet demand. In March 2024, premium staff usage decreased by 0.13 for Medical Staff, 1.32 for Nursing Staff and 0.44 for Allied Health when compared to the same period last year.

## Activity

There has been a 2.88% decrease in the number of separations for the month of March 2024 (14,032), when compared to the same period last year (14,448). The District's occupancy rate decreased by 0.36% to 90.83% when compared to the 91.19% reported in March 2023. It should be noted that the transition from the Health Information Exchange to EDWARD has resulted in data quality issues, with bed occupancy among the impacted data elements. The Ministry of Health is working to address these issues.

There were 16,060 attendances to the District's Emergency Departments in March 2024, which is a 1.87% increase from 15,765 in March 2023. For the month of March 2024, average complexity of emergency presentations remains relatively similar to same period last year with 0.69% increase in average NWAU 0.145 in March 2023 to 0.146 in March 2024.

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

The District continues to work on its ETP performance. March 2024 has been a very challenging month for our hospitals. There was a 1.42% decrease in ETP during March 2024 to 53.36%, when compared to the same period last year. Admitted ETP was below target (50%) for the month of March 2024 at 32.46%, which is a 2.99% increase when compared to the same period in the previous year.

## Transfer of Care

The District performed below target (90%) for transfer of care (TOC) in March 2024, with 86.29% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. This is a decrease of 0.91% on last month and a 3.98% increase when compared to the performance of 82.31% for the same period last year. TOC continues to be impacted by the increased presentations. Continued monitoring of this is occurring, with TOC and ED performance discussed at the District's daily ETP meeting.

## ED Triage

The District achieved triage Categories 1, 2, 4 and 5 targets for the month of March 2024. Triage Category 3 performed below target (75%) in March 2024, with 69.65% of Category 3 patients seen in 30 minutes.

## Planned Surgery

There was a decrease of 194 planned surgeries performed in SLHD facilities in March 2024 when compared to the same period in the previous year, representing a decrease of 7.52% (excluding Collaborative Care surgery). YTD March there has been a 12.89% increase in planned surgeries, when compared to the same period last year (excluding Collaborative Care surgery). Collaborative Care arrangements have ceased for 2024.

For the month of March 2024, SLHD maintained 0,0,0 surgical performance for elective surgery targets. YTD March surgical patients not ready for care decreased by 0.19% when compared to the same period last year.

## Emergency Surgery

There was a reduction of 16 emergency surgeries performed in the month of March 2024 when compared to the same month last year, representing a 1.28% decrease. YTD March there has been a 1.98% decrease in the number of emergency surgeries performed, when compared to the same period last year.

## Community Care and Hospital in the Home

The District has continued to manage its activity through the support of Sydney District Nursing, which manages over 1,000 patients per day in the community, who would otherwise be seen in Hospital.

March 2024 Hospital in the Home overnight separations increased by 0.75% when compared to the same period last year as activity returns to normal.

## **NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING** **NWAU Activity against Target**

The District remains under target for NWAU activity, with a -4.69% variance for February 2024, excluding Dental. This is an improvement on last month's year to date result which was -4.86% variance to target.

The District continues to make improvements in non-admitted performance to target, from 1.85% last month to 2.82% over target for February YTD, highlighting the significant work undertaken by the District to ensure all activity is being captured.

Work is continuing with the Ministry to address data issues associated with the transition from the Health Information Exchange to EDWARD, with NWAU among the impacted data elements. The Ministry of Health is working to address these issues.

Stream	Target	Actual	Variation	Variation %
Acute*	115,497	109,360	-6,136	-5.31%
ED	17,102	17,330	228	1.34%
NAP**	31,540	32,430	890	2.82%
SNAP	9,953	9,347	-606	-6.09%
MH Admit^	15,406	13,023	-2,383	-15.47%
MH NAP	7,152	5,941	-1,211	-16.93%
Total	196,649	187,431	-9,218	-4.69%
Dental DWAU	43,009	32,785	-10,224	-23.77%
Dental NWAU#	5,087	3,877	-1,209	-23.77%
Total (NWAU)	201,736	191,309	-10,427	-5.17%

\*387 uncoded episodes

\*\*Inclusive of COVID clinics and the Special Health Accommodation

#NWAU = 615/5200\*DWAU

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage**

For the month of March 2024 16.29% (2,225 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There is an increase of 18 (0.80%) patients who elected to use their private insurance compared to the same period last year and an increase of 184 (9.02%) in total separations from previous month.

For the month ended March 2024 conversions for facilities as compared to the same period last year were:

- RPAH – a decrease of 29 (2.64%) private patients.
- Concord – a decrease of 61 (5.85%) private patient.
- Canterbury Hospital – an increase of 64 (83.12%) private patients.
- IRO – an increase of 5 (38.46%) private patients.

- Balmain Hospital – an increase from 11 to 14 private patients.

## Single Room Usage

For the month of March 2024, 10.09% of patients were flagged as infection control across the district.

For the month, 21% of all available single rooms were occupied by private patients and 44% of all private patients were accommodated in single rooms.

