
Sydney Local Health District

Seventy Second Meeting of the Board

Date: Monday 11 December 2017

Time: 9.00am - 10.30am - Governance Workshop
10.30am - 12.30pm - Routine Business

Venue: SLHD Boardroom

Chair: The Hon. Ron Phillips, Chair AO (9.00am - 10.30am - Governance Workshop)
Dr Barry Catchlove, AM, Board Member Acting Chair (From 10.30am - 12.30pm)

1. Present and apologies

The Hon. Ron Phillips, Chair AO (Departed 10.30am)
Dr Barry Catchlove, AM, Acting Chair 10.30am – 12.30pm – Routine Business
Ms Victoria Weekes, Member
Dr Thomas Karplus, Member
Professor Paul Torzillo AM, Member (Departed 11.45am)
Ms Frances O'Brien, Member
Ms Joanna Khoo, Member
A/Professor Christine Giles, Member
Ms Ronwyn North, Member
Dr Mary Haines, Member
Mr David McLean, Member
Ms Susan Anderson, Member
Dr Teresa Anderson, Chief Executive

Apologies

Nil

In attendance

A/Professor Catherine O'Connor, Chair, Medical Staff Executive Council (9.25am – 11.30am)
Ms Gina Finocchiaro, Acting Director, Corporate Operations, SLHD (Departed 12.00pm)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

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

Board Governance Workshop

The Board received and discussed the documents pertaining to the Board Governance Workshop held prior to the meeting:

3. Declaration / Removal of conflicts of interest

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

- (i) There were no **new** conflicts of interest to declare or to be added to the Register.
- (ii) Dr Catchlove advised that his term as elected Fellow of the Senate at Sydney University has now ceased.

4. Confirmation of previous minutes

4.1 Minutes – 20 November 2017

The minutes of the Board meeting held on Monday 20 November 2017 were moved and seconded.

The Chair then signed the minutes.

4.2 CE Report – November 2017

The Chair declared that the CE Report for November 2017 was ready for publication

5. Matters arising from the previous minutes

5.1 Action sheet

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

- The meeting to re-look at reports was held on 4 December 2017. This agenda item can be removed from the action list.
- Meetings with CEs/Board Chairs of Lifehouse and the District are now set for 2018. This agenda item can be removed from the action list.
- Correspondence was forwarded to the Board on 21 November 2017 regarding the private developer. This agenda item can be removed from the action list.
- The communication strategy to congratulate staff will be discussed at the next meeting to be held in February 2018. This agenda item can be removed from the action list.
- The date for the Aboriginal Health Strategic Plan launch is still being negotiated for 2018.
- The letters of congratulations to the general managers were sent. This agenda item can be removed from the action list.
- The addition of “numbers” under the heading of Qualifications / Units of Competency Offered was included in the document prior to submission to the MoH. This agenda item can be removed from the action list.

5.2 Brief – Tobacco Enforcement

- The Board received, read and noted the updated brief on Tobacco enforcement. The use of e-cigarettes is being addressed and will be monitored by the Smoking Working Group. This agenda item can be removed from the action list.

6. Patient Story

A video was shown to the Board on the Royal Prince Alfred Hospital researchers that are among an international team to have developed a gene therapy for the life-threatening blood disorder, Haemophilia.

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 2017

The Board received and noted the Board Calendar for 2017.

8. Chairman's Report

Nil to report.

9. Chief Executive's report

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

- The District continues to be at Performance Level zero.
- Despite the significant activity through the SLHD facilities, the quality and safety of our services was maintained including no Central Line Associated Bloodstream (CLAB) infections during September 2017.
- RPA met triage category targets for categories 1 and 5 in October 2017. Performance in Category 2 was under the target of 80% with a result of 76.48% for the month of October 2017. Performance in category 3 was under the target of 75% with a result of 66.08% for the month of October 2017. Performance in Category 4 was close to target of 70% with a result of 69.85% for the month of October 2017. The ward from Balmain will re-locate back next week. Additional beds are to be opened in ICU in the new year.

- The Sydney District Nursing Service are managing over 1,000 patients per day in the community who would otherwise be in hospital.
- The District will look at the regrading of coders to the HSM band.\
- In October, SLHD had 19.65% of its patients as private inpatients. RPA had its third month in a row above 22% completing the month at 22.09%. The District is aiming to exceed the 20% mark again in November. As wait lists are managed by clinical need, private patients do not receive preferential treatment in the SLHD
- All capital works projects are on track.
- For the month of October 2017, Sydney Local Health District (SLHD) General Fund Expenditure was \$4.143M (2.93%) unfavourable to budget, YTD October 2017 GF Expenditure was \$9.046M (1.60%) unfavourable to budget. GF Revenue was \$1.066M (0.70%) unfavourable to budget for the month and \$1.729M (0.29%) unfavourable to YTD budget.
- For the YTD November 2017, the District's GF NCoS was \$10.775M unfavourable to budget. This increase in expenditure is due to the significant increase in patient activity over this period. The District is working with the facilities to manage services over the remaining part of the year within budget.
- The NCoS result for the month of November 2017 was \$759K favourable to budget bringing the deficit down to \$9,023M unfavourable year to date.
- Sydney Research is progressing well. The RPAH Research planning day was very constructive.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – October 2017

The Board received, read and noted the SLHD Board Reporting Pack for October 2017.

