
Sydney Local Health District

Thirty Fifth Meeting of the Board

Date: Monday 18 August 2014

Time: 9.00am - 11.00am

Venue: SLHD Boardroom

Acting Chair: Dr Barry Catchlove

1. Present and apologies

Dr Barry Catchlove, Acting Chair
Dr Teresa Anderson, Chief Executive
Dr Thomas Karplus, Member
Ms Victoria Weekes, Member
Mr Trevor Danos, AM, Member
A/Prof. Christine Giles, Member
Ms Frances O'Brien, Member
Mr David McLean, Member

Apologies

The Hon. Ron Phillips, Chair
Dr John Daniels, Member
Professor Paul Torzillo AM, Member
Mr Danny Lester, Member

In attendance

Ms Madeleine Kitchener, GHMT
Ms Anna Mactiernan, GHMT
Ms Hannah Evans, Acting Secretariat

2. Welcome and introductions

The Acting Chair welcomed Members to the thirty fifth meeting of the Sydney Local Health District (SLHD) Board.

Presentations:

1. Asset Strategic Plan – Capital Projects Priorities

Mr Stephen Haldane, Capital Insight Pty Ltd
Mr Frank Tong, Capital Insight Pty Ltd

The Board received and noted the presentation by Mr Stephen Haldane and Mr Frank Tong 'SLHD Asset Strategic Plan 2014 Capital Projects Prioritisation' and discussed same under item 8.1.

2. Photos from Sydney Dental Hospital 110th Anniversary

The Chief Executive updated the Board on the Sydney Dental Hospital 110th Anniversary and displayed snapshots. The event included education sessions, a cocktail function and the publication of a booklet outlining the history of the Sydney Dental Hospital. The celebration was received well by staff.

3. Declaration of conflicts of interest

There were no conflicts of interest to declare.

4. Confirmation of previous minutes

4.1 Minutes 21 July 2014

The minutes of the Board meeting held on Monday 21 July 2014 were moved and seconded subject to the following amendment:

Item 7, point 12 – ‘Off Stretcher Time’ deleted and replaced with ‘Transfer of Care’

The Chair then declared and signed the minutes as a true and accurate record of the meeting.

4.2 CE Report – July 2014

The report of the Chief Executive dated July 2014 was moved and seconded subject to some minor amendments.

The Chair then declared that the CE Report – July 2014 was ready for publication.

5. Matters arising from the previous minutes

5.1 Action sheet

Item carried over to September 2014 meeting.

6. Standing Items

6.1 Acronyms List

The Board received and noted the Acronyms List.

6.2 Financial Classification Codes.

The Board received and noted the Financial Classification Codes List.

6.3 Board Calendar

The Board received and noted the Board Calendar.

7. Chief Executive's report

The Board received the Chief Executive's Report. In particular the Board noted and discussed:

- The District is negotiating NAP targets with the Ministry of Health for 2014/15.
- RPAH achieved above 20% for private health insurance usage for the month which is commendable.
- The District will look to link future arrangements with HCF to Health Pathways.
- The announcement of The Pitch has generated a lot of interest and buzz around the District.
- Evaluation work is being undertaken with Agency for Clinical Innovation in measuring clinical outcomes from HealthPathways. There are now over 170 pathways and feedback from General Practice has been very good. A HealthPathways flyer is being developed and will be distributed once finalised. 95% of local GPs are online and the District is aware of those that are not.
- The District has been at Performance Level 0 for the last 40 months which is a great result.
- The District should see improvements to the Mental Health Readmissions Within 28 days target with the opening of the North West Precinct.
- The Yaralla Estate Open Day was held on 16 August 2014 and was attended by 150-170 people. The Open Day was overwhelmingly positive and members of the Yaralla Estate Community Advisory Committee were in attendance. The Chief Executive spoke with approximately 60 individuals and the plan was received well by most people.
- The Chief Executive presented at the OHMR Research Hub Forum on 29 July 2014 and was well received.

7.1 National Health and Hospital Reform

The Board received and noted the information on the National Health and Hospital Reform provided in the Chief Executive's report.

7.2 Finance and Performance Reports

7.2.1 SLHD Board reporting pack – June 2014.

The Board received and noted the SLHD Board reporting pack for June 2014.

7.2.2 Selected Performance Indicators – June 2014.

The Board received and noted Selected Performance Indicators – June 2014.