## SLHD Strategic Revenue Network

Key notes:

- The Strategic Revenue Network meeting was not held in February 2024. Improvements in compliance levels were noted across the different facilities. Focus on error reduction and identifying missed revenue opportunities, including ways to improve PHI levels, was discussed.
- Clinician Billing Portal (CBP) is progressing with RPAH, CRGH and TCH working to identify and sign-up staff specialists to bill through the application. There are currently 240 registered users and total \$4.62M has been raised through the portal to date.

## REDESIGN AND SERVICE IMPROVEMENT

(Next report due in June 2024)

### HEALTHPATHWAYS

#### **Content Development & Maintenance**

Development and consultation continue for the localisation and Periodic Reviews of the following pathway sets:

- Following endorsement of the SLHD Diabetes Model of Care the final content reviews are being completed in HealthPathways, including a full redraft of referral criteria and service listings.
- The Obstetric and Antenatal content continues to be updated and revised, including changes to support the RPAH ANTICIPATE Clinical Redesign project.
- Early planning for the review of Falls management and SLHD Cognitive Assessment/Dementia content continues.
- Revision of Lung Cancer pathways also continues.
- Changes to existing HealthPathways have commenced for the Concord Gynaecology Model of Care.
- Scoping of content changes to accommodate possible Urology Model of Care changes has commenced.
- CESPAN has initiated review of Child protection content in collaboration with Hunter New England, Central Coast, Western Sydney, NBM and SES Pathway teams and PHNs to support a unified training package for primary care on managing child sexual abuse identification, disclosure and reporting.

#### **State-wide Referral Criteria (SRCs)**

- Gastroenterology and Liver content changes have now been drafted and awaiting publication of a new service directory page build.
- 80% of Ophthalmology content developments and changes have now been completed and published. Additional content is now awaiting further clinician approval and sign off.

The Program Team is awaiting notification of the next SRC content from NSW Health as part of works under Part 2 of Gastroenterology and Ophthalmology content and Part 1 of ENT and Orthopaedics content.

## Review-Renew-Refresh ACI Redesign

The first pilot of the Clinical Safety Check (a Pathway review process) has been completed with 8 of the 10 pathways completing the process. Team and vendor will now focus on the lessons learnt, which are more on the expectations of the technical writing staff than on the changes made at this end of the process. The pilot will be benchmarked against a similar Streamliners model awaiting testing with another region.

## Streamliners CEO visit

Following on from the meeting in March, the development of a paper highlighting the successes of our program and the capabilities of the platform has commenced. The paper development being undertaken by Dr Emily Appleby (RACMA trainee) with the joint aim of being scaled as her RACMA research project.

## Usage of HealthPathways

The monthly average sessional usage of HealthPathways Sydney remains high, with an average rate three times that of other ACT/NSW-based HealthPathways program. Sessional usage is also highest in Australia.

	April 1-25 2024	March 2024	February 2024	January 2024	April 1-25 2023
<b>Users</b>	2,084	2,290	2,291	2,040	1,618
<b>Sessions of use</b>	12,853	15,357	15,688	14,098	9,110
<b>Total Page Views</b>	42,845	50,131	52,738	46,148	24,271

## FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

### General Fund (GF)

The 2023/24 Service Level Agreement between the Board and Ministry of Health has key financial performance targets for Expense, Revenue and NCoS. The following analysis reflects the result for the period ended 31 March 2024 based on the District's budgeted NCoS.

For the period ended 31 March 2024, GF Expenditure was \$84.115M (5.00%) unfavourable to budget. The unfavourable result for YTD March 2024 is driven by: an increase in activity and the movement of staff originally engaged for the COVID response into Business As Usual (BAU) activities, such as ramping up of surgery (including operating theatres) and ward activity; an increase in VMO hours due to increased surgical activity and the winding up of the Collaborative Care program; unfunded expenditure for the Collaborative Care program which ceased at the end of December 2023; and, actual FTEs higher than budgeted FTEs.

YTD March 2024 Expenditure increased by \$55.379M (or 3.24%) compared to YTD March 2023. The average monthly expense rate increased from \$188.249M (excluding LSL adjustment in June 2021) for the 2020-21 Financial Year to \$214.342M (excluding LSL adjustment in June 2022) for the 2021-22 Financial Year, decreased to \$190.042M (excluding LSL adjustment in June 2023) for the 2022-23 Financial Year and increased to \$196.221M in March 2024.

Total Revenue was \$6.978M (7.17%) unfavourable to budget for the month of March 2024 and \$28.622M (3.65%) unfavourable to YTD March 2024 budget. Excluding Doubtful Debts and Grants & Contributions - NHRA, YTD March 2024 underlying GF Revenue was \$25.191M (11.3%) unfavourable

to budget. Despite increases in a number of revenue categories, the District continues to see unfavourable results in Patient Fees Private, Facility Charges and Prosthesis income.

The unfavourable result for YTD March 2024 is driven by: an increase in the number of private patients presenting with Private Hospital Insurance (PHI) policies with limited or reduced cover resulting in the admission not being covered by their insurer; a reduction in private surgical admissions compared to FY2018/19 which has adversely impacted on the generation of Private Patient Fees and Facility Fees; the implementation of the Ministry's PRNIP compliance guidelines resulting in reduced billing in the outpatient clinics.

