
Sydney Local Health District

Thirty Seventh Meeting of the Board

Date: Monday 20 October 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
Ms Victoria Weekes, Member
Mr Trevor Danos, AM, Member
Professor Paul Torzillo AM, Member
A/Prof. Christine Giles, Member
Ms Frances O'Brien, Member
Dr Barry Catchlove, Member
Dr John Daniels, Member
Mr David McLean, Member

Apologies

Dr Thomas Karplus, Member

In attendance

Dr Tim Sinclair, General Manager, Concord Repatriation General Hospital
Ms Deborah Willcox, Acting Director of Operations/General Manager, RPAH (9.00am-9.55am)
Ms Debbie Flood, Director, Capital Asset and Contract Services, SLHD (9.00am-9.55am)
Associate Professor Martin Gallagher, Director Renal Division, George Institute (9.15am-9.55am)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

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

Following a "walk around" of the new Mental Health Facility, Dr Anderson acknowledged the outstanding work Ms Debbie Flood and her team have achieved with this project.

The Chair advised Ms Flood that this project is a credit to you and your team and a letter of congratulations to be written from the Board.

Dr Anderson also advised the Board that the SLHD has been cleared of the three Yaralla matters referred ICAC.

3. Declaration of conflicts of interest

There were no conflicts of interest to declare.

4. Confirmation of previous minutes

4.1 Minutes 15 September 2014

The minutes of the Board meeting held on Monday 15 September 2014 were moved and seconded with the following amendments:

Agenda Item 7: Chief Executive's Report, third dot point should read:

"Single room utilisation was challenging due to the increase in patients requiring isolation"

Agenda Item 8: SLHD Information Communication Technology Strategic Plan, Minor amendments, Last dot point should read

"Document to be forwarded to Ms Weekes for comments"

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

4.2 CE Report – September 2014

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

The Chair then declared that the CE Report for September 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 KPIs have been reworked for the NGOs annual activity reports and the correspondence has been circulated. This item can be removed from the action sheet.
- The Board minutes review is resolved and can be removed from the action sheet.
- Organ Donation meetings are continuing and recruitment is occurring. This agenda item can be removed from the action sheet.

- The Health Pathways document was circulated to members. This agenda item can be removed from the action list.
- The tour of the North West Precinct was held this morning. This agenda item can be removed from the action list.
- The ICT plan was circulated to Ms Weekes and Ms Giles for comments. A meeting is set to discuss. This agenda item can be removed from the action sheet.

5.2 Report on Emergency Department Activity at RPAH and within the SLHD: a review of current activity and factors driving hospital admission

At 9.15am the Chair invited Associate Professor Martin Gallagher to join the meeting.

The Chair welcomed Associate Professor Martin Gallagher to the meeting.

The Board received and discussed this report followed by questions and answers. A brief is to be prepared for the Board in response to this report.

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:

- NWAU Activity against targets remains an issue due to the recruitment of and maintaining Coders. Processes to alleviate this issue include increase in grading and running accredited courses through the Centre for Education and Workforce Development. Courses for Health Information Managers will commence next year.
- The draft submission for Round 18 ^{roosting} is mid October.
- Private insurance usage for RPAH has increased to 21.23%
- Single room utilisation declined in August due to the high rates of flu.
- No further advice has been received from the Commonwealth concerning co-payments.
- The District remains at performance level zero.
- The Auditor General's Report is due at the end of the month.
- Sick leave for the District has increased from 2.9 hours/FTE to 4.3 hours/FTE above the target in August 2014.

- A brief will be provided at the next meeting concerning the Charles Perkins Centre Submission for Integrated Care.
- The Yaralla Estate Management Plan closed for consultation on 30 September 2014. The Inner West Neighbour Aid – Community Gardens includes professional and experienced people to run the garden with the assistance of volunteers through a Memorandum of Understanding with the District.

7.1 Finance and Performance Reports

7.1.1 SLHD Board reporting pack – August 2014.

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

7.1.2 Selected Performance Indicators – August 2014.

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

7.1.3 SLHD Financial and Activity

The Board noted the Financial and Activity report for the month ending 31 August 2014.

7.2 Project updates

7.2.1 North West Precinct

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

7.2.2 Lifehouse

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

7.2.3 Macquarie International Private Hospital

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

7.3 Capital Works Report

The Board received and noted the capital works report.

