
Sydney Local Health District

Fortieth Meeting of the Board

Date: Monday 16 February 2015

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
Professor Paul Torzillo AM, Member (Departed the meeting at 11.00am)
A/Prof. Christine Giles, Member
Dr Barry Catchlove, Member
Mr David McLean, Member
Dr Thomas Karplus, Member (Departed the meeting at 11.00am)
Ms Frances O'Brien, Member
Ms Susan Anderson, Board Member
Ms Joanna Khoo, Board Member

Apologies

Mr Trevor Danos, AM, Member

In attendance

Ms Nerida Bransby, Secretariat
Ms Grace Scott, GHMP Trainee
Mr Edward Benecke, GHMP Trainee

2. Welcome and introductions

The Chair welcomed Members to the fortieth meeting and the first meeting of 2015 of the Sydney Local Health District (SLHD) Board, in particular to the new members, Ms Susan Anderson and Ms Joanna Khoo.

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 15 December 2014

The minutes of the Board meeting held on Monday 15 December 2014 were moved and seconded.

4.2 CE Report – December 2014

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

The Chair then declared that the CE Report for December 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 will be provided to the next meeting.
- The Board's role in relation to Clinical Governance matters including reports being provided on a quarterly basis will be discussed at the meeting in April 2014.
- A copy of the Charles Perkins Centre Business Case will be submitted to the next meeting.
- The Bios are to be circulated for final proofing. Committee membership preferences were received and noted by the Chair for discussion with the Chief Executive.

Briefing to the Board

A/Professor Christine Giles, Board Director attended the United International Cancer Congress and World Leaders Summit. The event is held every two years and over three thousand people attended. Topics included:

- Affected Population
- Costings
- Cancer Control
- Investments in prevention including vaccinations, research, screening effectiveness and radiotherapy.

A copy of the papers to be circulated to all Board members. The Chair thanked A/Professor Giles for the briefing.

6. Standing Items

6.1 Acronyms List

The Board received and noted the revised 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

Nil to report

8. Chief Executive's report

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

- At the end of December, SLHD was reporting 68% of NAP activity at the patient level.
- The District maintained its high level of activity in October (due to coding) with final Acute NWAU variance against target for the month at 8.05%.
- Trend growth (reduced to 20% from 30% - more emphasis on population growth now). The Board requested a private patient analysis of increase in revenue.
- Private health insurance usage rose to 20.28% for December.
- The Concord Cath Lab initiative is progressing.
- To date there are 315 HealthPathways in use and being developed. KPIs usage is being developed.
- For the period to the end of December 2014, General Fund Expenditure is \$1.295M unfavourable to budget and Revenue is \$7.576M unfavourable to budget. On a NCoS basis the District is \$8.871M unfavourable to budget.
- Overtime was \$0.414M unfavourable to budget for the month of December and \$2.455M unfavourable to budget YTD.
- Goods and Services Expenditure was \$4.131M unfavourable to budget. Tighter controls are to be put in place for the receipt of goods.
- Discussions are occurring regarding option of receiving increased funding due to the increased activity.
- The District is \$4.8M is favourable in TMF hindsight.
- For December FYTD 2014 acute same day separations for SLHD are up 5.68%.
- The opening of the Professor Marie Bashir Centre (PMBC) impact on the emergency department will be looked at in six months.
- The outcome of the AHRTC interview will be announced in March 2015.
- A copy of the "Review to Strengthen Independent MRIs" (iMRIs) to be forwarded to Board Members.
- The Sydney Innovation and Research Symposium will be held on 29 May 2015.
- Organ donation in progressing. Looking at various practices, beneficial data and information is being obtained.

8.1 Finance and Performance Reports

8.1.1 SLHD Board reporting pack – December 2014

The Board received the SLHD Board reporting pack for December 2014. The Board questioned whether the number of employees FTE is 8,924.83 is correct. A report will be provided at the next meeting.

8.1.2 Selected Performance Indicators – December 2014

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

8.2 Project updates

8.2.1 North West Precinct

Due to an incident occurring in the PMBC, and following a review, all en-suite bathroom doors will be redesigned.