The NCoS for March 2024 was \$23.497M unfavourable to budget. For YTD March 2024, the District's NCoS was \$112.737M unfavourable to budget.

The District has advised the Ministry that it has forecast the NCoS to be unfavourable for the 2023/24 financial year by \$138M relating to unfavourable results for:

- Expense (\$100M)
- Doubtful Debts (\$3M)
- Own Source Revenue (\$35M)

The District is pleased that there has been an improvement in its' financial results for the month of April 2024 due to the significant work of all facilities and services on their EIPs. Expenditure was \$2.852M favourable to budget for the month of April with the YTD result of \$81,259M unfavourability being an improvement on last month. Improvements in expenditure were noted in ERE (there has been a reduction of 91 FTE, and a reduction in overtime and agency costs) and goods and services. Although revenue was unfavourable to budget for the month of April, there has been an improvement in patient fees, user chares and grants and contributions.

The District has subsequently advised the Ministry that based on the improvement noted in the April 2024 financial results that it has recast its end of year forecast as follows:

- NCOS (\$127M)
- Expense (\$91M)
- Doubtful Debts (\$3M)
- Own Source Revenue (\$33M)

The Chief Executive and the Executive Director of Finance are reviewing the NCoS result for the 2023/24 financial year given the challenges that are facing the District. The District has continued to maintain the good controls that it has in place and monitors performance on a daily basis despite uplift in activity, backfilling of staff on annual leave and sick leave, movement of staff from the COVID response into BAU activities.

The District has established an Expenditure Review Committee, comprised of the District's key Executive leaders, that meets weekly to ensure the identification and implementation of effective strategies to manage the District's expenditure and FTE. The Committee's role includes the review of expenditure and associated FTE data for all cost centres to identify areas of growth that do not align with actual activity levels. The District has also established a Facility Budget to Activity Committee comprised of all Facility General Managers and chaired by the Executive Director Operations to effectively and efficiently manage expenditure and associated resources consistent with the actual activity delivered. These Committees also develop strategies to increase Own Source Revenue (OSR).

The major variances for the month were:

## Expenditure

- GF Total Expenditure for the month of March 2024 was \$16.518M (8.70%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Overtime (\$1.170M), Agency costs (\$0.222M), Annual Leave (\$3.867M), Grant expenses (\$0.542M), Salaries & Wages (\$8.210M), VMOs (\$1.416M) and Superannuation (\$1.910M) offset by favourable results for Goods and Services Expenses (\$1.893M) and RMR (\$0.089M).
- YTD March 2024, GF Total Expenditure was \$84.115M unfavourable to budget, primarily reflecting unfavourable results for Overtime (\$12.491M), Annual Leave (\$14.840M), Superannuation (\$5.216M), Goods & Services (\$6.227M), VMO Payments (\$12.924M), Grant expenses (\$2.110M) and Salaries & Wages (\$22.599M) offset by favourable results for RMR (\$1.237M).

## Revenue

- GF Revenue for the month of March 2024 was \$6.978M (7.17%) unfavourable to budget, reflecting the unfavourable variances in Patient Fees (\$4.647M), Grants & Contributions - NHRA (\$4.877M) and Doubtful Debts (\$0.431M) offset by favourable variances in User Charges (\$0.900M), Grants and Contributions (\$0.220M) and Other Sources (\$1.862M). Excluding Doubtful Debts, Revenue was unfavourable to month of March 2024 by \$6.541M.
- YTD March 2024 GF Revenue was \$28.622M (3.65%) unfavourable to budget. This result reflects unfavourable variance in Private Patient Fees (\$8.358M), Facility Fees (\$2.879M), Prosthesis Income (\$2.609M), Pharmacy Sales (\$0.830M) and Grants & Contributions - NHRA (\$6.853M) offset by favourable variances in Grants and Contributions (\$5.041M), Car Park Fees (\$0.697M) and Doubtful Debts (\$3.752M). Excluding Doubtful Debts and Grants & Contributions - NHRA, YTD March 2024 underlying GF Revenue was \$25.191M (11.3%) unfavourable to budget. The Actuals comprised Activity results for YTD February 2024 Actuals plus March 2024 Targets (as per MoH advice).

## Special Purpose And Trust (SP&T)

SP&T NCoS was \$4.330M unfavourable to budget for the period of March 2024. This result reflects unfavourable budget variance for Expenditure (\$8.020M) and favourable for Revenue (\$3.690M).