7.2.3 SLHD Financial and Activity

The Board received and noted the Financial and Activity report for the month ending 30 June 2014.

7.3 Project updates

7.3.1 North West Precinct

The Board received and noted the information on North West Precinct provided in the Chief Executive's report.

7.3.2 Lifehouse

Ms Anna Mactiernan and Ms Madeleine Kitchener were asked to leave the meeting for this item.

The Board received and discussed the information on Lifehouse provided in the Chief Executive's report.

7.3.3 Macquarie International Private Hospital

Ms Anna Mactiernan and Ms Madeleine Kitchener were asked to leave the meeting for this item.

The Board received and discussed the information on Macquarie International Private Hospital in the Chief Executive's report.

7.4 Capital Works Report

The Board received and noted the capital works report.

7.5 Clinical Governance Report

The Board received and noted the clinical governance report and agreed that a full copy of the Hand Hygiene is NOT required in future papers. The Board is satisfied with receiving a summary of results and a copy of the link to view the full report if required.

7.6 Facility Reports

(i) Balmain Hospital

The Board received and noted the Balmain Hospital facility report.

(ii) Canterbury Hospital

The Board received and noted the Canterbury Hospital facility report.

(iii) Concord Hospital

The Board received and noted the Concord Hospital facility report.

(iv) Royal Prince Alfred Hospital

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

- (v) Oral Health Services and Sydney Dental Hospital
- The Board received and noted the Oral Health Services and Sydney Dental Hospital facility report.
- (vi) Mental Health
- The Board received and noted the Mental Health Services report.
- (vii) Croydon/Marrickville/Redfern Health Centres
- The Board received and noted the Croydon/Marrickville/Redfern Health Centres' facility report.
- (viii) Drug Health
- The Board received and noted the Drug Health report.
- (ix) Community Health
- The Board received and noted the Community Health report.
- (x) Population Health
- The Board received and noted the Population Health report.
- (xi) Lifehouse
- The Board received and noted the Lifehouse report.

8. Matters for approval / resolution

8.1 Asset Strategic Plan 2014

The Board received and noted the presentation by Mr Stephen Haldane and Mr Frank Tong 'SLHD Asset Strategic Plan 2014 Capital Projects Prioritisation' including:

- Agenda
- SLHD Snapshot – by Clinical Stream
- 2009 (base) to 2022 (previous 2013 ASP) Acute and sub-acute bed demand projections*
- SLHD 2009 to 2027 (proposed 2014 ASP) Acute and sub-acute bed demand projections*
- SLHD 2009 to 2027 (proposed 2014 ASP) Overall service demand projections*
- Potential service transfers
- 2009-2027 Facility implications Proposed 'Asset Actions' for each campus
- Last year's (2013 ASP) capital priorities
- 2014 ASP capital priorities
- SLHD ASP 2014 'Top 5 Capital Investment Priorities'
- RPA expansion zones 2022

- RPA Acute Services Project + Sydney Research
- CRGH expansion zones 2027 and beyond
- Concord Hospital redevelopment
- Other capital investment priorities
- Locally funded initiatives

The Board APPROVED the SLHD Asset Strategic Plan 2014.

8.2 SLHD Strategic Plan Refresh

The Board received and noted the SLHD Strategic Plan Refresh including:

- the University of Sydney have reviewed the plan and updated relevant sections
- Charles Perkins Centre added
- Mental Health is more robust
- HealthPathways added
- Infrastructure added
- IM&TD added
- Sydney Research added

The Board APPROVED the SLHD Strategic Plan Refresh subject to the following amendments:

Page 4, last paragraph, replace 'Service' with District'

Page 8, paragraph four, the first sentence to read 'Since 2011, the Board has continued to consult and engage the staff and community in developing the District's strategic plan'

Page 10, last line, to be updated with figures from 2012/13 or ideally 2013/14

Page 24, strategy 4, to read District's

References to Chris O'Brien Lifehouse to be reviewed and streamlined.

8.3 Model Corporate Governance Attestation Statement for Local Health Districts and Specialty Networks

The Chief Executive outlined the extensive due diligence review processes undertaken by her, the Executive team and audit to support each of the elements of the Attestation and to evidence compliance. It was noted the supporting sign-offs and paperwork were available for Board review.

