

Sydney Local Health District

Forty First Meeting of the Board

Date: Monday 16 March 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
Mr Trevor Danos, AM, Member (Departed the meeting at 10.05am)
Professor Paul Torzillo AM, Member
Dr Barry Catchlove, Member
Mr David McLean, Member
Dr Thomas Karplus, Member
Ms Frances O'Brien, Member
Ms Susan Anderson, Member
Ms Joanna Khoo, Member

Apologies

A/Prof. Christine Giles, Member

In attendance

Dr Tim Sinclair, General Manager, CRGH. (9.00am – 9.20am)
Ms Alice Kang, Director, Marketing and Community Relations, CRGH. (9.00am – 9.20am)
Professor Josette Eris, Director of Statewide Renal Services (9.40am - 10.10am)
Dr Pam Garrett, Director, Planning Unit, SLHD. (9.40am – 10.10am)
Ms Grace Scott, GHMP Trainee
Mr Edward Benecke, GHMP Trainee
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

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

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 16 February 2015

The minutes of the Board meeting held on Monday 16 February 2015 were moved and seconded with the following amendment:

Agenda item 5.1 Action Sheet – page 2 of the minutes, third dot point
Remove the double wording: “is to be submitted to the Board”.

4.2 CE Report – December 2014

The report of the Chief Executive February 2015 was moved and seconded.

The Chair then declared that the CE Report for February 2015 was ready for publication. The Board requested the District to provide the number of “visits” the CE Report received on the Website. A report will be provided at the next meeting.

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.
- A proposal will be submitted to the Board to include previous year financials.
- A copy of the Charles Perkins Centre Business Case will be submitted to the next meeting.
- The Bios and committee membership preferences were received and noted by the Chair for discussion with the Chief Executive.
- A copy of the paper on United International Cancer Congress and World Leaders Summit was circulated to members. This can be removed from the action list.
- The Board discussed future presentations and holding Board meetings at different locations. The Chair advised a schedule will be discussed with the Chief Executive.

5.2 District Staffing

The Board received the report explaining the total district staffing FTE figures appearing in the December 2014 report. This can be removed from the action list.

5.3 Private Patients Revenue Improvements

The Board received the report outlining the private health insurance usage for February 2013 to February 2015. The Board acknowledged the work of the PBRC Committee. This can be removed from the action list.

Presentations:

1. **Kokoda Track Memorial Walkway Centenary Dawn Service - 19 April 2015**

Ms Kang and Dr Sinclair presented on the Centenary Anzac Services to be held at Concord Hospital in the week prior to Anzac Day 2015 including

- Event brief
- Promotion
- Planning
- Gift Bags
- Outline of the Morning of Service
- Planning and progress of the Poppy site
- Catering
- Other Services / Activities

The Chair thanked Ms Kang and Dr Sinclair for the presentation.

2. **Overview of the Options Paper for Renal Dialysis Services in the SLHD.**

Professor Eris and Dr Garrett presented to the Board an overview of the Options Paper for Renal Dialysis Services including:

- Nature of patient needing dialysis
- Haemodialysis
- Current status of facility based home dialysis
- SLHD renal services
- Current dialysis activity
- Concord and RPA hospital patients' residence and treatment
- Population growth, aging population and projected demand
- Proposed options

Dr Anderson and Professor Eris briefed the board on the matter relating to blood lines. Discussions are continuing.

The Chair thanked Professor Eris and Dr Garrett for the presentation.

Copies of these presentations will be forwarded to all Members.

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

The Chair reported:

(i) Facilitated two hour session on Devolution of Responsibility including:

- Significant performance
- Clinician and local problem solving
- Cap wages

A full report is to follow.

(ii) Capacity Assessment Project.

- Correspondence concerning the Capacity Assessment Project was tabled
- Completion of the on-line survey
- Board members are invited to attend the site visit if available

A copy of this correspondence will be forwarded by email to Board Members.

(iii) Statewide Mental Health Strategy

- A presentation on the Statewide Mental Health Strategy was presented at the Council of Board Chairs meeting
- Significant funding will be available

8. Chief Executive's report

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

- All SLHD facilities have recently completed their scheduling appointment type mapping according to the reporting changes and have provided these to IM&TD for upload.
- The District is in the top three state performers for SNAP KPIs.
- The District's Emergency NWAU result was stable in comparison to the previous month with our current position at - 4.25%.
- The District continues to work on round 19.1 costing submission.
- Four 'Service Expansion Templates' have been submitted to the MoH for consideration including, establishment of 12 Aged Care beds at Canterbury Hospital, 5 additional palliative care beds at Concord Hospital, expansion of Renal Dialysis services (extending operating hours) at Concord Hospital and or the expansion of Aged Care & Rehabilitation and Ambulatory Care Service / Day Hospital at RPAH.

