
Sydney Local Health District

Seventy Sixth Meeting of the Board

Date: Monday 21 May 2018
Time: 9.00am – 11.00am
Venue: Level 11, KGV Boardroom
Chair: The Hon. Ron Phillips, Chair AO

1. Present and apologies

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

Apologies

Professor Paul Torzillo AM, Member

In attendance

Ms Nerida Bransby, Secretariat
Dr Tim Sinclair, Acting Director, Operations
Ms Ivanka Komusanac, Director Nursing and Midwifery, District Executive Representative
(Departed 10.30am)

2. Welcome and introductions

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

3. Declaration / Removal of conflicts of interest

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

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

4. Confirmation of previous minutes

4.1 Minutes – 16 April 2018

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

The Chair then signed the minutes.

4.2 CE Report – April 2018

The Chair declared that the CE Report for April 2018 was ready for publication

5. Matters arising from the previous minutes

5.1 Action sheet

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

- Invited guest speaker on the Health Legislation Amendment Act will be incorporated in the Board Planning Forum on Friday 1 June 2018 commencing at 12.00pm. The draft agenda will focus on Governance and will be circulated to the Board Members prior to the day for comments and/or amendments. Following this, a “package” will be available on the day. The venue for the forum is to be determined by a proposed visit from the Minister, Department of Veteran Affairs to Concord Hospital on the same day.
- A walk-around the westconnex site is being held this Friday.
- The list of presentations on the action sheet has been reviewed. This agenda item can be removed from the action list.
- The information from the Secretary that was circulated by the Board Chair to improve planning and governance processes will be incorporated for discussion on the Board planning day to be held on 1 June 2018. This agenda item can be removed from the action list.
- The listed dates on the Risk Dashboard for Lifehouse is the date when the risk was first noted and entered into the system. A note to reflect this is to be included in the report. This agenda item can be removed from the action list.
- The information on the Acquired Pressure Injury Prevalence is now the responsibility of the Communications Committee. This agenda item can be removed from the action list.
- The Chief Executive provided a verbal report on the timeframes for organ donations in the first quarter. It was noted that these timeframes are outside the control of the Intensive Care Unit at RPAH. The acronyms DBD and DCD have been included on the acronym list. This agenda item can be removed from the action list.
- The presentation from the Chief Executive will incorporate people and culture.

6. Patient Story

The Chief Executive provided a verbal report on the request for assistance from a member of the public regarding the health and wellbeing of a homeless person appearing unwell. The person was known to the District and the Crisis Team were alerted and responded.

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List.

7.2 Financial Classification Codes

The Board received and noted the Financial Classification Codes List.

7.3 Board Calendar 2018

The Board received and noted the Board Calendar for 2018.

8. Chairman's Report

The Chair provided a verbal report to the Board including:

- The Planning Forum covered in agenda item 5.1
- The meeting with the Minister held on 10 May 2018 to discuss the District's capital works position was very successful. The paper is to be provided as part of the package for the Board planning day.
- Feedback from the Minister's visit to Canterbury last Friday was very positive. The Chair thanked Mr McLean for representing the Board.

9. Chief Executive's report

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

- The District continues to be at Performance Level zero which is the highest level achievable.
- Mental Health Readmissions within 28 days increased to 22.7% for the month of January 2018.
- The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureas Bloodstream Infections (SABSI) with a result of 0.9 per 10,000 bed days for the month of February 2018. Deprox cleans are being scheduled throughout the District.
- There has been a 4.38% increase in the District's ETP performance for the month of March 2018 to 73.39%. Increases in occupancy, demand and the acuity of patients, particularly during winter period, have had a major impact on YTD ETP performance.
- The 11.6% decrease in surgical admissions for the month or March 2018 when compared to the same month last year was associated with a reduction in the total number of operating days in March 2018 in comparison to last year.

- There has been a 23.8% increase in the number of Hospital in the Home overnight separations for March YTD in comparison to YTD March 2017. A costing study is progressing with the Ministry.
- Further work is occurring on coding as there are concerns that given the acuity of patients that acute activity has been under coded.
- The terms of reference for the new SLHD Finance Leaders Forum, replacing the revenue committee will be circulated to the Board. This new Committee will include all revenue streams.
- The Pitch will reach its one million dollar milestone at the Symposium.
- For the month of March 2018, the District's General Fund Expenditure was \$1.154M (0.78%) favourable to budget, YTD March 2018 GF Expenditure was \$6.819M (0.61%) unfavourable to budget. GF Revenue was \$0.503M (0.43%) favourable to budget for the month and \$5.665M (0.45%) unfavourable to YTD budget. For YTD March 2018 the District's GF NCoS was \$17.526M unfavourable to budget.
- The NCoS result for the month and YTD was impacted by a significant increase in the Doubtful Debts provision (\$4.555M), that was only recognised in March 2018. Dr Anderson provided a verbal report of an example of a high cost palliative care patient at Canterbury Hospital.
- A walk-around level 6 east of the QE11 building will be provided at the opening following the refurbishment.
- Nominations to attend the Women's Leadership Breakfast are being received. The successful nominations will receive a letter advising them that they have been nominated by their peers to attend.
- A letter of gratitude is to be provided to the organising team of the Symposium.
- The Research Building is still in the early stages of planning.
- The Chief Executive provided a hard copy of the Organisational Structure for 2018 to the Board. The Ministry is supportive of the structure and it is to be trialed for six months.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – March 2018

