
Sydney Local Health District

Ninety First Meeting of the Board

Date: Monday 19 August 2019
Time: 9.00am – 11.00am
Venue: SLHD Boardroom
Chair: The Hon. Ron Phillips AO, Chair

1. Present and apologies

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

Apologies

Ms Susan Anderson, Member
Dr Alicja Smiech, Chair, Medical Staff Executive Council

In attendance

Ms Nerida Bransby, Secretariat
Dr Tim Sinclair, Director, Operations
Mr Ross Sinclair, Director of Finance (Departed 10.25am)
Ms Sharon Campbell, Acting Executive Director, Clinical Governance and Risk (Departed 10.25am)
Ms Gina Finocchiaro, Executive Director, Workforce and Corporate Operations (Departed 10.25am)
Dr Kim Hill, Acting Director Medical Services (Absent from meeting 10.55am - 11.05am)
Adj Assoc Prof Vicki Taylor, Executive Director Sydney Research (Departed 10.25am)

Others in Attendance

Kiel Harvey, Acting General Manager, Canterbury Hospital (9.00am - 10.25am)
Mr Michael Clark, Director, Internal Audit, SLHD (9.00am - 9.15am)
Ms Loren Easton, Senior Auditor, Internal Audit, SLHD (9.00am - 9.15am)

2. Welcome and introductions

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

Presentation: “Deep Dive into Canterbury Hospital”

Dr Tim Sinclair presented on Canterbury Hospital:

- Overview includes, Canterbury Hospital is a 215 bed metropolitan acute general hospital providing high quality healthcare services to our community, Community Health Services, Tresillian Family Care Centre, Drug Health Clinic and an after-hours General Practice service.
- The History of Canterbury Hospital
- Clinical Services includes clinical departments, outpatient services, allied health and community health services.
- Serving the diverse community includes the number of overseas born, community languages, use of interpreter services and the main languages spoken other than English.
- The growth of the population in the area.
- The vulnerability of the community.
- Financial performance.
- Activity and Performance includes NWAU, admitted patients, operating theatres, emergency department and non-admitted patients.
- Workforce includes, staff profile, FTE overview, excessive annual leave, workers compensation claims and the results of the people matter survey.
- Quality and Safety includes, KPI overview, Hospital acquired complications, total incidents, trends and themes for SAC incidents.
- Challenges and strategies includes, ability to meet service demands due to population growth, paediatric area in the emergency department, maintaining financial performance with growing activity costs, aggression and the roll-out of the recognition and responding to deteriorating patients program.
- Innovations includes, collecting patient experience feedback from patients and their families, continue the digital transformation towards a fully integrated eMR, move towards value based healthcare, outpatient transformation program and child protection.

Following the presentation the Board discussed:

- The Board recognises the challenges faced by Canterbury Hospital
- Patients in the area will not travel to Bankstown Hospital.
- Acuity of patients is not reported state-wide however is reported in the clinical services plan.
- The staff are a reflection of the community they serve.
- Need to amend the slide to include the people matter survey results for 2019.
- Keep the redevelopment of Canterbury Hospital on the agenda.
- The improvement to wait-time “about right” is driven by the performance of staff and they should be commended.

Minutes

Following discussion, the Chair and the Board thanked Dr Sinclair and Mr Harvey for the comprehensive and informative presentation. Following the amendments, a copy of the presentation is to be provided to the Board.

3. Declaration / Removal of conflicts of interest

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

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

4. Confirmation of previous minutes

4.1 Minutes – 15 July 2019

The minutes of the Board meeting held on Monday 15 July 2019 were moved and seconded.

The Chair then signed the minutes.

The minutes of the ninetieth extraordinary meeting held 22 July 2019 were moved and seconded.

The Chair then signed the minutes.

4.2 CE Report – July 2019

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

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action sheet including:

- The Nicholas Catchlove memorial presentation on Aboriginal Health held on 6 June 2019 in the Charles Perkins Centre was well received. A copy of the video link was provided to the Board via email on 18 June 2019. This agenda item can be removed from the action sheet.
- Copies of the Community Health and Population Health Presentations were forwarded to the Board on 16 July 2019. This agenda item can be removed from the action sheet.
- A copy of the presentation: Wrap Up of 2018/2019 / Budget for 2019/2019 was provided to the Board. This agenda item can be removed from the action sheet.
- Release of Inaugural SLHD Board reports The Board agreed to place this item on the Finance, Risk and Performance Management Committee agenda at the meeting held on 12 August 2019. This agenda item can be removed from the action sheet.
- Letters of appreciation were sent to the organisers of Innovation Week. This agenda item can be removed from the action sheet.

Minutes

- The Board requested an extra column in the action sheet to include “progress to date”

6. Patient Story

The Chief Executive provided a verbal report to the Board on the results of the People Matter Survey for 2019. A copy of the results will be provided when the embargo is lifted. These results are to be highlighted at the AGM.

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List.

7.2 Financial Classification Codes

The Board received and noted the Financial Classification Codes List.

7.3 Board Calendar 2019

The Board received and noted the Board Calendar for 2019.

8. Chairman's Report

The Chair provided a verbal report including:

- Ms Susan Anderson has a new position with the NSW Cancer Institute and has requested a period of leave from Board duties until 31 December 2019. Approval has been granted.
- Due to the absence of the Board Chair and Ms Weekes for the September 2019 Board Meeting, A/Professor Christine Giles has kindly agreed to Chair.
- Comments / amendments have been received from Board Members on the Chief Executive's Performance Review for 2018/2019. These will be incorporated. A meeting with the Board Chair and the Chief Executive will be held to discuss the 2019/2020 Chief Executive's Performance Review following the Board meeting.
- Need to ensure a quorum and check the dates and times for the September 2019 meeting.

9. Chief Executive's report

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

- The District remains at Performance level 0, which is the highest level achievable.
- SLHD continues to maintain the quality and safety of our services.
- There were no RCAs for the month of June 2019.
- Mental Health Readmissions within 28 days slightly increased for the month of April to 18.9%, from March result of 17.4%. There has been a slight increase (0.7%) in the percentage of Mental Health Readmissions within 28 Days as of YTD April 2019 in comparison to the same period last year. The District continues to focus on strategies to

improve mental health performance.

