
Sydney Local Health District

Thirty Eighth Meeting of the Board

Date: Monday 17 November 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
Dr Barry Catchlove, Member
Dr John Daniels, Member
Mr David McLean, Member
Dr Thomas Karplus, Member

Apologies

Ms Frances O'Brien, Member

In attendance

Mr Barrie Martin, Chair, Finance, Risk and Audit Committee, SLHD (9.00am-9.15am)
A/Professor Michael O'Leary, Senior Staff Specialist, Intensive Care Services, RPAH (9.00am – 10.00am)
Dr Maria Gomez, CEO, Outcomes Australia (9.00am – 10.00am)
Ms Hannah Evans, Acting Secretariat
Mr Troy Ponting, GHMP Trainee

2. Welcome and introductions

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

The Chair introduced Mr Barrie Martin, A/Professor Michael O'Leary and Dr Maria Gomez.

Report:

Mr Barrie Martin provided the following information to the Board:

Audit

- the SLHD Audit and Risk Committee is a well-balanced committee that is working well and is receiving good co-operation from others;
- the SLHD Audit is a small, but highly qualified department who have recently been involved with matters that have taken up significant resources;
- the SLHD was subject to an external audit which resulted in nil recommendations. This meant the SLHD was compliant; and
- SLHD Audit is assisting more with the procurement side of the business.

Risk Management

- SLHD Audit are assisting with monitoring risk management and financial matters within SLHD to ensure appropriate processes are in place and is pleased with result; and
- SLHD Audit can now focus on preventative matters now that some of the large investigations are complete.

The Chief Executive advised:

- that SLHD recently undertook a self-assessment with good results;
- that the Ministry of Health is reviewing the terms of reference of District Audit and Risk Committees; and
- the SLHD is satisfied with the process for resolution of fraud matters.

Ms Victoria Weekes commented:

- that the yearend process has improved;
- that systems are more robust than previously;
- there have been marked changes since the split with South West Sydney Local Health District;
- that the SLHD has a good chief accountant; and
- that external auditors have also noticed the improvements within SLHD.

The Chair thanked Mr Martin for his leadership and Mr Martin left the meeting.

Presentation:

Dr Maria Gomez presented to the Board on organ donation, specifically around organ donation at Royal Prince Alfred Hospital (RPA). Mention was made of the 'SLHD Organ Donation for Transplantation Plan 2014-2017' and to enhancing donor rates at RPA. Dr Gomez provided information on international best practice and the need for ongoing work to done at RPA to align with this. Quality of data captured was also discussed.

The Board held a robust discussion around the progress of organ donation within RPA since the release of the plan, in particular the lack of increased donor rates.

A/Professor Michael O'Leary reassured the Board of RPA's high level commitment to implement and embrace the 'SLHD Organ and Donation for Transplantation 2014-2017' plan. Monthly audits are undertaken to review deaths within the Emergency Department, Intensive Care Unit and within the wards. During the past three months, there were no missed opportunities for donors. The Chief Executive advised that Jim May has been appointed to assist with the audits. RPA has identified the following main clinical issues with donation: i) identification of donor ii) consent iii) management of donors to ensure opportunities are not overlooked. Donor management

guidelines are due to be released soon and recruitment is being undertaken for the Clinical Academic and Director Organ Donation for Transplantation Unit positions.

3. Declaration of conflicts of interest

A/Professor Paul Torzillo declared that he resigned as a Member of the National Health Performance Authority, at its last meeting. This was noted in the declaration of conflicts of interest register.

4. Confirmation of previous minutes

4.1 Minutes 20 October 2014

The minutes of the Board meeting held on Monday 20 October 2014 were moved and seconded with the following amendments:

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

'The draft submission for Round 18 costing is mid-October.'

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

4.2 CE Report – October 2014

The report of the Chief Executive dated October 2014 was moved and seconded.

The Chair then declared that the CE Report for October 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 brief responding to the ED activity report is in progress.
- Thank you letters were circulated to Debbie Flood and the Capital Works team. This item can be removed from the action sheet.
- The brief regarding the SLHD submission for integrated care funding to hold clinics at the Charles Perkins Centre has been completed and a copy provided in the papers of 17 November 2014. This item can be removed from the action sheet.
- Discussions are continuing regarding the Board's role in relation to Clinical Governance matters.
- Thank you letters were circulated to committee participants of the AHRTC submission. This item can be removed from the action sheet.

5.2 Integrated Care Funding
Charles Perkins Clinical Research Facility

The Board received and noted the briefing note on the submission for integrated care funding to provide an Academic General Practice/Integrated Primary Health Care Clinic and a Lifestyle Modification Service at the Charles Perkins Centre. Discussion was held regarding the breakdown of financial information and the Chief Executive agreed to provide the Board with a copy of the full business case.

