
Sydney Local Health District

Thirty Ninth Meeting of the Board

Date: Monday 15 December 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
Ms Frances O'Brien, Member

Apologies

Nil

In attendance

Dr Angus Ritchie, Staff Specialist, Clinical Lead, HealthPathways, SLHD (9.10am -10.50am)
Dr Michael Moore, CEO, Inner West Sydney Medicare Local (9.10am -10.50am)
Ms Lou-Anne Blunden, Acting Director, Clinical Services Integration, SLHD (9.10am -10.50am)
Mr Paul Bennett, Program Manager, HealthPathways Sydney, SLHD (9.10am -10.50am)
Ms Nerida Bransby, Secretariat
Ms Madeleine Kitchener, GHMP Trainee

2. Welcome and introductions

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

Presentation:

Dr Ritchie, Dr Moore, Ms Blunden and Mr Bennett provided an update to the Board on the progress of HealthPathways Sydney including:

- The project now has 23 sites in Australia and NZ
- SLHD have 130 live pathways
- The priority clinical areas for 2015
- The focus on populating content prior to stronger marketing push to GPs
- Evaluation investment for population (estimate) is 548,000 at a budget of \$2.7M over three years
- There is significant uncertainty arising from the introduction of Primary Health Networks on 1 July 2015 and its impact on the Healthpathways initiative
- The usefulness of the site for general practitioners, the need to incorporate education, regulation, technology and communication with relevant networks
- The Agency for Clinical Innovation will lead the evaluation
- Engagement of the Menzies Institute to assist the District with evaluation.

3. Declaration of conflicts of interest

The Chair advised to declare any conflicts of interest at this meeting.
There were no conflicts of interests to declare.

4. Confirmation of previous minutes

4.1 Minutes 17 November 2014

The minutes of the Board meeting held on Monday 17 November 2014 were moved and seconded.

4.2 CE Report – November 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 still in progress.
- Discussions are continuing regarding the Board's role in relation to Clinical Governance matters including reports being provided on a quarterly basis.
- A copy of the Charles Perkins Centre Business Case is to be submitted to the Board.

5.2 Integrated Care Funding Submission

The Board received the full copy of the Integrated Care Funding Submission. Notification of the outcome of this submission should be known this week. This item can be removed from the action sheet.

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. Chairman's Report

7.1 Board Appointments

The Chair tabled the following documents for information and discussion:

- Letter to SLHD Chair from Minister Skinner
A letter to the Chair concerning the reappointments and new appointments of the Board.
- Expression of Interest – New Board Appointments
The Chair advised the Board of the two new Board Members appointed by the Minister commencing on 1 January 2015. Copies of the new Board member's expression of interest and curriculum vitae were available at the meeting to peruse.
- Term Dates and Bios
The Chair provided the existing members with the reappointment dates as confirmed by the Minister.

The chair requested that all members provide an updated bio via email prior to the end of this week.

- Committee Membership – Board Members
The Chair tabled a document concerning the Board members and their membership on District Committees.

The Chair requested all Directors to confirm their membership on existing SLHD committees and nominate any other committees they would like to participate on by the end of this week.

The Chair thanked Dr John Daniels for his service to the District and wished him all the best.

7.2 Council of Board Chairs Report

The Chair tabled a report on the outcome of the Council of Board Chairs Forum held on 5 December 2014. Matters to note included:

- An update on the Commonwealth State issues
- Patient Safety
- Patient Focus Care
- Funding – Rural/Regional/ Metropolitan Districts
- Capacity Assessment Review
- Rural Health Services

8. Chief Executive's report

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

- The new MoH SNAP ABM app reported that the SLHD is in the top three performers across the State and top performing District on two of the three KPIs.
- In September 2014 the MoH amended the financial reporting template to incorporate operating revenue and expenditure (NORE).
- Revenue unfavourability of \$0.217M in October 2014 is minor compared to prior months and generally a reasonable result. Inpatient revenue in regards to patient fees and high cost drugs in relation to user charges are the key areas that are underperforming against budget. Improvements in PBRC are assisting with performance in this area.
- SP&T result for the month of October 2014 was \$0.394M unfavourable to budget comprising \$0.659M unfavourability in Expenses and \$0.265M favourability in Revenue. The District is awaiting an increase in the SP&T budget for capital items. The SP&T report identifies YTD October 2014 Expenditure unfavourability of \$1.172M and YTD October 2014 Revenue favourability of \$1.360M, a combined favourability of \$0.188M.
- The District continues to be at Performance level zero.
- The interview with the NHMRC concerning the AHRTC submission was held on 8 December 2014. The outcome will be announced in March 2015. The Chair congratulated and thanked Dr Teresa Anderson and Mr Trevor Danos for the effort and preparation in relation to this submission.
- The Board is to have a representative at all visits to the District from the Minister and/or Ministerial staff.
- The recruitment to the position of Director, Organ Donation was unsuccessful. Discussions are occurring to organise a secondment to this position for three months.

