



By Peter Yates AM, Chairman, The Royal Children's Hospital Foundation

Overview



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OVERVIEW OF

The Royal Children's Hospital (RCH)



- One of world's top five children's hospitals
 Great Ormond Street, Toronto Sick Kids, Boston Children's, Children's Hospital of Philadelphia, The Royal Children's Hospital
- In 2014/15:
 - 84,482 children received urgent care in the Emergency Department
 - 250,000 appointments were held in the Specialist Clinics
 - 19,000 surgeries were performed by theatre teams
 - Approx 28% of all paediatric care in state of Victoria was delivered by RCH
 - 45% of inpatients cases were deemed complex

RCH Foundation:

- In 2016 will raise approximately AUD\$45 million (HK\$260 million)
- Has a corpus of approximately AUD\$170 million (HK\$990 million) funds under investment
- Distributes \$AUD30-\$40 million (HK\$235 million) to the RCH and its campus partners annually
- Has AUD\$120million (HK\$700 million) in forward commitments over the next five years

The journey

- Influential women's only committee of management
- History and role of community engagement
 - 1870: Raffles, bazaars, schools for basic needs
 - 1890s: First media based appeal supported by the Argus
 - 1900: Only 10% of expenses came from government
 - 1922: Formation of the Auxiliaries
 - 1931: Newspaper: Good Friday Appeal in 1931
 - 1957: Telethon: Good Friday Appeal
 - 1989: Formation of RCH Foundation
 - 2006: Major participant sports: Run for the Kids







Government and community partnership

HOW IT HAS WORKED... FOR MAJOR CAPITAL WORKS

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- In 1900 more money was raised for a new hospital than any other charitable organisation at the time and eradicated the debt. Government contributed nothing
- In 1960, £434,000 or AUD\$12.5 million in today's dollars was fundraised for a new building. The government committed £3.5m
- The newest RCH building was a build/own/transfer with a major financial investor. There was no community fundraising



Government and community partnership

...FOR OPERATIONAL FUNDING

- In the State of Victoria public hospitals are free to all Australians
- Government funds the hospital using a case mix funding method; meaning a set amount is paid by the government to a
 public hospital to treat a certain health issue
- Where government funding stops and philanthropy begins is a complex border. The RCH Foundation uses an 'excellence' test, asking whether a grant is adding to the excellence quotient









How we are structured today

- Melbourne children's campus four partners
 - Research partner Murdoch Childrens Research Institute, the leading paediatric research centre in Australia
 - Teaching partner University of Melbourne Department of Pediatrics
 - Clinical partner RCH
 - Fundraising partner RCH Foundation
- Good Friday Appeal Board
- RCH Foundation Board
 - Grants Committee
 - Executive and Finance Committee
 - Auxiliaries Committee
 - Investment Committee
 - Audit Committee





How we are structured today CONT



- RCH Auxiliaries
 - More than 60 Auxiliaries and 1,000 members
 - Based across Victoria
- Community fundraising and donations
- Giving circles
 - RCH1000
 - Impact5000
 - Leadership Circle
- Corporate engagement
 - Workplace giving
 - Corporate partnerships
- Major gifts and bequests



The grant-making process

- Grants are made into one of four areas:
 - Leadership, education and training
 - Equipment and technology
 - Research
 - Patient and family centred care
- Grants Committee comprises:
 - Chairman of RCH Foundation
 - Foundation CEO
 - Hospital CEO
 - MCRI CEO
 - Department of Paediatrics CEO
 - Deputy Chairman of RCH Foundation
 - Additional Foundation Board member
- Grants Committee meets quarterly with dedicated Grants Program Manager





The grant-making process CONT

- Grants may only be submitted with the signature of the CEO of the RCH.
 Research proposals must also be countersigned by the CEO of MCRI
- The Grants Committee focuses on whether:
 - the proposal creates excellence
 - the costs seem reasonable
 - this an appropriate use of donor funds
- Strong acquittal process
- Reporting to donors on the impact of their support