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 Director of Finance is taking up a role with St Vincent's;
- Toilet facilities will be installed on the Yaralla Estate; and
- Sydney Health Partners will be attending an interview on 8 December 2014 for the AHRTC submission.

7.1 Finance and Performance Reports

7.1.1 SLHD Board reporting pack – September 2014

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

7.1.2 Selected Performance Indicators – September 2014

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

7.1.3 SLHD Financial and Activity – September 2014

The Board received and noted the Financial and Activity report for the month ending 30 September 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 and specifically noted the success of the opening of the Professor Marie Bashir Centre.

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 commended Marrickville Health Centre on receiving the Minister for Mental Health Award and the People's Choice Award for 'Holistic Health for Mental Health Clients, Marrickville Health Centre'.

The Board also noted that the hand hygiene compliance rate for Sydney Dental Hospital is considerably lower than other facilities.

7.5 Facility Reports

(i) Balmain Hospital

The Board received and noted the Balmain Hospital facility report and noted that the General Manager position is currently advertised.

(ii) Canterbury Hospital

The Board received the Canterbury Hospital facility report and noted the Hospital are expected to receive a number of Met with Merits from the recent ACHS accreditation.

(iii) Concord Hospital

The Board received and noted the Concord Hospital facility report and noted the Hospital received 19 Met with Merits from the recent ACHS accreditation.

(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 and noted the success of the recent Aboriginal Symposium.

(ix) Community Health

The Board received and noted the Community Health report and noted interviews for the General Manager position are scheduled for the coming week.

(x) Population Health

The Board received and noted the Population Health report.

(xi) Tresillian

The Board received and noted the Tresillian report.

(xii) Lifehouse

The Board received and noted the Lifehouse report and noted the limited financial information provided. Lifehouse have indicated this will be corrected.

8. Matters for approval / resolution

8.1 SLHD Board / Board Committees Schedule for 2015

The Board received and ENDORSED the 'SLHD Board / Board Committees Schedule for 2015' and noted that the meeting location should change, as required, throughout the year.

8.2 SLHD Board Reporting Calendar for 2015

The Board received and ENDORSED the 'SLHD Board Reporting Calendar for 2015'

8.3 Appointment of Chief Executive to Administer a Will

The Board received the briefing note 'Appointment of Chief Executive to Administer a Will' and NOTED that the matter has been escalated to the Ministry of Health for advice.

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 10 November 2014.

9.2 Education and Research Committee

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

9.3 Communications Committee

The Board noted that the next meeting is scheduled for 17 November 2014.

9.4 Audit and Risk Committee

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

9.5 Health Care – Clinical Quality Council

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

9.6 Health Care – Clinical Council

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

Dr Barry Catchlove advised that at this meeting, a presentation was held on the adoption of tobacco by-laws within SLHD and a briefing note will be prepared for the Board on same.

9.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting 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 8 October 2014.

10.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

10.4 Surgical Demand Committee

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

10.5 Revenue Enhancement Development Committee

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

10.6 NSW Health / SLHD Performance Review Meeting

The Board noted that the next meeting is scheduled for 1 December 2014.

10.7 SLHD Innovations Group

The Board noted that the meeting scheduled for 24 October 2014 was cancelled.

10.8 Collaboration for Excellence Executive Steering Committee

The Board received and noted the minutes of the meeting held on 3 October 2014.

10.9 Organ Donation for Transplantation

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

10.10 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 14 October 2014.

11. Matters for noting

11.1 MoH Surgical Dashboard

- August 2014
- September 2014

The Board received and noted the MOH Surgical Dashboard report for August 2014 and September 2014.

11.2 Correspondence – Dean, Sydney Medical School

The Board received and noted the correspondence from the Dean, Sydney Medical School.

11.3 Report – Needle and Syringe – Automatic Dispensing Machine Evaluation

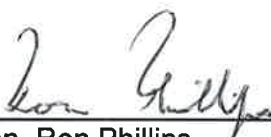
The Board received and noted the comprehensive report undertaken by the University of Sydney titled 'Final Report: Redfern needle and syringe automatic dispensing machine evaluation'. The Board noted that the report had been distributed to focus groups and published on the District's website and the SLHD had published a press release.

12. Other Business

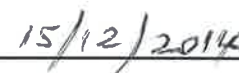
13. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 15 December 2014 at 9:00am – 11:00am in the SLHD Boardroom.

The meeting closed at 11:30am.



The Hon. Ron Phillips
Chair



Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

Rollout of the service contact form continues with more services being brought online each week. IM&TD are progressing the tasks off the 'improvement' log to further improve the functionality and usability of the powerform by all users. The WebNAP extract from the service contact form in PowerChart has also been moved to production to allow facility NAP coordinators the ability to monitor, audit and improve quality of completed forms.

Work across the LHD in preparation for the recent Non-Admitted Patient (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 continues at a steady rate. IM&TD and the Performance Unit are confident of achieving the 100% target in advance of the deadline.

