
Sydney Local Health District

Thirty Sixth Meeting of the Board

Date: Monday 15 September 2014

Time: 9.00am - 11.00am

Venue: SLHD Boardroom

Chair: The Hon. Ron Phillips

1. Present and apologies

The Hon. Ron Phillips, Chair
Dr Teresa Anderson, Chief Executive
Dr Thomas Karplus, Member
Ms Victoria Weekes, Member
Mr Trevor Danos, AM, Member
Professor Paul Torzillo AM, Member
Mr Danny Lester, Member
A/Prof. Christine Giles, Member
Ms Frances O'Brien, Member

Apologies

Dr Barry Catchlove, Member
Dr John Daniels, Member
Mr David McLean, Member

In attendance

Dr Jean-Frederic Levesque, Chief Executive, Bureau of Health Information (9.00am – 9.37am)
Ms Madeleine Kitchener, GHMT
Ms Anna Mactiernan, GHMT
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

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

Presentation:

1. Bureau of Health Information (BHI), SLHD Visit

Dr Jean-Frederic Levesque, Chief Executive, Bureau of Health Information presented to the Board:

- BHI's purpose including accountability and inform efforts to improve
- The Garling Report
- New framework to measure performance
- NSW patient survey
- BHI reports
- Healthcare observer
- Annual Performance Report
- Hospital Quarterly
- Insights into care
- 30-Day Mortality: The five conditions in hospital and following discharge
- Patient Perspectives
- Spotlight in Measurement
- Data Matters
- Social Media
- Development areas

The Chair thanked Dr Jean-Frederic Levesque for attending the Board meeting and for the presentation.

3. Declaration of conflicts of interest

There were no conflicts of interest to declare.

4. Confirmation of previous minutes

4.1 Minutes 18 August 2014

The minutes of the Board meeting held on Monday 18 August 2014 were moved and seconded.

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

4.2 CE Report – August 2014

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

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

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the outstanding agenda items on the action sheet.

The Board noted the ED Activity report will be presented to the October 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:

- Work is continuing on documenting the non-acute activity
- Mental Health Costing study is going well
- Single room utilisation was challenging due to the increase in patient requiring isolation
- System issues are occurring with the Power Billing Revenue Collection (PBRC). A steering committee has been formed and meets fortnightly.
- The first draft of the feasibility study for the Concord Cath Lab should be available for the next meeting
- A copy of the document "Health Pathways Sydney August 2014" to be circulated to the Board.
- The month of July 2014 combined net result was \$4.37M unfavourable.
- The District remains at performance level zero
- Discussions occurred at the Performance Review with the MOH to remove the "burns" data.

The Board noted that the underlying performance had not been affected by the very busy period and wish to convey their congratulations to all the relevant staff.

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 – July 2014.

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

7.2.2 Selected Performance Indicators – July 2014.

The Board received and noted the Selected Performance Indicators for July 2014.

7.2.3 SLHD Financial and Activity

The Board noted the Financial and Activity report for the month ending 31 July 2014 was not available.

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. A tour of the building for the Board to be organised for next month.

7.3.2 Lifehouse

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

7.3.3 Macquarie International Private Hospital

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.

7.6 Facility Reports

(i) Balmain Hospital

The Board received and noted the Balmain Hospital facility report.

(ii) Canterbury Hospital

The Board received the Canterbury Hospital facility report. The Board noted and acknowledged the improvement in Canterbury Hospital.

(iii) Concord Hospital

The Board received and noted the Concord Hospital facility report. Dr Anderson advised the Board that Concord Hospital underwent an ACHS survey, fifteen standards in the week commencing 8 September 2014. The summation was very

positive with thirteen merits received.

(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. The Commonwealth will provide the funding for the additional chairs.

(vi) Mental Health

The Board received and noted the Mental Health Services report. The Inter District Agreement has been finalised.