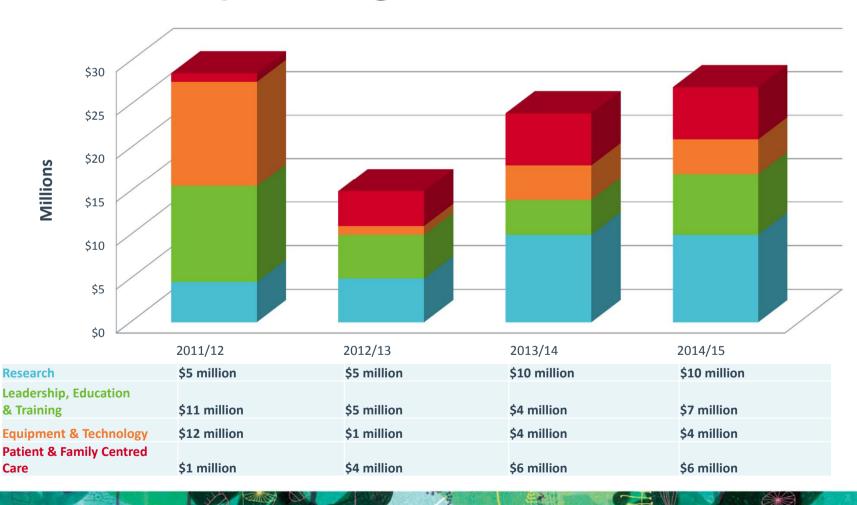




2011-2015

Distributions by funding principles





Leadership, education and training

The Geoff and Helen Handbury Chair in Adolescent Health

- A major gift to endow, in perpetuity a Chair in Adolescent Health
- Enhance the work of adolescent health by developing a Department of Adolescent Medicine
- Enable strong clinical leadership, clinical expertise and innovation
- Enhances research leadership in adolescent health

Dame Elisabeth Murdoch Nursing Development Scholarship

- Created in 2009 to advance the talent of RCH nurses
- Each year, a scholarship of \$50,000 enables one nurse to further develop their skills to improve patient care





Equipment and technology

MR PET

 Allows Magnetic Resonance (MR) and Positron Emission Tomography (PET) imaging to be obtained in the one machine simultaneously, setting a new standard in imaging technology

EOS Imaging System

- A radical improvement on plain radiography, which allows simultaneous right angle images to be captured in the upright position from head to toe in less than 25 seconds
- Uses a unique linear scanning process that eliminates parallax and magnification errors at one tenth of the radiation dose of plain radiography







Research

Near miss NHMRC funding

- The NHMRC project grant scheme involves a rigorous peer review process.
 However, there has been a decrease in the success rate of National Health and Medical Research Council (NHMRC) project grants as a result of:
 - Increased cost of research
 - Increased number of overall research proposals
- Therefore the MCRI and the RCH Foundation jointly fund "near miss" grants, to provide partial funding to support 10 projects that received a very good score in the NHMRC grant scheme, but did not receive funding



Health services delivery research funding

- Set up to identify the most effective ways to organise, manage, finance, and deliver high quality care, reduce medical errors and improve patient safety
- Focuses on delivery and access to care, in contrast to medical research, which focuses on the development and evaluation of clinical treatments



Patient and family centred care

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Transition Support Service

 Provides holistic care, support and education for young people and their parents and carers as they transition from paediatric to adult health care

Wadja Aboriginal Family Service

- Provides excellence in health services to indigenous children and their families. Since establishment in 2009, the program has:
 - Increased the number of patients identifying as Aboriginal
 - Increased attendance rates at the Wadja Health Clinic
 - Developed and promoted an e-learning package for staff about cultural safety
 - Partnered with the University of Melbourne to co-lead roundtable discussions in Indigenous Child Health; the first initiated in Victoria



The opportunity for Hong Kong and its community



The State of Victoria and Hong Kong are broadly the same in terms of population and GDP

GDP (AUD)

Population

Hong Kong

\$260b

7.03 million

Victoria

\$290b

5.90 million

- The Hong Kong Hospital Authority Foundation last year raised over A\$6 million
- In Victoria, philanthropic funds for public hospitals, excluding RCH and Peter MacCallum Cancer Centre, raise a similar dollar amount
- Including the fundraising for RCH, that figure increases to over \$45 million. It increases to \$65 million when Peter MacCallum is added



The future for the RCH Foundation

Further commitment to the RCHF model

- Stand-alone foundation with strong governance
- Community engagement and support
- Influential partners
- Alignment with strategic objectives of the hospital

Drive growth in core operations

- Increase annual giving \$AUD60 million by 2020
- Continue to grow major gifts

Capitalise on once in a lifetime opportunity

- Celebrate 150 years of the hospital
- Capital campaign to raise a large endowment