Sub and Non Acute (SNAP) Update

Work is continuing on the development of District wide processes for SNAP data reporting and collection with the District Care Type Policy now awaiting final approval through the SLHD Clinical Quality Council. In addition, the District SNAP Coordinators working group has commenced (reporting to the STARS Executive Steering Committee) to take carriage of improving SNAP data quality, SNAP education and training, monitoring of activity against target, and further improving District wide processes. The working party has also submitted a proposal to IM&TD to have a dedicated SNAP 'site/page' on the SLHD intranet to enable quick easy access to SNAP information to assist clinicians with identification of SNAP episodes. The site will contain SNAP resources including the specific District data collection forms; the SLHD Care Type Policy; SNAP care type information sheets and other material.

SNAP Education / Training

Targeted SNAP training sessions are continuing to be rolled out, most recently with the NUMs at RPA, who play an integral part in the SNAP data collection process. A District FIM training session was conducted at Balmain Hospital on 3 October which was well attended and will enable more accredited staff across the District to FIM assess for rehabilitation and Geriatric Emergency Medicine (GEM) care types.

eMR

The SNAP eMR project is progressing well with the submission of a detailed business process to IM&TD to begin work on the electronic forms. A recent development of a Discern explorer report has been launched which is available to enable all staff to readily identify SNAP activity in their clinical area / ward which will again improve quality of SNAP data and assist staff in ensuring SNAP activity is 'grouped' accordingly.

NWAU Activity against Target

Acute Admitted:

With August coding only just complete, the District has maintained its strong performance in Acute Admitted NWAU with a 0.79% positive variance (+97.23 NWAU) above target. This is reflective of the increased activity through all our facilities, particularly over the July – September period.

The facilities are busy working on finalising coding for September to give the District a more accurate indication of activity vs performance; however, early indicative analysis by the Performance Unit has identified that we are likely to be again slightly over target. This positive variation will allow the facilities additional scope to reduce theatre and general activity for a longer period over the Christmas / New Year period to undergo urgent RMR in some areas.

More detailed analysis at a specialty-level is currently underway to identify 'true' performance issues or service change requirements at facility level, as well as being managed through the STARS Executive Steering Committee.

Sub-Acute:

SNAP activity against targets is improving as the quality of SNAP reporting across the District continues to advance and as clinician awareness of SNAP activity increases. Tighter monitoring of SNAP data across the District has resulted in greater compliance of reporting of this activity resulting in YTD performance at end of September of 30.1% over target.

Non-Admitted Patient Activity:

Performance against target as at end of September for NAP is a -8.7%; however, this will continue to improve as more services commence using the ABF Service Contact form, and refine their data quality processes. Furthermore, improvements at facility level at reporting Multidisciplinary Team (MDT) provider information will also see a significant increase in NWAU (note Concord performance of 500 NWAU above target).

Clinical Costing Update

The final Round 18 NHCDC DNR submission date has been extended to Friday 21 November by the ABF Taskforce due to unforeseen delays with the costing system upgrades (PPM2). This still means there will be a four week review and refine period prior to the final submission. The District's Costing Team remains confident of having work completed in time.

Work continues on preparing the Imaging, Cardiovascular and theatre data to ensure the patient level data is suitable for costing purposes and improves the overall results for these patients.

IHPA Mental Health Costing Study

The MH Costing Study is moving along well at both CCMH and Croydon CMH. SLHD Mental Health has complied with 100% of requirements for Data Drop 1 which was completed by the end of September. SLHD is leading the way across all LHDs that are participating in the MH Costing Study in NSW with feedback from the MoH extremely positive.

Meetings between MoH, SLHD (MH & Performance Unit) continue regularly which has been helpful in achieving the results so far. A feedback session to clinicians was convened post Data Drop 1 to discuss the clinical activity data used for the MH Costing Study and how to improve this for the next 2 data returns. The feedback was very positive and staff were advised to continue to be diligent and pro-active with recording clinical activities in eMR.

Data Drop 2 is due by the end of November and with our current success with Data Drop 1, meeting the requirements and timeframe of Data Drop 2 looks very positive. Further updates are to be provided as the study progresses.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of September, the proportion of patients using health insurance as a percentage of overall activity rose to 19.6%, the highest result the LHD has had so far. We had 2,587 private discharges in September, which is 404 more than in September 2013. RPAH had its 5th consecutive month above 20% with a result of 21.24%.

Single Room Utilisation

In September, 27% of all single rooms were taken up by private patients and 36% of all private patients were accommodated in single rooms. This is a small increase on August's result, while the proportion of patients isolated for clinical alert increased from 10% to 10.7%.

Revenue Enhancement Committee

RPAH's free television offer to private patients is continuing, but closer monitoring of HTR staff's identification of private patients is underway. There has been recent improvement; however, discussions are occurring to formalise processes so that results do not depend on particular individuals being on duty.