(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 SLHD Information Communication Technology Strategic Plan 2014 - 2019

The Board received and noted the presentation by Dr Teresa Anderson on the Information Communication Technology Strategic Plan:

- Our vision
- Strategic themes
- Consultation outcomes
- Our organisation
- Our patients and carers
- Our services

- Our facilities
- Our community
- Our staff
- Our education
- Our research

The Board discussed and supported the SLHD Information Communication Technology Strategic Plan 2014 – 2019 with minor amendments:

- Useful to have four year high level contingency plan
- Two way patient and community engagement
- Need to consider the costs
- Keep maintenance up to date
- Costing study to be completed
- Value case needs to stronger
- Document to be forwarded to Ms Weekes for editing

The next step is the development of an implementation plan to be forwarded to the Board in a few months.

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 8 September 2014.

9.2 Education and Research Committee

The Board received and noted the minutes of the meeting held on 18 August 2014.

9.3 Communications Committee

The Board noted the next meeting is to be held on 15 September 2014.

9.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 16 September 2014.

9.5 Health Care – Clinical Quality Council

The Board noted the next meeting is on 24 September 2014.

9.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting held on 27 August 2014.

9.7 Medical Staff Council Executive Meeting

The Board noted the next meeting is to be held on 7 November 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 13 August 2014.

10.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

10.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 20 August 2014.

10.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 27 August 2014.

10.6 NSW Health / SLHD Performance Review Meeting

The Board noted that the meeting was held on 5 September 2014.

10.7 SLHD Innovations Group

The Board noted the meeting to be held on 29 August 2014 was cancelled.

10.8 Collaboration for Excellence Executive Steering Committee

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

10.9 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 22 July 2014. The Chair and the Chief Executive presented "Organ Donation for Transplantation in SLHD" to the meeting of the Council of Board Chairs on 12 September 2014.

11. Matters for noting

11.1 MoH Surgical Dashboard – July 2014

The Board received and noted the MOH Surgical Dashboard for July 2014.

11.2 SLHD Revised Organisation Chart

The Board received the revised SLHD Organisation Structure. Dr Anderson advised that this operational structure is working well.

11.3 SLHD Service Agreement 2014/15

The Board received and noted the SLHD Service Agreement 2014/15. The Chair advised that comments have been received in relation to the Performance Agreement and will be discussed with the Chief Executive.

12. Other Business

12.1 Board Membership on Board Committee

This agenda item was carried over to October 2014 meeting.

12.2 Resignation - Board Member

Mr Danny Lester advised the Board that he has been successful in obtaining a new position and will need to resign from the SLHD Board effective today. Mr Lester thanked the Chair, Chief Executive, Fellow Board Members and the SLHD team.

The Chair congratulated Mr Lester on the new appointment, thanked him for his contribution to our District and wished him well for his new venture and future career.

13. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 20 October 2014 at 9:00am – 11:00am in the SLHD Boardroom.

The meeting closed at 11:35am.



The Hon. Ron Phillips
Chair



Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

Rollout of the service contact form continues with ACC&R services going live on 1 September. Feedback has been positive from all users with a number flagging practical suggestions for inclusion in the next iteration (once the progress notes are included on the form in early 2015). Our Facility NAP Coordinators are currently testing the WebNAP extract from the service contact form in PowerChart to confirm it meets all NSW Health mandatory requirements.

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. IM&TD and the Performance Unit are continuing work on the Mental Health WebNAP / patient level extract with view to have finalised within coming weeks. This will again significantly increase our patient level reporting percentage.

All SLHD 2013/14 NAP data for our facility and service ambulatory clinics were reloaded and audited by 29 August 2014, meeting MoH deadline. This ensures the SLHD will receive appropriate NWAU/funding for the non-admitted services provided and more closely align the baseline for future target setting for NAP services.