8.1 Finance and Performance Reports

8.1.1 SLHD Board reporting pack – October 2014

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

8.1.2 Selected Performance Indicators – October 2014

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

8.1.3 SLHD Financial and Activity (Narrative) – October 2014

The Board received the new Financial and Activity report for the month ending 31 October 2014.

The Chair advised:

- The MoH have changed the formatting of this report
 - The SLHD Board reporting pack will remain reporting in line with the 2014/15 Service Level Agreement
 - This report is discussed and monitored at the Performance Review meetings with the MoH and at the Finance, Risk and Performance Committee meetings
- The Board discussed and agreed that this report to be removed from the agenda.

8.2 Project updates

8.2.1 North West Precinct

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

8.2.2 Lifehouse

The Board received the information on Lifehouse provided in the Chief Executive's report. The Board discussed the option of quarterly meetings with the Board and Executive of Lifehouse and the District in 2015.

8.2.3 Macquarie International Private Hospital

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

8.3 Capital Works Report

The Board received and noted the capital works report.

8.4 Clinical Governance Report

The Board received and noted the clinical governance report.

8.5 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 and noted the Hospital had no recommendations from the recent ACHS survey.

(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 Tresillian report.

(xii) Lifehouse

The Board received and noted the Lifehouse report.

9. Matters for approval / resolution

9.1 Concord Hospital Clinical Services Plan

The Board received and ENDORSED the 'Concord Hospital Clinical Services Plan'.

10. Board Committee reports / minutes

10.1 Finance, Risk and Performance Management Committee

The Board noted the meeting was held this morning 15 December 2014 at 8.00am.

10.2 Education and Research Committee

The Board noted the meeting is to be held today 15 December 2014 at 11.30am.

10.3 Communications Committee

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

10.4 Audit and Risk Committee

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

10.5 Health Care – Clinical Quality Council

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

10.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 17 December 2014.

10.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 6 February 2015.

11. Other Committee reports / minutes

11.1 Sustainability Committee

No meeting held.

11.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meetings held on 12 November 2014.

11.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the meeting to be held on 20 November 2014 was cancelled.

11.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 19 November 2014.

11.5 Revenue Enhancement Development Committee

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

11.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 1 December 2014 were not available.

11.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 28 November 2014.

11.8 Collaboration for Excellence Executive Steering Committee

The Board received and noted the minutes of the meeting held on 7 November 2014.

11.9 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 27 October 2014. A request was received to include the acronyms listed in these minutes be added to acronyms list.

11.10 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 11 November 2014 was cancelled.

12. Matters for noting

12.1 MoH Surgical Dashboard

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

12.2 Audit and Risk Committee Report to the Board September – November 2014

The Board received the Audit and Risk Committee Report for the period September to November 2014. The Board discussed and agreed that all audits resulting in an “unsatisfactory” outcome, requires an explanation in the form of a brief to be provided.

12.3 Progress Report – Charles Perkins Centre

The Board received and noted the information contained in the brief concerning the Charles Perkins Centre.

13. Other Business

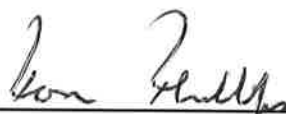
13.1 CRGH and Soldier On

Dr Anderson advised the Board a meeting was held with Mr John Bale, CEO, Soldier On and Professor David Forbes, Australian Centre for Posttraumatic Mental Health (ACPMH) in Canberra on 2 December 2014. Dr Anderson circulated a document "Proposed National Centre for Physical and Mental Health related Illness and co-located Michael Fussell Reintegration and Recovery Centre" for information only

14. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 16 February 2015 at 9:00am – 11:00am in the SLHD Boardroom.