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

9.1.2 Selected Performance Indicators – March 2018

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report – April 2018

The Board received, read and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board received, read and noted this report.

9.2.2 Macquarie International Private Hospital

The Board received, read and noted this report.

9.3 Capital Works Report

The Board received, read and noted the Capital Works report. The Chief Executive advised the Board of the financial assistance for the refurbishment of the Emergency Department at RPAH.

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted the next report for the period February – April 2018 is due in June 2018.

(ii) Monthly Report – Government Information Public Access Act (GIPAA)

The Board received, read and noted this report.

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

The Board noted this report is due in July 2018.

9.6 Facility Reports – March 2018

(i) Balmain Hospital

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

(ii) Canterbury Hospital

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

(iii) Community Health

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

(iv) Concord Hospital

The Board received, read and noted the Concord Hospital facility report. Thirteen hundred staff were vaccinated at Concord Hospital on Staff Vaccination Day held on 15 May 2018.

(v) Drug Health Services

The Board received and read the Drug Health report. In particular, the Board noted the partnership with the District and the Redfern Legal Centre to both provide access to justice to improve the health of the disadvantaged.

(vi) Mental Health Services

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

(vii) Oral Health Services and Sydney Dental Hospital

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

(viii) Royal Prince Alfred Hospital

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

(ix) Tresillian

The Board received, read and noted the Tresillian report.

(x) Lifehouse

The Board received, read and noted the Lifehouse report.

(xi) Public Health Unit

The Board received, read and noted the report.

(xii) Population Health

The Board received, read and noted the report.

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

The Board received, read and noted the report.

(xiv) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted the report.

(xv) Organ Donation for Transplant – Quarterly Report

The Board noted the next report for the April – June 2018 period is due in July 2018:

10. Matters for approval / resolution

10.1 Research Strategic Plan 2018-2023

The Board discussed and agreed the plan is positive, well received and builds on good collaboration. The Board endorsed the Plan with one query to be taken back to the Research Committee – Page 21 of the plan under Initiatives (ii) need to include the word “appropriate” to read: *Ensure appropriate evaluations is embedded into the implementation of all clinical governance and ongoing quality improvement, District polices, plans and models of care/interventions.*

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 9 April 2018.

11.2 Education and Research Committee

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

11.3 Communications Committee

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

11.4 Audit and Risk Committee

The Board received, read noted the minutes of the meeting held on Tuesday 13 April 2018.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 18 April 2018.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 23 May 2018.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 8 June 2018.

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

The Board received, read and noted the minutes of the meeting held on 4 April 2018.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting is to be advised.

12.2 Medical and Dental Appointments Advisory Committee

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

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

12.4 Surgical Demand Committee (bi-monthly)

The Board received, read and noted the next minutes of the meeting held on 18 April 2018.

12.5 Revenue Enhancement Development Committee

The Board noted the next meeting is to be held on held on 23 May 2018.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 12 February 2018 were not available.

12.7 Organ Donation for Transplantation

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

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 10 April 2018 was cancelled.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the next meeting was held on 15 May 2018.

12.10 Sydney Healthy and Active Living Steering Committee

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

12.11 Concord Hospital Redevelopment Executive Steering Committee

The Board noted the meeting to be held on 26 April 2018 was cancelled.

13. Matters for noting

13.1 SLHD Report – Influenza and Pertussis Immunisation Rates During Pregnancy for 2016

The Board received, read and noted this correspondence.

13.2. SLHD Infrastructure Overview and Imminent Needs - March 2018

The Board noted this report will be included in the Board Planning Forum package.

13.3 Surgery Dashboard – March 2018

The Board received, read and noted the District's positive performance in this report.

14. Other Business

Nil to report


15. Next Meeting

The next meeting is to be held on Monday 25 June 2018 at 9.30am.

The meeting closed at 11.00am.



Chair



Date

Board Report

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

PERFORMANCE

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

Safety and Quality

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

The District continued to achieve the root cause analysis (RCA) target for March 2018.