8.2.2 Lifehouse

The Board received the information on Lifehouse provided in the Chief Executive's confidential report. The launch of the inpatient services occurred on Friday 13 February 2015.

Motion: A vote of gratitude and appreciation from the Board to Dr Teresa Anderson and the SLHD team on all the work that has been achieved in relation to the Lifehouse Project.

8.2.3 Macquarie International Private Hospital

The Board received the information on Macquarie International Private Hospital in the confidential 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. Clinical governance will be the focus of the April Board meeting.

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.
- (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 the Population Health report. The Board noted the appointment of Dr Richard Broome as the Director of the Sydney Local Health District Public Health Observatory.
- (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 Smoke Free in Health Facilities

The Board received the brief concerning the information and options on which to base a decision about achieving fully “smoke-free” Sydney Local Health District (SLHD) facilities.

The Board ADOPTED the recommendations contained in the brief including:

To resolve to make a by-law designating the public hospitals, health institutions and health services under its control are smoke-free areas for the purposes of the Smoke-free Environment Act; and in preparation for the formal adoption of a by-law advise that appropriate planning and consultation take place including:

1. Consultation with staff and community, identification of specific areas for smoking within the grounds of its facilities where appropriate for adoption by way of written instrument (not a by-law) made by the Chief Executive;
2. Development of a Smoke-free Health Facilities Strategy to address the planning, implementation (including enforcement) and communication requirements of adopting and implementing a by-law.

10. Board Committee reports / minutes

10.1 Finance, Risk and Performance Management Committee

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

10.2 Education and Research Committee

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

10.3 Communications Committee

The Board noted the next meeting is being held 16 February 2015.

10.4 Audit and Risk Committee

The Board noted the next meeting is being held on 26 March 2015.

10.5 Health Care – Clinical Quality Council

The Board noted the next meeting is being held on 25 February 2015.

10.6 Health Care – Clinical Council

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

10.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting 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 10 December 2014.

11.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

11.4 Surgical Demand Committee

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

11.5 Revenue Enhancement Development Committee

The Board noted there was no meeting held in December 2014 and January 2015.

11.6 NSW Health / SLHD Performance Review Meeting

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

11.7 SLHD Innovations Group

There was no meeting held in December 2014.

11.8 Collaboration for Excellence Executive Steering Committee

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

11.9 Organ Donation for Transplantation

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

11.10 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 10 December 2014.

12. Matters for noting

12.1 Central Station to Eveleigh Redevelopment Proposal

The Board received and noted the new proposal concerning the revitalisation for the rail corridor between Central Railway and Eveleigh.

12.2 Planning and Innovation Funds Proposal

The Board received and noted this correspondence. The District has obtained funding over three years for two successful proposals.

12.3 Model of Care - Charles Perkins Centre RPA Clinic

The Board received and noted the brief and Models of Care for the Charles Perkins Centre RPA Clinic.

13. Other Business

13.1 Cystic Fibrosis

In early February 2015 SLHD/RPAH received additional recurrent funding of \$328,891 to recruit to 1.91 FTE additional staffing to improve access for patients with cystic fibrosis.

13.2 Aboriginal Garden

Work is commencing 18 February 2015 on the Aboriginal Garden located near the Charles Perkins Centre.

13.3 Commonwealth Funding

The Commonwealth Funding Agreement with the State is current until 2017.


13.4 Heart of Health

A presentation on the Heart of Health program will be presented at the next meeting.

14. Next Meeting

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

The meeting closed at 11:35am.



The Hon. Ron Phillips
Chair

16/03/2015

Date

**Chief Executive's Report to the
Finance, Risk and Performance Management Committee and the SLHD Board
February 2015**

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

Concord and Balmain Hospitals have now completed their mapping of scheduling appointment types in line with the 2014/15 NAP reporting changes as mandated by the MoH. Ongoing work across the remaining facilities is underway to ensure all of our clinics are reporting against the new requirements and at 100% patient level by the end of financial year.

At end of December, SLHD was reporting approximately 68% of NAP activity at the patient level. With Mental Health and Community Health services close to being complete, this number will increase significantly in the coming few months. Overall, the Performance and IM&TD teams remain confident of achieving 100% within the required timeframe.