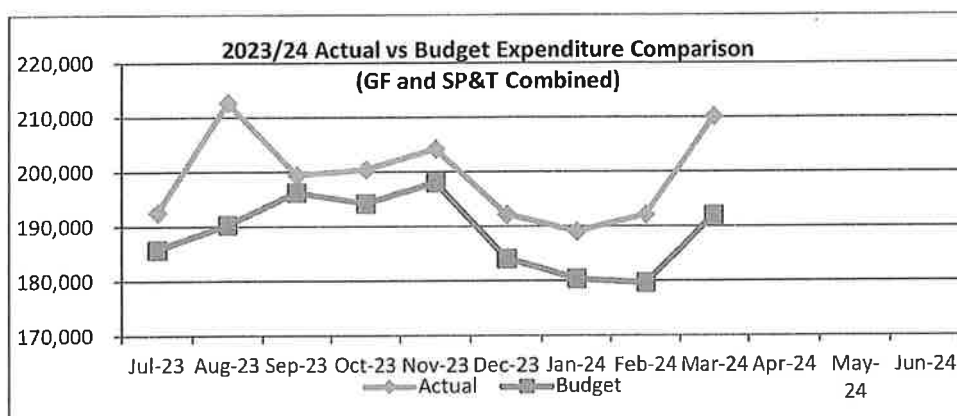
## Consolidated Result

For the period ended 31 March 2024, the consolidated YTD NCoS result for the General Fund and SP&T was \$117.067M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$92.135M), Revenue (\$28.353M) and favourable for Doubtful Debts (\$3.752M).

## Monthly Budget Performance

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





## Liquidity

The cash balance at 31 March 2024 for the SLHD Operating bank account was \$9.216M and the Operating Cash book balance was \$8.933M.

## Capital Works – SMRS Projects

As of 31 March 2024, the District's Full Year Capital works budget relating to SMRS Projects is \$26.528M comprising \$2.734M of MoH funded and \$23.794M of locally funded projects. In March 2024, a locally funded project (Enhancing End of Life Care - \$0.186M) was approved by MoH. Additionally, a net budget variation of \$2.196M for FY2023/24 resulted from the mid-year review process was approved from MoH.

Actual expenditure as at the end of March 24 was \$17.459M which is marginally on budget.

## Other Capital Projects

As at the end of March 2024, the District had expended \$0.958M on other projects. These projects are MoH funded (\$0.588M) and locally funded (\$0.370M).

## CAPITAL INFRASTRUCTURE & ENGINEERING SERVICES

### RPAH

#### **RPA Redevelopment**

Key activities undertaken in the previous reporting period included:

- Tree removal and Lambie Dew Drive services works ongoing.
- Following Sydney Water approvals, piling works are progressing to the temporary Helicopter Landing Site (HLS) car park.
- Sydney Water approval received for the East campus stormwater diversion.
- Workshops commenced with Sydney Water regarding required design works to obtain approvals for new works over the existing East campus sewer.
- Facility Wide User Groups (FWUGs) are progressing.
- Design and construction coordination sessions are continuing with USYD and SBA.
- Arts procurement activities and workshops with the consultant team are ongoing.
- Commissioning Terms of Reference have been finalised and meetings have commenced.
- HGEN detailed design tender for the redevelopment and SLHD campus have been issued to accredited e-Health vendors.
- HGEN Funding and Procurement Brief have been agreed between parties and issued to e-Health, SLHD and HI CE's for their endorsement.
- Transport, traffic and logistics planning with SLHD and including key stakeholders including USyd and SJC have been completed.

#### **Cardiac EP Labs**

The capital works program for the Cardiology EP Labs at RPA were completed this reporting period. The area has been commissioned and handed over for utilisation.

### **Steriliser Replacement**

Building works for the steriliser replacement project at RPA progressed well in April with the installation of wall protection and fire protection for penetrations complete. Door protection installation is underway and steam connections have commenced.

### **West Campus Outdoor Area**

Deck installation works for the West Campus outdoor area continued throughout this reporting period.

### **Gloucester House Level 2**

Building works for the Gloucester House Level 2 project were completed this reporting period and FF&E has been delivered. Handover meetings with the University of Sydney are underway in preparation for handover and user occupation.

### **Mallet Street – Head Space**

The capital works program for the Head Space service at Mallet Street Camperdown was completed in this reporting period. The area has been commissioned and handed over for occupation.

### **Concord**

#### **Concord Multistorey Carpark**

Key milestones for this reporting period:

- Level 4 slab pour 1 and 2 completed
- Lift shaft poured to upper level 4
- Level 1 corbel joint caulking completed
- Façade works commenced
- Stripping to level 1 and level 2 complete
- All stair shafts poured to level 3

#### **Forensic Mental Health Project**

Key activities undertaken in this reporting period:

- Main works TRR signed by HI CE.
- The Traffic management plan is being developed in consultation with SLHD.
- REF was approved on 11/03/2024.
- Draft contract and LoA is currently with the HI legal team for review.

#### **ED CT Scanner**

The capital works program for the ED CT Scanner at Concord Hospital was completed this reporting period. The new machine and support area has been commissioned. Staff training and orientation is currently underway.

#### **ACE Unit**

Stage 3 works are underway to the ACE Unit with electrical service rough-ins complete and building works underway.

#### **Ground East**

The Osteoarthritis Chronic Care Program (OACCP) and Gym building works for this project were completed this reporting period and FF&E has been delivered. The area has been commissioned and a Go/No-Go meeting has been scheduled for early next month.

## **Surgical Skills**

Lightweight construction and service disconnections have commenced this reporting period for the Surgical Skills project at Concord Hospital.

## **Andrology Clinical Store**

The construction of a new clinical storage area for Andrology at Concord Hospital has commenced this reporting period. Electrical service disconnections are complete and construction hoarding has been installed.