The Board APPROVED the signing of the letter to Dr Mary Foley and Model Corporate Governance Attestation Statement for Sydney Local Health District Period Ended 30 June 2014.

The Board ENDORSED that Dr Barry Catchlove may sign the letter and statement in the event that The Hon Ron Phillips is unavailable.

9. Board Committee reports / minutes

9.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held on 11 August 2014.

9.2 Education and Research Committee

The Board noted that the next meeting of the Education and Research Committee is scheduled for 18 August 2014.

9.3 Communications Committee

The Board received and noted the minutes of the meeting held on 21 July 2014.

9.4 Audit and Risk Committee

The Board received and noted the minutes of the meeting held on 22 July 2014.

9.5 Health Care – Clinical Quality Council

The Board received and noted the minutes of the meeting held on 23 July 2014.

9.6 Health Care – Clinical Council

The Board noted that the next meeting of the Health Care – Clinical Council is scheduled for 27 August 2014.

9.7 Medical Staff Council Executive Meeting

The Board received and noted the minutes of the meeting held on 1 August 2014.

10. Other Committee reports / minutes

10.1 Sustainability Committee

No meeting held.

10.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meetings held on 9 July 2014.

10.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received and noted the minutes of the meeting held on 24 July 2014.

10.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 16 July 2014.

10.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 23 July 2014.

10.6 NSW Health / SLHD Performance Review Meeting

The Board noted that the next meeting of the NSW Health / SLHD Performance Review Meeting is scheduled for 5 September 2014.

10.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 25 July 2014.

10.8 Collaboration for Excellence Executive Steering Committee

The Board received and noted the minutes of the meeting held 4 July 2014.

10.9 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 1 July 2014.

11. Matters for noting

11.1 MoH Surgical Dashboard – June 2014

The Board received and noted the MOH Surgical Dashboard – June 2014.

12. Other Business


12.1 Board Membership on Board Committee

Item carried over to September 2014 meeting.

13. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 15 September 2014 at 9:00am – 11:00am at Marrickville Health Centre.

The meeting closed at 11:00am.



The Hon. Ron Phillips
Chair

15/9/2014

Date

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board August 2014

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

The trial of the ABF Service Contact Form (for non-face-to-face encounters) was concluded successfully with a phased roll-out to commence from 1 August. This has been a significant body of work in addressing our gaps in patient level data, particularly around our multidisciplinary clinics. Services involved in the first phase include:

- Community Health
- RPA Gastroenterology and Liver Centre
- RPA High Risk Foot Clinic
- Canterbury Fracture Clinic
- Concord Social Work and Speech Pathology services.

There is a program of work agreed between IM&TD and the facility NAP Coordinators on the remaining services to ensure the ABF Service Contact Form is available for use within their clinics before the end of the calendar year.

Ongoing work continues across the LHD in preparation for the recent NAP data collection changes mandated by the MoH to ensure all our clinics are reporting against the new requirements (and at 100% patient level) by the end of financial year. Some excellent progress of late with the WebNAP extract for HIV/AIDS and Sexual Health services at RPA and Community Health completed and patient level data ready to be uploaded onto WebNAP for FY 2013/14. IM&TD and the Performance Unit are also in the final stages of testing the Mental Health WebNAP / patient level extract.

Lastly, our facilities are currently reviewing and auditing their NAP data (and reloading corrections) for 2013/14 in preparation for close off late August 2014. This will again ensure SLHD receives appropriate NWAU/funding for the non-admitted services provided.

NWAU Activity against Target

Although coding remains incomplete for June (still within KPI), the District will finish the year within the 2% threshold set for overall NWAU performance against target. Taking into account acute admitted, emergency, sub-acute and mental health, the District will finish approximately -1.56% under target for the 2013/14 financial year (-2,886 NWAU) – an excellent achievement considering the complexities of managing such acute health services. Note that Non-admitted services NWAU has been excluded from these calculations taking into account its 'transition' status for the 2013/14 financial year (i.e. limited access to complete patient level data across the State).

The District will continue to closely monitor performance against target across all services in the 2014/15 financial year with greater ability now with the use of STARS to review data at a clinical specialty / service unit level. This information will be reviewed monthly in the STARS

Executive Steering Committee, led by the Chief Executive, and feedback to General Managers and Clinical Directors on a regular basis. We will also continue to encourage our staff to find the most appropriate setting for patient treatment (keeping them out of a hospital bed when clinically possible) by reviewing models of care to reduce length of stay, by shifting some activity from admitted to the non-admitted and HiTH areas and early senior assessment models throughout our Emergency Departments.