- SLHD had its highest result yet with 20.41% of patients using health insurance as a percentage of overall activity. The above result came predominately from strong performance at Concord and RPAH.
- In January, 25% of all single rooms were taken by private patients and 35% of all private patients were accommodated in single rooms. The Board agreed it would be useful to obtain private health insurance usage data by postcode.
- Approximate \$149K of additional accommodation revenue has been generated purely because of the TV offer.
- Year to date, for the period to the end of January 2015, SLHD General Fund Expenditure is \$2.915M favourable to budget and Revenue is \$5.591M unfavourable to budget. On a NCoS basis the District is \$2.675M unfavourable to budget Year to Date to the end of January 2015.
- Total Expenditure was \$4.210M favourable to budget for the month of January
- Total Revenue was \$1.986M favourable to budget for the month of January 2015.
- The District remains at performance level zero.
- January 2015 FYTD occupancy rate remained higher compared to January 2014 FYTD, increasing from 90.26% to 93.24%. Hospital in the Home (HiTH) activity has increased by 45.59% for January 2015 FYTD.
- NEAT improved by 3.17% in January 2015 FYTD
- ACI is still working on the chest pain protocol.
- January 2015 YTD sick leave is above the target by 4.3 hours/FTE. This is being monitored. The target for sick leave is 3.72% FTE. The Board agreed it would be useful to obtain data for comparison from other states and jurisdictions.
- Four of UrbanGrowth's seven major urban transformation projects lie within the boundaries of the SLHD include:
 - Parramatta Road Corridor development
 - The Central to Eveleigh Corridor urban renewal initiative (including Redfern- Waterloo)
 - The Bays Precinct Urban Transformation Program
 - The Green Square Town Centre
- SLHD Population and Planning department are attending meetings with UrbanGrowth.
- Plans are progressing for the community gardens at Yaralla.
- The draft Sydney Research MOU has been developed and widely circulated. To date, the USyd, Lifehouse, MRI's and affiliates have endorsed the draft and will be presented to the Council for official endorsement

8.1 Finance and Performance Reports

8.1.1 SLHD Board reporting pack – January 2015

The Board received the SLHD Board reporting pack for January 2015.

8.1.2 Selected Performance Indicators – January 2015

The Board received and noted the Selected Performance Indicators for January 2015.

8.2 Project updates

8.2.1 Lifehouse

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

The Board again acknowledged and congratulated Dr Teresa Anderson and the SLHD team on all the work that has been achieved in relation to the Lifehouse Project.

8.2.2 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.

8.5 Facility Reports

(i) Balmain Hospital

The Board received and noted the Balmain Hospital facility report. Dr Anderson advised the Board that Dr Genevieve Wallace has been appointed as the General Manager of Balmain Hospital.

(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. Dr Anderson advised that Jason Cheng has recently been informed that his doctorate has been accepted.

(vi) Mental Health

The Board received and noted the Mental Health Services report.

(vii) Croydon/Marrickville/Redfern Health Centres

The Board received the Croydon/Marrickville/Redfern Health Centres facility report. The Board noted the decrease in activity for Marrickville was due to staffing matters

(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.

(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 Renal Dialysis Options Paper

The Board ENDORSED the Renal Dialysis Options Paper and the proposed next stages in planning of the future distribution of dialysis services in SLHD.

10. Board Committee reports / minutes

10.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 9 March 2015.

10.2 Education and Research Committee

The Board noted the next meeting is to be held 16 March 2015.

10.3 Communications Committee

The Board received and noted the minutes of the meeting 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 received and noted the minutes of the meeting held on 25 February 2015.

10.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 25 March 2015.

10.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 1 May 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 11 February 2015.

11.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received and noted the minutes of the meeting held on 19 February 2015.

11.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 18 February 2015.

11.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 25 February 2015.

11.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 26 February 2015 were not available.

11.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 30 January 2015.

11.8 Collaboration for Excellence Executive Steering Committee

The Board noted that this committee has concluded as it has fulfilled all the required functions.

11.9 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 27 January 2015.

11.10 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 10 February 2015.

12. Matters for noting

12.1 Correspondence – Commissioning of Lifehouse Stage 2

The Board received and noted this correspondence.

12.2 SLHD Senior Management Chart

The Board received and noted the revised Senior Management Chart.

13. Other Business

13.1 Flu Vaccine

The Board raised the matter that, as we are now in autumn, the campaign for the flu vaccine should commence soon. A date is to be set for the Board to be vaccinated.

13.2 Recent Media Matters

- Bullying and Harassment

The Board discussed the recent publicity in the media concerning bullying and harassment of staff within health. Dr Anderson advised that the District has robust strategies in place including working through the legitimate and non legitimate complaints, "Your Say" and anonymous surveys, strict policies and procedures in place. A report will be provided to the next meeting.

- Paediatric Surgeons

The Board discussed the recent publicity in the media concerning the developing problem of the shortage of paediatric surgeons.

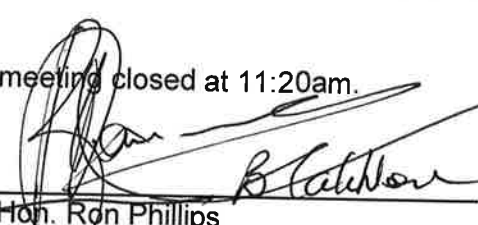
13.3 MoH Senior Executive Forum

Dr Anderson advised the Board that she will be the Chair of the Ministry of Health Senior Executive forum.

14. Next Meeting

The next meeting was discussed and agreed to move the next meeting to be held on Monday 20 April 2015 at 9:00am – 11:00am in the SLHD Boardroom.

The meeting closed at 11:20am.


The Hon. Ron Phillips
Chair


Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

In late 2014, the MoH wrote to LHDs advising of the planned expiry of certain codes within WebNAP from 31 December, 2014. At the time, SLHD and many other Districts were not in a position to have this large body of work (for SLHD this included over 12,000 different clinic appointments across both LHDs, aliasing for provider types, changes to seven (7) extracts, and other extracts) completed within this timeframe and wrote to the Ministry requesting an extension which was granted. Work on this is continuing.