The meeting closed at 11:20am.



The Hon. Ron Phillips
Chair

Date 16/2/2015

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING




Non-Admitted Activity

Work 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 continues. Concord and Balmain are now completing their mapping of scheduling appointment types in line with the 2014/15 NAP reporting changes. Discussion with IM&TD indicated it would be best to start with Concord and Balmain and then review before we complete and submit RPA and Canterbury's. The Performance and IM&TD teams remain confident of achieving the 100% target in advance of the deadline.

Sub and Non Acute (SNAP) Update

Work is continuing with the District SNAP Coordinators on improving SNAP data quality, SNAP education and training, monitoring of activity against target, and further improving District wide processes.

As at end of October 2014, the new MoH SNAP ABM App (specific ABM portal for SNAP activity) reported that SLHD is in the TOP 3 Performers across the State with regards to the Tier 1 SNAP KPIs. Of particular mention is that we are the top performing District on two (2) of the three (3) KPIs.

KPIs	Average		Top 3 KPI Performers		
Grouped Bed Days	71%		SVHN	NBMLHD	SYDLHD
Episodes without Error	86%		SYDLHD	SVHN	SESLHD
Error Correction Rate	64%		SYDLHD	NBMLHD	SVHN

This is a phenomenal result considering the District's position at the commencement of this financial year. Results like this ensures the District receives appropriate funding for all SNAP services it provides.

Although our documentation and results are much improved, there is the potential we are still missing many valid subacute episodes, at all sites. The 'SNAP' team will continue to work on these areas with view to being 100% compliant before the end of the financial year.

NWAU Activity against Target

With September coding only just complete, the District has achieved a huge 10.07% positive variance against Acute Admitted NWAU target (+1,094.6 NWAU). This is reflective of the increased activity through all our facilities, particularly over the later winter months. This result has the District at 2.40% above target Sept YTD, with preliminary analysis at end October showing a 4.41% positive variance.

This result 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 and manage expenditure to make up ground on budget performance.

Clinical Costing Update

The District continues working towards its final Round 18 NHDC DNR submission with view to submit in early December. The Costing Team has focussed this year's submission on preparing

additional patient feeder data for Imaging, Cardiovascular and theatre data to ensure the data is suitable for costing purposes and improve our overall results for these patients. In addition, a focus on the high-cost service at RPA for Pelvic Exenterations has also been an important component of this submission.

Preliminary feedback from the ABF Taskforce has indicated an improvement of the quality of our costing data in comparison to previous years.

IHPA Mental Health Costing Study

The MH Costing Study is moving along well at both CCMH and Croydon CMH, with the sites still the lead contributor across the State. A work-plan has been distributed by the ABF Taskforce outlining the requirements and due dates for processing the data for inclusion in the Rd 19.1 (July-December 2014) costing submission.

Meetings between MoH, SLHD (MH & Performance Unit) continue regularly to ensure the project remains on task. Further updates will be provided as the study progresses.

2015/16 Activity Estimation Process

The Ministry of Health is commencing the activity target setting process for the 2015/16 Service Agreements earlier than in previous years. This will provide for more extensive consultation and focussed discussion with individual LHDs.

Representatives from SLHD attended a workshop on 14 November 2014 to explain the various changes to the process and methodology for developing the activity targets. Preliminary service volumes/activity targets were distributed on 1 December along with a pack of key material to assist us in developing a greater understanding of the key components of the 2015/16 activity model, before the consultation and negotiation phases commence in early 2015.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of October, the proportion of patients using health insurance as a percentage of overall activity rose to 19.7%, the highest % result for the LHD and the most private discharges on record for a month (2,678).

The above result came mainly from improvements at RPAH, with its 6th consecutive month above 20% and the most private discharges Concord Hospital has had (952).

Single Room Utilisation

In October, 29% of all single rooms were taken up by private patients and 39% of all private patients were accommodated in single rooms. This is an improvement on September's results. The proportion of patients isolated for clinical alert remained fairly stable compared to the previous month at 10.6%.

Revenue Enhancement Committee

RPAH's free television offer to private patients is continuing. As indicated previously closer monitoring of HTR staff's identification of private patients continues. There has been recent improvement; however, discussions have occurred to formalise processes so that results do not depend on particular individuals being on duty. Initial improvements have been noted, but need to be maintained and enhanced.

