Minutes

NSW Health — Sydney Local Health District

Sydney Local Health District

Forty Second Meeting of the Board

Date: Monday 20 April 2015

Time: 9.00am - 11.00am

Venue: SLHD Boardroom

Chair: Dr Barry Catchlove

1. Present and apologies

Dr Barry Catchlove, Acting Chair
Dr Teresa Anderson, Chief Executive
Ms Victoria Weekes, Member
Mr Trevor Danos, AM, Member
Mr David McLean, Member
Dr Thomas Karplus, Member
A/Prof. Christine Giles, Member
Ms Frances O'Brien, Member
Ms Susan Anderson, Member
Ms Joanna Khoo, Member

Apologies

The Hon. Ron Phillips, Chair
Professor Paul Torzillo AM, Member

In attendance

Dr Katherine Moore, Director, Clinical Governance and Risk, SLHD (9.00am - 9.45am)
Ms Grace Scott, GHMP Trainee
Mr Edward Benecke, GHMP Trainee
Ms Anna McNarn, GHMP Trainee
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

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

The CE provided an overview of the Graduate Health Management Program for the new Board Members.

Minutes

Presentation:

Dr Katherine Moore presented on Clinical Governance in the SLHD including:

- Essential Elements
- Ensure practice is monitored and improved
- Australian Commission on Safety and Quality Standard one – Governance for Safety and Quality in Health Service Organisations
- How we know we are safe and effective
- Accreditation against the National Standards
- QSA: Undertaken by the CEC
- College Assessments
- Clinical Governance Units in LHD's and Other Units
- District Quality and Safety Committees
- Agenda and minutes of the Clinical Quality Council and Risk Management Committees

The Board discussed and agreed that a summary be provided each quarter.

The Chair thanked Dr Moore for the presentation.

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 March 2015

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

Agenda item 8: Chief Executive Report dot point 16
The Target for sick leave is 57.7 to be confirmed prior to publication.

4.2 CE Report – March 2015

The report of the Chief Executive February 2015 was moved and seconded with one amendment: Page 3 – Typographical error.

The Chair then declared that the CE Report for March 2015 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.

- A proposal will be submitted to the Board to include previous year financials.
- A copy of the Charles Perkins Centre Business Case and a presentation will be submitted to the Board.
- The Bios have been completed and will be submitted to the Webmaster for loading on to the website. This can be removed from the action list.
- Members were notified by the Chair re committee membership. This can be removed from the action list.
- A copy of the SLHD Capacity Assessment Report to be forwarded to all Board Members.

5.2   Web Traffic – Board minutes and CE Report

The Board received and noted this report. This can be removed from the action list.

5.3   Sick Leave Comparison

The Board received and noted this report. This can be removed from the action list.

5.4   Private Health Insurance Cover

The Board received this report. The Board discussed and agreed to obtain geographical data for users of private insurance to compare with local government areas.

5.5   Management of Workplace Bullying

The Board received and noted this report. This can be removed from the action list.

5.6   Report - Staff Annual Leave

The Board received and noted this report. This can be removed from the action list.

5.7   Emergency Department Report

The Board received this report. The Board discussed "complex patients" and the engagement of external bodies to ascertain economic contribution. This can be removed from the action list.

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. In particular the Board noted and discussed:

- The SLHD is ahead of schedule with the changes required for over 12,000 different clinic appointments completed before the expiry date of 30 April, 2015.
- The District remains in the top three KPI performers.
- For the month of February, SLHD had 20.04% of patients using health insurance as a percentage of overall activity. This is an improvement on results in February 2014 of 18% and February 2013 of 16.87%
- The next *Pitch* event will be held as part of the 2015 SLHD Innovation Symposium on Friday, 29 May 2015.
- 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 28 February 2015 based on the District's budgeted NCoS. For the period to the end of February 2015, SLHD General Fund Expenditure is $2.676M favourable to budget and Revenue is $5.854M unfavourable to budget. On a NCoS basis the District is $3.180M unfavourable to budget at the end of February 2015.
- The District has continued to be at performance level zero for fifty two months. This achievement is a great milestone and rare in this country.
- Hospital in the Home (HiTH) activity has increased by 37.80% for February 2015 compared to the same period last year.
- A committee is to be established to include representatives from MoH, District Executive and the heads of each of the four SLHD UrbanGrowth projects. A presentation to the Board will occur in a couple of months.