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 submitted the first draft of the feasibility study. The Chief Executive and the Steering Committee are currently reviewing.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

The Pitch November session will be held at the Concord Medical Education Centre – 21 November 2014. Submissions to the November session closed on the 31 October 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. A Marketing strategy for the Pitch has included the development of posters and videos developed 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 and will close on the 15 December 2014.

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 23 July. The project is collaboration between 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 was endorsed on the 3 October 2014. The project team has finalised the Diagnostic Phase and are in the process of preparing a comprehensive report with the findings. The Solution phase also commenced with the team organising solution design sessions.

2014 CHR Projects (second intake)-

Improving the Physical Health of Mental Health Consumers through Collaborative Care: aimed at 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 are fast tracking their Diagnostics and have to finalise their Diagnostic Report which is currently being reviewed by the Project Team and the Steering Committee. Solutions Design is currently underway. The team envisage Implementation will commence early 2015.

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. 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, 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 is in the process of implementing changes – 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 process of implementing changes – Implementation Phase.

Accelerating Implementation Methodology (AIM)

Next AIM course is scheduled in November 2014. Accreditation for AIM trainers will also occur in November 2014. Preparation has begun for AIM 2015 dates and trainers.

HEALTH PATHWAYS

Workgroups

There were no work groups held in October; however, progress was made on Pathway's in development.

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

- Dermatology Date TBC
- Heart Failure 17th November 2014
- COPD Date TBC
- Renal 24th November 2014

- Podiatry Date TBC
- 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 has been initiated and presently we have increased the live pathways as below:

- Complete and accessible 65 localising (from other HP regions). 172 New Pathways being developed.
- Of the 206 pathways currently in draft 24 are currently in final review stages and will go live by mid November 2014.

Evaluation

The HealthPathways survey monkey tool to IWSML affiliate General Practitioners continues throughout October.

Service Directory Integration

Along with Health Director Australia (HDA) we have undertaken a gap analysis of the current service directory available to the IWSML. It is anticipated a similar gap analysis will be undertaken for SLHD in the coming months.

FINANCIAL PERFORMANCE

The MoH has amended the financial reporting template as at the end of September 2014. Primarily the changes have been to distinguish Non-Operating Revenue and Expenditure (NORE) (e.g. Depreciation, Borrowing, RMR, Capital and Capital Related Own Source Revenue) from Operating Expenditure and Revenue to provide a clearer demonstration of Net Operating Result. The 2014/15 Board and Ministry Service Level Agreement is not based on this methodology but rather the more traditional expenditure and revenue report.

The traditional report would show SLHD General Fund with a YTD September 14 expenditure unfavourability of \$2.250M and YTD September 14 Revenue unfavourability of \$3.843M and combined unfavourability of \$6.093M. Traditionally the SP&T report would reflect YTD September 14 Expenditure unfavourability of \$0.512M and YTD September Revenue favourability of \$1.095M and combined favourability of \$0.583M. The Combined Fund results would be YTD September 14 Expenditure unfavourability of \$2.762M and YTD September Revenue unfavourability of \$2.748M and combined unfavourability of \$5.510M. The revised reporting approach includes Crown Acceptance and Internal Assets transfer results that were traditionally reported below the line. Also the report combines the GF and SP&T results into a combined bottom line result.

Under the revised financial reporting requirements for the quarter ended 30 September 2014 Sydney Local Health District (SLHD) has recorded a Net Surplus (after NORE) of \$5.510M which was \$2.319M unfavourable to budget. The Net Operating result (excluding RMR and NORE) is \$3.149M (10.94%) unfavourable to budget. The major contributing factors to these unfavourable results are Own Source Revenue (\$3.802M), Labour Expenses (\$5.386M) and VMO Expenses (\$1.617M). These unfavourable results were partly offset by a favourable result for Goods and Services (\$4.763M). The result for the first quarter has been impacted by the higher than expected level of

activity in terms of attendances at ED and ED admissions for the period. SLHD's Revenue budget continues to be a challenge.