## **PLANNING**

### **Sydney Local Health District Capital Investment Proposals (CIPs) (2024)**

The Planning Unit has been undertaking significant work to revise and update the Sydney Local Health District submissions to the Ministry of Health for major capital funding (Capital Investment Proposals (CIPs)).

SLHD priorities include:

- Concord Hospital Redevelopment Stage Two.
- RPA Redevelopment Stage Two.
- HealthOnes across the District (Canterbury, Waterloo, Riverwood, and Concord/Homebush).
- Mental Health Community Residential Rehabilitation Services across the District (five sites each with 10 beds).

The Planning Unit has:

- Organised and met with relevant stakeholders including MoH, ACI, Health Infrastructure (HI), HealthShare, HETI, NSW Health Pathology, and selected service providers. These meetings have also included senior SLHD executives.
- Updated activity projections, forecasts, scenarios, and assumptions, using the latest MoH tools.
- Devised and evaluated a full range of alternative options against each submission to address the forecasted demand (as per MoH requirements).
- Begun the process of updating all recurrent and capital costings in collaboration with relevant SLHD executives (CAPE and Business Unit).
- Updated each submission to reflect deeper levels of service planning and to align with revised MoH expectations.

### **RPA Pathology Capital Investment Proposal (CIP)**

The Planning Unit has collaborated with planners from NSW Health Pathology to consider the requirements and capital options for RPA Pathology in relation to Stage One and Stage Two of the RPA Redevelopment. Options papers have been developed and presented to the Chief Executives and senior executives of SLHD and NSW Health Pathology.

After significant discussion the strategic approach to identifying the preferred capital options have been agreed and the Planning Unit, and a number of other SLHD units, will work with NSW Health Pathology to devise the preferred option which the Planning Unit and NSW Health Pathology will then incorporate into the RPA Stage Two CIP and an interim option for the refurbishment of RPA Level 5 Pathology services.

### **Sydney Local Health District Health Care Services Plan (HCSP)**

The Ministry of Health and the Health Service Act (1997) requires all health districts to develop a Health Care Services Plan.

The Planning Unit has begun to draft the plan, which incorporates the service priorities of facilities (hospitals and community health) and clinical streams (still to be finalised in collaboration with the new Clinical Stream Directors).

Strategy papers for each of the identified Priority Service Areas for the next five years have been developed, or are well advanced, outlining the major issues, data, and forecasts, alignments with District and Ministry of Health plans, strategic directions, expected outcomes, and indicators. These strategies have been carefully aligned with the draft SLHD Strategic Plan and developed in close collaboration with the relevant SLHD clinicians and staff.

The Priority Service Areas include:

- Aboriginal Health – review of current plan undertaken by the Aboriginal Health Unit, with priorities for new plan and HCSP aligned to the new draft Aboriginal Health Plan and a clinical stream review of expected outcomes and KPIs (see below).
- Precision Medicine - a major workshop with over fifty senior clinicians held and ongoing discussions/working groups with key stakeholders to consolidate the strategy.
- Prevention/Health Promotion – a number of online workshops and discussions held with key stakeholders and leaders
- Surgery – a number of meetings and discussions with surgery leaders and senior SLHD executive.
- Mental Health – meetings and discussions held, with strategy closely aligned to the SLHD Mental Health Strategic Plan.
- Patient Flow + Virtual Care – a wide range of stakeholders consulted individually and in groups, Whole of Health Committee presentation, commentary and draft paper now out for comment.

The Planning Unit has met with relevant stakeholders including MoH, ACI, HI, HealthShare, HETI, e-Health, NSW Health Pathology, OHMR and selected service providers to outline the priorities and seek input. These meetings have also been attended by other SLHD senior executives.

### **Aboriginal Health Strategic Plan**

The SLHD Aboriginal Health Strategic Plan is currently under development by the SLHD Aboriginal Health Unit after a review of the previous plan. The Plan will align with the draft NSW Health Aboriginal Health Plan. Key strategies are still under consideration but are likely to include:

- Partnerships and Supporting the Community Sector
- Transforming Our Organisation
- Addressing the Major Health priorities, including those that contribute to a reduced life expectancy in order to Close the Gap
- Employment, Business Growth and Economic Prosperity
- Research, Monitoring and Evaluation

A key approach will be to determine major health outcomes and deliverables and to drive significant strategies that will result in improved health.

### **RPA Stage Two**

Building from the RPA Cardiovascular Service Plan was submitted to the MoH in November 2023. As part of the 2024 Capital Investment Proposal for RPA, the District is developing a Workforce Plan and a Business Case for submission to the MoH.

### **SLHD Strategic Plan 2024 2029**

The Board/Executive Workshop to finalise/comment on the draft Strategic Plan will be held within the coming month.

## Urban Planning

The Planning Unit has developed a report to the Board on the urban planning issues in SLHD.