8.1   Finance and Performance Reports

8.1.1   SLHD Board reporting pack – February 2015

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

8.1.2   Selected Performance Indicators – February 2015

The Board received and noted the Selected Performance Indicators for February 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 supported the Chief Executive's actions on ensuring appropriate clinical quality in relation to Lifehouse.

8.2.2   Macquarie International Private Hospital

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

An "in camera" discussion occurred in relation to these projects.

8.3   Capital Works Report

The Board received and noted the capital works report

8.4   Clinical Governance Report

The Board received and noted the clinical governance report.

8.5   Facility Reports

(i)   Balmain Hospital

The Board received and noted the Balmain Hospital facility report.

(ii)   Canterbury Hospital

The Board received and noted the Canterbury Hospital facility report.

(iii)   Concord Hospital

The Board received the Concord Hospital facility report.   The Board discussed and agreed to add "dollars" to the Revenue and Activity tables.

(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 report for Croydon/Marrickville/Redfern Health Centres.

(viii) Drug Health

The Board received and noted the Drug Health report. The Chief Executive advised the Board that Ms Karen Becker has been seconded to Sutherland Hospital to act as the General Manager.

(ix)   Community Health

The Board received and noted the Community Health report.

(x)   Population Health

The Board received and noted the Population Health report.

(xi)   Tresillian

The Board received and noted the Tresillian report.

(xii)   Lifehouse

The Board received and noted the Lifehouse report.

9.   Matters for approval / resolution

Nil to report

10.   Board Committee reports / minutes

10.1   Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 13 April 2015.

10.2   Education and Research Committee

The Board received and noted the minutes of the meeting held 16 March 2015.

10.3   Communications Committee

The Board noted the next meeting is to be held on 20 April 2015.

10.4   Audit and Risk Committee

The Board received and noted the minutes of the meeting held on 26 March 2015.

10.5   Health Care – Clinical Quality Council

The Board noted the next meeting is to be held on 22 April 2015.

10.6   Health Care – Clinical Council

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

10.7   Medical Staff Executive Council

The Board noted the next meeting is to be held on 22 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 meeting held on 11 March 2015.

11.3   SLHD Targeted Activity and Reporting Systems (STARS)

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

11.4   Surgical Demand Committee

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

11.5   Revenue Enhancement Development Committee

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

11.6   NSW Health / SLHD Performance Review Meeting

The Board received and noted the minutes of the meeting held on 26 February 2015 available.

11.7   SLHD Innovations Group

The Board noted there was no meeting in February 2015.

11.8   Organ Donation for Transplantation

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

11.9   Major Procurement, Assets and Imaging Steering Committee

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

Minutes

NSW Health — Sydney Local Health District

12. Matters for noting

12.1 Media Release – Medical Research

The Board received and noted this media release. The Chief Executive advised the Board that Minister Prue Goward, Minister for Mental Health and Minister for Medical Research, Assistant Minister for Health, Minister for Women, and Minister for the Prevention of Domestic Violence and Sexual Assault will be on site tomorrow.

12.2 Audit and Risk Committee Report to the Board November 2014 - March 2015

The Board received and noted this report.

13. Other Business

Nil to report

14. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 18 May 2015 at 9.00am - 11.00am in the Charles Perkins Centre.

The meeting closed at 11:20am.

_____   _____
Dr Barry Catchlove   Date
Chair

Minutes

12. Matters for noting

12.1 Media Release – Medical Research

The Board received and noted this media release. The Chief Executive advised the Board that Minister Prue Goward, Minister for Mental Health and Minister for Medical Research, Assistant Minister for Health, Minister for Women, and Minister for the Prevention of Domestic Violence and Sexual Assault will be on site tomorrow.

12.2 Audit and Risk Committee Report to the Board November 2014 - March 2015

The Board received and noted this report.