7.4 Clinical Governance Report

The Board received and noted the clinical governance report. The Board discussed their role in relation to Clinical Governance matters, SAC 1s and the substance of a quarterly report on a particular clinical issue/topic. The Chair will discuss this matter with the Chief Executive.

7.5 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.

(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) Tresillian

The Board received and noted the first report for Tresillian. Dr Anderson advised the Board that a Board meeting will be held on site at Tresillian with a presentation from the Executive in the new year.

- (xii) Lifehouse

The Board received and noted the Lifehouse report.

8. Matters for approval / resolution

- 8.1 Brief re Proposal to formally name a program and meeting rooms in the Professor Marie Bashir Centre

The Board received the brief concerning the naming of the Eating Disorder Service and the meeting rooms in the Professor Marie Bashir Centre. The Board supported this request subject to consultation with Dame Marie Bashir and Mrs Mary Maddison.

- 8.2 Amendment to the SLHD Delegations Manual

Recommendation 1: Establish a specific delegation for the Director of Finance of "Up to \$200,000" for purchase of goods and services with verbal, (to be confirmed in writing) text or e-mail concurrence from CE".

Recommendation 2: The condition on the Director, Operations delegation that "Co signature must be obtained from column 1" be revised to verbal, (to be confirmed in writing) text or e mail concurrence from CE".

Recommendation 3: Write off of bad debts other than patient fees and payroll overpayments be amended in line with patient fees – write off, reduce, or remit, per admission of up to \$2,000 for Director of Finance and over \$2,000 for Chief Executive.

The Board endorsed the recommendations contained in the brief to amend the SLHD Delegations Manual.

- 8.3 SLHD Mental Health Strategic Plan 2014 -2019

The Board received and noted the SLHD Mental Health Strategic Plan 2014 -2019. The Board endorsed the Mental Health Strategic Plan with minor amendments.

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 13 October 2014.

- 9.2 Education and Research Committee

The Board noted the next meeting is on 20 October 2014.

- 9.3 Communications Committee

The Board received and noted the minutes of the meeting held on 15 September 2014.

9.4 Audit and Risk Committee

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

9.5 Health Care – Clinical Quality Council

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

9.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 22 October 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 10 September 2014.

10.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

10.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 17 September 2014.

10.5 Revenue Enhancement Development Committee

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

10.6 NSW Health / SLHD Performance Review Meeting

The Board received and noted the minutes of the meeting held on 5 September 2014.

10.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 26 September 2014.

10.8 Collaboration for Excellence Executive Steering Committee

There was no meeting held in September 2014.

10.9 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 26 August 2014.

11. Matters for noting

11.1 MoH Surgical Dashboard – August 2014

The Board noted the MOH Surgical Dashboard report for August 2014 was not available.

11.2 Audit and Risk Committee Report to the Board for June – September 2014

The Board received and noted the Audit and Risk Report.

11.3 Advanced Health Research and Translational Centre Submission September 2014 Covering Letter

The Board received and noted this correspondence. The Chair congratulated the Chief Executive for taking the leadership role and co-ordinating the three Local Health Districts, Universities and Research Groups to complete this submission. A letter of thanks from the Board will be sent to the Committee members.

12. Other Business

12.1 Board Membership on Board Committee

The Chair advised the Board this agenda item will be discussed following the appointments and reappointments of the Board members

12.2 Brief - Establishment of Primary Health Networks

The Board received this correspondence via email for noting only.

13. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 16 November 2014 at 9:00am – 11:00am in the SLHD Boardroom.

The meeting closed at 11:30am.



The Hon. Ron Phillips
Chair

17/11/2014

Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

Rollout of the service contact form continues with more services going live on 1 October, 2014. Feedback remains positive with a small 'improvement' log submitted through to IM&TD for consideration and adoption. The testing of the WebNAP extract from the service contact form in PowerChart was completed by facility NAP coordinators and judged to meet NSW Health mandatory reporting requirements for ABF.

Work progresses 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. With the inclusion of our aged care and community health services as part of the in-scope ABF services this financial year, SLHDs percentage remains at over 60%; IM&TD and the Performance Unit are very confident of achieving the 100% target in advance of the deadline.