All SLHD facilities have recently completed their scheduling appointment type mapping according to the reporting changes and have provided these to IM&TD for upload. 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 prior to deadline. We remain confident of achieving 100% within the required timeframe.

Sub and Non Acute (SNAP) Update

Ongoing collaboration and communication with key stakeholders is assisting to identify sub and non-acute activity across the District. Medical record audit results have identified that there are certain specialities where subacute activity is occurring but not being classified as such (ie Palliative care and Geriatric medicine). Results to be fed back to General Manager's and key stakeholders with appropriate action taken.

SLHD continues to perform well in the State SNAP KPI's as per the SNAP AMB Portal - January 2015 data.

KPIS	State Average	Top 3 KPI Performers		
Grouped Bed Days	77%	SVHN	SYDLHD (95%)	NBMLHD
Episodes without error	93%	SESLHD	SYDLHD(98%)	SNSWLHD
Error correction Rate	53%	SYDLHD (87%)	NBMLHD	SESLHD

NWAU Activity against Target

With November coding complete, the District has stabilised activity with the data indicating a 4.29% positive variance from target Nov YTD. The reduced activity throughout December and January should ensure the District slides down into the approved threshold variance of -/+ 2% of target.

The District is still tracking 15% over target Non-Admitted NWAU at YTD Jan 15 (including Dental/Tresillian). The slight downturn from December is again attributed to the closure of the majority of NAP services over the Christmas and New Year period. The District SNAP NWAU performance against target result is also 27.48% positive at YTD January 2015. Similarly, this is attributed to improved data capture and reporting as indicated above.

The District's Emergency NWAU result was stable in comparison to the previous month with our current position at -4.25%. As mentioned previously, 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 continues to work on its Round 19.1 (July-December 2014) costing submission, with the deadline extended until early March to factor in time required for the mental health dataset quality checks. The data collated as part of the IHPA MH Costing Study was submitted to MoH for formatting prior to SLHD being able to use in their costing submission.

In late February, SLHDs costing officers attended the NSW Health Costing Standards User Group (CSUG) two-day workshop. The Workshop included a review of the 2013/14 DNR and planning for the 2014/15 DNR. Based on feedback from previous workshops, there was a greater educational component on costing where costing officers from across the State could share tips / ideas / local processes / etc to further improve overall consistency with results (better compare like with like) as well as the ability/understanding of costing staff.

2015/16 Activity Estimation Process

A key element of the new negotiation process is the opportunity for SLHD to advise the MoH of any material issues that we consider will require some level of detailed discussion with respect to the 2015/16 Service Agreement process. Examples of such issues would include the opening of new beds due to completion of capital builds, service capacity increases due to changes in operating hours, planned service changes that may result in changes in patient flows to/from other LHDs, or other specific LHD concerns with any aspect of the purchasing model (or purchasing adjustors).

SLHD has submitted four (4) 'Service Expansion Templates' for MoH consideration. These include:

- Additional NWAU for the establishment of 12 Aged Care beds at Canterbury Hospital.
- Additional NWAU for the expansion of 5 additional palliative care beds at Concord Hospital.
- Additional NWAU for the expansion of Renal Dialysis services (extending operating hours) at Concord Hospital.
- Additional NWAU for the expansion of Aged Care & Rehabilitation and Ambulatory Care Service / Day Hospital (extending operating hours from 3 days to 5 days) at Royal Prince Alfred Hospital.

All proposed changes ensure the SLHD continues to meet the needs of its population by receiving the appropriate NWAU to supplement the expenditure of extending/establishing the services we provide.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

With improvement towards the end of the month, SLHD had its highest result yet with 20.41% of patients using health insurance as a percentage of overall activity.

The above result came mainly from strong performance at Concord and RPAH.

Single Room Utilisation

In January, 25% of all single rooms were taken up by private patients and 35% of all private patients were accommodated in single rooms. This was achieved while there was an increase to 11.1% of all patients isolated for a clinical alert (predominantly MRSA).

Revenue Enhancement Committee

RPAH's free television offer to private patients has continued to produce positive results. For the 3 months to January 2015, the cost to provide free television has been \$59K, but an approximate \$149K of additional accommodation revenue has been generated purely because of the TV offer. This has a net result for RPAH of approximately \$89K positive.

For the Concord Cath Lab initiative, a Public Sector Mutual model introduced by the MoH is currently being assessed.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

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

Twelve applications were received for the February session of *The Pitch*. 5 pitches were presented to the panel, with 30 minutes deliberation from the panel. The event featured a cocktail style party while the deliberations occurred enabling networking between staff. Representatives from other Districts and the ACI also attended the February edition of *The Pitch*.

The winning *Pitch* was announced on the night:

- **Pitch:** Activity Based Funding App – a Smartphone-based tool to improve documentation, funding and patient care.
 0. **Presenter:** Joel Riley, Basic Physician Trainee, Medicine, RPAH
 1. **Brief Description:** This innovation aims to develop a user friendly Activity Based Funding Smartphone app that empowers and is regularly access by junior staff as well as improve patient care by improving the quality of documentation in the medical record.
 2. **Awarded:** \$50,000

Other *Pitches* presented on the night were highly regarded by the panel and will receive support and direction to ensure they are implemented within existing resources.