- There were 14,195 attendances to the District's Emergency Departments in June 2019, representing an increase of 11.42% when compared to the same month last year.
- The District did not meet the transfer of care (TOC) target (90%) in June 2019, with 87.96% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. The MoH noted that it was commendable that SLHD has achieved an overall TOC performance of 91.9% YTD June acknowledging that this is a consistent result from 2017/18 at 94.2%. This highlights the success of the RPA TOC Program in operation in SLHD Emergency Departments. There were fifty presentations by Ambulances within two hours at RPAH last Thursday 15 August 2019.
- The NWAU activity against target is always behind in reporting.
- The Financial Performance was covered in the end of year wrap-up and roadshows.
- All capital works are progressing well.
- A meeting is being held this evening with the Secretary, Board Chairs and Chief Executives to discuss maximizing the benefits of our newly developed health education and research precincts across NSW.
- The Board requested letters of congratulations to be provided to Mental Health Services, Oral Health Services and Department of Surgery on their recent accreditation.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – June 2019

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

9.1.2 Selected Performance Indicators – June 2019

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board received, read and noted this report.

9.2.2 Macquarie International Private Hospital

The Board received, read and noted this report.

9.3 Capital Works Report

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

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted this report for the period April - June 2019 is due in September 2019.

(ii) GIPA

The Board received, read and noted this report.

(iii) SLHD Risk Register

The Board noted this report is due in September 2019.

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

The Board noted this report is due in October 2019.

9.6 Facility Reports – June 2019

(i) Balmain Hospital

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

(ii) Canterbury Hospital

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

(iii) Community Health

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

(iv) Concord Hospital

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

(v) Drug Health Services

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

(vi) Mental Health Services

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

(vii) Oral Health Services and Sydney Dental Hospital

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

- (viii) Population Health
The Board received, read and noted the report.
- (ix) Royal Prince Alfred Hospital
The Board received, read and noted the Royal Prince Alfred Hospital facility report.
- (x) Tresillian
The Board received, read and noted the Tresillian report.
- (xi) Lifehouse
The Board received, read and noted the Lifehouse report.
- (xii) Public Health Unit
The Board received, read and noted this report.
- (xiii) Health Equity Research and Development Unit (HERDU)
The Board received, read and noted this report.
- (xiv) Croydon / Marrickville / Redfern Community Health
The Board received, read and noted this report.
- (xv) Organ Donation for Transplant – Quarterly Report (April – June 2019)
The Board received, read and noted the report for April – June 2019.

10. Matters for approval / resolution

- 10.1 Strategic Plans / Clinical Stream Position Papers / Aboriginal Health Impact Statements (as per attachment one of the papers)
 - 1. Balmain Hospital Strategic Plan / Aboriginal Health Impact Statement
 - 2. Canterbury Hospital Strategic Plan / Aboriginal Health Impact Statement
 - 3. Concord Hospital Strategic Plan / Aboriginal Health Impact Statement
 - 4. Population Health Strategic Plan / Aboriginal Health Impact Statement
 - 5. Public Health Unit Strategic Plan / Aboriginal Health Impact Statement
 - 6. Royal Prince Alfred Hospital Strategic Plan / Aboriginal Health Impact Statement
 - 7. Sydney Dental Hospital Strategic Plan / Aboriginal Health Impact Statement

8. Cardiovascular Services Clinical Stream Position Paper / Aboriginal Health Impact Statement
9. Drug Health Services Clinical Stream Position Paper / Aboriginal Health Impact Statement

The Board received, read and noted all the documents contained in attachment one of the Board Papers. Following discussion and with a few minor amendments the Board agreed:

- Uniform the “forward” for all facilities
- Update the Organisation Chart
- Approval has been granted by the Clinical Quality Council
- Reword the information relating to transmissible diseases in the Public Health Unit Report
- Colours hard to read in the Concord Hospital Catchment Populations Projections graph.
- Population Health Aboriginal Health Impact Statement needs to include all the clans in the SLHD.
- The plans are all impressive.
- The Strategic Plans all incorporate a commitment to meet local and community needs; to support research and innovation; to introduce new models of care; and a commitment to work with the District to deliver sustainable health services.

The Board agreed and ratified the Plans with the above minor amendments.

10.2 Corporate Governance Attestation Statement

The Board discussed the comprehensive Corporate Attestation including:

- Governance Attestation Statements are completed for Corporate, Financial and ICT Services.
- Supporting documents were tabled at the meeting for the Board to review.
- Supporting documents have been checked by the Chief Executive.
- Supporting documents have been reviewed by the Board Chair.
- Minor changes as requested by the Board.

Following discussion, the Board ratified the Corporate Governance Attestation Statement to be signed and forwarded to the Ministry of Health.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received, read and noted the minutes of the meeting held on 8 July 2019.

11.2 Education and Research Committee

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

Minutes

11.3 Communications Committee

The Board noted the next meeting is to be held on 3 September 2019.

11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 5 September 2019.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 24 July 2019.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 28 August 2019.

11.7 Medical Staff Executive Council

The Board received, read and noted the minutes of the meeting held on 2 August 2019.

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

The Board noted the meeting was held on 7 August 2019.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 30 July 2019.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 18 July 2019.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 12 June 2019.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 18 July 2019.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the next meeting is to be held on 21 August 2019.

12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board received, read and noted the minutes of the meeting held on 17 July 2019.

12.6 NSW Health / SLHD Performance Review Meeting

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

12.7 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held on 23 July 2019.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 9 July 2019.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 16 July 2019.

12.10 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 24 June and 17 July 2019.

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

The Board noted the meeting was held on 1 August 2019.

13. Matters for noting

13.1 SLHD 2019-2021 Workplace Culture and Safety Action Plan

The Board received, read and noted this correspondence.

14. Other Business

Nil to report

Next Meeting

The next meeting is to be held on Monday 16 September 2019 at 9.00am in the SLHD Boardroom if attendance reaches a quorum.

The meeting closed at 11.20am.


Chair

9/9/2019
Date

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

PERFORMANCE

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

Safety and Quality

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

There were no RCAs for the month of June 2019.

Mental Health Readmissions within 28 days slightly increased for the month of April to 18.9%, from March result of 17.4%. There has been a slight increase (0.7%) in the percentage of Mental Health Readmissions within 28 Days as of YTD April 2019 in comparison to the same period last year. The District continues to focus on strategies to improve mental health performance.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation at 5.2% for the month of May and 5.5% YTD May, which is below the State rates of 5.8% for the month of May and 6.1% YTD May. Unplanned Emergency Representations (same ED within 48 hours) were 3.9% for the month of June and 4.1% YTD June, which are also below the State rates of 4.6% for the month of June and 4.7% YTD June.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 1.2 per 10,000 bed days for the month of May 2019. There were 0 Central Line Associated Bloodstream (CLAB) infections during May 2019. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue.