Mental Health Readmissions within 28 days increased to 22.7% for the month of January 2018. Although Mental Health Readmissions within 28 Days exceeded the target of <13%, YTD January 2018, readmissions have decreased by 3.5% when compared to the same period in the previous year, from 17.3% to 16.7%, despite the significant increase in mental health activity this financial year.

The District continues to perform well in relation to unplanned readmissions within 28 days of separations at 4.9% for February and 5.1% YTD February 2018, which is below the State rates of 5.5% and 6.0% respectively. Unplanned Emergency Presentations (same ED within 48 hours) were 4.0% for March and 4.2% YTD March 2018, which is below the State rates of 4.8% and 4.9% respectively.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureas Bloodstream Infections (SABSI) with a result of 0.9 per 10,000 bed days for the month of February 2018. There were no Central Line Associated Bloodstream (CLAB) infections during February 2018 and there has been one CLAB infection YTD. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue.

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

The District's Hospital Acquired Pressure Injuries rate per 1,000 at 0.2 for the month of February remains below target and at 0.4 YTD is slightly higher than the previous year. Continued work is being undertaken to ensure reduce the incidence of Pressure Injuries.

Workforce

There is significant focus within the District in ensuring that staffing is managed well according to demand and that skill mix of our staff is appropriate to the acuity of our patients. Premium staff usage for Medical and Nursing decreased for March 2018 compared to the same period last year by -2.72% and -0.53 % respectively. Allied Health premium staff usage decreased by -0.37% in March 2018 compared to the same period last year.

Activity

There was a slight decrease of 0.38% in the number of separations (15,098) in March 2018 when compared to the same period last year. YTD March separations have increased by 1.05% across the District when compared to last year. The District's occupancy rate for the month of March has slightly decreased by 0.06%, to 86.64%, in comparison to the previous year. The occupancy rate March YTD

has increased by 2.39%, to 89.69%, when compared to March 2017 YTD. This is also reflected in a 4.5% increase in case weighted attendances in SLHD, when compared to the previous year.

There were 14,436 attendances to the District's Emergency Departments in March 2018, representing a slight increase of 0.99% compared to the same month last year. YTD Emergency Department attendances have increased by 2.74% to 124,326.

Emergency Treatment Performance (ETP) (formerly NEAT)

There has been a 4.38% increase in the District's ETP performance for the month of March 2018 to 73.39%. Increases in occupancy, demand and the acuity of patients, particularly during winter period, have had a major impact on YTD ETP performance. YTD March there has been a 1.05% decrease in ETP performance to 70.74% when compared to the same period in the previous year.

Transfer of Care

The transfer of care (TOC) target (90%) was again met by all three emergency departments in March 2018. YTD March, the District continued to meet the TOC target, again highlighting the success of the RPA TOC Program in operation in SLHD Emergency Departments.

ED Triage

The District met target for Triage Categories 1,2,4,5 for the month of March and March YTD. Triage Category 3 was slightly under target at 72.57% for March 2018; performance remains a challenge for the District due to the significant increases in triage 1, 2 and 3 presentations. Ongoing work is continuing to be undertaken across the District to manage Emergency Department activity. A new satellite fast track is being constructed at RPA for winter to manage lower acuity patients to reduce pressure on the Emergency Department.

Elective Surgery

There was a 11.6% decrease in surgical admissions for the month or March 2018 when compared to the same month last year. The decrease was associated with a reduction in the total number of operating days in March 2018 in comparison to last year. YTD surgical admission have increased by 0.95% across the District, SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery, with all patients admitted within the clinically appropriate timeframe for their surgery. Performance is at 100% for March 2018 in all categories, which is consistent with the result achieved in March 2017. The District has also made a significant decrease in the number of surgical patients not ready for care of 4.71% YTD.

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 23.8% increase in the number of Hospital in the Home overnight separations March YTD in comparison to YTD March 2017. As previously indicated the District would have had significant difficulty in managing the demands of this winter without the investments made by the District in these services.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

NWAU Activity against Target

The District continues to perform well in relation to NWAU activity against target, with a positive 0.04% variance to target YTD March:

- Acute admitted activity is negative 0.2% below target, noting coding is 98% complete
- Emergency department activity is negative 1.64% to target
- Mental health acute activity positive 6.52% to target, noting coding is 98% complete

- Non admitted activity is negative 0.73% to target
- Sub and non-acute activity is positive 1.18% to target.
-

Further work is occurring on coding as there are concerns that given the acuity of patients that acute activity has been under coded.