Sub and Non Acute (SNAP) Update

A recent focus on SNAP data and accuracy (due to its impact on funding) has seen the Performance Unit assign a dedicated resource to this area to ensure it receives the level of ABM support required. A first step in this process was to conduct a gap analysis of SNAP collection and reporting across the District by engaging all key stakeholders (Facility SNAP Coordinators, Directors of Palliative Care, Clinical Director Aged Care). The main gaps identified across the District were:

- Need for clarification / understanding of the MoH SNAP Policy requirements and the SNAP care type definitions
- Need for clarification / understanding in identification of SNAP inpatient activity
- Need for better processes to ensure the Care Type change is communicated and documented
- Need for an eMR solution to facilitate collection of mandatory SNAP assessment data items
- Need for more FIM trained staff across the District to enable assessment of rehabilitation and GEM type patients
- Need for better processes to ensure SNAP data collection commences simultaneously to the SNAP care type change.
- Need for Pall care activity at RPAH to be appropriately classified and reported

Key progress to date includes:

- A District policy has been developed in draft - soon to be distributed for comment.
- Training conducted at RPAH with identified administrative staff to facilitate data reporting.
- Communications with palliative care staff at RPAH to assist to facilitate classification and reporting of palliative care data.
- A presentation on SNAP ABF by ABF Taskforce Manager was held at RPA on 18 August. Feedback was positive with attendees advising it was very informative and helpful in clarifying some matters they were unsure of.
- A similar presentation is to be held at Concord on 30 September. Canterbury Hospital staff have been invited to this session as well.
- Additional FIM training currently being coordinated at our facilities to increase the number of credentialed FIM staff.
- IM&TD have been engaged to review and develop appropriate eMR solutions to address issues which arose from gap analysis.

NWAU Activity against Target

In August, the SLHD advised the Ministry of how its agreed activity targets are to be flowed across the year for all streams (Acute, ED, MH, NAP & Sub-Acute). This is used in the monthly Health System Performance Report to track actual NWAU activity against target. The Performance Unit is currently working on further breaking down this information to track performance across Clinical Stream and Specialty level to allow greater monitoring of actual performance.

This information will be reviewed monthly in the STARS Executive Steering Committee, led by the CE, and feedback to GMs 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. Recognising the importance of feeder data to costing, the ABF Taskforce Costing Team has nominated RND 19 Costing to be the "State feeder data year" where the MoH will be working closely with all LHDs in collecting, standardising and sharing feeder data and extracts.

The Cost Centre Program Fraction Review Project was completed by all SLHD ABF facilities resulting in improved accuracy of allocating costs to the patient as part of clinical costing across all admitted and non-admitted services.

The SLHD Costing Team has also engaged the support of the ABF Taskforce Costing Team on developing a cost-model for our high cost services not adequately represented by

standard DRG weighting/costing. These include pelvic exenterations, liver transplants, renal transplants, cardiothoracic surgery and others. This will ensure our services and costs will be accurately reflected in the IHPA submissions as well as the ABM Portal which is available for benchmarking across the State.

IHPA Mental Health Costing Study

The collection of data from Concord Centre for Mental Health and its associated Community Services (older persons Mental Health (MH), 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. The first "Data Drop" is anticipated in about 2 week time (10 September 2014) and work continues to ensure we're able to meet these requirements.

The MoH has announced they will be holding a detailed Costing Study Workshop on 16 September for all sites in participation to allow further discussion and agreement on some of the data points currently collected and reported differently across the State. SLHD will be represented by Mental Health Information Manager, our District's Site Coordinator, as well as a member of the Performance Unit.

At present, SLHD has mapped 95% of the DRS fields (data reporting schema) to HIE. This will allow are more efficient means of extracting the required information for the study. Our file has been submitted to IHPA for confirmation.

Engagement by our MH clinicians continues to be 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. To further strengthen this, we have arranged another presentation by MoH and IHPA for the Croydon CH teams. Further updates will be provided as the study progresses.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of July, the proportion of number of patients using health insurance as a percentage of overall activity was 18.41%. This is dip from the LHD's previous month of 19.35%, but ahead of its result in July 2014 of 16.81%. RPA had its 3rd consecutive month above 20%.