The District remains within benchmark for all reported Hospital Acquired Complications for the month of April except for Hospital Acquired Neonatal Birth Trauma at 0.111 (per 1,000 bed days), which was slightly above target of 0.075).

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

Mental Health and Oral Health Services have both received accreditation against the new National Standards which is an excellent outcome.

Workforce

The District continues to focus on strategies to ensure our workforce has the appropriate skill mix and levels to meet demand. Premium staff usage has increased for Medical, Nursing and Allied Health for June 2019 compared to the same period last year by 0.44, 0.98 and 0.31 respectively. SLHD facilities continue to meet both nursing hours per patient bed day and birth-rate plus as per Award. The strategies to ensure compliance requires significant monitoring and mobility of resources.

Staff Safety

Workplace injury claims have decreased for the month of May 2019, when compared to the same time last year. YTD May injury claims have increased by 3 (1.2%) in comparison to the same period last year.

Activity

There was a slight decrease (-0.08%) in the number of separations (14,175) for the month of June 2019 when compared to June last year. YTD separations have increased across the District by 1.68% in comparison to last year. In June the District's occupancy rate increased by 3.90%, to 90.41% when compared to the 86.51% in June 2018, reflecting the acuity of patients. The YTD occupancy rate has increased by 3.69%, to 88.44%, when compared to YTD June 2018.

There were 14,195 attendances to the District's Emergency Departments in June 2019, representing an increase of 11.42% when compared to the same month last year. YTD Emergency Department attendances have increased by 4.18% to 171,461. YTD case weighted attendances have increased by 4.70%, when compared to the previous year.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance, with a -3.20% decrease in the month of June 2019, to 69.09%, when compared to the same month in the previous year, despite an 11% increase in attendances. YTD June there has been a -2.36% decrease in ETP performance to 69.18% when compared to the same period in the previous year. This has been impacted by the significant increase in demand for services. YTD June, 881 additional patients have been admitted, referred or discharged within 4 hours of presentation, when compared to the same period in the previous year. The Facilities have done well to manage this level of demand. This was acknowledged by the NSW MoH.

Transfer of Care

The District did not meet the transfer of care (TOC) target (90%) in June 2019, with 87.96% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. The MoH noted that it was commendable that SLHD has achieved an overall TOC performance of 91.9% YTD June acknowledging that this is a consistent result from 2017/18 at 94.2%. This highlights 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 and 5 for the month of June. The District continues to make improvements in relation to Triage Category 3 performance, which was slightly below target at 73.51% for the month of June, representing a -2.64% decrease from 76.15% in June 2018. YTD June 2019 Triage Category 3 performance has increased by 2.28% to 73.19%, when compared to the 70.91% for YTD June 2018.

Elective Surgery

There was a -5.15% decrease in surgical admissions in the month of June 2019 when compared to the same month last year. YTD surgical admissions have increased by 1.19% across the District. SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery achieving 0,0,0, with all patients admitted within the clinically appropriate timeframe for their surgery. There has been a 21.36% decrease in surgical patients not ready for care for the month of June 2019, when compared to the same month last year.

Emergency Surgery

There were 33 less emergency surgeries performed in the month of June 2019 when compared to the same month last year, representing a -3.0% decrease. YTD June emergency surgery has increased by 406 cases (3.1%) across the District.

Board Report

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 5.1% increase in the number of Hospital in the Home overnight separations June YTD in comparison to the same period last year. As previously indicated the District would have had significant difficulty in managing the demands of this winter without the investments made by the District in these services.

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 0.5% variance to target for YTD June, excluding DWAU. It is anticipated that this positive variance will increase slightly as final data reloads are made during August.

Stream	Target	Actual	Variation	Variation %
Acute*	164,575	164,419	-156	-0.09%
ED	23,187	23,783	596	2.57%
NAP	46,232	45,036	-1,197	-2.59%
SNAP	11,955	11,973	18	0.15%
MH Admit	16,596	16,939	343	2.06%
MH NAP**	7,698	9,452	1,754	22.79%
Total	270,243	271,601	1,358	0.50%
Dental DWAU	65,897	78,055	12,158	18.45%
Dental NWAU#	7,824	9,267	1,443	18.45%
Total (NWAU)	278,067	280,869	2,802	1.01%

* 48 uncoded episodes

** May data

NWAU=589/4691*DWAU

Sub and Non-Acute Patient (SNAP) Activity

The SLHD Performance Unit is working with facilities to finalised the 2018/19 SNAP data submission, it is anticipated that all SNAP episodes will be grouped and all errors corrected by close off in August.

Clinical Costing

The District Performance Unit has commenced preparations for Round 23.2 of costing. The team is currently in the process of finalising a bottom up costing model for Endovascular Clot Retrieval for inclusion in this Round.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of May 2019, 17.68% (2,659 separations) of all patients discharged by SLHD facilities were classified as privately insured.

Board Report

For the financial year ended 31 May 2019 there were a total of 29,365 (18.91%) private patients admitted, a reduction of 1,566 (5%) patients compared to the same period last year. The April 2019 YTD results across each facility were:

- RPAH – a reduction of 1,611 (10.6%) private patients.
- Concord – an increase of 75 (0.6%) private patients.
- Canterbury Hospital – a reduction of 104 (5.2%) private patients.
- IRO – an increase of 15 (5.5%) private patients.
- Balmain Hospital – an increase of 59 (28.8%) private patients.
-

Single Room Usage

For the month of May 2019, 7.59% of patients were flagged as infection control across the District, compared to the average of 8.29% for the first eleven months of the financial year

For the month, 29% of all available single rooms were occupied by private patients and 39% of all private patients were accommodated in single rooms.

For the first eleven months of the financial year the average occupancy of private patients in single rooms is 26% and the average of all private patients accommodated in single rooms is 40%.