2018/19 Service Level Agreement and Activity Purchasing

The finalisation of the purchasing negotiations between the Ministry and the District has been slightly delayed, due to ongoing negotiations between the Ministry and Treasury. The final negotiation meeting will be held in May.

Non-Admitted Patient (NAP) Activity

The District has been nominated by the Ministry of Health to participate in the Telehealth Services in NSW: Analysis and Recommendations to Support Uptake project. The project objective is to support increased usage and accurate reporting of telehealth activity within public hospitals within NSW, through agreement of counting and reporting guidance and the provision of appropriate support materials for telehealth users. Consultation with clinicians, clerical, costing, and NAP coordinator staff will take place in May.

Sub and Non-Acute Patient (SNAP) Activity

The District SNAP Working Party continues to meet on a regular basis and developing strategies to improve data quality and reduce error rate. The District is currently at a SNAP grouped rate of 99%.

Mental Health

The District Performance Unit continues to work with Mental Health Services to improve the reporting and capture of mental health non-admitted activity, with monthly targets developed and distributed to community teams.

Clinical Costing Update

The District Performance Unit has successfully completed the round 22.1 DNR. Major changes made for round 22.1, including:

- hTrak prosthesis feeder has been successfully implemented
- Operating theatre, recovery and anaesthetics patient feeder from Surginet successfully implemented for theatres at Royal Prince Alfred Hospital and the Institute of Rheumatology and Orthopaedics

Preparations for round 22.2 have commenced:

- The iFRAC review is nearing completion, with the SLHD Costing Team reviewing fraction allocations and providing feedback and seeking clarification from facilities/service as required
- The feasibility of extending the use of Surginet data as patient feeder for Endoscopy is being reviewed
- Inclusion of the Mental Health Consultation Liaison Service feeder, which will enable a more accurate allocation to the District's acute facilities

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage, March 2018

RPAH has finished March at 22.41% with an additional 143 privately insured patients as compared to March 17 followed by Concord with an additional 44 patients.

The facility speciality reports reflect that further focus on booked admissions may see the largest opportunity for PHI increases with both Concord and RPAH converting over 25% of admissions via the Emergency Department.

Single Room Utilisation, March 2018

The district experienced a 2% decrease in patients isolated for a clinical alert to 8.68%.

With an improvement on last month's single room results being that 30% of all single rooms taken up by private patients and a strong 45% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

- The Terms of Reference for the committee are currently under review to broaden the role of the committee.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations

- A report is being developed for the Chief Executive and the SLHD Board outlining the progress and outcomes of previous Pitch ideas. The report will be ready for dissemination June 2018.

Clinical Redesign: CHR Projects

- The "A Joint Effort – Patient Centred Redesign in the Rheumatology Outpatient Services at RPA" Project (CHR 2018 – first intake) is currently in Diagnostic Phase where the team are conducting intensive analysis of the current processes of the department. The project team are finalising their ethics application which will enable the collection of staff and patient qualitative data. The project team are currently reviewing key data sets to ensure a baseline for this project is obtained.
- The 'POPI: PreOperative Iron deficiency identification and management' project team (CHR 2017 - first intake) is graduating from the University of Tasmania on 4 May 2018. A new patient journey was piloted in the RPAH Upper Gastrointestinal department for 2 months resulting in the below highlighted successful outcomes:
 - Throughout the pilot phase, iron deficiency identification has increased from 30% to 90%.
 - Visual cues were developed to prompt surgeons to notify the CNC & complete testing.
 - Now 75% of patients are being appropriately managed (up from 10%)
 - Following the pilot, a new pathology process is being considered by surgeons, which would see patients' complete iron deficiency testing the same day as the surgical appointment within the Pre-Admission clinic. This would be a substantial improvement to the current patient journey

Rollout to RPA's Colorectal specialty is expected to launch end of April prior to implementing in CRGH.

- The 'A Collaborative Care Outreach in Residential Aged Care Facilities (RACF) across the SLHD (ACCORD)' project team (CHR 2017 - second intake) is also graduating from the University of Tasmania on 4 May 2018. The project's main achievements to date include the approval and implementation of the new Model of Care, staffing enhancements to the team and improved skills and processes within ACT. These achievements have resulted in:
 - 92% of residents being seen by RACF Outreach, are not transferred to ED (data collected between June 2017 and February 2018)

Board Report

- The number of calls to ACT has increased from an average of 78 calls per month in 2017 to 116 calls per month in 2018. A survey in March 2018 identified that 91% of respondents felt that ACT had addressed their referral queries adequately, 96% had used ACT recently and 100% had heard of ACT.
- The number of RACF Outreach occasions of service increased from an average of 65 per month in 2017 to 212 per month in 2018, well exceeding the target of 70 occasions of service per month.
- The SPORT (previously known as 'Perioperative and Sterilizing departments redesign') (CHR 2017 – third intake) project is in the implementation phase. Some solutions have been parked to be addressed in the next financial year.