9.1.2 Selected Performance Indicators – September 2017

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report – October 2017

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 Report

The Board received, read and noted the Clinical Governance report for the period August – October 2017. A meeting is to be set to explain the tracking and reconciliation of recommendations from RCAs.

9.5 Audit and Risk Committee Report September – November 2017

The Board received, read and noted this report. The Board discussed the recommendations contained in the report and the follow-up procedures that are in place.

9.6 Facility Reports – October 2017

(i) Balmain Hospital

The Board received, read and noted the Balmain Hospital facility report. A further meeting with the local residents is being held this Thursday.

(ii) Canterbury Hospital

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

(iii) Community Health

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

(iv) Concord Hospital

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

(v) Drug Health Services

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

(vi) Mental Health Services

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

(vii) Royal Prince Alfred Hospital

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

(viii) Oral Health Services and Sydney Dental Hospital

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

(ix) Tresillian

The Board received, read and noted the Tresillian report.

(x) Lifehouse

The Board received, read and noted the Lifehouse report.

(xi) Population Health

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

(xii) Croydon/Marrickville/Redfern Health Centres

The Board received, read and noted the report for Croydon/Marrickville/Redfern Health Centres.

(xiii) Organ Donation for Transplant

The Board noted the next report for the period September – December 2017 is due in February 2018.

10. Matters for approval / resolution

10.1 Amendment to Delegations Manual

The Board endorsed the recommendation to increase the delegation limit to \$10,000 for the Manager, Property and Assets.

10.2 Draft Strategic Plan 2018 – 2022

The Board received the draft Strategic Plan 2018 – 2022. The Board approved the document in principle. An electronic copy is to be forwarded to all members with refinements to be provided back to the Director of Planning via email. The final document is to be circulated for out of session endorsement.

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 13 November 2017.

11.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 20 November 2017.

11.3 Communications Committee

The Board noted the next meeting is to be held in February 2018.

11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting held on 22 November 2017.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 22 November 2017.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 28 February 2018.

11.7 Medical Staff Executive Council

The Board noted the minutes of the meeting held on 10 November 2017.

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

The Board noted the meeting was held on 6 December 2017.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting was held on 6 December 2017.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 8 November 2017.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 20 November 2017.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the next meeting to be held on 20 December 2017.

12.5 Revenue Enhancement Development Committee

The Board received, read and noted the minutes of the meeting held 22 November 2017.

12.6 NSW Health / SLHD Performance Review Meeting

The Board received, read and noted the minutes of the meeting held on 23 August 2017.

12.7 Organ Donation for Transplantation

The Board noted the meeting to be held on 27 November 2017 was cancelled.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 14 November 2017.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the minutes of the meeting held on 21 November 2017 were not available.

12.10 Sydney Healthy and Active Living Steering Committee

The Board received, read and noted the minutes of the meeting held on 27 November 2017.

12.11 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held in November 2017.

13. Matters for noting

13.1 Correspondence - Minister for Health

The Board received and noted the letter of congratulations from the Minister on winning the Premier's Public Sector for NSW Health Award for 2017.

13.2 Correspondence - Asset Strategic Plan

The Board received, read and noted the correspondence from the Ministry of Health regarding the SLHD Asset Strategic Plan submission.

13.3 Correspondence - Minister for Health

The Board received, read and noted the correspondence from the Minister for Health regarding private health insurance.

13.4 SafeWork NSW investigation

The Board received, noted and discussed this report

14. Other Business

15. Next Meeting

The next meeting is to be held on Monday 19 February 2018 at 9.00am.

The meeting closed at 12.15pm.

Chair



Date

19/02/2018

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board **December 2017.**

PERFORMANCE

The District remains at Performance level 0.

Safety and Quality

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

Mental Health Readmissions within 28 days were over target (<13%) for the Month of August 2017 at 16.3%. Although this is a 1.2% decrease in performance compared to the previous month there was a 3.5% improvement in performance compared to the same time last year despite the significant increase in mental health activity this financial year.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureas Bloodstream Infections (SABSI) with a result of 1.7 per 10, 000 bed days for September 2017. In comparison to the result from the same period last year there has been a slight decrease in performance of 0.1 SABSIs per 10,000 bed days. There were no Central Line Associated Bloodstream (CLAB) infections during September 2017.