HCF has appointed a new Chief Benefits Officer and initial discussions have commenced regarding potential links between HCF and the LHD in relation to integrated care. The District

is also continuing to work with the George Insistute, Telstra and HCF on the integrated care study.

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. The Chief Executive and the Steering Committee have reviewed the first draft of the feasibility study. Further work is required.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

The Pitch November session was held at the Concord Medical Education Centre on the 21 November 2014. There were 20 applications received for the November session of *The Pitch* making selection of top 6 pitches very tight. The event featured a cocktail style party, 6 pitches were presented to the panel, with 30 minutes deliberation from the panel
The winning *Pitches* were announced on the night:

1. **Pitch:** *'DEPROX' Strikes Back - The way forward in environmental decontamination*
 - **Presenters:** Chris Parker (NUM) & Sue Taggart (CNC), Burns Unit CRGH
 - **Brief Description:** This innovation introduces the Deprox System (Hygiene Solutions) which is an automated vapouring system that disinfects and systematically eradicates microorganisms.
 - **Awarded:** \$50,000
2. **Pitch:** *Fire Service – Training Centre*
 - **Presenter:** Inspector Tom Hetherington (District Fire Manager, SLHD)
 - **Brief Description:** This innovation explores the completion of structured training for clinical staff in regards to evacuation skills via a simulation fire training centre.
 - **Awarded:** \$40,000
- o **Canterbury Hospital Funded:** *The case for implementation of an in-hospital mechanical chest compression device (LUCAS2) to optimise resuscitation care.*
 - The General Manager of Canterbury Hospital, Ms Ann Kelly, was impressed with this submission that she decided to fund it herself.

Dates have been scheduled for the 2015 Pitches – Friday, 13 February 2014 and Friday, 29 May 2014 (SLHD Innovation Symposium).

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

- Suggestions include
 1. Theme: 'Where can innovation take us?'
 2. Audience participation
 3. Q & A session
 4. Debate

Clinical Redesign

2015 CHR Program (first intake)

Centre for Healthcare Redesign (CHR) Program applications have opened for 2015 and will close on the 15th 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 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 was endorsed by the CE, SLHD on 3 October 2014.
- The Project Diagnostic Report was endorsed by the CE, SLHD on 1 December 2014.
- The project team has finalised the Solutions Phase and are in the process of preparing a comprehensive report with the proposals.
- The Implementation phase has also commenced with the team organising the way forward with solutions.

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.

- The project team have fast tracked their Diagnostics. Their Diagnostic Report is currently being reviewed by the Project Team and then will be presented to the Steering Committee.
- Solutions Design Report is being finalised.
- 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 February 2015

Accreditation for AIM trainers occurred in November 2014 (2x CEWD and 1x SLHD staff).

HealthPathways

Workgroups

A further two workgroups were undertaken in November 2014, Heart Failure and Renal. The dermatology workgroup which was planned for November was postponed due to illness of the main clinical lead of dermatology and is to be conducted early next year. Preliminary discussions were commenced with the Chris O'Brien Lifehouse.

Upcoming workgroups include:

- Podiatry December 2015
- Dermatology January 2015

- COPD Date TBC
- Nutrition Services Date TBC

For more information on progression of 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:

- Complete and accessible 86
- Localising (from other HP regions) 178
- New Pathways being developed 32

Of the 210 pathways currently in draft 15 are currently in final review stages and will go live by December 31st.

Promotion

The HealthPathways team have continued targeted marketing of the live pathways and those in draft near to completion. Dr Linda Mann presented at an evening GP CDP event through IWSML on antenatal shared care where she demonstrated the draft antenatal pathways, these are due to be live by the end of the year. In addition, the antenatal shared care pathways were a feature item in the IWSML Monthly Bulletin to GP's.

Dr Mann also presented at the Women's Health Domestic Violence Forum held at RPA where she was able to demonstrate the live pathways and promote them as a resource that staff working in the District and Non-Government Organisations could use themselves and advise co-caring GP's of the resource.

Plans are underway to launch the diabetes pathways (currently being drafted) at a large GP CPD event in March.

Evaluation

The draft evaluation plan has been developed and will be presented and discussed at the Board meeting.

FINANCIAL PERFORMANCE

In September 2014, the Ministry amended the financial reporting template 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. In October 2014, the terminology to distinguish NORE from Operating Expenditure and Revenue was modified to Direct versus Indirect Expenditure and Revenue.