Dates have been scheduled for the 2015 Pitches – Friday, 29 May 2015 (SLHD Innovation Symposium), 14 August 2015 and 13 November 2015.

Preparation for the SLHD Innovation Symposium is underway with the Innovations Group reviewing options for 2015.

In collaboration with the ACI, a JMO Program quality improvement course will be trialled at RPAH. The program will provide 4 sessions of training in quality improvement, clinical redesign and innovation. Innovation group approved the trial of the program and will be tested for exploration to other disciplines.

Clinical Redesign

2015 Successful CHR Project (first intake)

Successful project for the Centre for Healthcare Redesign (CHR) 2015 Program (first intake) commenced on the 25 February 2015.

The project, 'Reducing the burden on patient flow for Non weight bearing patients' 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

The project will commence the project initiation phase where goals, objectives, scope etc are defined and the steering committee to provide direction is formed.

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 2014.

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 Implementation phase has commenced and has been endorsed by the Steering Committee.

Accelerating Implementation Methodology (AIM)

Next AIM course is scheduled in May 2015.

HealthPathways

Workgroups

No Workgroups were conducted this month.

Dates have been agreed to undertake the following workgroups:

- Dermatology March 17th
- COPD April 28th

Dates are being finalized for the following two groups for late March/April:

- Falls
- Benign Gynaecology

Pathways

To date the development of **335** clinical, requesting and information pathways has been initiated and presently we have:

- | | |
|--------------------------------------|-----|
| • Complete and accessible to GPs | 158 |
| • Localising (from other HP regions) | 153 |
| • New Pathways being developed | 24 |

Of the 177 pathways currently in draft, 66 are currently in final review stages and will go live by 1 April, the bulk of these being for Diabetes. Six Closing the Gap pathways will go live during 'Closing the Gap week'.

Promotion

Five Practice visits were undertaken this month, along with Education sessions to the 2015 General Practice Registrar cohort. Individual in practice support sessions are also being conducted with the GP Registrars over the coming weeks. The HP Team also attended three Continuous Education Events for General Practitioners. The Team is shortly to take receipt of new promotional material for use within GP practices.

Evaluation

The team submitted its report on the first six months of 'going live' to the SLHD Media unit for formalizing and Chief Executive sign off. The final summary of activity was also submitted to the Agency for Clinical Innovation as part of the 2013 Agreement review the implementation of HealthPathways across NSW. The Program Team looks forward to reviewing the findings of this undertaking.

FINANCIAL PERFORMANCE (based on Net Cost of Service Basis)

General Fund

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 period

ended 31 January 2015 based on the District's budgeted NCoS. Year to date, for the period to the end of January 2015, SLHD General Fund Expenditure is \$2.915M favourable to budget and Revenue is \$5.591M unfavourable to budget. On a NCoS basis the District is \$2.675M unfavourable to budget Year to Date to the end of January 2015.

The results for January 2015 reflect the impact of the processing of a number of end-of-month adjustments that were not processed in December 2014 due to staff changes. In addition, there were two major budget adjustments processed in the month. The first which reduced the District's revenue budget, related to a Radiation Oncology Health Performance Grant (ROHPG) that was transferred to Lifehouse in 2014FY. The impact in January was to reduce the YTD budget target by \$0.578M and the annual target by \$0.991M. The second adjustment related to a reduction in the District's Depreciation budget. The District's YTD budget was reduced by \$1.828M. This had the impact of removing any favourable budget variance that had been reported in prior months for depreciation. In previous years, this has occurred in June; however, with the Ministry's advice this will now occur each month to reduce the impact at the end of the financial year.

The Chief Executive and the Acting Director of Finance remain confident that the District will be on budget by the end of the financial year due to the strategies that are in place.

The major variances for the month and YTD were:

Expenditure

- Total Expenditure was \$4.210M favourable to budget for the month of January. This result reflected a favourable budget variance for Salaries and Wages (\$2.309M), Goods & Services (\$3.081M) and Repairs, Maintenance & Renewals (\$2.829M). These favourable results were offset by unfavourable results in a number of expenditure categories including Annual Leave (\$1.343M), Superannuation (\$0.708M) and Depreciation (\$1.828M). The increase in Annual leave was planned due to the strategies in place to reduce the District's Annual leave liability.
- Year-to-date Total Expenditure was \$2.915M favourable to budget, reflecting favourable variances in Salaries and Wages (\$8.119M), Annual Leave (\$0.417M) and Goods & Services (\$4.382M) offset by unfavourable results for Overtime (\$2.544M), Superannuation (\$3.120M) and VMOs (\$1.718M).
- Overtime was \$0.088M unfavourable to budget for the month of January and \$2.544M unfavourable to budget YTD. Nursing and JMOs are the two labour categories with the largest unfavourable YTD budget variances, \$0.970M and \$0.860M respectively. The District is currently reviewing the budget allocation for FY2014/15 between Salaries and Wages and Overtime.
- Goods and Services Expenditure was \$3.081M favourable to budget for the month of January. YTD Goods and Services Expenditure is \$4.382M favourable to budget.

Revenue

- Total Revenue was \$1.986M favourable to budget for the month of January 2015. The result for the month reflects the impact of the transactions that were not processed in December 2014.
- YTD, Total Revenue was \$5.591M 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. The District has identified that the initial revenue could be between \$2.000M and \$3.600M higher than expected, based on the Ministry of Health's advice of the indexation applied to calculate the initial target. This issue has been raised with the MoH and they are yet to formally respond.