Single Room Utilisation

In July 2014, 29% of all single rooms were taken up by private patients (down from 30% in June) and 42% of all private patients were accommodated in single rooms. The above results were achieved while there was an increase in all patients who were isolated for a clinical alert from 9.29% in June to 10.26% in July.

Revenue Enhancement Committee

RPA's free television offer to private patients is continuing, but closer monitoring of HTR staff's identification of private patients is underway. This will be managed weekly as opposed to recent monthly accounting.

The Steering Committee and the Project Control Group for the Concord Cath Lab initiative, have continued to meet regularly with clinical and financial modelling underway to assess feasibility. Capital Insight is currently preparing first draft of the feasibility study.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

The inaugural session of *The Pitch* was held at the Kerry Packer Auditorium on 22 August 2014. Twenty-one applications were received for the August intake of *The Pitch*. The event featured a cocktail style party, 6 pitches were presented to the panel, with 30 minutes deliberation from the panel. Over 150 people attended the Pitch. There was a good distribution of categories of staff from across the District.

The winning *Pitches* were announced on the night:

- **Pitch:** *Back to basics in Balmain's front yard*
 - **Presenter:** Michael Berbari (Acting Director Occupational Therapy, SLHD)
 - **Brief Description:** This innovation explores the establishment of a restorative and therapeutic garden for Balmain Hospital inpatients which will simulate normal every day activities and assist patients with a smooth transition to the community.
 - **Awarded:** \$33,000
- **Pitch:** *No time to pitch the tent – Catching up with best practice*
 - **Presenter:** Kate Watson (Senior Speech Pathologist, RPAH) in place of Amy Freeman-Sanderson (Speech Pathologist, Deputy Head of Department, RPAH)
 - **Brief Description:** This innovation confronts issues with dysphagia (an impairment to swallow function) and its contribution to the development of aspiration pneumonia. It addresses such challenges by promoting objective assessments using key equipment which will improve the patient experience and reduce cost.
 - **Awarded:** \$16,683

Dates have been scheduled for the next 3 pitch sessions – the next one being 21 November 2014. The marketing strategy continues with presentations at a number of HOD meetings, Grand Rounds, Clinical Council and promotional material is to be organised by the Media and Communications Team. Feedback from *The Pitch* has been very positive.

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

Clinical Redesign

2014 CHR Project (third intake)

The 'Combined Maternity/Endocrine outpatient service redesign project' at Canterbury Hospital commenced on 23 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
- re-direct women with GDM without complications to an alternative model of care.

The Project Management Plan is currently being refined for approval by the project steering committee, sponsors and the CE, SLHD. The project has commenced its Diagnostic Phase where a number of focus groups, patient and staff interviews and analysing data sets will be conducted

2014 CHR Projects (second intake)

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

- Project Management Plan for the project was endorsed by the CE, SLHD in June 2014
- As the team intend to publishing results and due to the high vulnerability of the patient group, the project is considerable delayed. Ethics approval is sought for patient and staff interviews and the ethics committee continues to provide further comments on the questions to surveys etc proposed by the project team. The project is therefore still between Diagnostic and Solutions Phase.
- 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: 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 and Implementation Plan for the project
- The project has just commenced the Implementation 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: aimed at reducing the day of surgery cancellations, achieve the benchmarks, also reduce number of patients required to attend the Pre Admission Clinic, reduce wait times and improve pre-admission experience.

- The Project has finalised the Implementation Planning Phase of the project and is progressing steadily.
- Implementation Planning A3 Report to be submitted at the next project steering committee, for endorsement by sponsors and then the CE, SLHD

Review of current practice in Lymphoedema service in the Sydney Local Health District: aim at evaluating 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 Solutions Report has been finalised and is currently being reviewed by key Sponsors before submission to the CE, SLHD.
- The project has commenced the Implementation Phase where prioritisation of solutions will be done.