SLHD Revenue Committee

Key notes:

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

REDESIGN AND SERVICE IMPROVEMENT

Innovations

- The Pitch was held as part of the SLHD Innovation and Research Symposium on 28 June 2019. Five innovative ideas presented, with a total of \$59,000 in prize money awarded to three Pitches, as follows:
 1. **The EarPhone Project** by A/Prof Alex Saxby (Visiting Medical Officer, ENT, Royal Prince Alfred Hospital (RPAH)) - \$14,000. The EarPhone Project combines two new pieces of technology to address the problem of ENT access for rural communities using a telemedicine format.
 2. **The “You Matter” Equal Access to Cystic Fibrosis Care Initiative** by Dr Sheila Sivam (Cystic Fibrosis Physician, Respiratory and Sleep, Cystic Fibrosis Service, RPAH) and Dr Ruth Dentice (Senior Physiotherapist, Respiratory Medicine, RPAH) - \$25,000. This innovation propose will improves access to tertiary level Cystic Fibrosis care for patients in telehealth eligible areas and those with multi-resistant microbes.
 3. **Innovation Communication** by Dr Nadia Husain (Staff Specialist, Emergency Dept., Canterbury Hospital) and Rheannwynn Sneesby (CNC Child Protection, Nursing Support, Canterbury Hospital) - \$20,000. The project initiates the development and facilitation of a child protection specific communication simulation to practice communication with patients, families and teams.
- The Pitch Panel felt the below Pitch was highly commendable, as such, each General Manager was nominated to support this initiative across their facilities:
 1. **Improving Nutrition and Hydration for Clinicians** by Dr Erin Vaughan (Medical Superintendent & Nephrologist, RPAH) and Ms Louise Treloar (Graduate Management

Trainee, SLHD). This innovation explores ways to better manage and support junior medical officer's well-being and nutrition.

Clinical Redesign: CHR Projects

- Applications to the ACI's Centre for Healthcare Redesign, Graduate Certificate (Clinical Redesign) Program 2020 (first intake) are now open.
 - Applications have opened particularly early as the first intake will be offering a targeted Redesign Graduate Certificate course for partnership teams in primary and acute care to redesign services to deliver improved care for Aboriginal people in 2020
 - Whilst the timeline for completion of the Graduate Certificate will continue to be within one year, the face to face days will be spaced across at least nine months (rather than six) to ensure there is significant engagement with community members to understand issues and co-design sustainable solutions to improve care delivery.
- The "A Joint Effort – Patient Centred Redesign in the Rheumatology Outpatient Services at RPA" Project (CHR 2018 – first intake) is in the process of implementing nine solutions. Progress includes:
 - eReferrals went live on 4 June 2019. First eReferral was received on 12 July 2019. Referring doctors are being encouraged to use healthlink with the plan to be paperless in future.
 - Clinic Huddles – it is planned to expand the clinic huddle to another clinic in August. Time and motion study is also being conducted in this clinic to assess effect of huddle on patient wait times. So far the survey conducted 6 weeks ago has received positive feedback especially in terms of staff morale and communication.
 - Administrative Staff continue to phone patients to remind them of their appointments 24-48 hours in advance. Patients have welcomed the initiative and department have received positive feedbacks.
 - Monthly education sessions for all staff commenced in May 2019. The 3rd monthly session was held on 2 July 2019.
 - Weekly departmental communication via an email newsletter commenced 16 weeks ago. This initiative is well received by the department staff.
 - The second meeting with facility planner regarding the refurbishment of the Rheumatology Clinic environment was held on 19 June 2019. The capital works team is working on finalising the plans to go ahead with the official approvals and start the works.
 - An education workshop has been organised for all the administrative staff on 26 July 2019. Ms. Jennifer Graham, Clinical Audit Manager, RPAH and Mr. Graeme Slade, Patient and Family Experience Director, RPAH will be presenting on the day and will focus on communication with the patients and families and how to handle the complaints from patients.

Accelerating Implementation Methodology (AIM):

- The next 2 day AIM training course is scheduled on 8-9 August 2019.

HealthPathways

Content development

No Workgroups were conducted in early July.

- RPAH and Canterbury Paediatrics set for August 21st 2019
- Commencing content re-alignment and development as part of the RPAH Endoscopy and Rapid Access Colonoscopy model design.

Board Report

Content in Development:

- Bone Sarcoma
- Neurology
- Neurosurgery
- Genetic Testing
- Social determinate assessment and support resources

Usage of HealthPathways

Provisional July 2019 (1 – 17) usage figures are at an anticipated lower level than June and is reflective of the lower activity in General Practice associated with NSW School holiday periods.

	July 2019 1 st – 17 th	June 2019	May 2019	July 2018 1 st – 17 th
Users	639	913	1,010	774
Sessions of use	2,817	4,772	5,781	2,919
Unique Page Views	8,466	14,393	14,237	9,334
Total Page Views	10,513	17,817	17,628	12,775

Periodic Review of Content

Our periodic review of existing content process has now completed the full review and re-formatting of content, to meet the parameters of our mobile-friendly platform, of over 270 of our earliest developed content. The process is managed by a dedicated project Officer supported by our GP Registrar training position. The review process has been a great opportunity to re-engage with clinicians and practitioners and update and re-align pathways and referral information with the needs of service. The review process includes the participation of a panel of GPs and private Allied Health Practitioners to ensure content is relevant and required. A number of pathways have been merged or decommissioned as part of the process.

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2018/19 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 period ended 30 June 2019 based on the District's budgeted NCoS.

For the month of June 2019, Sydney Local Health District (**SLHD**) General Fund Expenditure was \$6.646M (3.14%) favourable to budget. GF Revenue was \$22.056M (17.15%) favourable to budget for the month. For the period ended 30 June 2019, GF Expenditure was \$6.708M (0.37%) unfavourable to budget and GF Revenue was \$26.085M (1.51%) favourable to budget. Excluding cash assistance (\$25M) and unfavourability in Capital Allocation (\$2.986M due to timing issues), GF Revenue was \$0.042M favourable to budget for the month and \$4.071M favourable to full year budget. The full year results reflect the impact of the Own Source Revenue budget realignment that was processed by the Ministry.

For the full year, the District's GF NCoS was \$19.377M favourable to budget. Excluding cash assistance and unfavourability in Capital Allocation, the District's GF NCoS was \$2.637M unfavourable to budget for the full year. The full year NCoS result was impacted by Doubtful Debts and Loss on Sale of Asset. Excluding the unfavourabilities in Doubtful Debts (\$4.042M) and Loss on Sale of Asset (\$0.456M), the District's GF NCoS was \$1.861M favourable to full year budget.

The Chief Executive and the Executive Director of Finance were confident that the District would have an on budget NCoS result (excluding Doubtful Debt) for the 2018/19 financial year despite the challenges that are facing the District. To achieve the 2018/19 NCoS target the District continued to maintain the good controls that it has in place and monitors performance on a daily basis.