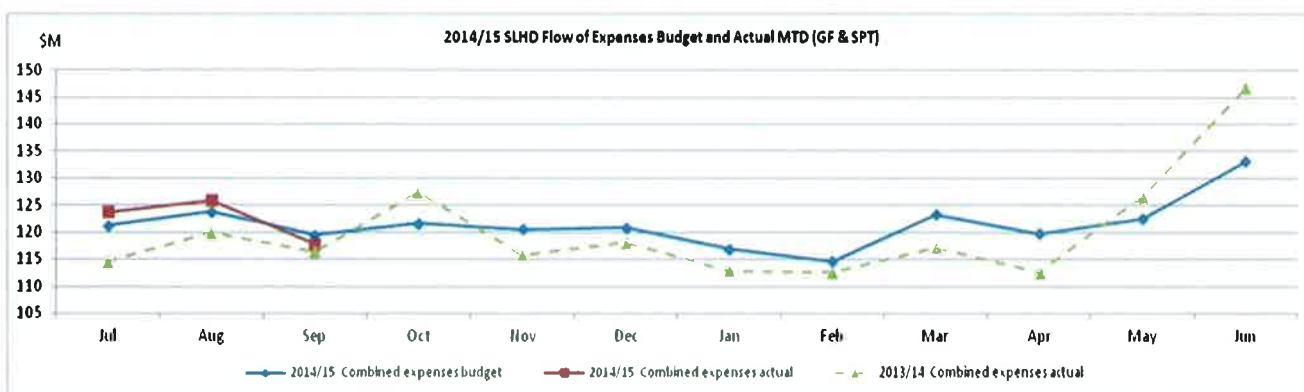
The District continues to make improvements in PBRC reporting with HealthShare and Power Health Solution's support; however, the District remains concerned about the impact that the roll out of PBRC- the new billing system on Patient Revenue and cash has had on the Districts Revenue performance. The Ministry and HealthShare are continuing to work closely with the District to address this. The Steering Committee is meeting regularly with key District and HealthShare staff. A workshop was held with the District and PBRC on Tuesday 14 October 2014. Some progress is being made with anticipated improvements being evident over coming months.

Budget performance is and will continue to be closely monitored as part of the District's performance management framework. There is an increased focus on expenditure management and all hospital facilities and the District are refocussing their efforts on maximising private patient revenue.

In addition the District has submitted a budget supplementation request for costs associated with Pelvic Exonerations. The part year impact of this budget supplementation of \$0.37M is included in the result.

The following graph and table show Combined GF and SPT 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 Sep	Full Year
2014/15 Combined expenses budget	121.271	123.789	119.566	121.709	120.608	120.919	116.920	114.705	123.373	119.811	122.533	133.202	364.626	1,458.41
2014/15 Combined expenses actual	123.744	125.912	117.732										367.368	
Variance (+ Fav, - Unfav)	(2.473)	(2.123)	1.834										(2.742)	
2013/14 Combined expenses budget	116.953	120.091	118.646	120.279	119.227	117.416	112.466	111.007	119.407	118.035	129.041	146.345	355.590	1,440.97
2013/14 Combined expenses actual	114.640	119.076	116.451	127.332	115.067	118.093	112.929	112.503	117.234	112.621	126.637	146.753	359.976	1,441.83
Variance (+ Fav, - Unfav)	2.205	0.214	2.195	(7.054)	3.359	(0.676)	(0.464)	(1.497)	2.252	5.414	2.403	(1.408)	4.614	7.94
% of Budget	8.32%	8.49%	8.20%	8.35%	8.27%	8.29%	8.02%	7.87%	8.46%	8.22%	8.40%	9.13%		
YTD budget expended	8.32%	16.80%	25.00%	33.35%	41.62%	49.91%	57.93%	65.79%	74.25%	82.46%	90.87%	100.00%		



Liquidity

The District had nil creditors over 45 days as at 30 September 14.

The District achieved 100% compliance (82 out of 82 payments) with the NSW Government target for payment of small vendor creditors within 30 days for the month of September 2014 and 97% compliance for the July – September 2014 quarter.

The cash balance at 30 September 2014 for the Operating bank account was \$2.750M (SLHD \$2.641M and repointing of HRTO-SSW \$0.109M) and the Operating Cash book balance was \$2.797M (SLHD \$2.797M and repointing of HRTO-SSW \$0).

Capital Works

Capdorhs Projects

The District's Full Year Capital works budget as at September 14 is \$0.500M comprising \$0.500M of MoH funded and nil locally funded projects. Actual expenditure as at YTD September 14 was \$0.028M which is \$0.062M below projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

For September FYTD 2014 acute same day separations for SLHD are up 8.3% compared to the same FYTD period last year. The occupancy rate for SLHD is at **96.3%** in September 2014, compared to 90.1% in September 2013.

Balmain now has 14 months' 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 September 2014 than in September 2013.

Same day separations for RPA has a 20.7% increase for the month of September 2014 FYTD compared to September 2013 FYTD. RPA had a 10.39% increase in acute total bed days for the month of September 2014, compared to September 2013.

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.

The Total Average Length of Stay (ALOS) for SLHD for FYTD September 2014 is 3.54 days compared to 3.61 in September 2013. Balmain's ALOS is up to 16.57 days for the month of September, compared to 12.05 days; which is a 4.5 day increase.

NEAT

The overall NEAT performance for SLHD has improved by 10.9% in September FYTD 2014, compared to September FYTD 2013. The month of September NEAT achievements for SLHD is 72.0%. September was a very difficult month for all the hospitals.