Special Purpose and Trust (SP&T)

SP&T NCoS is \$1.481M favourable to budget for the first seven months of the financial year. This reflects an unfavourable budget variance for Expenditure of \$0.514M offset by a favourable budget result Revenue of \$1.994M.

Consolidated Result

The YTD consolidated NCoS result for the General Fund and SP&T was \$1.245M unfavourable to budget. The result comprises a favourable variance in expenditure of \$2.401M and an unfavourable budget variance for revenue of \$3.647M.

FINANCIAL PERFORMANCE (based on new Ministry of Health Reporting format)

For the seven months to the end of January 2015, SLHD recorded a Total Net Result of \$11.184M which was \$0.391M favourable to budget YTD. YTD Net Direct Operating Result (GF and SP&T) was \$1.272M unfavourable to budget. The YTD unfavourable result was primarily attributable to Direct Revenue which is \$2.521M unfavourable to budget.

YTD Total Direct Revenue was \$2.521M unfavourable to budget, comprising \$4.650M unfavourable for the General Fund offset by a favourable variance of \$2.129M for Special Purpose & Trust funds. The GF result reflects unfavourable variances in all revenue categories except Grant Income.

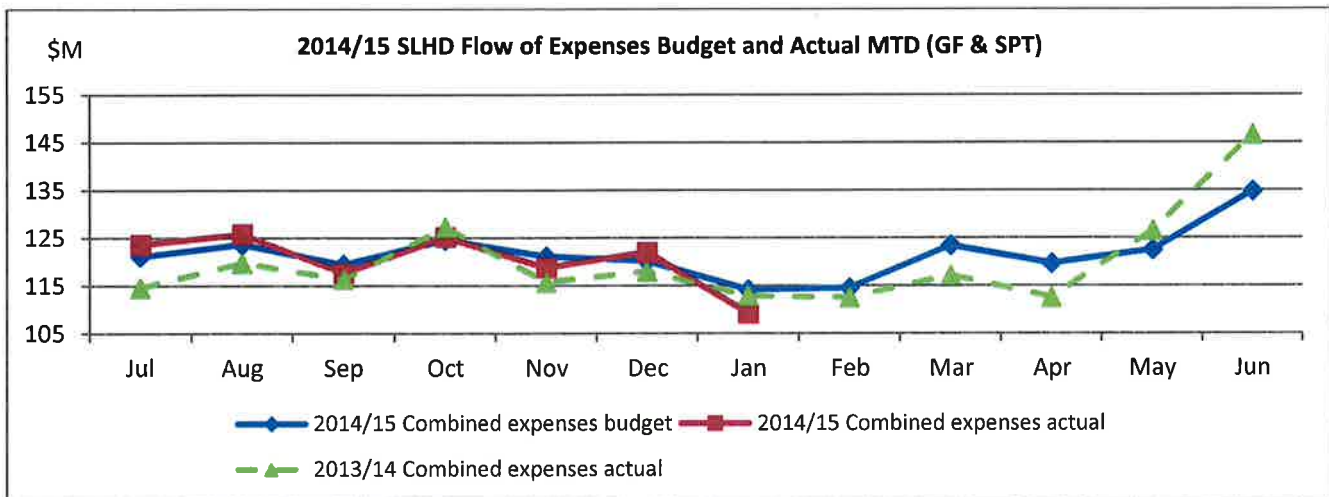
Total Direct Expenditure was \$1.249M favourable to budget YTD, comprising \$2.898M favourable for the General Fund offset by a unfavourable variance of \$1.649M for Special Purpose & Trust funds.

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

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.

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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Jan	Full Year
2014/15 Combined expenses budget	121.271	123.789	119.566	124.758	121.287	120.337	114.303	114.665	123.562	119.805	122.639	134.860	845.311	1,460.84
2014/15 Combined expenses actual	123.744	125.912	117.732	125.257	118.871	122.107	109.286						842.910	
Variance (+ Fav, - Unfav)	(2.473)	(2.123)	1.834	(0.499)	2.415	(1.770)	5.017						2.401	
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	824.978	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	825.198	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)	(0.220)	7.94
% of Budget	8.30%	8.47%	8.18%	8.54%	8.30%	8.24%	7.82%	7.85%	8.46%	8.20%	8.40%	9.23%		
YTD budget expended	8.30%	16.78%	24.96%	33.50%	41.80%	50.04%	57.86%	65.71%	74.17%	82.37%	90.77%	100.00%		



Liquidity

The District had nil creditors over 45 days as at 31 January 2015.

The District was slightly below the 100% compliance target for the NSW Government target for payment of small vendor creditors within 30 days for the month of January 2015. The District achieved 99% compliance for the month.

The cash balance at 31 January 2015 for the Operating bank account was \$3.558M (SLHD \$3.453M and repointing of HRTO-SSW \$0.105M) and the Operating Cash book balance was \$3.545M (SLHD \$3.545M and repointing of HRTO-SSW \$0).

Capital Works

CAPDOHRS PROJECTS

The District's Full Year Capital works budget as at January 2015 is \$0.500M comprising \$0.500M of MoH funded projects and no locally funded projects. Actual expenditure as at YTD January 2015 was \$0.131M which is \$0.022M above projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

For January 2015 FYTD acute same day separations for SLHD were up 6.39% compared to the same period of the previous year. The January 2015 FYTD occupancy rate remained higher compared to January 2014 FYTD, increasing from 90.26% to 93.24%.