The major variances for the month were:

Expenditure

- For the month of June 2019, GF Total Expenditure was \$6.646M (3.14%) favourable to budget, reflecting favourable results for Salaries & Wages (\$5.655M), Superannuation \$3.461M, RMR (\$1.174M), G&S Medical and Surgical Supplies (\$2.922M), G&S Prosthetics (\$1.304M) and G&S Support (\$0.386M) offset by unfavourable results for Overtime (\$0.431M), Annual Leave Provision (\$3.411M), VMO Payments (\$0.803M), Other Employee Expenses (\$0.489M), G&S Drugs (\$0.353M), G&S Special Services (\$0.455M), G&S Admin (\$2.489M) and Grants (\$0.292M).
- Full Year GF Total Expenditure was \$6.708M (0.37%) unfavourable to budget. This result reflects unfavourable results for Overtime (\$3.421M), Annual Leave Provision (\$8.581M), VMO Payments (\$1.689M), G&S Drugs (\$2.960M), G&S Medical & Surgical Supplies (\$0.978M), G&S Special Services (\$2.611M), G&S Support (\$0.653M) and Grants (\$1.428M) offset by favourable variances in Salaries & Wages (\$4.816M), Other Employee Expenses (\$3.122M), Superannuation (\$0.343M), G&S Admin (\$4.682M) and RMR (\$2.390M).

Revenue

- GF Total Revenue was \$22.056M (17.15%) favourable to budget for the month of June 2019. The result for the month reflects \$25M cash assistance, favourable variances Patient Fees (\$1.307M), Prosthesis Income (\$0.362M) and High Cost Drugs (\$0.125M) offset by unfavourable variances in Capital Allocation (\$2.986M), Facility Fees (\$4.055M), Doubtful Debts (\$0.309M) and Loss on Sale of Asset (\$0.282M).
- Full year GF Total Revenue was \$26.085M (1.51%) favourable to budget. The favourable full year result reflects \$25M cash assistance and favourable variances in Patient Fees (\$0.384M), User Charges (\$2.194M) Grants & Contribution (\$2.980M) and Other Revenue (\$3.011M) offset by unfavourable variances in Capital Allocation (\$2.986M), Doubtful Debts (\$4.042M) and Loss on Sale of Asset (\$0.456M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$2.962M favourable to budget for the month of June 2019 and \$2.496M favourable to budget for the full year. This full year result reflects an unfavourable budget variance for Expenditure (\$7.907M) offset by a favourable budget variance for Revenue (\$10.403M).

CONSOLIDATED RESULT

For the period ended 30 June 2019, the consolidated year to date NCoS result for the General Fund and SP&T was \$21.875M favourable to budget. The consolidated result comprises unfavourable variances for Expenditure (\$14.615M), Doubtful Debts (\$4.121M), Capital Allocation (\$2.986M) and Loss on Sale of Asset (\$0.467M) offset by a favourable variance in Own Source Revenue (\$19.065M) and Cash Assistance (\$25.000M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 30 June 2019, SLHD recorded a Total Net Result of -\$18.473M (Note that Total Revenue was higher than Total Expenditure for YTD June 2019) which was \$20.644M (951%) favourable to budget. The Net Direct Operating Result (GF and SP&T) for the full year was \$24.240M favourable to budget. The full year Net Direct Operating Result reflects a favourable budget variance in Revenue (\$42.199M) offset by an unfavourable budget variance in Expenditure (\$17.958M).

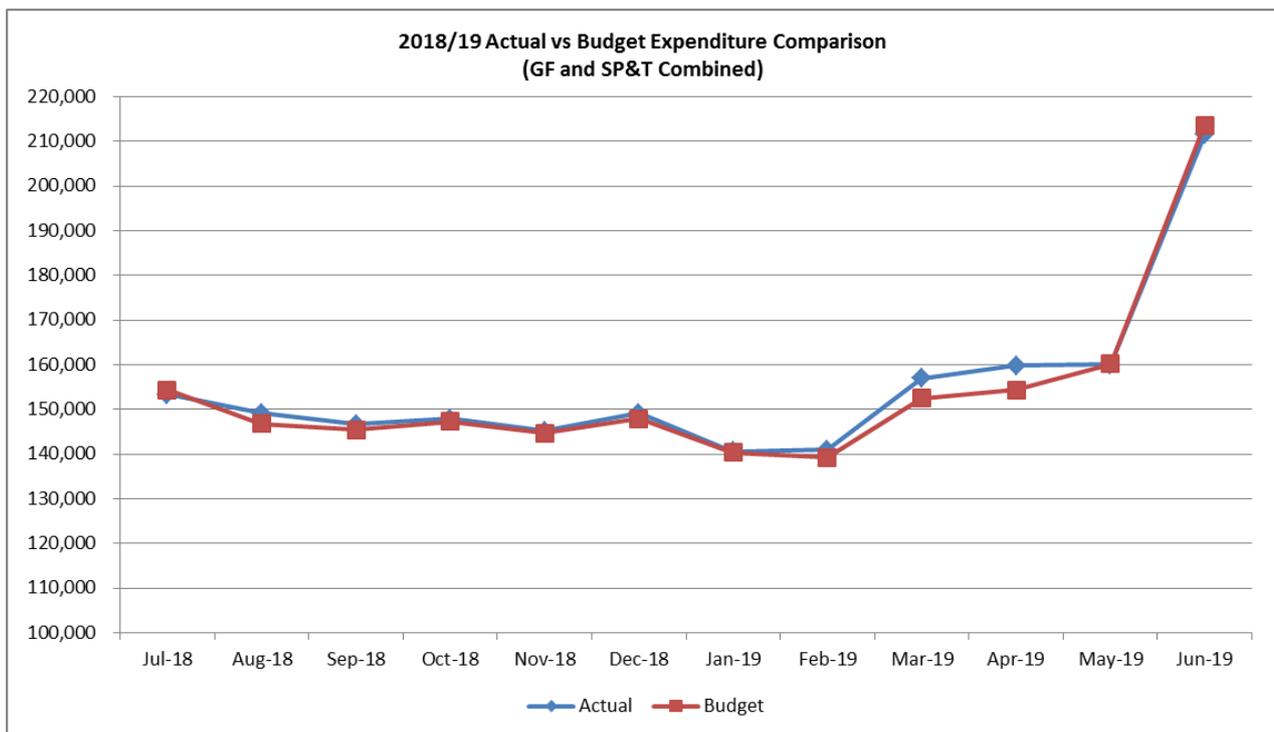
Board Report

For the month of June 2019, Total Direct Revenue was \$32.257M favourable to budget, comprising favourable variances for the General Fund (\$24.821M) and the SP&T Fund (\$7.436M). Full year Total Direct Revenue was \$42.199M favourable to budget, comprising favourable variances for the General Fund (\$31.754M) and the SP&T Fund (\$10.444M). The full year result for the GF reflects the \$25M Cash Assistance and favourable results in Patient Fees, User Charges, and Grant Income and Other Income.