Clinical Costing Update

The submission deadline for the full year Round 18 NHCDC DNR has been set for Friday, 14 November 2014 with our Costing Team confident of having work completed in time. The Performance Unit is undertaking further work with the Imaging and Cardiovascular Streams to extract patient level data for diagnostic and high cost interventional procedures undertaken by their services to more accurately feed into the costing process. The ongoing Surginet implementation across SLHD will also ensure theatre prostheses data will be able to be extracted at a more accurate patient level with RPA in their final stages of roll-out. In addition, the Cost Centre Program Fraction Review Project continues to progress with final submissions from each facility/service due back to Performance Unit by 1 August. This important process improves the accuracy of allocating costs to the patient as part of clinical costing across all admitted and non-admitted services. Facilities/services have acknowledged the vital part this process plays in informing the budget build-up for the next financial year so more detail analysis has been undertaken in what is our second round of review.

IHPA Mental Health Costing Study

The collection of data from Concord Centre for Mental Health (CCMH) and its associated Community Services (older persons Mental Health, in-reach to general acute) to be included in the IHPA MH Costing Study commenced on the 21 July 2014; scheduled to run for the next 6 months. Mr Hani Hijazi (MH Information Manager) has been nominated as the Site Coordinator with oversight support provided by the Performance Unit. Regular meetings and education sessions regarding the Study have been conducted involving various Mental Health professional streams at both CCMH and Croydon CMH. Feedback has been provided back to IHPA regarding the proposed Mental Health Intervention Classification codes and how they could be improved to better suit mental health clinical activities. CCMH/CMH will be required to submit their first set of data to MoH/IHPA by 30th September 2014.

Engagement by our Mental Health clinicians has been positive with all acknowledging participation in this study will give us great insight into the utilisation and costs of our services in comparison to peer services across the country. Further updates to be provided as the study progresses.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of June, the LHD improved on its previous month's record with 19.35% of all patients being private and using their health insurance. This resulted from 2,490 patients electing to be private in June 2014 compared to 1,974 in June 2013.

The improvements were across our hospitals with a record number of patients using their health insurance who entered Concord and Canterbury Hospitals via the Emergency Department. This was also the second month in a row RPA was above the 20% mark.

Single Room Utilisation

In June 2014, 30% of all single rooms were taken up by private patients and 44% of all private patients were accommodated in single rooms, which was an increase on May's result.

9.29% of all patients were isolated for a clinical alert, a small reduction from May's result of 9.67%.

Revenue Enhancement Committee

RPAH's free television offer to private patients is still being received positively. Identification of patients using their insurance solely because of the TV offer will continue to be monitored.

The HCF arrangement is still in discussion stage. The District is working with The George Institute, HCF and Telstra on the integrated care program. The District is awaiting feedback from HCF on the principles on a project with them around integrated care.

For the Concord Cath Lab initiative, the Steering Committee and the Project Control Group have continued to meet regularly with clinical and financial modelling commenced to assess feasibility. Project scope being finalised (eg whether project includes the day-only Cath Lab activity itself or the entire Cardiology Department and its overnight beds).

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

Official start for The Pitch is 22 August 2014. The event will feature a cocktail style party, 5-6 pitches will be presented to the panel, 30 minutes deliberation from the panel and the winning Pitch announced on the night. Dates have been scheduled for the next 3 pitch sessions. A Marketing strategy has begun with presentations at a number of Head of Department meetings, Grand Rounds, Clinical Council and promotional material is to be organised by the Media and Communications Team.

The Innovations Website is available on the District intranet site and is being refined.

Evaluation of the CRGH ERAS project continues with the trialling of the NHS Sustainability Model and analysis of Patient Experience Tracker (PET) data.

Clinical Redesign

2014 CHR Project (third intake)

The 'Combined Maternity/Endocrine outpatient service redesign project' at Canterbury Hospital commenced on the 23rd July.

The project aims to:

- upgrade and enhance the combined maternity and endocrine clinic service provided to pregnant women affected by Diabetes (Type 2 and GDM) presenting for care at Canterbury Hospital;
- redirect women with GDM without complications to an alternative model of care; and

The project has commenced its Initiation Phase where goals, objectives, scope etc will be further refined.