The District's unplanned readmission rate of 5.1% remains strong at all facilities and significantly below the state benchmark.

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

Workforce

Despite the significant increase in activity during October, the District has continued to manage its workforce requirements well. There was a decrease of 0.48% in the proportion of premium Medical staff for the month compared to the same time last year with a result of 8.76%. There was also a decreased by 0.43% proportion of premium allied health staff with a result of 1.55%. However, there was an increase of 3.34% in the proportion of premium nursing staff compared to the same time last year with a result of 12.51%. This directly relates to the increase occupancy of inpatients and the acuity of the inpatients.

Activity

This has been a very busy period for our hospitals with a significant increase in both separations and occupancy reflecting the high acuity of the patients been cared for. There was a significant increase of 2.67% in separations (14,669 separations) in October 2017, compared to the same period last year. For October 2017 YTD there has been an increase of 0.53% separations across the District. The District's occupancy rate has significantly increased over this period. The District occupancy rate for October 2017 increased by 3.93% to 91.68% compared to the same time last year and there was a 4.95% increase on occupancy YTD due to the significant increase in the acuity of patients being managed by our hospitals.

Emergency Treatment Performance

There were 13,759 attendances in the Emergency Department for October 2017, which is a 0.33% increase in attendances compared to October 2016 but a 6.45% increase in presentations YTD.

The Emergency Treatment Performance (ETP) performance for the District during the month of October 2017 was 69.22% equating to 9,523 patients being admitted, referred or discharged within 4 hours of presentation. Although this result did not meet the District target for ETP of 81% and is a decrease in performance of 3.95% compared to the result obtained in October 2016 of 73.17%, it is a 4% improvement on September 2017.

Transfer of Care

The District exceeded the target for Transfer of Care (TOC) of 90% with a result of 91.14% for October 2017. The District TOC YTD result is slightly under target at 89.97%. This is a 4.66% decrease in performance compared to the YTD result in 2016, but it should be noted there has been a 6.45% increase in Emergency attendances across the District compared to last year. The biggest challenge was at RPA while Concord and Canterbury maintained high levels of performance.

ED Triage

The District achieved 4 of the 5 Triage category targets. Triage 1 was 100%, Triage 2 was 81.12%, Triage 4 was 77.98% and Triage 5 was 94.62%. Triage 3 was 68.44%, which is a 7.48% decrease on the previous year. The major challenge was at RPA.

The complexity of the presentations in October 2017 differs from October 2016 as follows:

- 4.48% increase in the number of Triage Category 1 patients
- 12.96% increase in the number of Triage Category 2 patients
- 10.08% increase in the number of Triage Category 3 patients
- 13.38% decrease in the number of Triage Category 4 patients
- 6.07% decrease in the number of Triage Category 5 patients

RPA

RPA met triage category targets for categories 1 and 5 in October 2017. Performance in Category 2 was under the target of 80% with a result of 76.48% for the month of October 2017. Performance in category 3 was under the target of 75% with a result of 66.08% for the month of October 2017. Performance in Category 4 was close to target of 70% with a result of 69.85% for the month of October 2017.

Canterbury Hospital

Canterbury Hospital achieved ED triage category targets for Category 1, 2, 3, 4 and 5 during October 2017.

Concord

Concord Hospital achieved ED triage category targets for Category 1, 2, 4 and 5 in October 2017. Performance in category 3 was under the target of 75% with a result of 63.38% for the month of October 2017.

Elective Surgery

Despite a 2% increase in operations, SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery. Performance is at 100% for October 2017 in all categories, which is consistent with the result achieved in October 2016. The District has also made significant decrease in the number of surgical patients not ready for care of 6.26%.

Community care and Hospital in the Home

The District has continued to manage its activity through investments in Sydney District Nursing who are managing over 1,000 patients per day in the community who would otherwise be in hospital; there has been a 7.45% increase in Hospital in the Home activity

for the month and a 28.73% increase YTD. As previously indicated the District would have had significant difficulty in managing the demands of this winter without the investments made by the District in these services.

NATIONAL FUNDING REFORM/ ACTIVITY BASED FUNDING

The NSW Ministry of Health has commenced planning for the 2018-19 Service Agreements and due to a change to the NSW Treasury timetable, activity targets are required to be finalised earlier than in previous years. As in previous years, the purchasing consultation and negotiation process allows for SLHD to highlight and discuss local service delivery issues, and associated impacts, that are considered to be not adequately accounted for within the generic purchasing model, for example:

- Impending service changes and capital developments
- Implementation of a new service, or new service delivery models
- High cost services
- Increases or decreases in staff numbers (retirements, resignations, long service leave, extended TESL, etc. or additional resources – long / short term)
- Shift in care type of clinical services (e.g. shifting acute inpatient admissions to non-admitted patient services or vice versa)

As such the District Performance Unit is undertaking consultation with facilities and service to determine any local service delivery issues to be included in the District's submission to the Ministry for 2018-19.