Total Direct Expenditure was \$0.101M favourable to budget for the month of June 2019, comprising favourable result for the General Fund (\$4.813M) offset by unfavourable result for the SP&T Fund (\$4.711M). Full year Total Direct Expenditure was \$17.958M unfavourable to budget, comprising \$9.609M unfavourable variance for the General Fund and a \$8.350M unfavourable variance for the SP&T Fund. The full year result for the General Fund reflects unfavourable variances in On-costs (\$5.173M), Overtime (\$3.421M), VMOs (\$1.689M), Support Services & Utilities (\$0.653M), Direct Clinical Operating (\$6.607M) and Grants & Subsidies (\$1.428M) offset by favourable result for Salaries & Wages (\$4.816M) and G&S Corporate & Operational Admin (\$4.682M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The District received Cash Assistance of \$25M from the MoH as there has been a significant increase in Debtors (comprising patient fees chargeable not yet collected, ineligible debtors and Lifehouse debtors) as well as a significant unfavourable variance in Doubtful Debts.

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

The District achieved over 99% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of June 2019. One small vendor invoice was paid outside of the 30 Days KPI. A plan is in place to ensure that this KPI is met.

The cash balance at 30 June 2019 for the SLHD Operating bank account was \$2.854M and the Operating Cash book balance was \$2.719M.

CAPITAL WORKS – SMRS PROJECTS

As at 30 June 2019, the District's Full Year Capital works budget relating to SMRS Projects is \$35.747M comprising \$7.009M of MoH funded projects and \$28.738M of locally funded projects. In June 2019, a budget roll-over of \$2.013M to FY2019/20 relating to CRGH Fussell House was approved by MoH.

Actual expenditure as at the end of June 2019 was \$30.848M which is \$4.899M below budget. Out of the total underspent amount of \$4.899M, \$1.500M relates to Canterbury Hospital ED expansion and \$1.400M relates to CRGH Fussell House. CE signed letters requesting the total amount of \$2.900M to be rolled over to FY2019/20 were recently submitted to MoH. The remaining underspend of \$1.999M represents:

- Unspent funds (\$7.688M) relating to Medical Imaging equipment, Canterbury Hospital TSSU Equipment, RPAH EEGP and Dame Eadith Walker Estate Landscaping is also required to be rolled over to FY2019/20. Rollover requests will be submitted once the appropriate communication is received from MoH.
- Approved Projects with total expenditure of \$7.058M in June 2019 but with no budget allocation.
- Not Required Budget (\$1.369M) due to project completion and lower expenditure than originally anticipated.

OTHER CAPITAL PROJECTS

As at the end of June 2019, the District has expended a total amount of \$4.745M on project relating to the Patient Billing and Tracking (h-Trak) System (\$0.163M), Powerchart Maternity (\$1.473M), OHMIS Project (\$1.642M) and various other projects (\$1.467M). Out of the total expenditure of \$4.745M, \$4.460M was sourced from the General Fund and \$0.285M was sourced from Trust Fund.

CAPITAL WORKS

RPA

Building 63 RPU

Mechanical and electrical documentation is 95% complete

Clean room product review has been undertaken – awaiting final decision and drawings for revised quotes. Hot cells tender is complete and a successful vendor has been selected.

Building 75, Level 11 Respiratory Labs – Stage 2

Phase 2 demolition is complete. Partitions have been installed and service rough and flooring are complete. Painting is nearing completion and service fit off is underway.

Concord

Building 34-JMO's Relocation

Internal area is now being occupied. External cladding and painting are nearing completion. External courtyard works will commence once cladding has been complete.

Building 75 – Fussell House

Demolition works to ground floor are nearing completion and procurement to undertake demolition to level 1 are underway.

Oncology Modular Accommodation

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

Building 3 - MADU relocation

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

Canterbury Hospital

ED Expansion

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

PLANNING

RPA Clinical Services Plan (CSP)

With the announcement of \$750 million for the RPA redevelopment, the RPA Clinical Services Plan is being updated and finalised. Further consultation has been undertaken across the hospital and the forecasts and projections, based on the latest data and the use of the new Ministry of Health forecasting tools (HealthApp), have been updated. Integral to this is the articulation of new and future models of care.

The CSP will describe the future RPA service and how the hospital will be developed for the future. It prioritises services and strategies to meet community health needs, focusing on clinical services outcomes and where possible measurable benefits.

The CSP details the delivery of health services in the context of the prioritised investment for the LHD or SHN. It specifies the changes in services and models of care; technology; support services; and staffing as well as other service enablers relevant to the proposed investment. The CSP is also considering the business model and opportunities upon which the service could be developed or enhanced.

Fifty one consultations were held during June for departments and groupings of departments. At these meetings current activity, flows, projections and staffing data were provided and reviewed/discussed.

Each department completed a proforma outlining their- service, key service interactions/flows, requirements of support and interacting services, current and expected challenges, new and anticipated models of care, ICT requirements and workforce issues. Space issues were discussed.

A meeting will be held in early August with all departments to discuss the final draft of the CSP prior to going to the Board.

Concord Clinical Services Plan (CSP) – Stage 2

The Executive Steering Committee has been meeting regularly to support the process of planning for Concord Stage 2.

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

The consultation plan for Stage 2 has been developed and approved by the Steering Committee.

Camperdown-Ultimo Collaboration Alliance

A number of meetings have been held to formalise the governance structure and functions of the Collaboration Area Alliance.

- The position has now been advertised to lead this work.
- The Land use study has been commenced and consultants are being appointed to undertake this work.
- Sydney Innovation Technology Precinct planning is proceeding with a study examining options for industry to locate to the area and governance structures being developed.

SLHD Facility Strategic Plans 2019-2024

The five facility strategic plans have been submitted to the Clinical Council, with their respective Aboriginal Health Impact statements.

SLHD Clinical Stream Position Papers 2019-2024

Clinical Stream Position Papers that have been submitted to Clinical Council include the Population Health, Public Health, Drug Health, Cardiovascular and Cancer plans. The Women's Health Stream paper and Aboriginal Health impact statement is currently under review.

Sydney Olympic Park Authority (SOPA)

A meeting has been organised with the SOPA to discuss opportunities for collaboration.

Redfern Station

Transport for NSW provided a presentation on the upgrade of Redfern Station to the District executive. The plan will provide a southern bridge over the rail to facilitate better access to the University of Sydney.