ED Triage

Canterbury hospital achieved all triage categories for the month of September 2014. RPA did not achieve the targets for triage category 2, 3 and 4 and Concord did not achieve category 3 in September 2014. Strategies continue to be revised for ED patient pathways to improve performance with focus on Triage 2, 3 and 4 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 September 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 September 2014. The percentages for Canterbury, Concord and RPA respectively were 83.4%, 86.1% and 64.9%. SLHD has decreased on its FYTD percentage by 8.1% from 2013 and currently is 75.57% FYTD September.

Quality and Safety

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for September 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.

SLHD had a total of 2 ICU CLAB Infections in August 2014, compared to 0 in August 2013. Staphylococcus aureus bloodstream infections (SABSI) were 1.1 per 10,000 bed days in August 2014, compared to 1.4 per 10,000 bed days in August 2013. There were 0 incorrect procedures in Operating Theatres in SLHD YTD September 2014.

Workforce

Compared to last month, this month FTE has remained relatively steady and average FYTD has increased by 0.2% or 14.1FTE. Over the last month overall expenditure on salaries and wages increased by 0.4% or \$257K and average FYTD increased by 4.4% or \$8.1M.

Overtime this month FTE decreased by 1.5% or 3.5 FTE and average FYTD FTE increased by 0.3% or 0.6FTE over FYTD last year,

YTD sick leave hrs/FTE is above the sick leave target by 2.9 hours/FTE. Medical staff decreased over the last month by 100% or 0.1FTE. Nursing agency staff increased over last month by 1.1% or 1.4FTE.

CAPITAL WORKS

North West Precinct

The Building has been handed over to SLHD excluding level 5. Level 5 and the Front car park are expected to be handed over early November. Staff are busy co-ordinating delivery of FF&E in preparation for the transfer of patients on Tuesday 18/11/2014.

Concord Translational Research Facility

The Tender has closed and was evaluated by the Tender Evaluation Committee on 29/10/2014. 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

Work continues on the QMB without incident. The high level of communication between the University and Capital Works staff has assisted in resolving work scheduling conflicts around the busy Hospital rd, Brodie st and access to the Child Care Centre areas

SLHD Aged Care Network Balmain

Early works - Engineers are in the process of undertaking drilling to test the structural capacity of the foundations to inform the structural engineering for the proposed five Storey extension.

PLANNING

Concord Clinical Services Plan

The first draft of the Clinical Services Plan for Concord has been completed. This has been a major undertaking achieved within a very short deadline. This initial draft has been provided to the firms tendering to undertake the Concord Service Procurement Plan (SPP) and Project Definition Plan (PDP).

The Plan has been developed from face-to-face consultations undertaken with over 50 departments and services across the hospital, current activity and flow data, projections, staffing information and clinical service information collected by the District. The 200 page Volume One report provides a case for the full redevelopment of the 452 bed Concord Hospital with an additional 294 inpatient beds and associated services by 2031/32. The second volume provides very detailed information on each department and service of the hospital, the staffing and the expected future services.

The Plan recognises the three distinct populations served by the Hospital- the growing and ageing local population, the veteran community and the tertiary and quaternary population. The Plan particularly notes that there is a service to capital mismatch currently, that this mismatch will be exacerbated over time as the physical infrastructure is particularly unsuited to new ambulatory and multidisciplinary models of care.

In addition to expanding the core clinical service, diagnostic and tertiary components of care, the Plan proposes the development of a number of major new models of care and contemporary service approaches. Each of these is outlined in some detail in the Plan. This includes:

- Veterans' Physical and Mental Health Rehabilitation Centre of Excellence
- Ambulatory Care Precinct
- Integrated Cancer Care Precinct
- Integrated Aged Care and Rehabilitation Precinct
- Redesigned "hot" area - Emergency Department, ICU and Theatres
- Upgraded diagnostic services
- Expanded tertiary care
- Enhanced health and medical research with a focus on clinical service and research integration

The Plan has now been sent out to Clinicians, Clinical Directors and the District executive for comment before being presented to the Clinical Council and Board.

SLHD Strategic Plan

The final District Refreshed Strategic Plan has been completed and will be available at the AGM.

Renal Dialysis Options Paper

A plan for renal dialysis developments over the next 12 years (to 2026) has been completed and presented to Clinical Council. The Plan notes the growth in end stage chronic renal disease. Across Australia, the number of people receiving RRT has tripled over the twenty years between 1991 and 2011. This increase is attributed to better survival rates for patients on RRT, increases in diabetes prevalence, improved cardiovascular disease survival rates, and increases in the prevalence of high blood pressure. There are currently 69 in-centre and satellite renal dialysis chairs across the District

at either RPA or Concord hospitals. The District also has a strong Home Dialysis service with almost 200 patients on this program. However, the plan demonstrates that the Canterbury LGA is currently significantly under resourced for dialysis services.