Sub and Non Acute (SNAP) Update

The District's focus on SNAP data and accuracy (due to its impact on funding) continues with the District Care Type policy working its way through final stages of approvals before being published. Dedicated training has been conducted at RPAH, CRGH and Balmain with a further session to be scheduled for Canterbury following their Accreditation (National Standards) week. These sessions are aimed at facilitating reporting across all ward areas – not only the designated sub-acute wards/beds.

An additional presentation on SNAP ABF by ABF Taskforce Manager Sharon Smith was held at CRGH on 29 September following very positive feedback from the first session held at RPAH. The session was well attended by both CRGH and Canterbury staff and all reported afterwards that it was very informative and helpful in clarifying issues they had been unsure of.

The Performance Unit has taken carriage of the SNAP eMR project in consultation with IM&TD. The SNAP eMR project aims to improve on the current paper-based process of capturing the AN-SNAP data which is seen as lengthy, inefficient and archaic. It has been recommended that this information be recorded in the eMR and as such we will be developing the NSW Health SNAP forms in the eMR. However, as the data cannot be electronically transferred to Synaptix, there will still be a requirement for the business to develop a process that ensures this data is entered into Synaptix in the required timeframe. Recording it in the eMR however will enable clinical decision support functionality such as alerts and reminders e.g. when the service category is changed to Rehab a message to complete a FIM (Functional Independence Measure) form is created and as such a much improved system / process for our clinicians and staff.

NWAU Activity against Target

Although the State reports a -3.0% variance against our acute activity target at the end of August, there is still a large volume of uncoded records for July/August (principally at RPAH and CRGH due to staffing issues) which is impacting on overall result on this dashboard. The facilities are busy working on finalising coding for August to give the District a more accurate indication of activity vs performance. Further (more detailed) analysis to be conducted once August coding is complete; however, it would be premature at this time to conduct specialty-level reviews to identify 'true' issues or service change requirements with only 1-2 months of completed data. The Performance Unit will

continue to monitor and analyse the activity and NWAU and then work with each facility to determine any changes to improve performance and also those issues to be escalated to Chief Executive / Director Finance.

Clinical Costing Update

The draft submission for Round 18 is mid-October. The results of this draft submission will allow SLHD to review data and refine the process prior to the final deadline for the full year Round 18 NHDC DNR which is Friday, 14 November 2014. The Costing Team remains confident of having work completed in time. Work continues with the Imaging and Cardiovascular Streams to extract patient level data for the cardiac catheter lab including high cost prosthetics. An initial data feed has been received and is in the process of being reviewed and refined. This will allow for improved patient level costing for these patients.

The ongoing Surginet implementation across the SLHD will also ensure theatre prostheses data will be able to be extracted at a more accurate patient level moving forward. Currently Surginet has been implemented at Concord and Canterbury and will be implemented at RPAH once the prosthesis module is fully implemented at the other two sites.

The Performance Unit and the various Medical Imaging Departments (Radiology, PET & Nuclear Medicine) have been working on mapping local medical imaging service codes to NSW Standard Service codes so that SLHD medical imaging services costs can be compared to other LHDs and development of relative values units (RVUS) for use in the costing of medical imaging services to improve medical imaging costings.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of August, the proportion of patients using health insurance as a percentage of overall activity rose to 19.36%. The LHD had the most private patients yet with 2,596 privately insured discharges. This is an increase from the LHD's record in previous months of 19.35%, and further ahead of its result in August 2013 of 17.65%. RPA had its 4th consecutive month above 20% with its new record result of 21.23%.

Single Room Utilisation

In August, 26% of all single rooms were taken up by private patients and 36% of all private patients were accommodated in single rooms. This is a dip from July's results, but could be due to an increase in patient activity and the subsequent pressures this puts on single room utilisation.

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. There has been an increase in private patients identified due to the free television offer.

The HCF arrangement is still in discussion stage. The District is continuing to work with The George Institute, HCF and Telstra on the integrated care program. A meeting is currently being arranged with the Chief Executive of HCF to discuss the principles on a project with them around integrated care.