Sub and Non Acute (SNAP) Update

SLHD is again performing very well against the three SNAP KPIs (as reported in the MoH SNAP ABM portal). Grouped SNAP bed days (those reported to MoH) and episodes without error are both near 100%. This ensures the District will receive the full allocation of funding for its SNAP activity.

KPIS

State Average Top 3 KPI Performers

Grouped Bed Days	73%	SYDLHD (98%)	SVHN	SESLHD
Episodes without error	90%	SESLHD	MLHD	SYDLHD(97%)
Error correction Rate	35%	SYDLHD (82%)	NBMLHD	HNELHD

Work is progressing towards the development of District standardised sub-acute reports. Key sub-acute Clinicians are being consulted in this process.

Identification of all sub-acute activity is continuing with a focus on Palliative care. Collaboration and communication with our palliative care clinicians is ongoing including some medical record audits. The results should assist to increase awareness and identification of palliative care activity and therefore increase our classification and NWAU.

NWAU Activity against Target

The District maintained its high level of activity in October with final Acute NWAU variance against target for the month at 8.05%. (+966 NWAU). This is reflective of the increased activity through all our facilities in the early period of the financial year. This result has the District at 5.07% above target Oct YTD, with preliminary analysis at end November (still approx. 740 records outstanding - coding) showing similar positive variance.

The District achieved a 25% positive variance for Non-Admitted NWAU for December 2014, giving the District 17% above target December YTD. This is attributed to improved reporting mechanisms across service units. The District SNAP NWAU performance against target result is also 30% positive at YTD December 2014. Similarly, this is attributed to improved data capture and reporting as indicated above.

NWAU data at end of December 2014 has the District at -4.2% for Emergency; however, there is a known issue with the IHPA URG grouper (affecting the Diagnosis errors) which is impacting on actual result. The District is confident it is within target range for this area.

Clinical Costing Update

The District successfully submitted its final Round 18 NHCDC DNR in January 2015. The slight delay was a direct result of the additional work required on costing the high-cost low-volume Pelvic Exenteration service provided at RPAH. This exercise achieved significant improvement in previous submissions with the average cost increasing by 132% to a figure more reflective of the costs borne in the acute admitted phase of the patient's treatment.

Preliminary feedback from the ABF Taskforce has indicated an improvement of the quality of our costing data in comparison to previous years with specific mention of the work undertaken in obtaining additional patient feeder data for Imaging, Cardiovascular and theatres.

The key DNR dates for 2014/15 Costing (NHCDC Round 19) are as follows:

- July to December 2014 six month DNR — due at the end of January 2015 and will include the additional data required for the Mental Health Costing Study
- Draft 2014/15 Round 19 full year DNR — due Friday, 16 October 2015
- Final 2014/15 Round 19 full year DNR — due Friday, 13 November 2015

2015/16 Activity Estimation Process

Following a range of discussions with the LHD/SHN Consultation Committee and the LHD/SHN activity workshop held on 14 November, the MoH has progressed the development of a draft activity purchasing model for the 2015-16 financial year. This model has a number of new or revised elements considered improvements to the previous model. In particular, the MoH has proposed changes to the 'adjustor' elements, including:

- Trend growth (reduced to 20% from 30% - more emphasis on population growth now)
- Unplanned Readmissions (progressive adjustor applied to all LHDs even if currently under State average)
- Potentially Preventable Hospitalisations (similar to above)
- Quality Improvement Pool (relates to Pressure Injuries and Venous Thromboembolism - incentivise safety and quality efforts and best practice care models)
- Appropriateness of Care positive adjustor (relates to the adoption of best practice model for Fractured Neck of Femur - supports state-wide programs led by the CEC and the ACI)
- Adjusted Relative Utilisation (partly calculated from LHD data as well as other data sources including those residents receiving treatment in private hospitals).

In addition, the SLHD CE, has been selected to join the MoH Steering Committee established to formulate and provide strategic advice on:

- The scope of highly specialised services (HSS)
- A specific mechanism to establish an agreed price and volume for HSS
- A method for management of financial risks to both LHDs and MoH
- A mechanism to prioritise service purchasing decisions if required

Commencement of the formal negotiations with SLHD is scheduled to commence mid February 2015 with view to have agreed targets by early April 2015.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of November, the proportion of patients using health insurance as a percentage of overall activity rose to 20.08% and in December 20.28%. Both were the highest percentage results for

the LHD each month. This was mainly as a result from strong performance at Concord and record improvements at Canterbury and RPAH.