Acute Admitted Activity

The mapping problems associated with the implementation of ICD-10-AM version 10 and the State HIE Grouper have now been resolved. YTD September, the District has a positive variance of 0.59% to target for acute admitted activity. The District believes this is still an under representation of activity due to coding issues which are being addressed.

Mental Health

The SLHD Performance Unit continues to work closely with Mental Health Services to monitor data quality. There have been significant improvements in the correction of errors in recent months, particularly those associated with care type changes. The District's Mental Health Services have successfully reduced the volume of care type errors in 2017/18 from nearly 200 errors down to less than 20. Efforts to monitor data errors will be sustained throughout the financial year to ensure that data quality is of the highest quality for the service.

The State-wide Mental Health Information Management Meeting (MHIMM) was recently hosted by InforMH and covered a diverse range of topics, including data quality and data management. Subsequent to the quarterly MHIMM meeting, a small working group has been established to examine the data reporting structures currently in place throughout the state, with a goal to refine existing reports and adding new reports where necessary. SLHD is participating in this InforMH-led working group.

Sub and non-acute (SNAP)

The District Performance Unit has been working closely with facility SNAP coordinators to ensure that all monthly data submission deadlines are met. For financial year 2017/18 YTD-Oct, the District has reported an overall grouped rate of 97.6%. Of particular note are the performance results for Canterbury Hospital, where a 100% grouping rate has been achieved for July to October, with all outstanding errors corrected.

The Ministry of Health has announced that the final data refresh for SNAP will occur on 19 December 2017, with a long break to the first refresh of 2018 scheduled for 8 February. The District Performance Unit will continue to work closely with the facilities during this time to ensure that all data submission commitments for the SNAP stream are met.

Non-Admitted (NAP)

The District Performance Unit is working with the facilities to review non-admitted activity and ensure the accuracy and timely upload of data to EDWARD. Data submission delays have been identified in a number of areas and work undertaken to ensure all activity is being captured and reported in a timely manner.

Clinical Costing Update

The final DNR for the full round 21.2 of costing has now been endorsed and submitted to the Ministry. Final submission was made with a RQ (quality assurance benchmark) score of 93%, which is an improvement on the previous round.

DNR auditing process has now commenced, with Internal Audit undertaking the required tests for assurance of reliability and accuracy of data, and appropriateness and compliance with the costing methodology. The audit will include a focus on:

- Dummy encounters
- Feeder systems used and further possible refinements
- Reconciliation and process of financial result from the General Ledger
- iFRACs and approval processes

The costing results will now be utilised to undertake analysis of various specialised services costs, such as Sarcoma, Peritonectomy, Robotic Surgery and Pelvic Exenteration, and will inform the District's submission of local service delivery issues.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of October, SLHD had 19.65% of its patients as private inpatients. RPA had its third month in a row above 22% completing the month at 22.09%. The LHD is aiming to exceed the 20% mark again in November.

Single Room Utilisation

For the month of October, the LHD had 27% of all single rooms taken up by private patients. With an increased 10.8% of patients isolated for clinical alert, 40% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

- Current PBRC Management Committee currently being restructured to the District Revenue Committee. This committee will report to the Revenue Enhancement Committee
- Focus continuing on improving proportion of elective patients using their private health insurance
- Relationships with private health funds to be re-visited

PERFORMANCE AND REDESIGN UNIT

Innovations

- 5 applications were received for November round of The Pitch
- The final Pitch event for 2017 was held on Friday 24 November at the KPEC Auditorium.

- The event was well attended and four projects were presented:

Project	Presented by	Outcome
Midwifery Stories Project	Kate Griew	To collaborate with Strategic Relations and Communication Team and re-pitch again
Lighting up Care	Professor Nicholas Glozier	Won \$46,500
The future with Saebo in SLHD is within our grasp	Catherine Wickson	Won \$41,187.85
We're not KID-ding around	Grace Scott	\$28,900 (to be funded separately to the Pitch)

- Applicants and relevant stakeholders are being sent letters regarding the outcome from The Pitch
- The Pitch dates for 2018 are being finalised, with the first Pitch round anticipated to be in March 2018 at Concord Medical Education Centre Auditorium.
- Since March 2017, the Pitch winners have been asked to submit regular reports regarding their project's progress (at 3 months, 6 months and 12months). A progress report was most recently submitted to the PFCC - Organisation in November.