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 has finalised the first draft of the feasibility study to be presented to the steering committee.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

Preparation has commenced for *The Pitch* November session which is to be held at the Concord Medical Education Centre on 21 November 2014. The event will feature a cocktail style party, 5-6 pitches will be presented to the panel, with 30 minutes deliberation from the panel. The winning *Pitches* will also be announced on the night. The Marketing strategy continues with promotional material to be organised by the Media and Communications Team.

Preparation for the SLHD Innovation Symposium has also commenced with the Innovations Group reviewing options for 2015.

Clinical Redesign

2015 CHR Program (first intake)

Centre for Healthcare Redesign (CHR) Program applications have opened for 2015.

2014 CHR Project (third intake)

The 'Too long to Wait' Project (previously named 'Combined Maternity/Endocrine outpatient service redesign project) at Canterbury Hospital commenced on the 23rd July.

The project is a collaboration between the SLHD and the Inner West Sydney Medicare Local. It aims to improve the quality and continuity of care provided to women with gestational diabetes or Type 2 diabetes in the antenatal outpatient clinic at Canterbury hospital and primary health care setting.

The Project Management Plan is awaiting final endorsement by the CE, SLHD.

The project continues with the Diagnostic Phase where a number of focus groups, patient and staff interviews and analysing data sets are being 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.

- Ethics approval has been granted for patient and staff interviews. The project team are aiming to fast track their Diagnostic and Solutions Phase..
- The project team have reviewed their timelines and tasks to address this change.

Increase breast screening participation rates in SLHD: aimed at increasing the screening participation of target age women in SLHD to 55% over a four year period. The project is in the process of implementing changes – Implementation Phase.

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, achieving the benchmarks, also reducing the number of patients required to attend the Pre Admission Clinic, reducing wait times and improving pre-admission experience. The project is in the Implementation Phase.

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. The project is in the Implementation Phase.

Accelerating Implementation Methodology (AIM)

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The next AIM course is scheduled in November 2014. Accreditation for AIM trainers will also occur in November 2014 and preparation has begun for AIM 2015 dates and trainers.

HealthPathways

Workgroups

A further two workgroups were undertaken in September 2014, Occupational Therapy (OT) and Lung Cancer. The aim of the OT workgroup was to identify access to service, and to develop pathways for lymphoedema. The workgroup for lung cancer was conducted in collaboration with Sydney Catalyst. The aim is to use the model developed locally and to possibly adapt that model for all metro NSW regions. The workgroups were of particular interest as we introduced the concept of messy mapping to the process as a way of determining participants understanding of the patient journey/scope of service. The lung cancer workgroup was also a test run of identifying a methodology for evaluating the effect and contribution of the workgroup process. We are being supported in this by Dr Ken Chung from the University of Sydney who has a special interest in network models.

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

- Dermatology October 2014
- Heart Failure
- COPD
- Renal
- Podiatry
- Nutrition Services

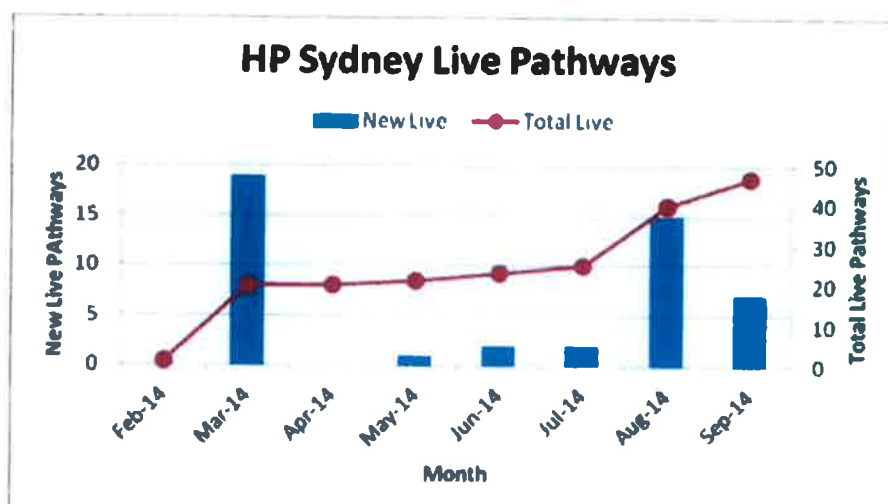
For more information on SLHD services and their involvement with HealthPathways see the attached Streams and Services engagement information.