Traditional Report

The 2014/15 Board and Ministry Service Level Agreement which is based on the more traditional expenditure and revenue report shows Sydney Local Health District (SLHD) General Fund with YTD October 2014 Expenditure unfavourability of \$2.089M and YTD October 2014 Revenue unfavourability of \$4.061M and combined unfavourability of \$6.150M.

- YTD October 2014 Expenditure unfavourability decreased by 7.13% compared to prior month largely due to \$2.167M and \$0.653M favourability in Salaries and Wages and VMO payments respectively against budget in month of October 2014. Ministry's extrapolation currently indicate that SLHD's Salaries and Wages component is expected to meet budget for 2015 FY.
- Overtime was \$0.503M unfavourable to budget in October 2014. YTD October 2014 overtime unfavourable variances are observed at RPA (\$0.734M), CRGH (\$0.44M) and SDH (\$0.337M) and are a key focus area at facility monthly budget meetings. This is consistent with the significant increase in activity experienced by these facilities.
- Goods and Services expenditure for the month was unfavourable to budget for the first time this FY primarily due to unfavourable results for Direct Clinical Operating expenses which were \$1.996M unfavourable to budget in October 2014. Again this relates to the increase in activity experienced by the facilities.
- Revenue unfavourability of \$0.217M in October 2014 is minor compared to prior months and generally a reasonable result. Inpatient revenue in regards to patient fees and high cost drugs in relation to user charges are the key areas that are underperforming against budget. Improvements in PBRC are assisting with performance in this area.
- Grants and contributions are largely favourable in YTD October 2014 with 34% favourability against budget partly due to the District's strategic focus on research.
- Salary packaging has derived YTD savings of \$5.38M for SLHD with a substantial 63.25% uptake rate among eligible staff numbers.
- SP&T result for the month of October 2014 was \$0.394M unfavourable to budget comprising \$0.659M unfavourability in Expenses and \$0.265M favourability in Revenue. The District is awaiting an increase in the SP&T budget for capital items. The SP&T report identifies YTD October 2014 Expenditure unfavourability of \$1.172M and YTD October 2014 Revenue favourability of \$1.360M, a combined favourability of \$0.188M.

The Combined Fund results for YTD October 2014 comprise Expenditure unfavourability of \$3.261M, Revenue unfavourability of \$2.701M and combined unfavourability of \$5.962M.

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.

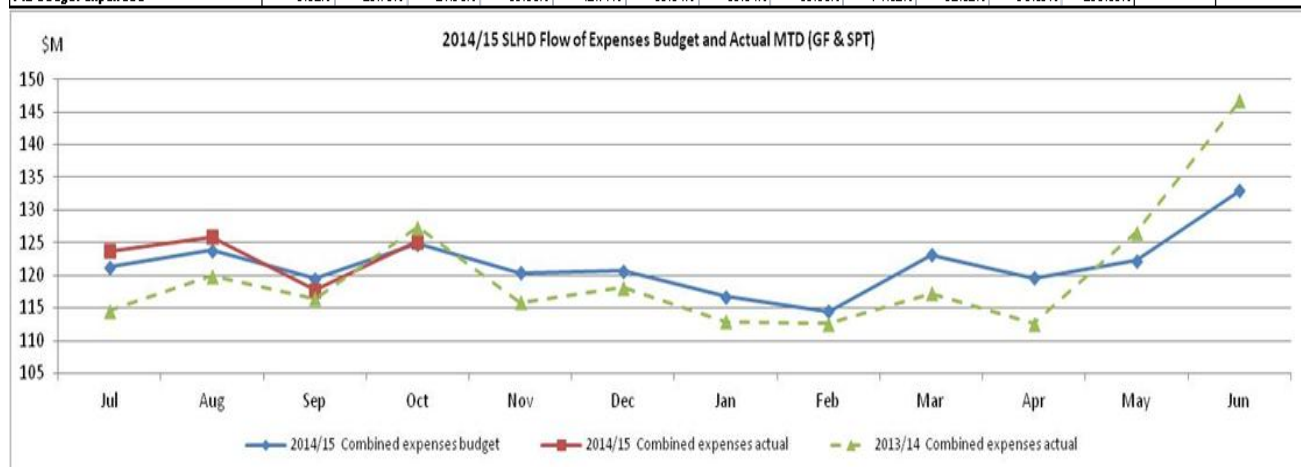
Revised Report

Under the Ministry's revised financial reporting requirements for the period ended 31 October 2014, SLHD recorded a Total Net Result of \$12.377M which was \$3.146M unfavourable to budget. The Net Direct Operating result is \$3.564M unfavourable to budget.