Single Room Utilisation

In November, 29% of all single rooms were taken up by private patients and 40% of all private patients were accommodated in single rooms. This was consistent with October's improved result. In December, 26% of all single rooms were taken up by private patients and 39% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

RPAH's free television offer to private patients is continuing, and improvements in engagement by television staff has been observed

For the Concord Cath Lab initiative, further work has been undertaken in relation to options such as the development of a not-for-profit company or public sector mutual.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

The Pitch February session will be held at the KPEC Auditorium on the 13 February 2015.

Twelve applications were received for the February session of *The Pitch* with the selection process underway. The event features a cocktail style party, with a maximum of 6 pitches to be presented to the panel, with 30 minutes deliberation from the panel. Dates have been scheduled for the 2015 Pitches – Friday, 13 February 2015 and Friday, 29 May 2015 (SLHD Innovation Symposium), 14 August 2015 and 13 November 2015.

Preparation for the SLHD Research and Innovation Symposium has also commenced with the Innovations Group reviewing options for 2015. In collaboration with the ACI, a draft JMO Program will also be explored which will provide 4 sessions of training in quality improvement, clinical redesign and innovation. The Innovation group is currently reviewing the program and will feedback. The program will be trialled and tested for exploration to other disciplines.

Clinical Redesign

2015 Successful CHR Project (first intake)

Centre for Healthcare Redesign (CHR) Program applications closed on the 15 December 2014. The Successful project for the Centre for Healthcare Redesign (CHR) 2015 Program (first intake) will commence on the 25th February 2015 –

1. Reducing the burden on patient flow for Non weight bearing patients: this project aims to understand the journey of the non weight bearing patient and the burden it places on the acute orthopaedic setting and its impact on patient flow. The project will aim to understand the limitations of discharge planning for non weight bearing orthopaedic patients including:
 - Determine bed blockage for non weight bearing patients in orthopaedics
 - Optimise non weight bearing patient outcomes
 - Promote multidisciplinary care for non weight bearing patients

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 team has finalised the Solutions Phase and has finalised the implementation planning phase. The Implementation phase has commenced with endorsement from the Steering Committee pending.

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 team have fast tracked their Diagnostic, Solution and Implementation Phases (due to the delay in receiving ethics approval). Implementation will commence February 2015.

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

Only one workgroup one Podiatry was held with the extended Christmas and New Year break. The workgroup identified a number of areas for pathway development as well as feeding into the development work for orthopaedics and diabetes. The dermatology workgroup which was planned for November was postponed due to illness of the main clinical lead of dermatology and is being rescheduled for late February.

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 315 clinical, requesting and information pathways has been initiated and presently we have:

Complete and accessible to GPs	154	Localising (from other HP regions)	139
New Pathways being developed	22		

Of the 161 pathways currently in draft 32 are currently in final review stages and will go live by Mid March on completion of request information pages for gastroenterology and rheumatology.

Promotion

Practice visits were reduced due to the extended holiday period and the reduction of staff active in general practice. Following the Australia Day weekend targeted activity will commence again. The Program Team has been using the down time to update and incorporate HPS activity in the IWSML data base. This allow for deeper record keeping and analysis.

Plans are underway to launch the diabetes pathways (currently being drafted) at a large GP CPD event on April 1st.

Evaluation

The draft evaluation plan was submitted to the December SLHD Board. The full report of the first six months of live activity will be presented to the HPS Advisory Committee in February 2015.

FINANCIAL PERFORMANCE

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2014/15 Board and Ministry Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS). The following analysis reflects the results for the first six months of the financial year based on the District's budgeted NCoS. For the period to the end of December 2014, General Fund Expenditure is \$1.295M unfavourable to budget and Revenue is \$7.576M unfavourable to budget. On a NCoS basis the District is \$8.871M unfavourable to budget.