By 2026/27, the District will need to have 128 in-centre and satellite dialysis chairs. This includes a new 20 chair dialysis centre being established at Canterbury by 2017/18. The Northwest Precinct will need to have 40 dialysis chairs and Concord will need an additional 29 chairs. These developments have capital as well as recurrent implications for the District.

Charles Perkins Centre Clinical Research Facility (CPC CRF)

An integrated care program submission for the CPC was completed. The major partner is the University of Sydney. The submission provides for “connected care” between:

- RPA tertiary clinics
- The proposed new Academic General Practice and Integrated Primary Health Care Clinic
- The proposed CRF novel Lifestyle Modification Service
- Community-based Primary Health Care
- Consumer and Community Organisations, such as Diabetes Australia, Kidney Health Australia, the Inner West Sydney Medicare Local.

The submission proposes providing tailored programs for “revolving door” hospital consumers with obesity, diabetes and cardiovascular disease and related conditions. Through integration with the partners, it is proposed that the RPA Integrated Primary Health Care and Lifestyle Modification Service be established as an innovative Centre of Excellence in care, intervention and support for CVD/Obesity/Diabetic patients. The proposal provides for patients to receive one-stop shop lifestyle assessment, coaching, education, and tailored individual and group programs. Education, support and service and referral linkages would be provided to general practice and primary care providers.

This submission is one of 11 Integrated Care submissions developed by the District.

Child Health and Wellbeing Plan

The Planning Unit is leading a planning collaboration between the District, Family and Community Services, the Inner West Sydney Medicare Local, Education and Housing to develop a Child Health and Wellbeing Plan for the District. This would be the first such plan in NSW and has been noted and supported in the State’s draft Regional Action Plan.

A half-day workshop targeting NGO children’s services stakeholders will be held on the 12th November. Key planning parameters and outcomes have been collaboratively developed which will provide a focus for the workshop. These planning parameters will be tested and expanded in the workshop with the outcome of the workshop being a draft set of strategic initiatives.

These suggested child health and wellbeing initiatives will be considered and prioritised cross sectorally at the executive level. Priorities will be set based on their feasibility and their expected outcome(s). Those initiatives which, through collaboration, will particularly enhance child health and wellbeing will be especially valued.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

In October, the Yaralla Estate Management Plan comments from community consultation were being collated for thematic analysis and will be discussed at the next meeting of the Committee.

A Landscaper has been engaged to design the pathways across the estate and through the mangroves. This will then go to a request for quotation for the work. Early work has commenced on

Hyacinth Cottage with removal of rubbish and garden waste. Plans for the Cottage's gardens are being developed. The Hospital Burns Unit Clinical staff and consumers are working on the model of care for the cottage.

Consultation is occurring with the Department of Heritage and Environment for work being undertaken on the State.

The Independent Commission Against Corruption has cleared Sydney Local Health District of any wrongdoing in the handling of the Yaralla Estate in a report handed down on 13 October 2014. The investigation was called after complaints were made regarding the agistment of horses at the historic Yaralla Estate at Concord and the eviction of those horses. A parliamentary Select Committee conducted an inquiry last year and referred the matter to ICAC. However, ICAC found that:

- Concerns expressed by inquiry participants about improper relationships between Blue Visions Management Pty Ltd and members of the Liberal Party were without foundation;
- There was no evidence that Conrad Consulting and Capital Pty Ltd received excessive remuneration for its work concerning the Yaralla Estate;
- Concerns expressed by the Select Committee in the Yaralla Report about improper relationships between Conrad Consulting and Capital Pty Ltd and members of the Liberal Party were without foundation.
- There was no corruption prevention issues identified in the report.

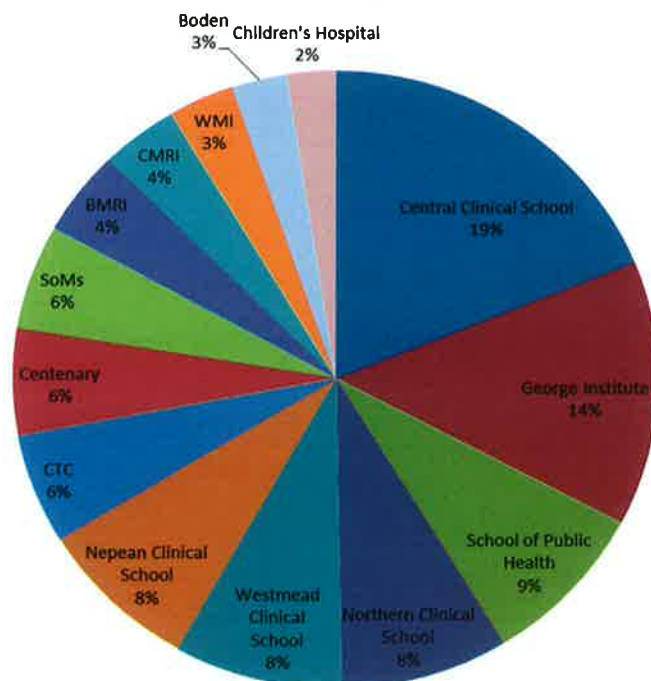
ICAC said "there was no credible evidence to support the concerns raised about the engagement of Blue Visions Management Pty Ltd by Sydney Local Health District. On the contrary, the concerns are inconsistent with the facts as established by the Commission's investigations".