## Planning Support

The Planning Unit is currently closely collaborating with other SLHD Units on the development of a number of District plans including:

- SLHD Domestic Violence Action Plan
- Aboriginal Health Plan Review and new Plan scoping paper
- Inner West Child Health and Wellbeing Strategy

## SYDNEY RESEARCH

### Sydney Biomedical Accelerator

#### Governance and Committees

The joint SBA Project Team is seeking the SBA Executive Steering Committee (ESC) endorsement of the items required via circular resolution. The SBA ESC members provided their review and endorsement of the items for the April 2024 report. This included progressing with the Look and Feel of the SBA complex, workplaces within the SBA, design and approach process, design issues, tender release and the construction communications plan. The Principal Projects Requirements (PPR), SSDA application and modifications, Building B enabling works, and the Final Business Case status were also noted.

The RPA Institute of Academic Medicine and General Manager, RPA have also recently established a Gloucester House Management Committee, which focusses on the design and operational planning of the heritage listed Gloucester House (GH) facility on the RPA campus. GH will be functionally linked to the SBA, but GH will remain under the governance of SLHD. The facility is intended to support clinical research, clinical trials, and industry partnerships.

#### SBA Leadership Workshop

As an action of the ESC, a dedicated workshop has been scheduled for 6 May 2024 with the Executive Leads and Project Leads for the District and USyd to consider, discuss and agree on future leadership and operational models of the SBA. The workshop will be facilitated by Ms Chloe Flutter, who brings significant experience as a senior strategy and transformation consultant in healthcare, has operated as a Senior Advisor and leader of the Healthcare practice at the Boston Consulting Group (BCG).

#### Legal Arrangements

Together with USyd and with the support of our legal advisors, the SLHD Chief Executive, NSW Ministry Health (NSW MoH) and the Sydney Research/SIPfHER team are coordinating the development and execution of legal arrangements to support the partnership between the District and USyd in the design, project management, collaboration, and future operation of the SBA. The term sheets for the SBA Interim Project Management Agreement, the Cooperation Agreement, and the Umbrella Agreement have been executed, which together will contribute to the framing for the design development, project management and future operational management of the SBA. The Sydney Research/ SIPfHER team continues to coordinate the GH Memorandum of Understanding (MoU), which is now close to finalisation and will be utilised to support the relocation of the NHMRC Clinical Trials Centre in a phased approach, commencing April 2024. The MoU between SLHD and the Centenary Institute is also close to completion and endorsement. Prior to the Main Building Works (MBW) tender going to market, the Design & Construct (D&C) agreement and related riders are being finalised in close coordination with the legal teams on both sides.

#### Infrastructure NSW Gateway Assurance

Following the submission of the Final Business Case (FBC) for the SBA initiative, which was jointly developed with the support of the Sydney Research/SIPfHER team, Capital Insight and the USyd team,

an independent review of the FBC, aligning with the Infrastructure NSW Gate 2 Assurance process, was conducted. This review included an all-day briefing and a series of interviews in February 2024. A draft report was received by the SLHD CE, and the SLHD response to the draft report from this review was compiled and submitted to the INSW review team. The final report has been received with a glowing recommendation of the partnership and strong governance set up by the Sydney Research/SLHD team and the USyd team. Sydney Research is working closely with various project stakeholders to action the recommendations in the report. The Gate 2 Review process is critical to assure the financial commitment to the project as part of the 2024 Budget and required prior to the engagement of a MBW Contractor.

### **Visits to view the displayed plinths at Susan Wakil Health Building**

Sydney Research has organised several in-person visits to the plinths and artworks relating to the SBA, including the impressive 3D model of the SBA complex created in-house by the SLHD Capital Infrastructure and Engineering team. These are displayed at Level 4 of the Susan Wakil Health Building. Requests for group tours with an explanation of the SBA complex and the artwork can be sent to SLHD-SydneyResearch@health.nsw.gov.au.

### **SLHD Innovation Week Sponsorships**

The Sydney Research/SIPfHER team has been working closely with Director of Partnerships at SLHD in identifying and working on opportunities for sponsorships for the Innovation Week. This work is currently in progress. The team met with senior representatives from Siemens last month to discuss such opportunities, and a boarder relationship with Siemens, particularly in light of the SBA project, and continues to meet with other potential sponsors.

### **ClinTrial Refer**

The Sydney Research/SIPfHER team continues to closely work with the ClinTrial Refer in exploring opportunities for strengthening their performance and broadening their network. Sydney Research have also been supporting the ClinTrial Refer team in their meetings with the Commonwealth Department for Health and Aged Care on the potential partnership opportunity with the National One Stop Shop initiative to support Clinical Trials across Australia. After sign-off from the CEs of SLHD and South Eastern Sydney LHD (SESLHD) on the full operational and technical transition of the CTR project to SLHD, Sydney Research is progressing the many facets of this transition to achieve and ensure operational stability and sustainability of this important project.

### **Innovation Precincts Tech Central**

Multiple Committees associated with Tech Central have been on hold whilst there are developments in the positioning of Greater Cities Commission (transitioning into Planning NSW under the NSW Department of Planning and Environment) and in the ongoing management of Innovation Precincts by the NSW Government. The SLHD Chief Executive remains engaged and involved as a member of the Tech Central Interim Leadership Group, and opportunities for SLHD in deeper engagement and further decision-making are progressing. Sydney Research continues to coordinate with various partners in identifying a future direction, including the formation of an entity, for Tech Central, and the relationship with SIPfHER.