Budget performance is and will continue to be closely monitored as part of the District's performance management framework. There is ongoing attention on expenditure management and all hospital facilities and the District are focussing their efforts on maximising private patient revenue which is displayed by a lower unfavourability of \$0.217M in October 2014's Revenue result as compared to \$0.385M in September 2014.

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

2014/15 SLHD Flow of Expenses Budget MTD (GF & SPT) (\$M)														
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Oct	Full Year
2014/15 Combined expenses budget	121.271	123.789	119.566	124.758	120.399	120.704	116.710	114.492	123.160	119.600	122.320	132.973	489.364	1,459.74
2014/15 Combined expenses actual	123.744	125.912	117.732	125.257									492.645	
Variance (+ Fav, - Unfav)	(2.473)	(2.123)	1.834	(0.499)									(3.281)	
2013/14 Combined expenses budget	116.853	120.091	118.646	120.279	119.227	117.416	112.466	111.087	119.487	119.035	129.041	145.345	475.869	1,448.97
2013/14 Combined expenses actual	114.648	119.876	116.451	127.332	115.867	118.093	112.929	112.583	117.234	112.621	126.637	146.753	478.308	1,441.03
Variance (+ Fav, - Unfav)	2.205	0.214	2.195	(7.054)	3.359	(0.676)	(0.464)	(1.497)	2.252	6.414	2.403	(1.408)	(2.439)	7.94
% of Budget	8.31%	8.48%	8.19%	8.55%	8.25%	8.27%	8.00%	7.84%	8.44%	8.19%	8.38%	9.11%		
YTD budget expended	8.31%	16.79%	24.98%	33.53%	41.77%	50.04%	58.04%	65.88%	74.32%	82.51%	90.89%	100.00%		



Liquidity

The District had nil creditors over 45 days as at 31 October 2014.

The District achieved 99% compliance (100 out of 101 payments) with the NSW Government target for payment of small vendor creditors within 30 days for the month of October 2014. The invoice that did not meet the payment target was paid 3 days afterwards with a value of \$198.

The cash balance at 31 October 2014 for the Operating bank account was \$0.997M (SLHD \$0.977M and repointing of HRTO-SSW \$0.020M) and the Operating Cash book balance was \$0.750M (SLHD \$0.750M and repointing of HRTO-SSW \$0).

Capital Works

CAPDOHS PROJECTS

The District's Full Year Capital works budget as at October 2014 is \$0.500M comprising \$0.500M of MoH funded projects and no locally funded projects. Actual expenditure as at the end of October 2014 was \$0.032M which is equal to projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0. The District had its Performance Meeting with the Ministry on 1 December 2014. The Ministry of Health was very positive in relation to the District's Performance over the year. No significant concerns were raised at the meeting.

Activity

For October FYTD 2014 acute same day separations for SLHD are up 9.19% compared to the same FYTD period last year. The occupancy rate for October FYTD 2014 SLHD remains higher when compared to October FYTD 2013 by 94.48% to 90.72% respectively.

Hospital in the Home (HiTH) activity has increased by 50.59% for October FYTD 2014 (noting Concord and Canterbury were not yet in operation in October 2013). The activity at Balmain has decreased by 49.02% in October FYTD 2014 this was due to a change in hours which patients attending the General Practice Casualty could be referred to the HiTH program.

For the month of October 2014 same day separations have increased at RPA and Concord by 12.59% and 5.41% to October 2013.

The Total Average Length of Stay (ALOS) for SLHD for FYTD October 2014 is 3.59 days compared to 3.65 in October 2013. Balmain's ALOS has decreased October FYTD 2014 by 1.08 day to the same period last year.

NEAT

The overall NEAT performance for SLHD has improved by 6.22% in October FYTD 2014, compared to October FYTD 2013. Canterbury achieved above target at 81.17% for October 2014 whereas Concord and RPA were 70.05% and 67.23%. For the October FYTD 2014 period RPA has improved by 10.79% and Concord has decreased by 3.22% to 2013. Considering the increase in activity, all facilities have done well to maintain the improvements in their performance.