Accelerating Implementation Methodology (AIM)

Next AIM course is scheduled in November 2014

HealthPathways Sydney

Workgroups

In August the HPS team re-engaged with the LHD's Diabetes services to undertake their second workgroup activity. With the meeting focused on identifying how the various services function and are accessed the workgroup was able to identify areas of commonality and specialism that will allow for clear referral and condition management options. For more information see the workgroup summary sheet attached.

Objectives for the remainder of 2014 will be to commence workgroup activities for the following services and conditions:

- Occupational Therapy 9 September 2014
- Lung Cancer 11 September 2014
- Dermatology Date TBC
- Heart Failure Date TBC
- COPD Date TBC
- Renal
- Podiatry
- Nutrition Services

For more information on SLHD services and their involvement with HealthPathways see the attached Streams and Services engagement information.

Pathways

To date the development of 209 clinical, requesting and information pathways have been initiated and presently we have:

- Complete and accessible 35
- Localising (from other HP regions) 135
- New Pathways 37
- Undergoing further review 1

Compared with other HP regions we are slightly behind in the number of completed pathways, Western Sydney had approximately 50 pathways five months post 'going live'. But in comparison with Western Sydney, Barwon and Central Coast we are approximately 100 draft pathways ahead (the majority are entering final stages of review such as Haematology, Palliative Care, Drug and Alcohol, Mental Health, Antenatal Shared care, Elective Orthopaedics).

Live site usage

Work has commenced with the other NSW HP regions and the ACI to establish a Google analytics dashboard to allow each regions live site usage data to be shared for the purpose of benchmarking and identification of strategies to improve usage. Locally our live site continues to attract new users, 26% of users for the period identified in the attached reports are users using previously unidentified IP addresses.

Evaluation

The HPS Research and Evaluation Committee sat for the second time and further explored the requirements and aims of the Healthpathways Sydney evaluation strategy. There is agreement on the five domains of evaluation:

- Defining objectives
- Work group effectiveness and effect upon culture
- Pathways as changers of process
- Outcomes to the system
- Impact of pathways as a tool and as a process

With workgroups identified as the first area for evaluation. It is proposed that this will be undertaken in collaboration with Sydney Catalyst with a focus on the dynamics and relationships of participants to the Workgroup process.

Service Directory Integration

The Team has had further development talks 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.

FINANCIAL PERFORMANCE

2014/15 Budget

Three Roadshows were held on 28 July 2014, 31 July 2014 and 1 August 2014 across facilities to cover local presentations of the 2014/15 Budget.

Consistent with the Service Agreement between the Secretary NSW Health and SLHD:

- The SLHD Service Agreement was signed on 31 July 2014 by the SLHD Board Chair and Chief Executive and placed on the SLHD Website.

URL: http://www.slhd.nsw.gov.au/pdfs/service_agreement.pdf

Report

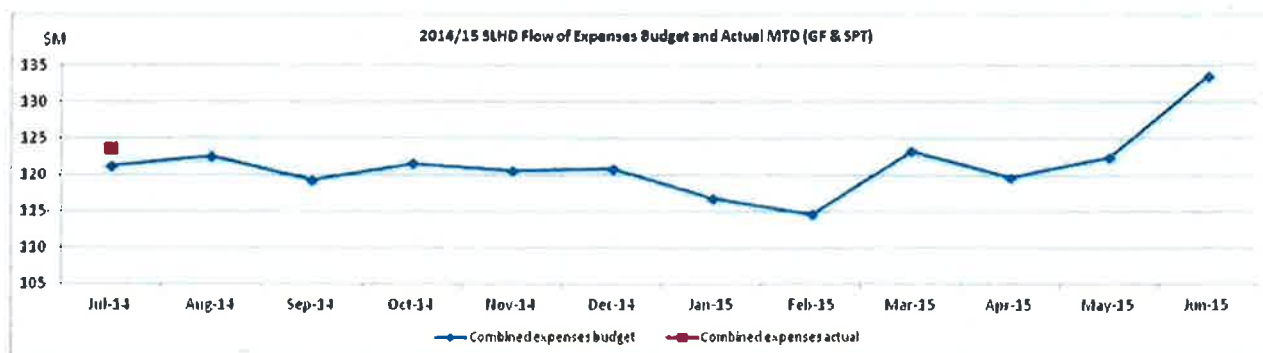


- The Budget Activity and FTE Targets by Facility and Service were placed on the SLHD Website. URL: <http://www.slhd.nsw.gov.au/budget.html> on 31 July 2014.
- Budgets by Facility were loaded into SMRT on 31 July 2014.