Pathways

To date the development of **269** clinical, requesting and information pathways have been initiated and presently we have:

Complete and accessible 46

Localising (from other HP regions) 183
New Pathways being developed 40



Report



Of the 223 pathways currently in draft, 38 are currently in final review stages and will go live by 31 October 2014.

Evaluation

The Program Team is progressing work to survey IWSML affiliate General Practitioners (GPs) on their knowledge of HealthPathways via a survey being issued in early October. The survey will also provide GPs the opportunity to identify priorities of work for the Program Team.

Service Directory Integration

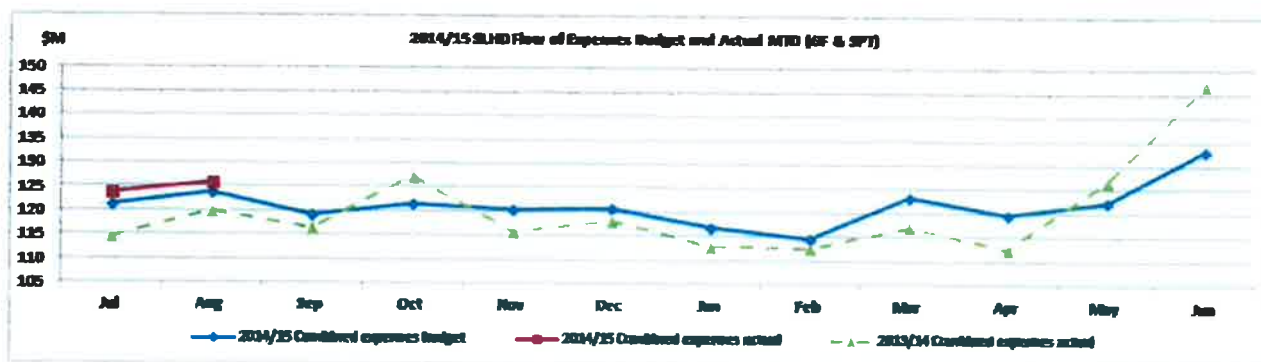
Along with HealthDirect Australia (HAD) we have undertaken a gap analysis of the current service directory available to the IWSML.

FINANCIAL PERFORMANCE

The month of August 2014 Combined Net Result was \$7.433M unfavourable to budget. This result was impacted by the HACC revenue accrual of \$0.808M. After adjusting for this accrual the Combined Net Result for the month of August 2014 was \$6.625M unfavourable.

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	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Avg-14
2014/15 Combined expenses budget	121.271	123.789	119.295	121.594	120.484	120.794	116.796	114.580	123.249	119.686	122.409	133.078	245.060
2014/15 Combined expenses actual	123.744	125.932											249.654
Variance (+ Fav, - Unfav)	(2,473)	(2,143)											(4,594)
2013/14 Combined expenses budget	114.989	120.883	118.698	120.279	119.227	117.438	112.488	111.887	115.487	118.685	123.643	148.348	1408.672
2013/14 Combined expenses actual	114.648	119.676	118.483	127.282	118.987	118.888	112.929	112.888	117.294	112.421	121.887	148.788	1401.827
% of Budget	8.32%	8.90%	8.38%	8.35%	8.27%	8.29%	8.02%	7.86%	8.46%	8.27%	8.40%	9.13%	
YTD budget expended	8.32%	16.82%	25.00%	33.35%	41.62%	49.93%	57.92%	65.79%	74.25%	82.46%	90.87%	100.00%	



Drivers of short term unfavourability

Repairs, Maintenance and Renewals

- The District met a large number of annual maintenance service contract expenses in the initial two months of 2014/15 for clinical equipment. As a result RMR expenditure for the first two months of 2014/15 is \$1.936M more in the first two months of the prior year and \$1.152M above the 2013/14 average monthly spend. This is a timing issue and is expected to flatten out in October and November 14.

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Activity related expenditure

- SLHD has experienced a significant increase in acute activity during the first two months of 2014/15 that has resulted in expenditure beyond planned levels and beyond prior year levels.
- Heightened activity during the winter season has led to pressures in associated cost areas of salaries and wages, penalties shift, overtime, total expenses and some of the percentage increase relates to the 2.27% Award escalations with the remaining elements linked to patient demand.