ED Triage

Canterbury hospital achieved all triage categories for the month of October 2014. RPA did not achieve the targets for triage category 2, 3 and 4 and Concord did not achieve category 3 in October 2014. A letter has been sent to the ACI requesting an update on the Chest Pain Evaluation Policy.

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 October 2014 FYTD for all categories. Again, considering the increase in activity, the facilities have performed very well to maintain their performance in surgery.

Transfer of Care

The target of 90% for transfer of care was met by Canterbury and Concord Hospital in October 2014. The percentages for Canterbury, Concord and RPA respectively were 90.36%, 91.12% and 74.21%. SLHD has decreased on its FYTD percentage by 6.73% from 2013 and currently is 77.08% FYTD October.

Quality and Safety

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for October 2014. Mental Health Readmissions within 28 Days continues to be above target of <13% and has increased from the same period last year from 11.7% to 17.4%. There are currently numerous initiatives being implemented throughout SLHD to address mental health activity.

Workforce

October YTD sick leave hrs/FTE is above the sick leave target by 2.2 hours/FTE. Premium staff usage has decreased from September to October; however, in both Nursing agency and casual are above the full year to date period. This relates to the increase in activity during this period.

CAPITAL WORKS

North West Precinct

The Project is now completed. The official opening of the Professor Marie Bashir Centre was on 13 November. The patients were relocated on 20 November. The Steering Committee Plans to evaluate the project and submit it for publication.

Concord Translational Research Facility

Revised tender left to 3 remaining tenderers. This will close 20 January with review and award of contract by the end of January. Contractors will commence on the site in early February 2015. Recast completion date December 2015.

RPAH Stonework repair main facade

Work continues on the repair to the stone facade at RPA. 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

Work continues 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. Forecast completion May 2015

SLHD Aged Care Network

Scheme design for Balmain and Canterbury works is complete. In house renovation of Canterbury will commence mid 2015. Documentation on Balmain construction continues. The planning for the Concord component will be rolled into the Concord Master Planning process.

Sydney Dental Hospital Additional Chairs

Project complete. Defect rectification underway. Project on budget. Opening of the new unit will occur in the new year.

PLANNING

Concord Clinical Services Plan

The final draft of the Concord Clinical Services Plan was distributed for comment to clinicians, Clinical Directors and the SLHD Executive. In all, 52 comments, predominately from Concord department heads were received. Each of these comments was considered and amendments were made to the document prior to its presentation to the District Clinical Quality Council meeting at the end of November. The Plan has been well received. A summary is included in the Board papers

Child Health and Wellbeing Plan Workshop

A half-day planning and consultation workshop targeting NGO children's service stakeholders was held on the 12 November at the Canterbury Leagues Club. The Leagues Club provided the venue at a discounted rate for the health service. There were 99 attendees, aside from the organising group and others involved in the workshop development.

The core objectives of the event were to:

- Inform stakeholders of the leading partners' intention to develop a shared plan for Child Health & Wellbeing for Inner West Sydney
- Invite stakeholders to participate in the Plan's development and implementation
- Gather views and opinions on the draft Inner West Sydney Child Health & Wellbeing Plan Framework
- Identify priorities and strategies for agency collaboration, where working together may have greater reach, create efficiencies, and ultimately enhance child health and wellbeing outcomes.

Initiatives prioritised at the workshop included:

- Early intervention and prevention strategies: This particularly related to universal screening at various life stages, co-ordinated health promotion and community development.
- Greater collaboration and integration in respect of information-sharing, educational opportunities and more effective and efficient integration of resources. Examples included a suggestion that HealthPathways be expanded to the NGO sector.
- More co-ordinated service responses. This particularly referred to better aligning and co-ordinating services across the sector including collocations and more formalised relationships.

A full report on this activity will be provided. The evaluations by participants were very positive.

Oral Health Position Paper

Initial discussions and data gathering has been undertaken to facilitate the development, by Oral Health, of an Oral Health position paper. This should be drafted by the end of the year.