The month of July 2014 Combined Net Result was \$4.37M unfavourable to budget.

The following graph and table show Combined GF and SP&T Expenses Budget monthly flow using the predictive tool for 2014/15 along with actual.

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	YTD Jul-14
Combined expenses budget	121,271	122,509	119,225	121,576	120,612	120,881	116,775	114,601	129,268	119,696	122,450	133,563	121,271
Combined expenses actual	123,744												123,744
Variance (+ Fav, - Unfav)	(2,473)												(2,473)
% of Budget	8.33%	8.41%	8.19%	8.35%	8.26%	8.30%	8.02%	7.87%	8.46%	8.22%	8.43%	9.17%	
YTD budget expended	8.33%	16.74%	24.96%	33.27%	41.55%	49.85%	57.87%	65.74%	74.20%	82.42%	90.85%	100.00%	



The District is working closely with the Ministry's Deputy Secretary Population Health to support development of an Activity Based Funding model for oral health services. MoH comments on the draft report have been received and a final report will be issued shortly

General Fund MTD & YTD Net Cost of Service

For the month of July 2014 the Net Cost of Service result was \$3.657M unfavourable, comprising a \$2.242M unfavourability in expenditure and a \$1.415M unfavourability in Revenue (including Other Revenue).

The unfavourable Expense result for the month of July 2014 was mainly from Employee Related (\$5.046M), VMO payments (\$0.416M) and RMR (\$1.491M) more than offsetting the favourability in Goods & Services \$4.389M.

For the month of July 2014 the Employee Related expense was (\$5.046M) unfavourable. It was mainly in Salaries & Wages (\$1.937M) and Long Service Leave Provision (\$3.425M), due to a 2.27% award increase payable from July 2014 which includes ongoing monthly and once off impacts. RMR was \$1.491M unfavourable in July 2014 associated with RPA Hospital securing five service contracts of \$1.3M with GE Healthcare, AGFA Healthcare, Draeger Medical and Philips Electronics.

For the month of July 2014, the unfavourable Revenue result was largely in Patient Fees (\$1.124M), User Charges (\$1.665M), Interest Revenue (\$0.209M) and Other Sources of Revenue (\$0.181M).

SP&T MTD & YTD Net Cost of Service

The month of July 2014 Net Result was \$0.718M unfavourable to budget. Expenditure was \$0.231M unfavourable and Revenue including Other Revenue was \$0.486M unfavourable.

Liquidity

The District had \$0.001M creditors over 45 days as at 31 July 2014 and is associated with HealthShare taking an invoice off hold after the payment date. The District achieved 96% compliance (91 out of 95 payments) with the NSW Government target for payment of small vendor creditors within 30 days for the month of July 2014.

The cash balance at 31 July 2014 for the Operating bank account was \$1.833M (SLHD \$1.754M and re-pointing of HRTO-SSW \$0.08M) and the Operating Cash book balance was \$2 M (SLHD \$2 M and re-pointing of HRTO-SSW \$0).

Capital Works

CAPDOHRS PROJECTS

The District's Full Year Capital works budget as at July 2014 is \$0.500M comprising \$0.500M of MoH funded and zero of locally funded projects. Actual expenditure as at YTD July 14 was nil.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

For July FYTD 2014 acute same day separations for SLHD are up 7.73% compared to the same FYTD period last year. Balmain now has a years' worth of data for the Hospital in the Home service at the General Practice Casualty Unit and the variation from last year is 0%. IRO is experiencing greater acute activity for July 2014 than in 2013.