SYDNEY RESEARCH

The Big Idea

The Big Idea innovation challenge was held on Thursday 27 June 2019 at the Hyatt Regency as part of Sydney Local Health District (SLHD) Innovation Week, with a record attendance of over 300 staff, researchers, community and industry members. In addition to the five finalist pitches, presenters included Mr Richard Taggart, Chief Information Officer SLHD, winners of The Big Idea from 2018 and 2017 Associate Professor Wojciech Chrzanowski and Professor Gerard Sutton, as well as Dr Sarah McDonald, CEO Baymatob, and Mr George Sidis, co-founder and Managing Director of industry partner IDE Group.

The winner of The Big Idea was Professor Steve Chadban, Director of Renal Medicine at SLHD, who was awarded \$45,000 in pre-seed funding to develop and commercialise a comfortable and functional medical chair for dialysis patients, with potential for application in other conditions. This year, \$25,000 worth of services from IDE Group was also awarded to the winner, to support discovery, design, engineering, new product implementation, manufacturing and commercialisation.

The inaugural People's Choice Award was awarded to Dr Shaheen Hasmat, Surgical Resident, Westmead Hospital and PhD candidate at Chris O'Brien Lifehouse and The University of Sydney. Dr Hasmat secured \$5,000 in pre-seed funding and \$5,000 worth of IDE Group services for the 'BLINC – Bionic Lid Implant for Natural Closure' implantable device to actively restore blink in patients with facial palsy.

Clinical Trials Showcase

The Clinical Trials Showcase was also held on Thursday 27 June 2019 as part of SLHD Innovation Week. The theme for 2019 was *"Transforming the Patient Experience through Research"*. Presenters included Professor John Zalberg OAM, Chair of the Australian Clinical Trials Alliance (ACTA), Associate Professor Gregory Fox, Director of Tuberculosis Services, SLHD, Respiratory Physician, Royal Prince Alfred Hospital (RPAH), Dr Anthony Brown, Executive Director of Health Consumers NSW, Clinical Academic Professor Judith Trotman, Director, Haematology Clinical Research Unit, Concord Hospital and Ms Roslyn Ristuccia, Co-founder and Executive Director at ClinTrial Refer, St George Hospital.

Over 350 people registered their attendance at the Clinical Trials Showcase. The Northstar Study was awarded Clinical Trial of the Year and recognised the work of Professor John Rasko AO, Head of the Department of Cell and Molecular Therapies and Professor P. Joy Ho, Head of the Thalassemia Unit and Deputy Director, Haematology RPAH. The study focused on the defective gene in patients with transfusion dependent β -thalassemia, a genetic blood disorder that causes many patients to need lifelong regular blood transfusion.

The excellence in Clinical Trials Support Award was presented to Kerry Kearins, Senior Clinical Trials Coordinator at the Department of Chemical Pathology, RPAH. Ms Kearins has led the Department of Chemical Pathology's clinical trial activities for 20 years, and has participated in more than 100 clinical trials, most of which have been randomised controlled trials. Over that period of time, she has been a part of a team managing up to 800 participants per year.

Sydney Research Awards and Scholarships

The winners of the Sydney Research Awards and Scholarships were announced at the Innovation and Research Symposium on Friday 28 June 2019, presented by the Hon. Brad Hazzard, NSW Minister for Health and Medical Research. The Awards and Scholarships are proudly sponsored by SLHD, The University of Sydney, Heart Research Institute, the Woolcock Institute of Medical Research and The George Institute for Global Health, and celebrates and encourages research excellence at all levels across the Sydney Research partnership.

Recipients of this year's Awards and Scholarships:

Research Excellence Award – Professor Helen Reddel

Professor Reddel was recognised for her publication "Inhaled Combined Budesonide-Formoterol as Needed in Mild Asthma", published in The New England Journal of Medicine. Prof Reddel is a Research Leader at the Woolcock Institute of Medical Research, Clinical Adviser for the Australian Centre for Airways disease Monitoring, Honorary VMO at Royal Prince Alfred Hospital and Chair of the Global Initiative for Asthma Science Committee. Her studies have been translated into international policy and practice and have the potential to reduce asthma exacerbations and deaths worldwide.

Young Researcher Award – Associate Professor Alexander Menzies

Associate Professor Menzies was awarded for outstanding performance as an Early Career Researcher, conducting several investigator-led and sponsored clinical trials, and managing the medical oncology clinical and biospecimen databases that underpin clinical and translational research.

Even as an early career researcher, Associate Professor Menzies is well accomplished, publishing 68 papers since completing his PhD 4 years ago and securing almost \$4 million in grant funding. Alex also received a NSW Premier's Award for Outstanding Cancer Research Fellow in 2018.

Research Supervisor Award – Professor Christopher Maher

Professor Maher was awarded for outstanding effort as a Postgraduate Research Supervisor, with over 620 publications, over \$28 million in research grants and 35 PhD and 15 honours completions. He has created a research student culture where diversity and inclusion are prioritised and dignity and respect lie at the core of his interactions. Professor Maher has is also recognised internationally for his research in lower back pain and is currently Professor in the Sydney School of Public Health and Director of the Institute for Musculoskeletal Health.

Annual Health Research Infrastructure Award – Dr Luke Carroll

Dr Carroll was presented with a \$10,000, one-off, early researcher basic science award, with funds to assist with the purchase of purchase laboratory equipment in the NHMRC Clinical Trials Centre to enable the measurement of telomere length.

Clinician Researcher Scholarship – Dr Robert Rawson

Dr Rawson is the recipient of this year's Clinician Researcher Scholarship, aimed to support clinicians seeking to pursue a clinical research career. Dr Rawson will complete his PhD on improving melanoma patient outcomes by enhancing pathological and molecular assessment of primary and metastatic melanoma.

Health Informatics Research Scholarship – Ms Julianne Chong

Ms Julianne Chong is this year's recipient of the Health Informatics Research Scholarship, aimed to encourage research into how clinicians, academics and researchers can work with health information and communication technology to improve delivery of care and outcomes for patients. Ms Chong's research will focus on assessing the success and effectiveness of the venous thromboembolism (also known as VTE) stewardship team at Concord Hospital in its aim to reduce hospital-acquired VTE.

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

Two of the three applications with SLHD as the nominated host organisation were successful in receiving funding in TRGS Round 4. A total of 9 applications were successful from 20 full applications. This makes it the most successful year for SLHD with regards to TRGS by percentage, having 22.2% of the successful projects across NSW.