### **Sydney Innovation Precinct for Health Education Research (SIPfHER)**

Since the meeting of the SIPfHER Precinct Council held on 12 February 2024, the prospectus of SIPfHER continues to be developed by Ms Corryn McKay, Director of Strategic Relations, SLHD in partnership with the Sydney Research/SIPfHER team and the University Marketing and Engagement team. The prospectus aims to present the principles for the region and showcase SIPfHER as an internationally significant region for health, research, education and innovation. Further engagement

opportunities with SIPfHER partners are being explored including the establishment of a Precinct Collaboration Committee over the next few months.

## **Franklin Women**

### **2024 Inclusive Leadership Mentoring Program**

The Sydney Research/SIPfHER team continues to be the District Coordinators for applications in the 2024 Mentoring Program. Applications for the program closed on 28 March 2024. Five mentor and mentee pairs have been identified through a robust selection process to attend the program.

### **Translational Research Grants Scheme (TRGS)**

The Sydney Research/SIPfHER team facilitates on behalf of SLHD the promotion, review, selection and submission of applications to the NSW Health Translational Research Grants Scheme (TRGS), which is conducted annually by the NSW Office for Health and Medical Research. TRGS provide grants to staff at Local Health Districts and other parts of NSW Health to accelerate research translation within the NSW public health system. SLHD has been one of the most successful Public Health Organisations in this scheme having received \$8.5 million for 6 successful projects over the past 6 rounds.

Expression of Interests are being sought for Round 8. The evaluation and submission process for these will be led by Sydney Research. The Full Applications have been submitted for Round 7, and the associated reporting requirements completed for the active projects from previously successful applications in earlier rounds will be progressed later this year. Applications for Round 8 are due to Mr Sam Bhatia before 15 May 2024.

### **SLHD Chief Commercial Officer**

The Sydney Research/SIPfHER team have continued to work closely and support Dr Francisco in the review and progression of the following matters:

- Developing commercial proposal and sustainable business model for ClinTrial Refer during its operational transition.
- Draft SLHD Intellectual Property and Commercial Policy and guidelines and responding to queries about the same from the NSW Ministry of Health
- SBA Industry Working Group
- A diverse range of commercial matters involving SLHD staff and our partners.
- Supporting the ANZAC Research Institute commercial initiatives
- Finalisation of a Commercial Strategy for the SBA and case study summaries that will support the Final Business Case required by Infrastructure NSW
- Preparation for the launch of the SBA Innovation Hub to external industry, research and academic partners, including the planning of administrative and management processes for these arrangements.
- Discussions with potential industry stakeholders
- SBA Information Interviews to gain industry perspective and expectations from the project.

Participation in monthly meetings with the SLHD Chief Executive, the Chief Commercial Officer and the SLHD Director of Legal Services as part of the Commercial Advisory Group, scheduled to meet next in February 2024.

### **CONCORD HOSPITAL MEDICAL STAFF COUNCIL**

Concord Hospital and SLHD have continued to progress the action plan that they developed in partnership with the Ministry representatives based on the issues identified by the ProActive ReSolutions consultation process. I again would like to thank members of the CRGH Executive Team, the SLHD Executive Team and staff of Concord Hospital for their ongoing commitment to progressing this work.

The A/General Manager of CRGH is continuing to provide the Chief Executive with a monthly progress report on the action plan. Progress against the Action Plan has continued to be tabled at the CRGH Clinical Council meeting. The CRGH Clinical Council minutes are tabled at the SLHD Clinical Quality Council. Progress against the Action Plan has also been tabled at the Concord Hospital Medical Council for information.

A progress report is being provided monthly to the SLHD Board. SLHD is also reporting on the action plan monthly to Matthew Daly, Deputy Secretary, System Sustainability and Performance, Ministry of Health.

## **ANNOUNCEMENT OF A NEW ROLE FOR THE CHIEF EXECUTIVE SLHD**

On 2 May 2024, the Secretary of NSW Health announced that I have accepted the role of Chief Executive of the newly-established NSW Health Single Digital Patient Record (SDPR) Implementation Authority. This truly is a once in a lifetime opportunity to lead what is one of the largest transformational programs of health services in the country.

The SDPR program represents a major leap towards a unified, next-generation medical records system that will replace the disparate systems currently in use across NSW Health. The implementation of the SDPR will touch every part of the NSW health system. It will provide real-time access to medical records empowering our clinical teams to make informed decisions promptly, streamlining processes and reducing administrative burdens on our staff.

I am looking forward to leading the SDPR Implementation Authority and to working closely with my colleagues across all of the Local Health Districts, eHealth and the Ministry of Health to ensure that the implementation of the SDPR is a success. We will work collaboratively across the system to ensure that the SDPR caters effectively to meet the needs of our clinicians, patients, and carers, thereby enhancing patient experiences and outcomes. I am very passionate about the possibilities for the Single Digital Patient Record to make huge improvements to the way clinicians and staff in all Districts throughout the State can work.