13. Other Business

Nil to report

14. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 18 May 2015 at 9.00am - 11.00am in the Charles Perkins Centre.

The meeting closed at 11:20am.

_____   _____
Dr Barry Catchlove   Date
Chair

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity
The District's collective efforts with this significant body of work has been rewarding with SLHD ahead of schedule with regards to having the changes required (over 12,000 different clinic appointments across both LHDs, aliasing for provider types, changes to seven (7) extracts, and others) completed before the expiry date of 30 April, 2015. This will ensure the District's April-June 2015 NAP activity data (and thereafter) is collected and reported complying with the new requirements and at 100% of patient level.

Sub and Non Acute (SNAP) Update
The Ministry of Health has made enhancements to the SNAP data collection system (Synaptix) to enable the collection and reporting of same day SNAP episodes. The primary purpose of these enhancements is to enable collection of planned same day sub-acute activity where sub-acute care is provided in an ambulatory (type of) setting rather than an inpatient setting. The Performance Unit is currently undertaking some analysis to determine the impact or benefit of capturing the activity this way compared to current processes. This may include under NAP reporting (AC&R Day Centre) or in some instances, acute activity reporting (Veteran's Day Centre at Concord).

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

KPIS	State Average		Top 3 KPI Performers	
Grouped Bed Days	76%	SVHN	**SYDLHD (95%)**	NBMLHD
Episodes without error	93%	SESLHD	**SYDLHD (98%)**	SNSWLHD
Error correction Rate	31%	NBMLHD	**SYDLHD (69%)**	SNSWLHD

NWAU Activity against Target
With December coding complete, the District has again achieved a 5.29% positive variance from target Dec YTD. December alone saw a 9.58% positive variation from target (+1,046 NWAU) indicating our facilities experienced increases in activity despite the closure of some beds/wards. Preliminary analysis suggests that the reduced activity throughout January may have reduced target variance bringing the District's overall result closer to the threshold variance of -/+ 2% of target.

The District's Emergency NWAU result remains fairly stable in comparison to YTD trend with our February YTD position at -4.01%. 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. Recent advice from the Ministry has indicated that this will be corrected in the early weeks of April so we will be able to formally advise of position next month.

Clinical Costing Update
The District continues to work on its Round 19.1 (July-December 2014) costing submission, with the process extended by the Ministry of Health to accurately clean and confirm the mental health costing study dataset quality. The District has been working very closely with MoH/ABF Taskforce, Mental

Health Services as well as other LHDs participating in the IHPA MH Costing Study and remains on track for the mid-April submission deadline.

2015/16 Activity Estimation Process
Following consultations with LHDs/SHNs since January, some changes have been made to the <u>draft activity purchasing model for the 2015-16 financial year</u>. The model itself, including revisions to the draft activity targets, will be received by LHDs/SHNs in early April once the caretaker period is completed.

In the meantime, in order to progress preparations for the negotiations, SLHD has been asked to review, analyse and re-submit any changes to the 'baseline' for all activity streams to further inform our negotiations with the Ministry on activity targets. The proposed baseline at present is the 2014/15 NWAU target.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage
For the month of February, SLHD had 20.04% of patients using health insurance as a percentage of overall activity. This is an improvement on results in February 2014 of 18% and February 2013 of 16.87%

Single Room Utilisation
In February, 26% of all single rooms were taken up by private patients and 39% of all private patients were accommodated in single rooms. This improvement on January's result would have been assisted by a small reduction in patients isolated for a clinical alert (predominantly MRSA) to 10.6%.

Revenue Enhancement Committee
RPAH's free television offer has continued and has received positively by patients.

Discussions in relation to the Concord Cath Lab initiative are progressing well with the Public Sector Mutual model introduced by the MoH is currently being assessed.

Further work is being undertaken to recognise and enable revenue opportunities in the Mental Health Precinct, RPAH.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Performance and Redesign Unit Workforce Update
Barbye Castillo, Performance & Clinical Redesign Program Manager is taking maternity leave and will be replaced by Elizabeth Bryan, from the Agency for Clinical Innovation (ACI). Elizabeth has significant experience in project management, the quality improvement realm and has assisted in the implementation of key models of care across the state. Elizabeth has also worked at RPAH previously as an enrolled nurse.