Same day separations for RPA has a 19.46% increase for the month of July 2014 compared to 2013. RPA also continues to have increased acute activity at 6.35% above last year.

Hospital in the Home data for 2013 is still unavailable 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 July 2014 compared to 2014 with a slight increase at RPA.

The Total Average Length of Stay (ALOS) for SLHD for FYTD July 2014 is 3.33 days from 3.64 in 2013. Balmain's ALOS is down to 3.19 days which is a 8.4% decrease from the FYTD period for 2013.

NEAT

The overall NEAT performance for SLHD has improved by 8.13% since July 2013. The month of July 2014 NEAT achievements for SLHD is 67.56%. July was a very difficult month for all the hospitals due to the significant impact of the flu.

ED Triage

Canterbury hospital achieved all triage categories for the month of July 2014. RPA and Concord did not achieve the targets for triage category 2 and 3 and Concord did not achieve category 3 in July 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 is at 100% and 0,0,0 for July 2014 FYTD in all categories.

Transfer of Care

The target of 90% for transfer of care was not met in July 2014. The percentages for Canterbury, Concord and RPA respectively were 86.60%, 87.42% and 68.88%. SLHD has decreased on its FYTD percentage by 5.95% from 2013 and currently is 77.78%.

Quality and Safety

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for July 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 during April 2014. Concord was an outlier on the Staphylococcus aureus bloodstream infections (SABSI) funnel plot this was contributed to by a couple of burns patients and others (which if the burns patients were excluded would not be an outlier). Discussion in relation to the reporting of this indicator is continuing with the MoH.

Workforce

The premium staff usage has increased in July for medical staff and nursing compared to the same period last year, whereas allied health has decreased usage. Nursing agency staff increased over last month by 31.8% or 25.1 FTE and increased 86.8% or \$412K in expenditure. Nursing casual staff increased by 12.1% or 18.3 FTE and increased 64.3% or \$721K in expenditure over the last month. This is primarily due to increased activity.

The sick leave for SLHD has decreased from 5.0 hours/FTE to 2.9 hours/FTE above the target in July 2014.

CAPITAL WORKS

North West Precinct

Defect inspections by District staff have commenced with inspection of the Ground Floor complete. Quality of the finished product has been high.

Concord Translational Research Facility

Tender is under review. Forecast completion remains at June 2015.

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. 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.

A recent incident involving a piece of concrete falling from the worksite onto the road way into the Child Care Centre was investigated by FDC (managing contractor), RPAH WH&S and Workcover. Procedures on site have been updated and reviewed. Currently awaiting the final Workcover report.

SLHD Aged Care Network

The District has been successful in obtaining \$6.4 million over three sites for the SLHD Aged Care Network. \$100K will be used for planning at CRGH, \$1 million to renovate the former Palliative Care Unit at Canterbury for Sub Acute Aged Care Inpatient services and the remainder will be used for a Capital upgrade of the inpatient units at Balmain to provide bariatric and single/ isolation rooms.

PLANNING

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

The Planning Unit organised a half day workshop for 55 participants, including primary care providers, CRF academics and senior RPA clinicians on "Primary Care, General Practice and the CRF". The workshop aimed to develop the primary care links and models associated with the CRF. The key aim was to commence the process of developing a CRF research "node" or group associated with academic general practice, the broader primary care, including allied health. The workshop also canvassed issues associated with Aboriginal access and equity and the whole concept of population health "upstreaming" (starting at the clinical perspective and moving to a broader population health perspective). The three workshops were on "Equity in the CRF", "Primary Care Models for the CRF", and "What will success look like for the CRF?" The outcomes of the workshop will be considered by the CRF Steering Committee.

Planning has also continued to provide advice during the development of the CRF Business Case.