2014 CHR Projects (second intake)

Improving the Physical Health of Mental Health Consumers through Collaborative Care:

This project aims improving physical health outcomes for mental health consumers (both measurable and consumer perceived) by developing and implementing a model of GP and MHS collaborative care.

- The project team continue to work closely with the Ethics Department to finalise the ethics approval on patient and staff interviews.
- Project sponsors are aware of this and the project team have reviewed their timelines and tasks to address this change.

Increase breast screening participation rates in SLHD:

This project aims to increase the screening participation of target age women in SLHD to 55% over a four year period.

- Diagnostic Report for the project was endorsed by the CE, SLHD in July 2014
- The team has finalised the Solutions Phase of the project where a number of focus groups, patient and staff interviews and analysing data sets was conducted in collaboration with the Inner West Sydney Medicare Local.
- The project has just commenced the Implementation Planning Phase and is progressing steadily.

2014 CHR 2014 (first intake) Projects

Reducing delays and cancellations on the day of surgery by redesigning the pre-admission journey:

This project aims to reduce day of surgery cancellations, achieve the benchmarks, reduce number of patients required to attend the Pre Admission Clinic, reduce wait times and improve pre-admission experience.

- The project has finalised the Solution Design Phase and is progressing steadily.
- The project team have commenced the Implementation Planning phase and will continue to identify key change champions and working groups to progress identified solutions.

Review of current practice in Lymphoedema service in the Sydney Local Health District:

This project aims to evaluate the current system and provide a more cost effective, equitable and timely service for patients across the District.

- This project is slightly delayed due to the vast amount of work required to manually collate data and document findings in a comprehensive manner. Project sponsors are aware of this and the project team have reviewed their timelines and tasks to address this change.
- The Diagnostic Report has been finalised and is currently being reviewed by key Sponsors before submission to the CE, SLHD.
- The project will commence Implementation Phase in the following weeks.

Accelerating Implementation Methodology (AIM)

The next AIM course is scheduled in August 2014.

HealthPathways Sydney

Throughout July the HPS team engaged with four LHD services via the workgroup process. The four meetings proved extremely valuable in identifying areas of pathways development and service redesign. On July 2nd we held our largest workgroup to date with representatives from the four Diabetes units within SLHD as well as representatives from Chronic Care, Allied health, primary and NGO sectors. Although no pathways were identified at the meeting the service has begun a mapping of services process which will enable a greater understanding of available resources that will allow for pathway development and service re-design. For more information see the workgroup summary sheets attached.

Use of the live site: There was a dip in usage of the live site by identified separate users from the previous month, but this may be a truer reflection of use as we have introduced changes to avoid Team usage being counted.

We have also completed work this month to the accessibility of the live site. From 31 July the live site can be found using Google search and a new landing page has been created providing details of how to obtain access to the website for those arriving via Google or have forgotten their usernames etc.

The Team continues its discussions with Health Direct Australia and the Ministry of Health regarding the direct interface between HealthPathways Sydney and the service directory functions of the national Health Services Directory. A project plan is being developed for the Board's consideration.

The engagement of SLHD clinical services remains at an encouraging level and the Team has commenced discussions with new services regarding pathway development; see the attached Streams and Services engagement information.