The results for December 2014 do not reflect SLHD's actual performance for the month as there were a number of end-of-month adjustments that were not processed by the due date for the close of the General Ledger. The delay in identifying and processing these adjustments was attributable to a number of changes in key Finance staff during December.

The post close adjustments identified totalled \$5.139M. This comprised of \$2.306M in Revenue (Patient Fees – \$1.500M, User Charges – \$0.806M) and \$2.833M in RMR expenditure related items that were expensed when they should have been capitalised.

After adjusting for these items, SLHD General Fund year to date (YTD) expenditure would have been favourable to budget by \$1.538M and YTD Revenue would have been \$5.270M unfavourable to budget. Post adjustment NCoS would have been \$3.732M unfavourable to budget.

The major variances for the month and YTD were:

Expenditure

- After allowing for the adjustments referred to above Total Expenditure was \$0.357M favourable to budget for the month of December. This result reflected a favourable budget variance for Salaries and Wages of \$3.247M, offset by unfavourable results in a number of expenditure categories including G&S Clinical Operating (\$2.070M) and G&S Corporate and Operational Admin (\$2.430M).
- YTD, after the post balance date adjustments, Total Expenditure was \$1.538M favourable to budget, reflecting favourable variances in Salaries and Wages (\$5.810M), Annual Leave (\$1.760M), Goods and Services (\$1.301M) and Depreciation (\$1.828M) offset by unfavourable results for Overtime (\$2.455M), Superannuation (\$2.412M) and VMOs (\$1.388M).
- Overtime was \$0.414M unfavourable to budget for the month of December and \$2.455M unfavourable to budget YTD. Nursing and JMOs are the two labour categories with the largest unfavourable budget variances, \$0.876M and \$0.808M respectively. The District is currently reviewing the budget allocation for FY2014/15 between Salaries and Wages and Overtime. The review is expected to be completed in time for the January 2015 month end reporting cycle.
- Goods and Services Expenditure was \$4.131M unfavourable to budget for the month of December; however, for the month of November 2014, actual expenditure was much lower compared to November 2013 suggesting that part of the unfavourability in December was due to lower invoice processing in November and insufficient end of month accruals. In addition, the unfavourable result in Corporate Admin was related to a budget realignment processed in December in relation to IM&TD services provided to SWSLHD. YTD Goods and Services Expenditure is \$1.300M favourable to budget.

Revenue

- Allowing for the adjustments referred to above, Total Revenue was \$1.615M unfavourable to budget for the month of December 2014. The result for the month reflects unfavourable budget variances in all revenue categories.
- YTD, post the balance date adjustments, Total Revenue was \$5.270M unfavourable to budget. This reflected unfavourable budget results in all revenue categories except Grants and Contributions. The unfavourable results YTD reflect the impact of the increased own source revenue target allocated to the District for FY2014/15. The budget increase for this year was approximately 4.50% higher than last year's budget and 9.86% higher than last year's actual result. This target continues to present a significant challenge to the District. The district has written to the NSW Health Chief financial Officer again to request a realignment of the revenue budget.
- Grants and contributions were unfavourable to budget for the month of December 2014 (\$0.230M) but \$3.422M favourable to budget YTD.
- Salary packaging reimbursements are \$1.517M favourable to budget YTD with the take rate continuing to increase, currently at 68.60% of eligible staff numbers.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS is \$0.544M favourable to budget for the six months to the end of December 2014. This reflects an unfavourable budget variance for Expenditure of \$1.321M offset by a favourable budget result Revenue of \$1.865M.

CONSOLIDATED RESULT

The YTD consolidated NCoS result for the General Fund and SP&T post close adjustment was \$3.188M unfavourable to budget. The result comprises a favourable variance in expenditure of \$0.217M and an unfavourable budget variance for revenue of \$3.405M.

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the six months to the end of December 2014, SLHD recorded a Total Net Result of \$8.955M which was \$5.605M unfavourable to budget. YTD Net Direct Operating Result was \$5.260M unfavourable to budget. The YTD result was largely attributable to the result for the month of December 2014 which was \$5.709M unfavourable to budget for Total Net Result and \$6.094M unfavourable to budget for Net Direct Operating Result.