Accelerating Implementation Methodology (AIM):

- The next AIM course is scheduled on 17-18 May 2018 and has reached capacity.

HealthPathways

Workgroups

No workgroups held in April.

Pathway development continues for Head and Neck conditions and Radiation Oncology along with completing Breast Cancer pathways.

Workgroups set for:

- Hands
- Immunology Delayed due to medical staff availability
- Neurosurgery (Departmental meetings in progress to decide development process)
- Exploratory work underway to commence pathway development for Genetics

Usage of HealthPathways

Reported period of April continues to show increased usage of the website.

	April 1-25 2018	March 2018	April 2017
Users	986	1,172	796
Sessions of use	4,269	5,814	3,462
Page Views	17,055	23,910	15,465
Unique Page Views	12,860	17,965	11,237

FINANCIAL PERFORMANCE

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2017/18 Service Level Agreement between the Board and Ministry of Health has as a key financial performance target an expected Net Cost of Service (**NCoS**) result. The following analysis reflects the result for the month ended 31 March 2018 based on the District's budgeted NCoS.

For the month of March 2018, Sydney Local Health District (SLHD) General Fund Expenditure was \$1.154M (0.78%) favourable to budget, YTD March 2018 GF Expenditure was \$6.819M (0.61%) unfavourable to budget. GF Revenue was \$0.503M (0.43%) favourable to budget for the month and

\$5.665M (0.45%) unfavourable to YTD budget. For YTD March 2018 the District's GF NCoS was \$17.526M unfavourable to budget. The NCoS result for the month and YTD was impacted by a significant increase in the Doubtful Debts provision (\$4.555M), that was only recognised in March 2018.

The Chief Executive and the A/Director of Finance are confident that the District will have an on budget NCoS result, prior to any impact associated with Doubtful Debt provision, for the 2017/18 financial year despite the challenges that are facing the District. To achieve the 2017/18 NCoS target the District continues to maintain the good controls that it has in place and monitors performance on a daily basis.

The major variances for the month were:

Expenditure

- For the month of March 2018 GF Total Expenditure was \$1.154M (0.78%) favourable to budget, reflecting favourable results for Salaries & Wages (1.700M), Overtime (\$0.414M), Superannuation (\$0.252M), RMR (\$0.290M), G&S Admin (\$4.344M), and G&S Prosthetics (\$0.243M) offset by unfavourable variances in G&S Drugs (\$1.116M), G&S Medical & Surgical Supplies (\$0.359M), G&S Special Services (\$1.475M) and Annual Leave Provision (\$2.081M) and VMO Payments (\$0.880M),
- YTD March 2018 GF Total Expenditure was \$5.665M (0.45%) unfavourable to budget. This result reflects unfavourable results for Overtime (\$3.601M), Annual Leave Provision (\$4.623M), Superannuation (\$0.153M), VMO Payments (\$1.676M), RMR (\$1.739M), G&S Med and Surgical Supplies (\$2.705M), G&S Special Services (\$6.933M) and G&S Support (\$0.535M) offset by favourable variances in Salaries & Wages (\$3.208M), G&S Drugs (\$5.535M), G&S Admin (\$7.003M) and G&S Prosthetics (\$0.916M).

Revenue

- GF Total Revenue was \$5.938M (3.75%) unfavourable to budget for the month of March 2018. The result for the month reflects unfavourable variances in Doubtful Debts (\$4.555M), User Charges Facility Fees (\$0.391M), Services to Other Organisation (\$1.992M) and Prosthesis Income (\$0.264M) offset by favourable variances in Patient Fees (\$1.048M) and High Cost Drugs (\$0.376M).
- YTD March 2018 GF Total Revenue was \$11.861M (0.92%) unfavourable to budget. The unfavourable YTD result reflects mainly unfavourable variances in User Charges (\$18.068M) and Doubtful Debts (\$4.555M) offset by favourable variances in Patient Fees (\$4.109M), Grants & Contribution (\$4.194M) and Other Revenue (\$2.611M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$1.687M unfavourable to budget for the month of March 2018 and \$6.752M unfavourable to budget for the YTD March 2018. This YTD result reflects unfavourable budget variances for Expenditure (\$3.672M) and Revenue (\$3.080M).

CONSOLIDATED RESULT

For the period ended 31 March 2018 the consolidated year to date NCoS result for the General Fund and SP&T was \$24.294M unfavourable to budget. The result comprises unfavourable variances in Expenditure \$9.336M and Revenue \$14.958M.