Clinical Redesign: CHR Projects

- The '*POPI: PreOperative Iron deficiency assessment and management*' project (CHR 2017 - first intake), is currently in the 'implementation' phase. There are 4 key, interrelated solutions that are being implemented. The POPI team has submitted the implementation project management plan to ACI following the CE's approval and is working according the plan aiming to have some preliminary evaluation data for their graduation in May 2018.
- '*A Collaborative Care Outreach in Residential Aged Care Facilities (RACFs) across the SLHD (ACCORD)*' project (CHR 2017 - second intake) is currently in the 'implementation' phase of the project and finalising the implementation project management. Implementation activities are already taking place despite the delay in reporting.
- The SPORT (previously known as 'Perioperative and Sterilizing departments redesign') (CHR 2017 – third intake) project team has attended the Implementation workshop at ACI and is currently finalising the solution design report. The team has identified 7 key solutions which they will be taking through to implementation. The solutions will be sequenced to allow planning time for those with financial implications.
- Applications for the Agency for Clinical Innovation, Centre for Healthcare Redesign (CHR) 2018, first intake, are now open and close on 8 December 2017.

Accelerating Implementation Methodology (AIM):

- The AIM course delivered on 9 – 10 November 2017 was at full capacity and received very positive evaluations.

CAPITAL PLANNING

Assisted Parking RPA

This is a new service at RPA to assist with parking for those patients with physical disabilities. The new services will be based in the atrium at RPA and the turning circle next to Gloucester House. Joinery was installed in the week of 27 November 2017.

Concord theatres 7 and 8

Refurbishment of the two theatres is due to commence on 18 December 2017 with replacement of the ceilings, pendants and general minor works. The works will be completed in February/March 2017.

SLHD Aged Care Network

Balmain works are continuing and will be completed by the end of January 2017. Level 4 has been handed over and is now occupied. Works on the Balmain fencing and landscaping is underway.

Medical Imaging Equipment Purchases RPAH

The new LH Interventional CT is now operational. Stage two has been completed. Commissioning of the second machine has now been completed. Testing will begin this week with the second machine available the week of 18 December 2017.

Relocation of Interpreters

Works have commenced. The building works will be completed by Christmas.

Balmain GPC waiting Room

Facility Planners are continuing to working with the department on developing plans aimed at improving the reception waiting area seating and creating a dedicated Paediatric waiting area.

Canterbury Hospital Ultrasound Room

Work was completed with defect and handover 21 November 2017. The ultrasound has been purchased, a tread mill to be purchase in the new calendar year and the services will be operational in the new year following recruitment of a new staff specialists.

Asset Replacement & Repair Program (ARRP)

SLHD has received funding through the ARR Program managed by Health Infrastructure. Projects funded include: Surgical Tool Air upgrade at RPAH, RPAH emergency power control upgrade for the generators and the lift modernisation program at Concord. Additional funding has been granted for infrastructure at RPA (Fire System \$600k), CRGH (Steam System \$700K) and Canterbury (Replacement chillers, \$600K).

Sydney Dental Chairs

The Wet suction on level 4 has been commissioned and the Dental chairs are now operational.

SLHD Energy Efficiency Program

Procurement has been completed and the contractor has started on site. The project will run for 18 months and will involve the replacement of all light fittings across the RPAH campus with energy efficient LED lighting. Detailed Planning is now underway for Sydney Dental Hospital and Canterbury Hospitals and works will commence in the new year.

Canterbury Hospital Hydrotherapy Pool

Refurbishment of the Canterbury Hospital Hydrotherapy Pool amenities will be completed over Christmas period. A digital temperature read-out has been installed and temperatures are now logged with the building management system.

RPA Hydrotherapy Pool

Refurbishment of the RPA Hospital Hydrotherapy Pool amenities commence in Mid-November and Stage 1 will be completed by mid-February 2018.

SLHD Car Park

Works on the staff car park at RPA continue with a target date of early February 2017 for completion. The Car park is being built by Health Infrastructure in partnership with the District and funded in part by a Treasury loan, which will be repaid using car park fees.

FINANCIAL PERFORMANCE (NET COST OF SERVICE BASIS)

Financial Performance – Net cost of service basis

General fund (GF)

The 2017/18 Service Level Agreement between the Board and Ministry of Health has as a key financial performance target an expected Net Cost of Service (**NCoS**) result. The following analysis reflects the result for the month ended 31 October 2017 based on the District's budgeted NCoS. For the month of October 2017, Sydney Local Health District (SLHD) General Fund Expenditure was \$4.143M (2.93%) unfavourable to budget, YTD October 2017 GF Expenditure was \$9.046M (1.60%) unfavourable to budget. GF Revenue was \$1.066M (0.70%) unfavourable to budget for the month and \$1.729M (0.29%) unfavourable to YTD budget. For the YTD November 2017, the District's GF NCoS was \$10.775M unfavourable to budget. This increase in expenditure is due to the significant increase in patient activity over this period. The District is working with the facilities to manage services over the remaining part of the year within budget.