The District is working closely with the Ministry's Deputy Secretary Population Health to support development of a state-wide Activity Based Funding model for oral health services. An initial report has been completed by KPMG. Agreement has been reached to conduct some further in depth costing analysis.

General Fund MTD & YTD Net Cost of Service

For the month of August 2014 the Net Cost of Service result was \$3.380M unfavourable comprising a \$1.377M unfavourability in expenditure and a \$2.002M unfavourability in Revenue (including Other Revenue). The unfavourable revenue result is impacted by \$0.81M for HACC revenue that was not accrued at the end of the month and issues related to the roll out of PBRC.

The District remains confident that it will achieve an on budget result by the end of the financial year with the strategies that are in place to address both expenditure and revenue.

The unfavourable Expense result for the month of August 2014 was mainly Employee Related \$1.739M and VMO payments \$0.494M. This was offset by favourable results for Goods & Services \$0.014M, RMR \$0.341M and Depreciation expense \$0.381M.

Employee Related expense for the month of August 2014 the was \$1.739M unfavourable, mainly related to unfavourable variances in Salaries & Wages \$0.728M, overtime \$0.489M and Superannuation \$0.837M. This District is also continuing to carry salaries and wages costs for SWSLHD (approximately \$500K YTD) due to delays in the transfer of mental health staff to SWSLHD. This will be finalised by end of October 2014. The Ministry of Health is aware and is taking this into account when reviewing the results of the District.

MTD August 2014, Goods & Services expense included \$9.22M Intra-Health accrual which comprised HealthShare (HS) food \$1.860M, HS Linen \$0.701M, HS inventory \$1.847M, HS Compacts \$0.139M, HS Warehouse \$0.555M, Ambulance Inter-Hospital Transport charges \$0.175M and Pathology charges \$3.945M. The General Fund is also to be reimbursed for the purchases of equipment which should have been against the SP& Ts.

For the month of August 2014, the unfavourable Revenue result was largely in Patient Fees \$1.137M, Interest Revenue \$0.192M, Grants & Contributions \$0.808M (due to HACC revenue of \$0.808M not accrued in July 2014) and Other Sources of Revenue \$0.138M.

YTD August 2014 Net Cost of Services was \$7.036M unfavourable to budget with Expenditure \$3.619M unfavourable and Revenue (including Other Revenue) \$3.417M unfavourable.

The Year to date unfavourable expenditure variance at the end of August 2014 was mainly related to Employee Related expense \$6.786M, VMO payments \$0.910M and RMR \$1.150M. This was offset by favourable results for Annual leave provision \$0.945M and Goods and services expense \$4.403M.

Total YTD August 2014 Patient Fees were \$2.261M unfavourable to budget. The District continues to make improvements in PBRC reporting with HealthShare and Power Health Solution's support;

however, the District is concerned about the impact of the roll out of PBRC- the new billing system on Patient Revenue and cash. With the District having its best Private Patient results to date, the lack of flow through to revenue is concerning. The Ministry and HealthShare are working closely with the District to address this. The Chief Executive is chairing a Steering Committee with key District and HealthShare staff and a workshop being held with the District and PBRC on Tuesday 14 October 2014.

Grants and Contributions YTD August 2014 was favourable by \$0.956M partially offsetting unfavourability in User Charges \$1.392M, Interest Revenue \$0.401M and Other Sources of Revenue \$0.319M.

SP&T MTD & YTD Net Cost of Service

The month of August 2014 Net Cost of Service result was \$0.321M favourable to budget. Total YTD August 2014 Net of Service result was \$0.396M unfavourable to budget. Expenditure was \$0.977M unfavourable and Revenue (including Other Revenue) was \$0.581M favourable. The MoH will be increasing the budget against SP&T for the purchase of capital equipment.

Liquidity

The District had \$0.001M creditors over 45 days as at 31 August 14. The District received \$4.3M cash advance from the Ministry at the end of the month to assist in timing issues with cash flow brought about by factors including recouping capital works costs, recouping high cost drug costs from the Commonwealth, patient fees receipts from Medicare and one off annual payments for a range of medical equipment maintenance agreements.

The District achieved 94% compliance (82 out of 87 payments) with the NSW Government target for payment of small vendor creditors within 30 days for the month of August 2014.