Hospital in the Home (HiTH) activity has increased by 45.59% for January 2015 FYTD. The activity at Balmain decreased by 36.69% in January 2015 FYTD.

For the month of January 2015 same day separations increased across SLHD by 6.05% compared to January 2014.

The total Average Length of Stay (ALOS) (including same day) for SLHD for January 2014 FYTD was 3.53 days and remained constant compared to January 2014 FYTD (3.56 days). Balmain Hospital's total average ALOS (including same day) increased January 2015 FYTD by 0.98 days compared to the same period last year.

NEAT

The overall NEAT performance for SLHD improved by 3.17% in January 2015 FYTD, compared to January 2014 FYTD. Canterbury achieved 82.60% for January 2015 and Concord and RPA were 68.17% and 66.74% respectively.

ED Triage

Canterbury Hospital achieved the targets for all triage categories for January 2015. Concord met triage categories 1, 2 and 5 for January 2015. RPA achieved the targets for triage categories 1, 4 and 5 in January 2015. Triage 2 and 3 remain challenging. ACI is continuing to work on the Chest Pain protocol.

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 January 2015 FYTD for all categories of elective surgery due to the significant increase in ambulance activity.

Transfer of Care

The 90% target for transfer of care was met by Canterbury Hospital in January 2015. The percentages for Canterbury, Concord and RPA respectively were 91.55%, 87.08% and 74.93%. SLHD has decreased on its FYTD percentage by 5.79% from January 2014 and currently is 78.84% January 2015 FYTD.

Quality and Safety

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for January 2015.

Staphylococcus Aureas Bloodstream (SABSI) and Central Line Associated Bloodstream (CLAB) infections data from December 2014 shows a 1.3% and 1% increase on the same period in the previous year, respectively.

There were no incorrect procedures in SLHD for January 2015.

Workforce

Premium staff usage for January 2015 has slightly increased within the Medical and Nursing workforces compared to the same period last year. Allied Health, compared to the same period, decreased by 0.2%. Compared to the last month overtime expenditure decreased by 9.9% or \$269,000.

January 2015 YTD sick leave is above the target by 4.3 hours/FTE. This has increased from 2.2 hours/FTE in October 2014. This is being closely monitored for trends in particular departments.

CAPITAL WORKS

Translational Research Facility

Documentation was issued to 3 remaining tenders with responses closing 20 January 2015. Revised tenders were received on 20 January 2015. All tenders were well over budget with the cheapest \$1.5 million over available budget. The Commonwealth Capital Grants office was notified and a report submitted to the Commonwealth for consideration of additional funding. The response from the Commonwealth is pending.

This project is funded by the Commonwealth via a tripartite agreement between the Commonwealth, Asbestos Diseases Research Institute and Sydney Local Health District.



RPAH Stonework repair main facade

Work continues on repairs to the main facade of RPAH. The project is a co-funded arrangement with NSW Public Works. These important conservation works will be undertaken over 3 years. The first year financial contribution will be made through Public Works Centenary Stone Program Years 2 & 3 will see financial contribution by both Public Works and SLHD. The total budget for the project is \$2.260 million.

SLHD Aged Care Network

Canterbury design work is completed. Work will commence in July 2015 to fit with available cash flow. Detail design for Balmain is underway. Construction is scheduled to commence in April 2016 to fit with available cash flow.

Planning at Concord has commenced as part of the SPP/PDP project which is currently underway at Concord. Work will be completed by June 2015.

The works program has been tailored to suit the financial year funding allocation of the Ministry and the Asset Acquisition Program.

MINOR CAPITAL WORKS

Concord

Radiology Stage 1

- Cost – \$ 565,807
- Status - Stage 1 nearing completion.

Gymnasium

- Cost - \$241,361
- Status – Nearing completion

RPAH

Institute of Academic Surgery (IAS) & Transplant Research Services

- RPAH Transplant Institute is currently accommodated in the Blackburn Building, University of Sydney. They provide an organ donor retrieval service, as well as storing clinical specimens.
- Transplantation Services and the Institute of Academic Surgery will be relocated to the former Heart Research Building on the corner of Carillon and Missenden roads.

- The refurbishment will be extensive, including the provision of PC2 laboratories, a simulation operating theatre, technical skills room, tutorial and lecture rooms as well as office accommodation.
- The Institute of Academic Surgery will fill special requirements of education and training of trainees in all interventional disciplines.
- Documentation is currently underway. Minor demolition work is complete. Sub consultants are being procured.
- Funding sources to be identified once budget finalised. The District is contributing approximately \$1M for the early works in addition to the land and the existing building. To date some Philanthropic funds have already been pledged to the IAS (\$950K) but this will not cover full cost. A proposal has also been submitted to the Office of Health and Medical Research.

Canterbury

Child and Family Alterations – CHC

- Plans have been signed off by the users and cost completed and submitted for approval.

Block F Level 3 - Community Nurses Room Alterations

- Planning underway to create a new NUM's office, a meeting room and the expansion of the existing community nurses workspace. Project estimate submitted for approval.