The NCoS result for the month of November 2017 was \$759K favourable to budget bringing the deficit down to \$9,023M unfavourable year to date.

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

The major variances for the month were:

Expenditure

- For the month of October 2017 GF Total Expenditure was \$4.143M (2.93%) unfavourable to budget, reflecting unfavourable results for Overtime (\$0.778M), G&S Medical & Surgical Supplies (\$1.651M), G&S Prosthetics (\$1.108M), G&S Special Services (\$0.833M), G&S Support (\$0.300M), and G&S Admin (\$0.686M) and RMR (\$0.865M), offset by favourable variances in Annual Leave Provision (\$0.674M), VMO Payments (\$0.262M) and G&S Drugs (\$1.454M).

- YTD October 2017 GF Total Expenditure was \$9.046M (1.60%) unfavourable to budget. This result reflects unfavourable results for Overtime (\$3.346M), Annual Leave Provision (\$1.216M), G&S Med and Surgical Supplies (\$2.657M), G&S Prosthetics (\$1.475M), G&S Special Services (\$4.146M) and RMR (\$2.107M) offset by favourable variances in G&S Drugs (\$3.962M), G&S Admin (\$2.342M), VMO Payments (\$0.276M).

Revenue

- GF Total Revenue was \$1.066M (0.70%) unfavourable to budget for the month of October 2017. The result for the month reflects unfavourable variances in High Cost Drugs (\$1.683M), User Charges Facility Fees (\$0.156M), Services to Other Organisation (\$0.403M) and User General Rendered Services (\$0.156M) offset by favourable variances in Patient Fees (\$0.334M), Grants & Contributions (\$0.109M) Prosthesis Income (\$0.313M) and Non User Charges General (\$0.941M).
- YTD October 2017 GF Total Revenue was \$1.729M (0.29%) unfavourable to budget. The unfavourable YTD result reflects mainly unfavourable variance in User Charges (\$5.636M) offset by favourable variances in Patient Fees (\$1.571M) and Grants & Contribution (\$1.714M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.564M unfavourable to budget for the month of October 2017 and \$0.522M unfavourable to budget for the YTD October 2017. This YTD result reflects favourable budget variance for Expenditure (\$0.352M), offset by unfavourable result for Revenue (\$0.874M).

CONSOLIDATED RESULT

For the period ended 31 October 2017 the consolidated year to date NCoS result for the General Fund and SP&T was \$11.297M unfavourable to budget. The result comprises unfavourable variances in Expenditure \$8.694M and Revenue \$2.603M.

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 31 October 2017, SLHD recorded a Total Net Result of -\$36.051M (Note that Total Revenue was higher than Total Expenditure for YTD October 2017) which was \$11.352M (24%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the YTD October 2017 was \$11.186M unfavourable to budget. The YTD Net Direct Operating Result reflects unfavourable budget variances in Expenditure (\$8.662M) and Revenue (\$2.524M).

For the month of October 2017 Total Direct Revenue was \$1.419M unfavourable to budget, comprising \$1.064M unfavourable variance for the General Fund and a \$0.355M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$2.524M unfavourable to budget, comprising unfavourable variances for the General Fund (\$1.769M) and SP&T Fund (\$0.755M). The YTD result for the GF reflects unfavourable variances in User Charges offset by favourable results for Patient Fees, Grant Income and Other Income. Total Direct Expenditure was \$3.592M unfavourable to budget for the month of October 2017, comprising \$3.406M unfavourable result for the General Fund and \$0.186M unfavourable result for the SP&T Fund. YTD Total Direct Expenditure was \$8.662M unfavourable to budget, comprising \$8.012M unfavourable variance for the General Fund and a \$0.650M unfavourable variance for the SP&T Fund.

The YTD result for The GF reflects unfavourable variances in Overtime (\$3.346M), Salaries & Wages Oncosts (\$2.4815M) and G&S Direct Clinical Operating (\$4.326M). These results were offset by favourable results for G&S Corporate & Operational Admin (\$2.342M) and VMOs (\$0.276M).

MONTHLY BUDGET PERFORMANCE

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

LIQUIDITY

Despite the pressure on the District expenditure, the District had **NIL** creditors over 45 days as at 31 October 2017.

The District achieved the target of 100% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of October 2017.

The cash balance at 31 October 2017 for the SLHD Operating bank account was \$14.237M and the Operating Cash book balance was \$13.831M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget relating to SMRS Projects as of October 17 is \$19.480M comprising \$6.862M of MoH funded and \$12.618M of locally funded projects. In October 2017, a rollover budget of \$4.991M was approved by the MoH.