After adjusting for post close adjustments described above, the Total Net Result for the month was \$0.570M unfavourable to budget and \$0.466M unfavourable to budget YTD.

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 in the District are continuing to strengthen their efforts on maximising private patient revenue to reduce the Own Source Revenue unfavourability for the District. The Chief Executive and A/Director of Finance are confident that the District will achieve an on budget result by end of financial year.

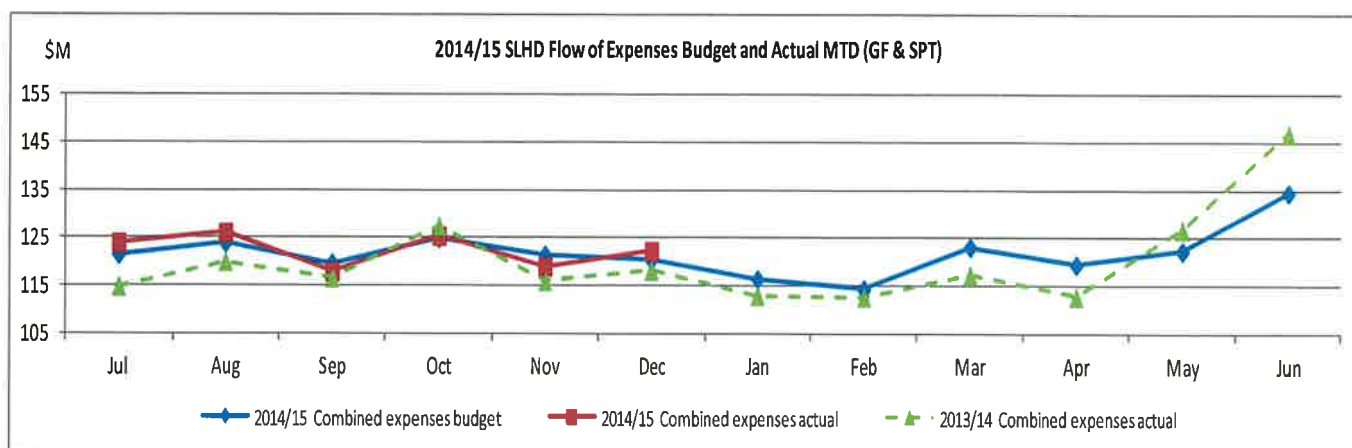
The following graph and table shows Combined GF and SP&T Expenses Budget Monthly flow using the predictive tool for FY2014/15 along with actual performance.

Report



2014/15 SLHD Flow of Expenses Budget MTD (GF & SPT) (\$M)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Dec	Full Year
2014/15 Combined expenses budget	121.271	123.789	119.566	124.758	121.287	120.337	116.324	114.218	123.003	119.357	122.184	134.364	731.008	1,460.46
2014/15 Combined expenses actual	123.744	125.912	117.732	125.257	118.871	122.107							733.624	
Variance (+ Fav, - Unfav)	(2,473)	(2,123)	1,834	(0,499)	2,415	(1,770)							(2,616)	
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	712.512	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	712.268	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)	0,244	7,94
% of Budget	8.30%	8.48%	8.19%	8.54%	8.30%	8.24%	7.96%	7.82%	8.42%	8.17%	8.37%	9.20%		
YTD budget expended	8.30%	16.78%	24.97%	33.51%	41.81%	50.05%	58.02%	65.84%	74.26%	82.43%	90.80%	100.00%		



Liquidity

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

The District achieved 100% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of December 2014.

The cash balance at 31 December 2014 for the Operating bank account was \$5.229M (SLHD \$5.053M and repointing of HRTO-SSW \$0.176M) and the Operating Cash book balance was \$4.863M (SLHD \$4.863M and repointing of HRTO-SSW \$0).

Capital Works

CAPDOHRS PROJECTS

The District's Full Year Capital works budget as at December 2014 is \$0.500M comprising \$0.500M of MoH funded projects and no locally funded projects. Actual expenditure as at the end of December 2014 was \$0.089M which is equal to projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

For December FYTD 2014 acute same day separations for SLHD are up 5.68% compared to the same FYTD period of the previous year. The occupancy rate for December FYTD 2014 SLHD remains higher when compared to December FYTD 2013 by 90.68% to 88.46% respectively.