The successful grant winners are:

Lead Investigator	Project Title	Funding
Dr Michelle Barakat-Johnson	A novel implementation of best available evidence into practice for incontinence-associated dermatitis (IMBED)	\$930,095.08
Dr Rowena McMullan	The Gloves On' trial, non-sterile glove use in addition to hand hygiene in the reduction of neonatal sepsis	\$442,262.00

It has been recommended that the unsuccessful applicant consider applying for the Medical Research Future Fund Congenital Heart Disease grant, through which \$20 million is available over five years, as well as consider applying for an NHMRC Partnership Project grant.

TRGS Round 5 is planned for 2020.

Sydney Research, together with the OHMR ran a TRGS Information Session on Monday 17 June 2019 at the Royal Prince Alfred Hospital campus, and made the session available on teleconference and Zoom. The session was well attended with close to 40 attendees either in person, or online. The session provided staff with the opportunity to find out more about the scheme, learn the features of successful TRGS applications, hear case studies of successful implementation findings and get expert advice on how to make their applications stand out.

OHMR – Embedding Quality Research into Local Health Districts (EQRLHD)

Ms Megan van der Hoeven has been appointed to the position of Project Manager (Digital Communications) for the Embedding Quality Research in Local Health Districts (EQRLHDs) initiative. Megan brings significant experience and expertise in campaign management and digital strategy in the public sector, joining NSW Health from the NSW Department of Planning, Industry and Environment. Her strong understanding of reporting metrics and performance will also be invaluable in evaluating the initiatives of the Steering Committee.

Nominations across the State have been sought for representation on the EQRLHDs Working Group. This group will lead the progression of the work in each of the 4 priority focus areas as determined and agreed by the EQRLHD Steering Committee. These areas are

1. Clinical Trials Strategy
2. Research Governance
3. Translational Research
4. Information Technology Platforms

Sydney Health Partners (SHP)

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

- The SHP Strategy has been finalised which strengthens the commitment to translating research into better health outcomes. The partnership's five founding members will each take leadership of a strategic platform of health and medical research translation, with the aim of speeding the application of evidence into clinical practice. Implementation of the 2019-2022 Strategy will see:
 - Sydney Local Health District lead efforts to transform how research improves patient outcomes to meet the needs of our communities
 - Northern Sydney Local Health District lead efforts to build medical research capacity and remove barriers to the timely conduct of research
 - Sydney Children's Hospitals Network (at Westmead) lead efforts to utilise digital health and informatics research to optimise models of health care and care delivery
 - University of Sydney lead efforts to enhance translational and implementation research expertise within health services
 - Western Sydney Local Health District lead efforts to promote collaboration and inclusivity, and by doing so increase research scale and international competitiveness
- The SHP Governing Council has agreed that a Working Group be established to assist in the development of a model for addition of new SHP partners. Sydney Research members will represent SLHD on this group.
- Adjunct Associate Professor Vicki Taylor, Executive Director Sydney Research and Ms Phoebe Ng, Program Manager Sydney Research, have been selected to participate in the Australian Health Research Alliance (AHRA)'s national committee for clinical research, as representatives of Sydney Health Partners and Sydney Local Health District.

- SHP has released their SHP Impact Report 2018 which chronicles the efforts of the partnership at local, state and national levels towards health systems improvement through the translation of research evidence into clinical practice. The report can be downloaded at <https://www.slhd.nsw.gov.au/SydneyHealthPartners/about-ImpactReport.html>.

Biodesign

The Biodesign Sydney Program was launched on Wednesday 3 July 2019 with four teams of five participants commencing in four SLHD departments including Emergency Medicine, Renal Services, Community Health Services and Cardiology. The Biodesign program is a pilot for NSW Health in embedding research leadership, innovation and collaboration, with weekly sessions as part of a 6-month syllabus commencing 10 July 2019. The program will conclude with a pitch to progress a commercialisable prototype or idea from each team on 27 November 2019.

Precinct Planning

The Working Group and Governance Council for the precinct planning continue to collaborate to progress the planning in line with the Royal Prince Alfred Hospital redevelopment work. The group has obtained guidance and direction from the Executive Director, OHMR, regarding the suite of metrics to be developed for the precinct including, but not limited to finance, research output, commercialisation, collaborations and partnerships, workforce development, education and training programs, workforce culture, communication and media and showcases/events and public forums. A number of deliverables have also been recommended including governance, strategy, priority setting, translation, leadership, and operating procedures.

Other Activities

- Sydney Research welcomes Imogen Baker to the role of Executive Officer. Ms Baker returns to SLHD following her most recent role as Business Manager, Strategic projects with the Clinical Innovation Business Unit at SWSLHD. Ms Baker brings significant expertise that will assist in achieving both the operational and strategic objectives of Sydney Research and will be a highly valued member of the team.
- Rina Ward will commence maternity leave on 18 July 2019, having supported the Sydney Research team since January 2019 as Executive Officer. During this time, Ms Ward led a number of key projects and the team acknowledges her exceptional contribution to Sydney Research and wishes her well on her new journey.
- Highlights and upcoming activities of Sydney Research Council members have been documented for coverage by Sydney Research in 2019.
- The next Sydney Research Council meeting will be held on 30 July 2019, with Professor Glenda Halliday to present on the Forefront collaboration with the Brain and Mind Centre. The June meeting was not held due to Innovation Week.
- The Biodesign Sydney program launch was held on 3 July 2019, with the opening address provided by Dr Teresa Anderson AM and attended by key representatives from OHMR, University of Sydney and industry partners.
- Sydney Research has supported the execution of the Digital Health Cooperative Research Centre Core Participants Agreement for which SLHD will be a core partner. Support from the collaboration will enable a sustainable commitment to operationalise and deliver key ICT Research related projects in SLHD, with initial projects and staff resources identified.
- Sydney Research continues to support and explore:
 - Partnerships and collaboration opportunities, linking with the Macquarie University Centre for the Health Economy (MUCHE), as well as the University of Sydney Faculty of Engineering and Business School.
 - The establishment of the Pharmaceutical Manufacturing Lab to be located within the NSW State Biobank.
 - The work of the Collaborative Centre for Cardiometabolic Health in Psychosis (ccCHiP) in progressing the clinics and its expansion into other locations and avenues.

Board Report



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- The NSW State Biobank by linking them with potential partners, clinicians and researchers.
 - Through the Sydney Research Council, fortnightly e-update, communications and social media, Sydney Research is promoting internal and partner educational and research activities to its audience of 600+ subscribers.
 - @SydneyResearch currently has 730 followers on Twitter.

A handwritten signature in black ink, appearing to read "T. Anderson", written over a horizontal line.

Dr Teresa Anderson
Chief Executive
Date: 19.8.19