Board Report

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

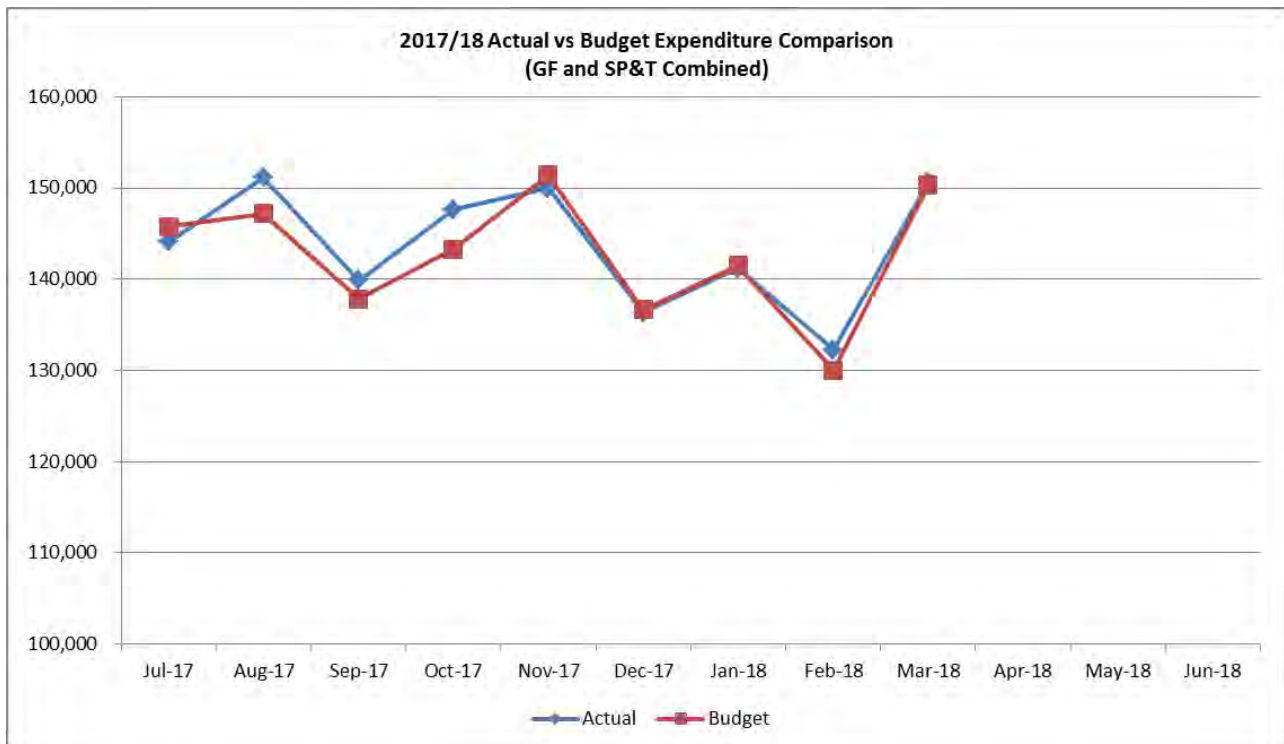
For the period ended 31 March 2018, SLHD recorded a Total Net Result of -\$31.405M (Note that Total Revenue was higher than Total Expenditure for YTD March 2018) which was \$24.252M (44%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD March 2018 was \$20.863M unfavourable to budget. The YTD Net Direct Operating Result reflects unfavourable budget variances in Expenditure (\$10.836M) and Revenue (\$10.027M).

For the month of March 2018 Total Direct Revenue was \$1.300M unfavourable to budget, comprising \$1.224M unfavourable variance for the General Fund and a \$0.076M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$10.027M unfavourable to budget, comprising unfavourable variances for the General Fund (\$7.183M) and SP&T Fund (\$2.844M). The YTD result for the GF reflects unfavourable variances in User Charges offset by favourable results for Patient Fees, Grant Income and Other Income.

Total Direct Expenditure was \$0.984M unfavourable to budget for the month of March 2018, comprising unfavourable result for the SP&T Fund (\$1.628M) offset by favourable result for the General Fund (\$0.644M). YTD Total Direct Expenditure was \$10.836M unfavourable to budget, comprising \$5.983M unfavourable variance for the General Fund and a \$4.853M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Overtime (\$3.601M), On-costs (\$7.109M), Direct Clinical Operating (\$3.197M), G&S Support Services (\$0.535M) and VMOs (\$1.676M). These results were offset by favourable results for Salaries & Wages (\$3.208M), and G&S Corporate and Operational Admin (\$7.003M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The District had **NIL** creditors over 45 days as at 31 March 2018.