Given that this will be my last Board Report as Chief Executive of SLHD, I would like to take this opportunity to thank all of the incredible people I have had the privilege of working with over the last 13 and a half years, the current and past Board members under the leadership of The Hon Ron Phillips and the Hon John Ajaka, our fabulous District and Facility Executive, our dedicated and highly skilled staff, our partners in other government and non-government organisations and most importantly our patients, their families and our communities. I have learnt so much during this time from all of you.

It has been a great privilege to have been the Chief Executive of SLHD and to have had the opportunity to work closely with our amazing and committed Board and Executive to lead this extraordinary organisation which every day puts our patients and their families at the centre of our decisions. It has been a great privilege to lead the 14,000 staff of Sydney Local Health District and I am so proud of all that we have achieved together.

In 2011, I was thrilled to be appointed Chief Executive of Sydney Local Health Network which soon transitioned to Sydney Local Health District. The establishment of Sydney Local Health District was part of National health reform that restored decision making to the local level.

Since our establishment in 2011, we have been a leading health district not only in NSW but across the Country. We were the first local health district to launch a Strategic Plan, a plan that put our staff,



consumers and the community at the centre of decision-making about services and care. I am incredibly proud to say that has been at the heart of everything we have done since then.

We have cemented our reputation for world-class clinical services, research, leading education and training, strong clinical and corporate governance and financial accountability. We have continued to integrate research, teaching and excellent clinical practice leading to improved outcomes for our patients and for the community. We have continued to invest in the development of our staff through the Centre of Education for Work Force Development (now Sydney Education) and in partnership with our University colleagues, particularly the University of Sydney and the University of Tasmania.

We have also continued to invest in the ideas of our staff including investing over \$2 million in the ideas of our staff through the innovation challenge The Pitch and have shared our ideas and new models of care via our annual Innovation and Research Symposium. We have continued to have the highest People Matter survey results of any Local Health District in NSW although we recognise that we always have further work to do to support our staff.

We have continued to strengthen our ties with our culturally and socially diverse communities through strong collaboration, to deliver accessible, inclusive, culturally-appropriate and holistic health care services.

We have a strong partnership with the Aboriginal Medical Service Redfern and Metropolitan Local Aboriginal Land Council and are committed to working together to improve health outcomes for the Aboriginal and Torres Strait Islander peoples who live in our District.

We have longstanding relationships with the multicultural leaders in our District and are proud of our strong partnership with the LGBTIQ+ community. The new Kalido Health Centre being built in partnership with ACON is much welcomed by the community.

We have joined with other government agencies and non-government organisations to support those who are most vulnerable in our community – including people in our community who are homeless, the elderly and people living with a disability.

We have had many breakthroughs, innovations and also challenges. When we were faced with our greatest challenge, the COVID-19 pandemic, our hospitals and services were at the forefront of the State's response. We established testing clinics and special health accommodation and treated some of the sickest patients before joining the world's largest vaccination campaign setting up vaccination centres at RPA before mass vaccination hubs at Sydney Olympic Park. We established the Special Health Accommodation and provided screening services and later vaccinations at Sydney Airport. As our Secretary Susan Pearce and Board Chair John Ajaka have said, these were logistically complex initiatives, set up at record speed and we operated them in massive volumes. It was incredible work, by many individuals who formed rapidly new teams, led by our senior staff and Executive and I am incredibly proud and grateful for what our District was able to achieve amid those challenging times.

Our third strategic plan, which is well underway, will provide a blueprint to cater for the changing needs of our community with new models of care, digital innovation and large-scale infrastructure projects.

We have already delivered Stage One of the \$341 million redevelopment of Concord Hospital in partnership with Health Infrastructure. The new \$32.4 million multi-storey carpark at Concord Hospital is expected to be complete later this year. The car park will significantly improve the experience for staff and patients at Concord Hospital. We delivered the new RPA Health One at Green Square to support the health of the growing local community. Main works have begun on the \$940 million redevelopment to transform RPA and planning for the redevelopment of Canterbury Hospital is underway. In partnership with the NSW Government, the University of Sydney and with the support of donors, we

# Board Report



Health  
Sydney  
Local Health District

are developing the Sydney Biomedical Accelerator. The SBA will bring together clinicians, researchers, academics and industry to solve the most complex health problems of today and tomorrow.

All of our achievements are a testament to the hard work, commitment and resilience of our staff. Our staff make a difference to the lives of others, 24-hours a day, 7 days a week, 365 days of the year. I would like to thank you all for your dedication to caring for our patients, their families and the community. You have inspired me every day I have been in this role.

I start my new role on the 27 May 2024. Over the next few weeks, I will hand over to Graeme Loy, the Chief Executive of Western Sydney Local Health District who will Act as Chief Executive of Sydney Local Health District while recruitment for the Chief Executive role takes place. Graeme is very much looking forward to acting in the role. I am sure you will join me in welcoming Graeme to Sydney Local Health District. In the meantime I am confident that SLHD will continue to do what it does best, delivering high-quality patient and family-centred health care for our community we serve.

A handwritten signature in black ink, appearing to read 'Teresa Anderson'.

Dr Teresa Anderson AM  
**Chief Executive**

Date: 20 May 2024