Hospital in the Home (HiTH) activity has increased by 30.67% for December FYTD 2014 (noting Canterbury was not yet in operation in December 2013). The activity at Balmain decreased by 42.28% in December FYTD 2014. This was due to a change in the hours during which patients attending the General Practice Casualty could be referred to the HiTH program. This has now been reviewed and the hours changed back so we anticipate that this will increase activity.

For the month of December 2014 same day separations increased across the District by 5.66% compared to December 2013.

The Total Average Length of Stay (ALOS) for SLHD for FYTD December 2014 is 3.55 days and is relatively stable compared to FYTD in December 2013. Balmain's ALOS has decreased December FYTD 2014 by 1.21 day to the same period last year.

NEAT

The overall NEAT performance for SLHD has improved by 4.51% in December FYTD 2014, compared to December FYTD 2013. Canterbury achieved 80.26% for December 2014 and Concord and RPA were 72.54% and 69.89% respectively.

ED Triage

Canterbury and Concord hospital achieved all triage categories for the month of December 2014. RPA did not achieve the targets for triage category 2, 3 and 4 in December 2014. The District has slightly improved FYTD in Triage category 2, 3, 4 & 5.

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 December 2014 FYTD for all categories.

Transfer of Care

The target of 90% for transfer of care was met by Canterbury Hospital in December 2014. The percentages for Canterbury, Concord and RPA respectively were 91.11%, 88.85% and 76.681%. SLHD has decreased on its FYTD percentage by 5.84% from 2013 and currently is 78.40% FYTD December 2014.

Quality and Safety

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for December 2014. Mental Health Readmissions within 28 Days continues to be above target of <13% and has increased from the same period last year from 13.1% to 17.9%. Community follow up within 7 days for Mental Health patients is just below the target of above 70% at 66.7%. There are currently numerous initiatives being implemented throughout SLHD to address mental health activity.

The District had the site visit for the validation of the QSA during on 11-13 February. The District received no recommendations. The team were very positive about the programs reviewed and noted

a number of new innovations. They were very positive about the patient and family centred care focus of the District and noted that this was evident with all staff and patients that they spoke to. District staff were commended for the work that they have been doing. A full report will be provided to the next Board meeting.

Workforce

Premium staff usage for December 2014 is slightly above in all fields, Medical, Nursing and Allied Health compared with the same period in the previous year. Overtime also increased by 4.4% compared to the previous month. This is related to the significant increase in activity over this period.

December YTD sick leave hrs/FTE is above the sick leave target by 1.6 hours/FTE. This has decreased from 2.2 hours/FTE in October 2014.

CAPITAL WORKS

North West Precinct

Review of ensuite door design following patient suicide completed. Prototype doors are under development for review by Mental Health staff.

Concord Translational Research Facility

Tenders closed on 20 January 2015 with all tenders over pre tender estimate. Report provided to the Commonwealth regarding market prices. Commonwealth to advise if additional funding is available to complete. District has indicated inability to cover the \$1.3 million overrun.

RPAH Stonework repair main facade

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

QMB University of Sydney

Work on target for completion by May 2015. Project has had minimal impact on RPA services.

SLHD Aged Care Network

The Canterbury design is complete. Work will commence in April/May. Balmain detail design has commenced and Concord planning is underway as part of the SPP/PDP currently in progress at Concord.

PLANNING

Concord Clinical Services Plan

The District-approved Concord Clinical Services Plan has been sent to the Ministry of Health for comment and review.

Capital Insight have been appointed to undertake the Service Procurement Planning and the Project Definition Plan. The Planning Unit has provided this group with data and information related to activity, projections and models of care.

Child Health and Wellbeing Plan Workshop

The full report and evaluation of the workshop undertaken in November has been sent out to all 100 participants. The evaluations by participants were very positive. The outcomes of the Workshop will inform the Child Health and Wellbeing Plan.

The Planning Unit is currently drafting this Plan for the consideration of the Cross-Agency Committee. It is expected that the Plan will be completed by mid-year.

Oral Health Position Paper

The Oral Health position paper has been drafted in collaboration with the Clinical Director, Oral Health. This will now be issued to staff for comment.