The District achieved the target of 100% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of March 2018.

The cash balance at 31 March 18 for the SLHD Operating bank account was \$9.897M and the Operating Cash book balance was \$9.425M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget relating to SMRS Projects as of March 2018 is \$19.901M comprising \$6.862M of MoH funded and \$13.039M of locally funded projects. In March 2018, as a result of the Capital Mid-Year Review, the locally funded budget was adjusted from \$18.052M to \$13.039M. In the same month, a locally funded project, namely Canterbury Hospital Replace X-Ray Equipment (\$0.435M) was approved by MoH.

Actual expenditure as at YTD March 2018 was \$10.254M which is \$0.239M below budget.

OTHER CAPITAL PROJECTS

As of March 2018, the District has expended a total amount of \$0.802M on projects relating to IAS (various equipment), K2 Fetal Monitoring System and Internal Audit relocation. The total expenditure of \$0.802M was sourced from General Fund.

CAPITAL WORKS

RPA QEII Level 6 East Refurbishment

Painting works are 95% complete. Remaining touch ups are to be done after all works are done. Bathroom fixtures and reception installation completed. Orders have been placed for corner guards and door protection.

RPA QEII Hydrotherapy Pool Stage 1

The Nurse call has been roughed in. Ceilings, hydraulic fit and duct cleaning are now complete. Painting is now close to completion. Bathroom fixture installation is in progress. Curtain tracks have been ordered. The expected reopening of the pool will be before the end of May, 2018.

RPA Building 77 Plant Room

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

RPA QEII Level 6 West - Orthopaedics

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

CRGH Theatres 7 & 8

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

Balmain Sorrie Street – Stacy House

Additional brickwork has been completed. Rendering is complete. Fence installation is complete. Paint colour has been selected and is expected to be complete early May. Plantings and landscaping will be completed by end of June.

PLANNING

RPA Clinical Strategy Workshop

A two hour workshop was held with key clinical and executive leaders to further develop the RPA Clinical Strategy. The workshop addressed the future opportunities and services to be provided at the RPA site and the changes in the approach to care. Data on the future activity and flow patterns was developed and discussed.

SLHD Research Strategic Plan

The final draft SLHD Research Strategic Plan was endorsed by the SLHD Clinical Quality Council. The intention is to launch the plan at the Innovation Symposium.

SLHD Diabetes Strategy

The final draft SLHD Planning Unit, in collaboration with the Clinical Director, Chronic Diseases will be presented to the next Steering Committee. A set of four Working Parties have been established to implement the plan and to ensure the implementation of the Leading Better Value Care Agenda.

RPA HealthOne East (Green Square)

- The formal governance structure for the HealthOne has been established in consultation with Health Infrastructure (HI).
- The Planning Unit attended the HealthOne Workshop, planned by Health Infrastructure.
- A further meeting was held to discuss the site options. A meeting will be held with the City of Sydney to further discuss options and opportunities for the site.

Urban Development

- **Waterloo State Significant Site**
Further planning has been undertaken for the follow-up Waterloo – Building a Healthy and Resilient Waterloo Forum will be held on the 4th May, 2018.
- The Director of Planning presented a major committee of the City of Sydney Council in support of the City's draft Social Sustainability Plan.

Women's Health Strategy Paper

The Planning Unit is working with the Women's Health Stream to finalise the Clinical Stream Position Paper including the development of options for improving service access across the District.

SLHD Imaging Strategic Plan and Position Paper

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

SYDNEY RESEARCH

The Big Idea

15 applications for the Big Idea were received from across the partnership. This is a reduction in the number of applications in comparison to the 2017 Big Idea. However, applications received in 2018 represented a higher quality with Ideas that are more suited to commercialisation.

Applications have been sent for scoring to the panel that consists of Dr Teresa Anderson Chief Executive, SLHD, Adj Assoc Prof Vicki Taylor, Executive Director, Sydney Research, Prof Paul Young Chair of Commercialisation, University of Sydney and Mr Will Hird, Principal Patent Attorney, Davies Collinson Cave. A summary of applications is attached. It is anticipated that finalists will be confirmed in mid-May and invited to a pre-briefing ahead of their presentations.

The program for the 2018 Big Idea has been finalised with Dr Teresa Anderson, Chief Executive, SLHD, Dr Marlene Kanga, Special Advisor to the Innovation and Science Australia Board, Warren Bingham, Executive Chairman of MedTech International and Tim Hirst, CEO of GPN Vaccines Pty Ltd scheduled to speak at the event.

A vignette of the 2017 winner, Prof Gerard Sutton and his team has been filmed to be shown at the event.