A media Statement was distributed. It was also mentioned in Parliament in the Upper House.

SYDNEY RESEARCH

Successful NHMRC grants announced by the Federal Government in October 2014 reaffirm Sydney Research as leaders in health and medical research. As the core administering institution, the University of Sydney won \$65M in grants. Sydney Research accounted for over 65% (\$42M) of these grants as illustrated in the diagram below.

2015 Awarded Project Grant \$ Schools and Institute %



Five year grants awarded to SLHD members including Prof Steven Chadban (\$1.1M), Prof Katherine Conigrave (\$2.1M), A/Prof Meg Jardine (\$809,038) and Royal Prince Alfred Hospital's Senior Oncology Dietitian, Ms Merran Findlay, who was awarded a prestigious NHMRC Translating Research Into Practice (TRIP) Fellowship (\$173,000 over 2 years).

Other Sydney Research members performed exceedingly well including CTC awarded (\$6.1M), ANZAC Institute (\$1.1M), Centenary (\$3.4M), Woolcock (\$6.5M), HRI (\$951,000), The George Institute (\$10.6M), CPC (\$2.8M), BMRI (\$2.5M).

Successful outcomes have been promulgated through media channels.

During Nov/December 2014, collaboration with the Central Clinical School, USyd will occur to establish business pathways aimed at improving reporting, data sharing and performance monitoring amongst SLHD, Sydney Research and USyd. These pathways will also serve to inform strategic developments of Sydney Health Partners.

Sydney Research facility: Development of a preliminary business case by Capital Insight is near completion. Location options are being explored. The Sustainable Infrastructure and Growth Working Group (SIGW) led by MRI stakeholders will meet fortnightly to progress draft governance, infrastructure and financial agreements.

The Bioinformatics (genomics) Training Program is a NSW Government strategy to build bioinformatics research capability across the NSW Health Medical Research sector. Workshops are designed to familiarise participants with Next Generation Sequencing and targets bench scientists, PhD students and early career postdoctoral researchers. Bioplatforms Australia (training provider) will be offering workshops for Sydney Research members from late 2014 to early/mid-2015 at the Charles Perkins Centre (CPC).

The Clinical Research Facility (CRF) of the CPC opened on 29 September, 2014 with commencement of the Boden Clinic. Six project nodes are planned including endocrinology, cardiovascular, lifestyle, chronic care and integrated GP care clinics.

At Concord Hospital, Dame Marie Bashir unveiled the Ageing and Alzheimers Institute (AAI). The Institute has a focus on research into age related illness and previously operating as the Centre for Education and Research on Ageing (CERA) and the Ageing and Alzheimers Research Foundation. AAI will provide seamless integration of laboratory, epidemiology, clinical trials and healthcare.

HRI 25th Anniversary: Celebrations for the 25th Anniversary of the HRI were held on Saturday 27 September 2014. A Gala dinner event celebrated and showcased the many achievements of HRI researchers. Congratulations offered by Sydney Research Council members.

Sydney Health Partners (SHP) Advanced Health Research and Translation Centre (AHRTC) Partners have been advised that our submission has been shortlisted with interviews to be held on 8 December 2014. Meeting to progress collaborative governance and operational frameworks are planned for in late November 2014.

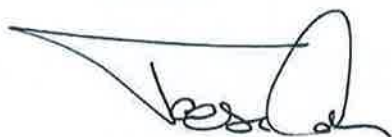
The Professor Marie Bashir Centre a \$67 Million dollar mental health facility at the RPA campus is near completion. The Centre will optimise linkages between clinical and health and medical research with 7 dedicated research beds funded through the USYD as well as integrated clinical and research beds in acute, youth, eating disorders and drug and alcohol.

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 parliamentary estimates. A monthly mortality review meeting (audit sub-committee) has been re-established. The audit sub-committee has been writing a new clinical audit protocol and reviewing specific organ donations.

Additionally in the October meeting it was reported that there are a number of initiatives underway to review processes between donor identification to actual donation and the timeframes. The Communication Strategy for the Organ Donation for Transplantation Committee has been developed and a final working draft is currently under a review by the committee.

Recruitment to the Staff specialist position has been finalised. Recruitment for the clinical academic is continuing. Strategies are in place to continue to ramp up activity despite the absence of the clinical academic.



Dr Teresa Anderson
Chief Executive

11.11.19.