The cash balance at 31 August 2014 for the Operating bank account was \$4.155M (SLHD \$4.110M and repointing of HRTO-SSW \$0.045M) and the Operating Cash book balance was \$4.281M (SLHD \$4.281M and repointing of HRTO-SSW \$0).

Capital Works

CAPDOHRS PROJECTS

The District's Full Year Capital works budget as at August 2014 is \$0.500M comprising \$0.500M of MoH funded and \$0.00 of locally funded projects. Actual expenditure as at YTD August 14 was nil.

Northwest Precinct capital works is being overseen by Health Infrastructure and is nearing finalisation. The project remains on budget and on time.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

For August FYTD 2014 activity at RPA is up 7.71% compared to FYTD period last year and 9.03% for the month of August, whereas Balmain is down 8.02% for FYTD. Acute same day separations for RPA are up 20.07% compared to the same FYTD period last year, while Balmain, Concord and Canterbury are slightly less.

Hospital in the Home (HiTH) data for 2013 is still unavailable for Canterbury and Concord Hospital as their commencement was not until later in 13/14 Financial Year. Separations for RPA have remained similar for the month of August 2014 compared to 2013 and a decrease in HiTH activity at Balmain.

The Total Average Length of Stay (ALOS) for SLHD for FYTD August 2014 is 3.49 days from 3.65 in 2013. The acute ALOS for SLHD has decreased by 0.21 days for August FYTD 2014 to 2013. Balmain's acute ALOS is down to 5.61 days which is a 5.90 decrease from the FYTD period for 2013.

NEAT

The overall NEAT performance for SLHD for the month of August 2014 is only slightly above the performance for August 2013. All facilities have been challenged over winter with Concord down 4.53% for the FYTD period compared to 2013. The Districts NEAT performance has still improved by 4.92% for 2014 FYTD from 2013.

ED Triage

Canterbury hospital achieved all triage categories for the month of August 2014. Although RPA did not achieve the targets for triage category 2 and 3, performance improved by 3.49% and 4.16% (FYTD) respectively. Concord did not achieve category 3 in August 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% for August 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 August 2014. The percentages for Canterbury, Concord and RPA respectively were 86.32%, 84.35% and 64.55%. SLHD has decreased by 6.99% from 2013 and currently is at 76.24%.

Quality and Safety

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for August 2014. Mental Health Readmissions within 28 Days continues to be above target of <13% at 15.5%. Community follow up within 7 days has improved but is still under the target. There are currently numerous initiatives being implemented throughout SLHD to address mental health activity, including the new mental health facility and enhanced community mental health teams. There was one ICU Central Line Associated Bloodstream (CLAB) Infections at RPA in July 2014. All other bloodstream infections were under target.

Workforce

The premium staff usage remains high for August due to increased sick leave and increased demand. Nursing agency staff increased from the FYTD by 93.1% in expenditure, whereas nursing casual staff has decreased by 1.56% in expenditure over FYTD period.

The sick leave for SLHD has increased from 2.9 hours/FTE to 4.3 hours/FTE above the target in August 2014.

CAPITAL WORKS

North West Precinct

Defect inspections by the District have been completed on Basement and ground levels 3 & 4. Gross Completion is now targeted for mid-October and the project remains on budget.

Planning for commissioning and the opening is well advanced and will still fit within the current time frame for completion.

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Concord Translational Research Facility

Tenderers were significantly over budget. Value engineering is underway to reduce overrun. Tenderers are aware and will hold until the review is complete. Tenderers will resubmit by the end of October.

RPAH Stonework repair main facade

Work has commenced on the repair to the stone facade at RPAH. The 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 is continuing work on the refurbishment of the QMB as student Accommodation. SLHD and 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.

SLHD Aged Care Network

Documentation for the refurbishment of the former Palliative Care ward at Canterbury has commenced.

Project Management, Architectural and Quantity Surveyor services have been engaged to enable commencement of planning for construction work at Balmain.

The planning for the Concord component will be rolled into the Concord Master Planning process.

PLANNING

September has been dominated by three major projects:

The Submission for the Advanced Health and Translational Research Centre

The Planning Unit has had significant responsibility for components of this submission in respect of showcasing our outstanding clinical services and clinicians. This is now completed and submitted.