Actual expenditure as at YTD October 17 was \$4.228M, which is \$0.012M above budget.

OTHER CAPITAL PROJECTS

As of October 2017, the District has expended a total amount of \$0.332M on projects relating to IAS various equipment, K2 Fetal Monitoring System and Internal Audit relocation. The total expenditure of \$0.332M was sourced from General Fund.

PLANNING

SLHD Research Strategic Plan

Significant consultation on strategic research priorities has occurred with key stakeholders across the District including MRIs, research committees, the Sydney Research Council, key researchers, the community and employees. Two major half day Research Forums have been planned for the 29 November (RPA) and 8 December (Concord). Over 160 researchers and SLHD personnel are expected to attend and contribute to the plan. The half day forums will comprise presentations from a range of researchers, with facilitated large group discussions and panels contributing to the strategies and approach to the new Research Plan.

Cardiothoracic/Cardiovascular Forum on Implantable Devices

A Think Tank is planned for the 12 December with a focus on Implantable Cardiac Electrical Devices.

The Planning Unit initially developed a data/background paper on cardiothoracic services and has devised information outlining the device implantation activity, where it occurs and who implants.

The Think Tank will focus on future developments in Devices and new Models of Care.

RPA HealthOne East (Green Square)

- The formal Planning and Development Committee for the HealthOne is currently being established in consultation with Health Infrastructure (HI).
- Consultants have been appointed by HI to review possible sites for the HealthOne – this has involved UrbanGrowth NSW (now Landcom) and the City of Sydney. The agreed site selection criteria will be applied to develop a preferred set of options for consideration by the District.
- Health Infrastructure, in consultation with the District, has appointed a further consultant to assist in the Functional and Project Briefing and to work with User Groups to define the specific space requirements for the building.
- RPA HealthOne Steering Committee and the Inter-Agency Advisory Committee have held ongoing meetings. A paper on recurrent funding options will be developed.
- The three involved universities – University of Sydney, University of NSW, and Notre Dame University - are currently discussing their contributions, opportunities and future strategies in relation to the HealthOne service.

SLHD Strategic Plan 2018-2022

The new SLHD Strategic Plan has been drafted, together with the outcomes of the Board/Executive workshop and the Staff/Community consultation for the consideration of the Board.

Urban Development

Waterloo State Significant Site

The Planning Unit has drafted the outcomes of the two half day Waterloo Forum - Building a Healthy Resilient Waterloo, organised by the Unit in collaboration with Counterpoint NGO. This document will be discussed with residents, Counterpoint staff and selected other government agency representatives in the early New Year.

Sydenham to Bankstown Corridor

The Planning Unit organised a District forum on 15 November for the Department of Planning and Environment to consult with the SLHD on the health implications of the major **Sydenham to Bankstown Corridor development**. A 20 year vision for the Sydenham to Bankstown corridor has been developed by the Department of Planning in collaboration with the Inner West and the Canterbury-Bankstown Councils, with the impetus for the renewal being the development of the new Metro from Chatswood to Bankstown, which will have 11 new stations in the Sydenham to Bankstown corridor. The corridor is expected to have a significantly increased population, with an additional 60,000 people by 2036 (35,000 dwellings). While some of this increased population may be included the current population projections, significant numbers may not be.

The consultation indicated the opportunity for required health infrastructure to be included in the planning and specifically for highlighting the need for an accessible site for the Canterbury HealthOne as proposed in the Canterbury Clinical Services Plan.

Camperdown-Ultimo Collaboration Area (Strategic Centre) meetings

The Planning Director has contributed, with the CE to meetings to develop the Collaboration Area, especially the visioning and messaging around this strategic centre. Key players include University of Sydney, UTS, Notre Dame, City of Sydney, Inner West Council, and Chamber of Commerce. This collaboration area is now included in the plans for the Greater Sydney Commission (GSC).

Greater Sydney Commission (GSC) and Transport for NSW (TFN) Draft Strategies

The Planning Unit, in collaboration with Population Health, is co-ordinating a District response to the following plans that have recently been released with a short response period:

- Transport for NSW Strategy
- Greater Sydney Region Plan (GSC)
- Updated District Plans (GSC)

Urban Development Health and Research

The Planning Unit, in collaboration with Population Health and the Directorate of Clinical Integration, organised a meeting with senior researchers from the University of Sydney to discuss collaboration opportunities to grow research in urban health and urban development. It was agreed to develop principles for collaboration and to organise a forum with a presentation from a visiting New Zealand researcher in mid-December to progress this idea.