FINANCIAL PERFORMANCE

Report

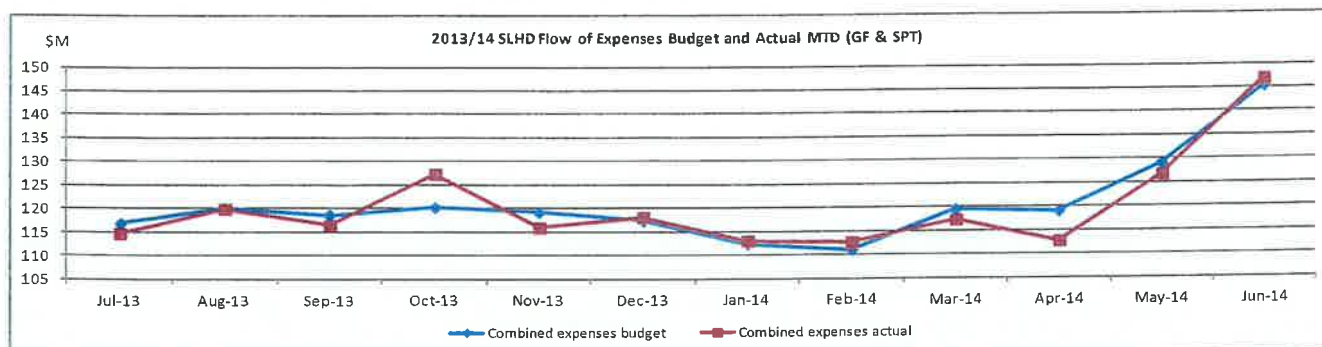


The month of June 2014 Combined Net Result was \$0.363M unfavourable to budget. This converted YTD Combined Net Result from \$4.931M favourable at YTD May 2014 to \$4.568M favourable at YTD June 2014.

In April and May 2014 reports highlighted that HealthShare Oracle R12 invoice backlogs impaired the reliability of SLHD financial performance. These backlogs appear to have been addressed in June 2014.

The following graph and table show Combined GF and SP&T Expenses Budget monthly flow using the predictive tool for 2013/14 along with actual.

	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD Jun-14
Combined expenses budget	116.853	120.091	118.646	120.279	119.227	117.416	112.466	111.087	119.487	119.035	129.041	145.345	1448.972
Combined expenses actual	114.648	119.876	116.451	127.332	115.867	118.093	112.929	112.583	117.234	112.621	126.637	146.753	1441.027
Variance (+ Fav, - Unfav)	2.205	0.214	2.195	(7.054)	3.359	(0.676)	(0.464)	(1.497)	2.252	6.414	2.403	(1.408)	7.945
% of Budget	8.06%	8.29%	8.19%	8.30%	8.23%	8.10%	7.76%	7.67%	8.25%	8.22%	8.91%	10.03%	
YTD budget expended	8.06%	16.35%	24.54%	32.84%	41.07%	49.17%	56.94%	64.60%	72.85%	81.06%	89.97%	100.00%	



General Fund MTD & YTD Net Cost of Service (unadjusted)

For the month of June 2014 the Net Cost of Service result was \$3.176M unfavourable comprising a \$0.011M favourability in expenditure and a \$3.187M unfavourability in Revenue (including Other Revenue).

Areas of favourability include Salaries & Wages \$7.357M and VMO Payments \$0.500M more than offsetting the unfavourability in Goods & Services (\$6.005M), RMR (\$1.261M) and Grants expense (\$0.431M).

For the month of June 2014, the unfavourable Revenue result was in patient fees (\$1.633M), Grants & Contribution (\$1.264M) and interest revenue (\$0.162M). Comparing the average of FY2012/13 monthly actual, the monthly revenue of DVA, MAA and Facility Fees in FY2013/14 has decreased by \$173K, \$523K, and \$111K respectively.

YTD June 2014 Net Cost of Services was \$0.577M favourable to budget with Expenditure \$11.187M favourable and Revenue (including Other Revenue) \$10.610M unfavourable.

SP&T MTD & YTD Net Cost of Service (unadjusted)

The June 2014 YTD Result was \$3.991M favourable to budget. Expenditure was \$3.242M unfavourable and Revenue (including Other Revenue) was \$7.233M favourable. The revenue result benefited from the rollover of revenue \$10.074M from the No.1 to No.2 Trust account at 30 June 2014.

Liquidity

The District had no creditors in dispute over 45 days as at 30 June 2014. It is understood HealthShare processed a range of invoices in June 2014 to address backlog due to implementation of the Oracle R12. The District achieved 92% compliance (84 out of 91 payments) with the NSW Government target for payment of small vendor creditors within 30 days for the month of June 2014 and 91% compliance for the April to June 2014 quarter. Lower than expected performance to this KPI is associated with transition to a new version of financial information system (Oracle R12).

The cash balance at 30 June 2014 for the Operating bank account was \$4.452M (SLHD \$4.402M and repointing of HRTO-SSW \$0.051M) and the Operating Cash Book Balance was \$4.297M (SLHD \$4.297M and repointing of HRTO-SSW \$0).

Capital Works

(A) CAPDOHRS PROJECTS

The District's Full Year Capital works budget relating to CapDohrs Projects as at June 14 is \$6.958M comprising \$3.111M of MoH funded and \$3.847M of locally funded projects. Actual expenditure as at YTD June 14 was \$6.736M which is \$0.222M below budget.