Child Health and Wellbeing Plan

Child Health planning has advanced in collaboration with Family and Community Services (FACS), Department of Education and the Inner West Sydney Medicare Local. The Planning Unit has developed a Child Health Framework and Outcomes document which will be used as the basis for a stakeholder workshop/consultation for about 100 NGO, stakeholder and community groups in mid-October.

The Child Health and Wellbeing Plan, or its core strategies, will feature in the NSW Premiers and Cabinet Regional Action Plan.

SLHD Strategic Plan Refresh

The refreshed Strategic Plan, with amendments, will be forwarded to Media and Communications for design and printing.

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 commenced in mid-August.

Review of the Guide to Role Delineation

NSW Ministry of Health has invited the Planning Unit to participate in revising the Role Delineation guide.

Advanced Health and Translation Research Centre (AHTRC)

With the District's decision to apply for recognition as an AHTRC, The Planning Unit has been involved in a series of discussions and meetings to develop the draft submission.

ICT Plan

The SLHD ICT plan draft has now been completed for consideration of Clinical Council and the Board.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

In August the SLHD Yaralla Estate Health Open Day was held. It was a successful day with approximately 30 health promotion and information stalls. Suggestions from the public were given for uses / improvements to the Estate. The possibility of approaching the Concord Farmers Markets was discussed at the August Yaralla Estate Community Advisory Committee meeting as well as linking the Kokoda Track and the pathways around Yaralla. Preliminary discussions are occurring with the appropriate bodies. The Yaralla Estate Management Document was released for community consultation. Feedback is open until 30 September 2014.

SYDNEY RESEARCH

Key areas of progress for Sydney Research during this period relate to the NHMRC Advanced Health Research and Translation Centre (AHRTC) and the OHMR NSW Research Hub Council.

Advanced Health Research Centre

The Executive AHRTC working group, chaired by Dr Anderson and Prof Bruce Robinson has developed draft versions of each criteria section including collation of top 20 CV's of SLHD Health Leader Researchers. Members of this group include SLHD and Sydney Research partners.

A number of joint meetings have been held with key stakeholders from the University of Sydney, Medical Research Institutes, Western (including Westmead's Children Hospital) and Northern SLHD's Hubs. In late August, agreement was reached by all stakeholders to proceed with a joint submission under the proposed name "Sydney Health Partners".

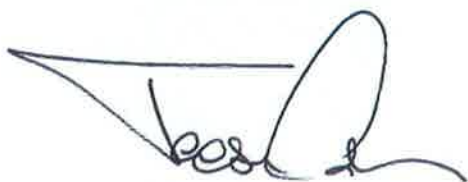
Criterion working groups have been established to develop and interweave existing drafts into one submission. Working groups will use the USyd SPACRS plus model as a framework which brings together historical and strategic partnerships. This is not to the exclusion of works that fall outside the SPARCs model, rather a common framework that can be added against as required. A proposal regarding governance arrangements has been distributed and progressed through leaders in partner organisations. Working/writing groups will be held on Saturday 6, 13 and 20 September to finesse the submission by due date 30 September 2014.

OHMR Research Hub Council

As a result of the OHMR Research Hub Forum held 29 July 2014, a NSW Research Hub Council has been established to oversee implementation of state priorities outlined within the NSW Health and Medical Research Hub Strategy 2014 -2019. The inaugural Hub Council meeting is anticipated to occur in mid-September 2014. Representation from Sydney Research includes The CE SLHD as the Chair of the Sydney Research Hub and an additional representative from Sydney Research. Nominations have been requested and due by early September.

ORGAN DONATION

The Organ Donation for Transplantation Committee continues to meet on a monthly basis. The Minister for Health and Minister for Medical Research launched the SLHD Organ Donation for Transplantation Plan in August 2014 and displayed it during the recent parliamentary estimates. A monthly mortality review meeting has been re-established. A meeting occurred with members from the Ministry of Health and SLHD regarding enhanced clinical audit and analysis of hospital mortality data. The Director of the new Organ Donation for Transplantation Unit and Clinical Academic has been advertised.



Dr Teresa Anderson
Chief Executive