PLANNING

Urban Development and Renewal Projects

On 14 December, the State government released the revised Sydney Metropolitan Regional Strategy, "A Plan for Growing Sydney", which provides for an additional 1.6 million people to be settled in Sydney over the next 20 years. Urban consolidation, urban infill around transport corridors and increasing capacity in Western Sydney are put forward as the dominant planning policies to accommodate the population growth.

Four of UrbanGrowth's seven major urban transformation projects lie within the boundaries of the SLHD. (The other three projects are the NorthWest Sydney, Parramatta North and Newcastle). Developments within the Sydney Local Health District include:

- The Parramatta Road Corridor development (associated with the Westconnex Motorway development. 7 of the 10 LGAs included in the corridor lie in SLHD)
- The Central to Eveleigh Corridor urban renewal initiative (including Redfern-Waterloo)
- The Bays Precinct Urban Transformation Program
- The Green Square Town Centre
- Rhodes/Wentworth Point (a major development that is not under UrbanGrowth)

Preliminary information gathering meetings have been held by the Planning Unit and Population Health with UrbanGrowth in respect of these major developments. An important requirement is to clarify the service and population health implications of each of these urban developments. The collective impact of this range of urban developments also needs to be understood. The Chief Executive of SLHD is arranging to meet with the Executive of UrbanGrowth in relation to the health impacts of these developments. This information will be compiled for the consideration of the Board.

Concord Clinical Services Plan

The Planning Unit has continued to provide advice and support to the Concord Hospital planning process, especially in respect of clarifying aspects of the Concord Clinical Services Plan and attendance at a range of planning meetings.

Child Health and Wellbeing Plan

The first draft of the Child Health and Wellbeing Plan was presented to the FACS/Health Partnership Group. The draft was positively received and work will now commence in consulting specific health and community “experts” and stakeholders to test the robustness of the drafted strategies. It is expected that the Plan will be completed by mid-year.

Local Government Area (LGA) Health Profiles

The Planning Unit is leading the revision of the SLHD/IWSML LGA Health profiles. Collaborating in this is the Inner West Sydney Medicare Local and the new SLHD Health Observatory.

SYDNEY METROPOLITAN LOCAL ABORIGINAL HEALTH PARTNERSHIP SOCIAL DETERMINANTS FORUM

The Social Determinants of Health Forum was held at the Charles Perkins Centre on 19 February following a cocktail event on 18 February where the Aboriginal Cultural Garden was launched. Both events were very well attended and received by the local community.

The Sydney Metropolitan Local Aboriginal Health Partnership is a partnership between the Aboriginal Medical Service Redfern, SLHD, Northern Sydney Local Health District, South Eastern Sydney Local Health District, St Vincents Network and the Sydney Children’s Hospital Network.

The Director of Aboriginal Health, SLHD was the primary organiser of the event supported by a working group. Guest speakers from across the country presented at the forum. Workshops were then held to develop strategies in particular areas. An action plan is being developed. Feedback from all who attended was very positive.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

At the February 2015 Yaralla Estate Community Advisory Committee meeting, a presentation was given by Adam Hunter a consultant on the proposed designs for the pathways around the Estate. Possible funding has been identified for the pathways but approval still needs to be sought from the Office of Environment and Heritage. The final draft of the management plan is due to be circulated for approval at the March Advisory Committee meeting.

A meeting was held with teachers and students from TAFE South West Sydney institute, regarding the Yaralla Design Studio. All involved are very enthusiastic and have generated some excellent ideas for health activities and community involvement.

Plans are progressing for the community gardens.

Planning is also continuing with Macquarie University in relation to the involvement of their Masters of Environmental Planning students in the Estate. SLHD is also in discussions with an NGO and the possibility of hosting a family day at Yaralla Estate.

SYDNEY RESEARCH

Sydney Health Partners (SHP)

Outcomes of the NHMRC Advanced Health Research Translation Centre interviews will be announced March 2015. On behalf of LHD’s CE’s, Dr Anderson presented at the USyd Medical Faculty Strategic Planning retreat (Feb 2015). The Faculty supports the SHP initiative and welcomes the opportunity to contribute to its ongoing development. Governance including creation of an independent Chair position is being explored during mid-March.

Sydney Research MOU

In consultation with members, a draft Sydney Research MOU was developed and widely circulated. Consultation continued throughout January and February in development of the final draft. To date, the USyd, Lifehouse, MRI's and affiliates have endorsed the final draft which will be presented to Sydney Research Council on 24 February 2015 for official endorsement.

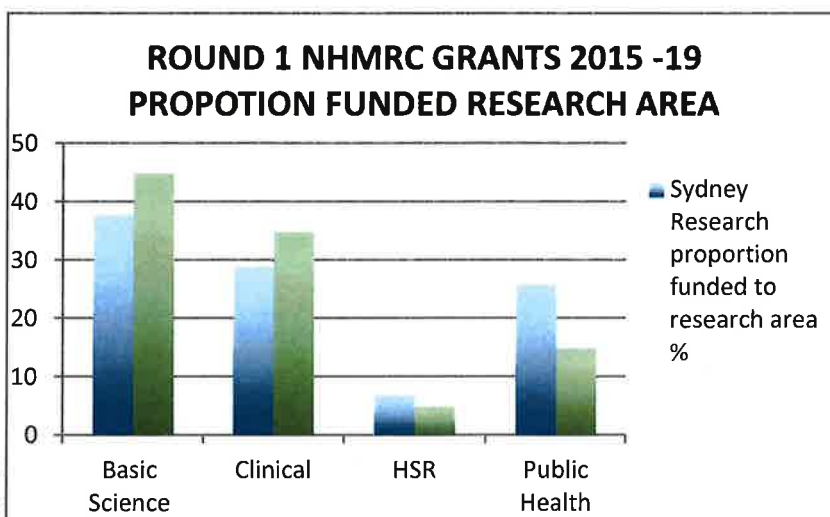
Strategic Plan: mid-year update

The Operational Plan includes four key Sydney Research strategic focus areas with 15 strategic objectives and 46 projected outcomes. A snap shot of progress as of December 2014 includes,