The Concord Hospital Clinical Services Plan

The Planning Unit has completed almost 50 consultations with departments and groups across the Concord Hospital to develop the Clinical Service Plan. Two major documents will be produced. The first will bring together in-depth information provided by each of these departments with activity and flows data and staffing information. The second will be an overview document which describes the reason for change, the key clinical service issues and summarises department-level information.

Charles Perkins Centre (CPC) Submission for Integrated Care

The Planning Unit has also written the collaborative submission for a Centre of Excellence in cardiovascular and related disease prevention, eEarly intervention and treatment. The submission to the Ministry of Health Integrated Care fund requests almost a million dollars for the establishment of an Academic GP Unit (5 days per week) at the Clinical Research Facility, with capacity to supervise registrars, take pressure off the ED and help unlock Commonwealth billings for allied health and associated staff. The submission also requests funding for a novel Lifestyle Modification service which would articulate and connect with the proposed RPA Tertiary research and referral clinics, the new primary health care clinic, NGOs, and the hospital. This would target obesity, diabetes and cardiovascular-related diseases with a one-stop-shop where consumers could have programs targeting nutrition, exercise and personal change management.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

At its September 2014 meeting, the Yaralla Estate Community Advisory Committee was presented to by 3 groups/ individuals; Andrew Huggett – Biodiversity consultant, Inner West Neighbour Aid – Community Gardens and Catherine Whitting – TAFE Design Studio. These were all exciting possibilities for Yaralla. The Management Plan closed for consultation on 30 September and the feedback will be collated over the next few weeks. The Plan is now being implemented. The Canada Bay Heritage Society will hold its annual open day at Yaralla on 25 October 2014.

SYDNEY RESEARCH

The Sydney Research Web site <http://sydneyresearchhub.com.au/> has been active (over 200 visits) with member news stories now included and a search engine for clinical trials, linked with the newly released Sydney Local Health District web site <http://www.slhd.nsw.gov.au/research/>. The Sydney Research Strategic Plan 2014 -2019 is linked to web site and feedback from other Hubs in NSW has been positive.

OHMR Research Hub Council

The NSW OHMR Research Hub Council was established in September. The Council is formed to support coordination of statewide health and medical research priorities such as bioinformatics, genomics, health research ethics and evaluation measures. The Council includes representation from the eight hubs across NSW. Dr Teresa Anderson and Prof Bruce Robinson (Medical Dean, USyd) are representing Sydney Research.

Advanced Health Research and Translation Centre (AHRTC)

The partnership between SLHD, WLHD, SCHW –network, NLHD and USyd has been strengthened through the development of the AHRTC submission. The partnership is titled (SHP) and whilst successful appointment by the NHMRC as an AHRTC is the initial goal, all partners agree that SHP will continue to evolve regardless of this outcome.

During August and September working groups for each criterion (1 to 6) met to progress responses and over two weekend meetings, all groups met to plan and integrate key themes of the submission. Criterion five of the submission includes 20 CV's of Health Professionals/Researchers. Sydney Research and SLHD members are well represented. Professor Stephen Leeder and Michael Kitts, PWC led the editing group. A covering letter including joint sign off by LHD Chief Executives and Vice Chancellor USyd was included within the final submission. The first co-achievement of SHP materialised on the 30 September 2014 when the final submission was forwarded to NHMRC. It was a historical and momentous event which heralds great strength and potential into the future.

Work has already commenced on the joint Health Informatics Strategy with a workshop held earlier in the month at USyd.

The Governance Structure for Sydney Health Partners has in principle agreement. The first meeting of Sydney Health Partners will be in November.

ORGAN DONATION

The Organ Donation for Transplantation Committee continues to meet on a monthly basis. Multiple audits are currently taking place to review current practices and making comparisons between high

and low performing hospitals. There was a presentation on the definitions of a donor currently the World Health Organisation and Australia have slightly different definitions. Both definitions will need to be used for the purposes of the audit. The Director position has been advertised as is due to close in October. Recruitment is also underway for the administration position and the staff specialist positions.

INTEGRATED CARE

The MoH called for expressions of interest for Integrated Care funding. Staff of the District, under the leadership of the Director of Clinical Service Integration, prepared a total of 11 proposals which were submitted to the Ministry in early October.



Dr Teresa Anderson
Chief Executive

19.10.19