(B) OTHER CAPITAL PROJECTS

The District has expended a total amount of \$3.300M on projects relating to Wireless Network, Sydney Dental New Chair and the Power Cardiovascular. The total expenditure was \$1.000M funded by Health Share and \$2.800M locally funded.

(C) HEALTH INFRASTRUCTURE PROJECTS

The projects relating to Missenden Mental Health Unit and Concord Palliative Care are managed by NSW Health Infrastructure. The YTD June 14 expenditure for these projects are \$41.651M and \$6.934M respectively. The total expenditure was MoH funded along with a \$27M contribution from SLHD from sale of the Queen Mary Building.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

For June FYTD 2014 acute same day separations for SLHD are up 8.13% compared to the same FYTD period last year. Balmain has a significant variation 208.04% due to the Hospital in the Home service at the General Practice Casualty Unit and RPA has a 25.08% increase for the month of June 2014 compared to 2013. RPA also continues to have increased acute activity at 8.68% above last year.

Comparisons for Hospital in the Home data for 2013 is not available for Canterbury and Concord Hospital as their commencement was not until later in 13/14 FY. Separations between RPA and Balmain have remained similar for the month of June 2014 compared to 2013.

The Total Average Length of Stay (ALOS) for SLHD for FYTD June 2014 is 3.31 days from 3.49 in 2013. Balmain remains the highest at 8.11 days which is a 6.32 decrease from the FYTD period for 2013.

NEAT

The overall NEAT performance for SLHD has improved by 13.07% since June 2013. The month of June 2014 NEAT achievements for Canterbury, Concord and RPA are 82.25% (above target of 81%), 73.79% and 66.25% (which is a slight decrease from last month) respectively.

ED Triage

Concord and Canterbury hospitals achieved all triage categories for the month of June 2014. RPA did not achieve the targets for triage category 2 and 3 in June 2014. Strategies continue to be revised for ED patient pathways to improve performance with focus on Triage 2 and 3 at RPA.

Elective Surgery

SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery. Performance remains at 100% at June 2014 FYTD for all categories.

Transfer of Care

The target of 90% for transfer of care was not met by any of the facilities in June 2014. The percentages for Canterbury, Concord and RPA respectively were 87.95%, 87.12% and 74.21%. SLHD has improved on its FYTD percentage by 3.40% from 2013 and currently is 83.76%.

Quality and Safety

The District continues to achieve root cause analysis and complaints management targets for June 2014. Mental Health Readmissions within 28 Days continues to be above target of <13%. There are currently numerous initiatives being implemented throughout SLHD to address mental health activity. Concord appears as a signal above the funnel plot for CLAB infections at a rate of 2 per 1000 central line days. This one case was from a burns patient.

Workforce

The premium staff usage for medical staff for the FYTD 2014 remained at 0. Nursing agency and casual staff both decreased in expenditure by a total of \$2.27M for the FYTD 2014 compared to FYTD 2013.

CAPITAL WORKS

North West Precinct

The ground floor is nearing completion. All prototype room inspections have been completed and changes incorporated into design. The handover of shell floors is expected to be in August and construction is continuing on time and on budget.

Concord Translational Research Facility

The tender is closed and under review.

RPAH Stonework repair main facade

Work commenced on the repair to the stone facade at RPA. Work will be part of the NSW Public Works Centenary Stone Program which is a dollar for dollar grant. The SLHD contribution will be made in the 2014/15 financial year.

QMB University of Sydney

The University of Sydney has commenced work on the refurbishment of the QMB as student accommodation. SLHD & RPA representatives continue in a liaison capacity to assist with the management of the site and to reduce the impact of the work in the RPA site.

PLANNING

Charles Perkins Centre (CPC) Clinical Research Facility (CRF)

Planning for the CRF is primarily complete with the next phase now substantially an Operations responsibility with Planning providing advice as requested. The legal documents are being finalised.

Child Health and Wellbeing Plan

Child Health planning has advanced in collaboration with Family and Community Services (FACS) and the Inner West Sydney Medicare Local. The planning has been undertaken within an integrated care and population health planning framework.

The Planning Unit drafted a Business Case for the Canterbury Child Health and Wellbeing service which may be submitted as an Integrated Care Project.