Sydney Research Awards

A number of applications were received across all categories, with a slight increase in the number of applications compared to last year. Applications have been sent for ranking to a panel that consists of Prof Warwick Britton, Director, Research SLHD, Adj Assoc Prof Vicki Taylor, Executive Director, Sydney Research, Prof Laurent Rivory, Pro Vice Chancellor – Strategic Collaborations and Partnerships, Prof David Handelsman, Director, ANZAC Research Institute and Prof Elizabeth Denney-Wilson, Conjoint Professor of Nursing, SLHD. Mr Aaron Jones, Chief Nursing Information Officer, SLHD is also on the panel for the Health Informatics Researcher Scholarship. A summary of applications is attached.

PFCC Research Working Group

Adj Assoc Prof Vicki Taylor, Executive Director, Sydney Research and Dr Alan McPhail Consumer Representative, SLHD Board Member have met to discuss the refreshed SLHD PFCC Research Working Group. Letters and a calendar invitation have been distributed to the members of the Working Group and a Terms of Reference has been drafted. The first meeting is scheduled for 17 May 2018.

OHMR – Embedding Quality Research into LHDs

A dedicated resource for this project is required and is being sought to support the ongoing delivery of the project. This will be discussed with OHMR on 26 April 2018.

Sydney Health Partners (SHP)

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

- The CE, SLHD, and the Executive Director and Program Manager, Sydney Research met with Prof Garry Jennings, Executive Director, SHP and Ms Aisling Forrest, Chief Operating Officer, SHP on 17 April 2018. Sydney Research prepared discussion points for the meeting, which focused on the strategic and operational management of SHP, with a view towards developing the inaugural SHP strategic plan.

Sydney Research Building

The “Missenden Rd Precinct” brief is awaiting OHMR Health System Planning and Investment Branch to provide a joint analysis of the proposal with a Ministry perspective, and as such a formal response from the Ministry of Health has not yet been received.

In the interim, the Sydney Research team has continued to progress plans for the building:

- Capital Insight will continue to develop the proposal.

Board Report



- Dr Teresa Anderson and Adj Assoc Prof Vicki Taylor attended the Woolcock Institute Board meeting on 4 April 2018.
- A meeting with the University of Sydney has been scheduled in mid-May to discuss master planning of the two campuses to ensure an integrated training, research, education and healthcare precinct is developed.
- A presentation of this updated proposal is scheduled to be delivered to the HRI Board in late May 2018.
- Further, the Centenary Institute has independently engaged PwC to draft a proposal (as a PowerPoint presentation), currently entitled "Accelerating Innovation – Creating the Sydney Central Discovery Precinct", which has been sent to Adj Assoc Prof Vicki Taylor, Executive Director and Jasmine Morgan for comment.

Other Activities

- In collaboration with SLHD Planning, and the Committee for Sydney, a special address will be held in place of the April 2018 Sydney Research Council meeting. The talk, "The Sentient Humane City" will be delivered on 24 April 2018 in the Charles Perkins Centre by Professor Paul Verschure from the Institute for Bioengineering of Catalonia.
- The Sydney Research team were the point of contact and hosts for a COAG Health Ministers visit on 12 April 2018:
 - The Hon Natasha Fyles, NT Attorney-General, Minister for Justice, Minister for Health and The Hon Ngaree Ah Kit, NT Assistant Minister for Mental Health and Suicide Prevention attended a tour of the Professor Marie Bashir Centre.
 - Meegan Fitzharris, Chair of the COAG Health Council and ACT Minister for Health and Wellbeing and Michael De'Ath, Interim Director General, ACT Health, attended the RPA Institute of Academic Surgery for a tour and augmented reality demonstration.
- Sydney Research attended a number of events representing Sydney Research and/or SLHD including the Launch of Sydney Imaging (6 April 2018), launch of the Woolcock Centre for Lung Cancer Research and associated Network (18 April 2018) and the media announcement of RPA gene therapy trial results for β -thalassemia (19 April 2018).
- A presentation on Sydney Research was delivered to the SLHD Allied Health Committee (9 April 2018).
- Sydney Research facilitated a meeting with Ms Clare Wilde, Principal Planning & Policy Officer, Health System Planning and Investment Branch to discuss financial and business partnership models for the establishment of new Medical Research Institutes.
- Forms have been submitted for a general funds cost centre to be established for Sydney Research to streamline and monitor expenditure for Sydney Research projects such as The Big Idea and the Scholarships.
- Sydney Research and the CE, SLHD have provided final comments for the 16-17 Biennial Report, which is now with SLHD AVS for production.
- The Sydney Research e-update design has been refreshed.
- @SydneyResearch currently has 269 followers on Twitter.

Dr Teresa Anderson
Chief Executive

Date: 27-6-18