SLHD Diabetes Strategy

A major SLHD forum is planned on Diabetes for the 13 December, to develop the SLHD Diabetes Strategy and approach to reducing and measuring avoidable hospitalisations in accord with value-based care. The forum will propose the Model of Care for the District and outline strategic requirements for the next five years.

Inner West Youth Health and Wellbeing Plan

The draft Inner West Child Health and Wellbeing Plan, an intersectoral plan with Education, CESPHN and Family and Community Services has now been drafted, with Planning overseeing a consultant, organising many of the consultations and having a major review role. The Plan has now been provided to the partners for consideration.

A [Youth Mental Health Forum](#) is planned for February.

Head and Neck Planning

The Planning Unit is preparing a background paper on Head and Neck services with a view to developing a collaborative plan for this service, a component of which is provided at the Chris O'Brien Lifehouse.

SLHD Imaging Strategic Plan and Position Paper

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

Aboriginal Health Strategic Plan 2017-2022

The SLHD Aboriginal Health Strategic Plan is currently being prepared for publication.

Multicultural Health Plan

The SLHD draft plan is being updated for broader consideration and publication.

SYDNEY RESEARCH

Consultations

The Sydney Research team have continued to partner with SLHD Planning to meet with representatives across Sydney Research, obtaining input into the Sydney Research program of work for 2018 and the SLHD Research Strategic Plan.

Sydney Research has now participated in 19 consultations to assist in formulating the 2018 program.

Sydney Research Strategy

Sydney Research has been developing the strategy and messaging surrounding Sydney Research. Four key focus areas have been identified to prioritise in the 2018 year, which map to the strategic focus areas of the Sydney Research Strategic Plan:

- Branding and communications
- Commercialisation
- Cooperation
- Membership

Discussions have continued to progress the Sydney Research Facility, including with Centenary, HRI, NHMRC CTC and the Woolcock. Sydney Research will continue to participate in meetings with Capital Insight to progress potential schematics for the facility that include approximate pricing options. Separate discussions with Paul Young have identified the potential for a manufacturing facility to be included in the facility.

Commercialisation

To improve commercialisation capability and opportunity in 2018, Sydney Research has been working with Cicada Innovations, Katrina Frankcombe, Translation and Commercialisation Manager, Centenary Institute and Prof Eric Knight, Pro-Vice-Chancellor (Research – Enterprise & Engagement). As a result, a series of translation and commercialisation education sessions has been developed, to be offered to all Sydney Research members in 2018.

An information session on the Medical Device Commercialisation Training Program was held at RPA on 1 November 2017, with the communications for the event featuring the Sydney Research logo.

OHMR distributed a consultation document on the further development of commercialisation support services in NSW via Sydney Health Partners. Sydney Research provided the response from SLHD.

Office for Health and Medical Research (OHMR) - Biobank

The NSW Health State-wide Biobank was opened on 13 November 2017 by the NSW Minister for Health and Minister for Medical Research, Brad Hazzard. This launch was also attended by Dr Kerry Chant, Dr Tony Penna, Tracey McCosker, Dr Teresa Anderson, the Hon Ron Phillips, Adj Assoc Prof Vicki Taylor and Prof David Currow. An additional “open day” is being planned by NSW Health Pathology to engage the wider research community and other key stakeholders.

OHMR – Embedding Quality Research into LHDs

A working group headed by the Sydney Research team has recommended a restructure to include a Steering Committee that oversees a Working Group for this project. This was endorsed, and the new governance structure will be activated in 2018. This will include the recruitment of a Project Officer.

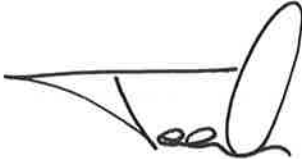
Sydney Health Partners (SHP)

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

- Recruitment to the key positions is being progressed by Sydney Research. The Chief Operating Officer, Executive Assistant and Media and Communications Manager positions have closed. Interviews are scheduled for the COO and the Media and Communications Manager. A preferred applicant has been identified for the Executive Assistant.
- The A/Program Coordinator, Sydney Research is managing the SHP Twitter account in the interim.
- An implementation science workshop, “Research Translation in a Complex Health System” was hosted by the University of Sydney under the Sydney Health Partners Banner on 28 November 2017. Dr Teresa Anderson provided the opening remarks at the event.

Other

- Sydney Research engaged Keith Whelan to provide a Grants Writing Workshop to members of SLHD. Feedback on the workshop was very positive. It is anticipated he will be engaged to deliver research-specific workshops in 2018.
- Interviews were held for the Sydney Research Program Manager position.
- @SydneyResearch currently has 143 followers on Twitter.
- The 15-17 biannual report is being finalised.
- The Sydney Research team will work with affiliates to develop 'innovation impact stories' from across the partnership to be used in collateral and media.



Dr Teresa Anderson
Chief Executive

Date: 11.12.17