SLHD Strategic Plan Refresh

The draft Strategic Plan Refresh has been circulated widely within the District. The refreshed plan will be presented to the Board in August.

Primary Care and Charles Perkins Centre Clinical Research Facility

The Planning Unit has developed a half day workshop with the Medicare Local, the Charles Perkins Centre, clinicians involved in the CRF and executive from SLHD. The purpose of the workshop is to develop the primary care component of the Clinical Research facility Model of Care.

Concord Hospital Clinical Services Plan

The Planning Unit, in collaboration with the Concord Hospital, has commenced the process of developing a full Clinical services Plan for the redevelopment of the Concord Hospital; a planning study required for the capital process. It is a very significant piece of work involving consultations from every department in the hospital, the development of up-to-date activity

and future projections at the hospital and department level and planning to fully define and outline the future model of care for each department and for the hospital. Consultations will be undertaken from mid-August to mid-September.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

At the July Yaralla Estate Community Advisory Committee meeting a group of model aircraft enthusiasts presented to the committee. This was the first proposal for uses of the Estate to the Committee; more are to follow in later months. SLHD is hosting a Health Open Day at the Yaralla Estate on Saturday, 16 August 2014. The committee will be hosting a stall with information on future plans for the Estate and the Yaralla Estate Management Document will be made available for the public to discuss. The Yaralla Management Document will go out for consultation on Monday 11 August 2014 for 6 weeks.

SYDNEY RESEARCH

Key achievements of Sydney Research during this period include completion of,

- Sydney Research Communication Strategy
- Sydney Research Web site <http://sydneyresearchhub.com.au/>
- Sydney Research Strategic Plan 2014 -2019

These achievements signify important milestones in the formalisation of Sydney Research as a strong collaborative entity and further potentiate ongoing collaborative frameworks over a five year period.

Two key initiatives during the June/July period include the NHMRC launching of the Advanced Health Research Centre initiative and the OHMR NSW Research Hub Forum.

Advanced Health Research Centre

A call for submissions for recognition by the National Health and Medical Research Centre (NHMRC as an Advanced Health Research and Translation Centre) was launched in late July 2014. The NHMRC wishes to encourage the development of stronger collaboration on hospital campuses by formally recognising the best collaborating centres. Submissions are due 30 September 2014.

Sydney Local Health District in partnership with the University of Sydney, Medical Research Institutes and Affiliates is well placed to submit an application. An Executive AHRTC working group has been established, chaired by Dr Anderson and Prof Bruce Robinson. Consultant Michael Kitts, Price Water Cooper (Pwc) has been engaged to write, coordinate and project manage the application process.

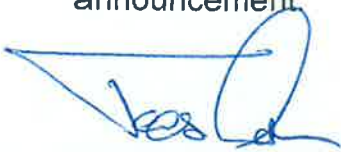
Dr Teresa Anderson has led a number of meetings between stakeholders from Central, Western and Northern hubs regarding a federated (collaborative) submission option. Stakeholders will progress individual hub submissions by 31 August with the aim of reviewing status and opportunity to submit a tripartite application by the 30 September. Regular stakeholders meetings will occur throughout August.

OHMR Research Hub Forum

The Forum was held on Tuesday 29 July 2014. The Minister launched the NSW Health and Medical Research Hub Strategy 2014 -2019, Promoting collaboration and research translation. Presentations were provided by field leaders including Dr Anderson and workshop activities undertaken on state-wide priorities such as genomics, bioinformatics, commercialisation and medical devices. The forum also provided an excellent opportunity to enhance networking amongst hubs including rural areas. An annual forum event is anticipated with targeted work area group meetings occurring throughout the year.

ORGAN DONATION

The Organ Donation for Transplantation Committee continues to meet on a monthly basis. Dr Maria Gomez presented on the work of Outcomes Australia at the last meeting. The Minister for Health and Minister for Medical Research will launch the SLHD Organ Donation for Transplantation Plan on 13 August 2014 and will announce the establishment of the clinical academic position to lead research and education in this area. Professor James May has been engaged to work with the District and the Ministry of Health on an enhanced clinical audit and analysis of hospital mortality data. The senior staff specialist/ academic position has been placed in the Mercury recruitment system for release following the Minister's announcement.



Dr Teresa Anderson
Chief Executive

11-8-14