- 20% of outcomes are achieved and completed (mostly associated with Prominence and Communication strategies).
- 60% outcomes substantially progressed. Objectives will be ongoing with 2014-15 data forming a comparative baseline for 2016 -19 years.
- 20% outcomes commenced with further data pending from members.

Early results have highlighted areas for development, improvement and growth. These include the scope for increased performance in, basic science & clinical research, CRE's, early and mid-career researchers and gender equity initiatives.

- Basic science and clinical research categories. Round 1 NHMRC Grants denotes lower than national comparative performance.



- Increase number of CRE's awarded to Sydney Research 2016 -19. Baseline 2014-15 is 2 CRE's. Although performance is commensurate with national average (exception Melbourne) Sydney Research collaboration provides opportunity to increase performance and funding in this area.
- Strategies targeting early to mid- career researchers in particular initiatives supporting academic and clinical integration, education opportunities and mentoring.
- Supporting gender equity initiatives. In particular, recognition and mentoring programs and women with 6 month or more career interruption. The USyd has recently recruited a dedicated project officer to support such initiatives.

In addition, there is an opportunity to develop and refine:

- Collaboration indicators
- Clinical trials participation data

- Translational research mapping and reporting tools. Collection of activity at inception, mid and completion of study.
- Linking future Sydney Health Partners (SHP) strategies.
- Operational efficiencies – SPARCS model, utilisation of core facilities, co-location of researchers eg CPC, Marie Bashir Centre, Sydney Research Facility Plan.
- Commercialisation and Health informatics strategies including local and OHMR state-wide projects.

The Program Manager will continue working with members in collecting data requirements for the full year report due July 2015. Strategic planning for the operational plan 2016 – 2018 will be driven by working groups commencing March to June 2015.

Work is continuing on the Sydney Research capital works business case. This will be presented to the April Board meeting.

ORGAN DONATION

In February, we welcomed Dr Maria Gomez, who commenced in the role of A/Director of the Organ Donation for Transplantation Unit and Dr Nudrat (Nudi) Rashid, an organ donation specialist. All positions have now been filled at least in the interim including the administrative support position. A MOU has been signed with Outcomes Australia to enable Dr Gomez's secondment to SLHD.

Interviews are being arranged for the position of the Director/Professor of the Organ donation for Transplantation Unit.

A new monthly audit methodology and procedure has been introduced, with the formation of an audit committee that will meet to review the clinical records of deaths from the Intensive Care Unit and the Emergency Department.

The Family Room decoration and re-furnishing at RPA is now complete, providing families with a comfortable private reflection space.

Steering Committee Meetings are progressing with good attendance and commitment from all members.

LIFEHOUSE

Stage 2 commissioning of Lifehouse was scheduled for 9 February 2015; however, following a meeting between Sydney Local Health District (SLHD), Lifehouse, and senior clinicians from both organisations on 3 February 2015, the decision was made to defer the commencement of inpatient services at Lifehouse to 23 February 2015. SLHD clinicians and managers have worked closely with Lifehouse clinicians and managers to support the commissioning of inpatient services at Lifehouse.

Medical inpatient admissions commenced Tuesday 3 March 2015. All new Medical Oncology and Radiation Oncology public patient admissions will now occur at Lifehouse. Public Surgical patients will commence at Lifehouse on 10 March 2015.

Daily operational meetings continue between SLHD and Lifehouse to oversight the transition.

VACCINATION INCIDENT

The SLHD PHU has made contact with the majority of Hep B positive mothers and their babies. The Inner West Medicare Local network has contacted 660 General Practitioners via e-mail, text and fax advising them of the vaccination matter and provided each GP with the relevant information required to assist affected mothers. Furthermore, the SPHU has been able to expedite vaccines for local GPs as required.

The majority of affected mothers of Ward 8 East have been contacted by a RPA midwife and each call has been followed up with letter reiterating the telephone conversation. SPHU has developed an escalation protocol which RPA is using to contact the remaining mothers, as RPA has exhausted current contact details provided. Community Health nurses has also made a number of home visits to a small cohort of mothers who have been contacted by phone, e-mail and text but have not returned a call.

The RPA Vaccination Clinic at Croydon Community Centre remains open for mothers requiring free vaccination and will continue to operate.

A number of mothers have agreed to visit their local GP and this cohort have been sent a letter that includes a return address envelope and an Electronic Funds Transfer slip, as RPA has agreed to reimburse the vaccine cost.

RPA has had very few complaints regarding this matter and if a complaint arises it is dealt with by the in-charge Midwife and escalated to RPA Executive.

RPA Midwifery Clinical Advisory Line is still operational with one midwife manning the line. The Advisory Line will remain open at this time.



Dr Teresa Anderson
Chief Executive