Charles Perkins Centre (CPC) Royal Prince Alfred (RPA) Clinic Model of Care

The final Model of Care for the CPC RPA Clinic was presented to the final Steering Committee meeting on 1 December. There have been some changes in the clinics as well as developments in the governance arrangements that are now reflected in the revised plan.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

In November, an extension on the consultation period for the Yaralla Estate Management Plan was requested by the City of Canada Bay Council. This was granted until initially until 28 November and then further extended until 9 December. Comments have now been received from the City of Canada Bay Council which will be considered at the next meeting of the Yaralla Community Advisory Council.

Two community groups have been engaged to work in partnership with the District for activities on the Estate. The Inner West Neighbour Aid will assist in maintaining the community gardens and the design school students from South Western Sydney Institute TAFE NSW will be involved in developing an open day.

SYDNEY RESEARCH

Sydney Health Partners

The Sydney Health Partners (SHP) Advanced Health Research and Translation Centre (AHRTC) submission was successfully shortlisted by the NHMRC. Across Australia, 12 applications were submitted and eight were shortlisted. In NSW this includes SHP, UNSW- SAHRT and Hunter MRI. The interviews were held at the NHMRC national office, Canberra on 8 December 2014 and SHP was represented by Dr Teresa Anderson, Prof. Bruce Robinson, Prof. Jonathan Morris, Prof. Chris Cowell, Prof. David Celermajer and Prof. Stephen Leeder. The NHMRC will announce outcomes in March 2015.

Minister's Office Tour

Attended by Ms Rebecca Williams, Senior Policy Advisor to the Minister for Health and Medical Research and Tony Penna, Director NSW OHMR visited Sydney Research (RPA campus) on 21 November 2014.

The purpose of the visit was to engage members of Sydney Research and gain a better understanding of hub collaboration, research excellence and translation. Presentations were provided by the Charles Perkins Centre, HRI, Woolcock Institute George Institute. Two site visits were undertaken including the Centenary Institute with Prof. Jennifer Gamble (lab setting with bench to beside theme) and at Lifehouse with Dr Lisa Horvath and the Clinical Trial Centre - Sydney

Catalyst with Prof Martin Stockler, A/Prof Tim Shaw and Ms Danielle Miller (emphasis on care and translation). Ms Williams commented that she was most pleased with the high level of collaboration, research and translational activity occurring at Sydney Research.

New Pro Vice- Chancellor appointment USyd

Professor Laurent Rivory has been appointed as Pro Vice-Chancellor (Strategic Collaborations and Partnerships) within the research portfolio. This is a key leadership role in delivering major strategic collaborative research and education initiatives for the University. Prof Rivory has joined the Sydney Research Council.

OHMR Hub Funding Agreement

As a condition of the OHMR funding agreement – NSW Hub's are to develop their local governance arrangements including MOU. Sydney Research has an established governance model and consistent with others hubs in NSW will develop a high level MOU, undergo consultation and plan for sign off early 2015.

The Professor Marie Bashir Centre

The Professor Marie Bashir Centre officially opened on the 13 November 2014. The centre offers cutting edge mental health and neuroscience services including short stay and acute care for mothers and babies as well as assessment, NSW eating disorder services, physical therapies, drug and alcohol and high dependency care.

Congratulating Professor Rebecca Ivers

Prof Ivers, The George Institute won the innovation category in The Australian Financial Review and Westpac 100 Women of Influence Awards. In the recent NHMRC announcement Prof Ivers was successful in attaining more than \$1 million in grant funding. She was also responsible for her team being admitted as a member of the UN Road Safety Collaboration. Sydney Research Council congratulates Prof Ivers on her outstanding achievements.

ORGAN DONATION

In November the recruitment for the organ donation director position was unsuccessful in appointing an appropriate candidate. In lieu of this discussions will occur with Outcomes Australia to second Maria Gomez into the position for three months.

The monthly audits continue to provide insight into the potentiality of donors and robust debate. The NSW Ministry of Health legal branch is reviewing the Victorian legislation (*Guardianship Act*) and NSW legislation to determine if NSW can implement similar pre-mortal interventions.

STAFF CHANGES

Mr Steven Carr, Director of Finance has resigned to take up a position at St Vincents Hospital. The District has expressed appreciation to Steven for the high quality work that he has undertaken within the District. Mr John O'Connor will be Acting Director of Finance. John is very familiar with the District and its finances having worked with the District on the budget and Lifehouse for the last 3 years.



Dr Teresa Anderson
Chief Executive