Refresh of the Education and Training Strategic Plan

The Education and Training Strategic Plan has been refreshed to reflect the finalisation of the service spitting between SWSLHD and SLHD.

Assistance with Service and Facility Planning

The Planning Unit has been very involved in providing expert planning assistance in the development of a number of plans, for example, the SLHD Workforce Strategic Plan.

The Unit worked with the Aboriginal Health Unit and the SESLHD to revise the Sydney Metropolitan Local Aboriginal Health Partnership Plan for 2014-2016.

Publication of Plans

A number of plans have been finalised for the publication process. This includes:

- Refreshed SLHD Strategic Plan
- SLHD Mental Health Plan
- Refreshed Education and Training Strategic Plan
- Charles Perkins Centre RPA Clinic Model of Care (for final issue rather than publication)

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

The Yaralla Committee continues to meet monthly. The management plan closed for public comment on 9 December and feedback is being collated. A final draft will be presented to the next committee meeting. A report was written by Geoffrey Britton (a heritage consultant, commissioned by the City of Canada Bay Council), who may do some work for SLHD in the future.

Pathways are progressing, as is the design studio with TAFE South West Sydney institute and the community gardens. The District was also approached by Macquarie University with some Masters of environmental planning students who may work on some projects with the District.

SYDNEY RESEARCH

The *Sydney Health Partners (SHP)* Advanced Health Research and Translation Centre (AHRTC) interview with the NHMRC occurred in Canberra on 8 December 2014. SHP representatives included Dr Teresa Anderson, Prof. David Celermajer, Prof. Bruce Robinson, Prof. Jonathan Morris, Prof. Chris Cowell and Prof. Stephen Leeder.

The depth and breadth of research excellence across SHP received positive attention. The AHRTC interview panel also focused on how research entities consolidate their collaboration and provide robust and cohesive structures that increase collaboration and translational output. Outcomes will be announced in March 2015.

Deputy Vice-Chancellor (Research) USyd, Prof. Jill Trehwella announced her intension to step down as DVC- Research when her current term comes to an end, 30 June 2015. Prof. Jill Trehwella has been awarded a visiting professorship by the Swedish Research Council, the Tage Erlander Visiting Professorship and will hold the Erlander National Chair in Chemistry. Recruitment to the

position of Vice Chancellor Research will commence early in 2015. Dr Teresa Anderson spoke on behalf of Sydney Research in thanking Prof. Jill Trehwella for her extraordinary commitment and transformational leadership as Deputy Vice Chancellor Research.

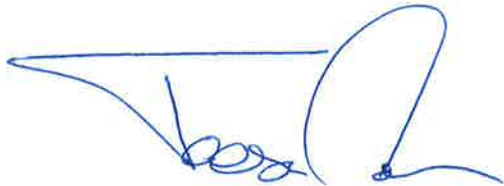
Review to strengthen Independent MRI's (iMRIs): In late 2014, the Government announced a review of iMRIs. Written submissions by iMRI's of Sydney Research were provided. An overriding support letter by Sydney Research outlining the important contribution of iMRI's to translational research and improvements in healthcare, along with colocation planning was also submitted. It is anticipated the review will be concluded February 2015.

Sydney Innovation and Research Symposium 2015: The Symposium is planned for in late May 2015 at the Australian Technology Park (ATP). Building on the success of Symposium 2014, Sydney Research members will participate in the main program, provide open tours of MRI's and a USyd public forum. Dr Parisa Glass, The George Institute, Ms Marianne Davidson Beker, HRI and Prof Donna Waters, USyd will join the Symposium planning working group. Research Scholarships and Awards such as emerging/mid- career researcher, translational research and or high impact and cited journal are also planned during a cocktail event.

ORGAN DONATION

In January, the recruitment for the organ donation director position has been readvertised. Discussions with Outcomes Australia continue to second Maria Gomez into the position for three months in the interim. Dr Gomez will initiate some of the actions from the organ donation for transplantation plan which were on hold until the commencement of the director for organ donation.

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-mortals interventions. An ethics paper was also released by the NHMRC for consultation.



Dr Teresa Anderson
Chief Executive