Dimitra Kaldelis has commenced as the Cancer Performance & Clinical Redesign Project Manager supporting Sydney Cancer services. This is a new position funded by the NSW Cancer Institute until 30 June 2017 with a view to extend. Dimitra comes to us with a wealth of knowledge in project management, clinical redesign and coaching experience from HETI and other NSW Health organisations and will work extremely closely with Elizabeth Bryan and myself.

Report

Innovations Group

Progress is underway for the winning ABF Smartphone App and other highly regarded *Pitches* announced on the 13 February 2015 including:

- ABF App planning and meeting with TigerSpike (app developers) to better formulate the app.
- Meetings to commence early planning and discussions with other *Pitches* presented to provide support and direction to ensure they are implemented within existing resources.

The next *Pitch* event will be held as part of the 2015 SLHD Innovation Symposium on Friday, 29 May 2015. Preparation for the SLHD Innovation Symposium is well underway with registrations now open to both SLHD staff and external delegates.

In collaboration with the ACI, a JMO Program quality improvement course was trialled at RPAH – Flashlight QI series. The program provides 4 sessions of training in quality improvement (QI), clinical redesign and innovation. This program is the first of its kind in the state offering QI training to JMOs.

- A total of 7 dedicated clinicians attended and were given training and asked to identify an issue within their workplace
- For those clinicians who have a rotation at a hospital other than RPAH, links to appropriate redesign leaders will be established.
- Feedback for the course included, well organised sessions, feedback provided to individuals was highly valued and QI activities were welcomed.
- The group felt start time of 6pm – 8pm would be more appropriate for JMOs who need to complete clinical load before attending as well as more time dedicated to working on their in-work projects.
- A short one page evaluation will be presented at the next RPAH Innovations Group.

Clinical Redesign

The successful 2015 Centre for Healthcare Redesign (CHR) Project (first intake), *Reducing the burden on patient flow for non weight bearing patients* commenced on 25 February 2015. The 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

The project has finalised the project initiation phase with the project management plan currently with the project sponsor. The diagnostic phase of the project has started including data analysis, patient and staff interviews, and root cause analysis.

Accelerating Implementation Methodology (AIM)

The next AIM course is scheduled in May 2015

Health
NSW Sydney
GOVERNMENT **Local Health District**

HealthPathways
Workgroups Undertaken

The Program Team undertook a workgroup with District's Dermatology service on 17 March 2015. The workgroup identified a number of pathways and areas of for the service to consider further exploration (see table below).

Identified Existing Pathways	Subject Matter Expert	Clinical Service Redesign
• Acne & Rosacea	Nita Agar	• GP/derm shared care
• Psoriasis & Biological	Wolfgang Weninger	
• Dermatitis - Atopic - Eczema - Contact	James Choi	• Upload of clinical images from GPs to power chart • 'Psycho-dermatology'
• Warts	David Cook	System Redesign
• GP Shared Care - Drugs	Sam Zagarella	• 'Tele-dermatology'
• Alopecia	David Cook	
New Pathways	John Frew	Workgroup Priorities
Service Mapping: - Wait times - Triage - Nursing Advice	Margaret Whitton	• Burns • Gynecology • Melanoma
• Skin Cancer / Lesions	Trisha Lane	
• Skin Check – Triage	Trisha Lane	

(Clinical Editor: Zofia Perkowska)

Future Workgroups
- COPD   28 April
- Falls   Date TBC
- Benign Gynaecology 18 May
- Acute Paediatrics   Date TBC

Pathways
To date the development of 343 clinical, requesting and information pathways has been initiated and presently we have:

Complete and accessible to GPs   190
Localising (from other HP regions)   130
New Pathways being developed   23

In March we released 32 pathways and 10 referral and supporting pages, the main focus being Diabetes, Closing the Gap and service access pages for the SLHD Chronic Disease Management Program (CDMP) and the IWSML Access to Allied Psychological Services (ATAPS).

Usage of HealthPathways
We are seeing an increase in user numbers, the gains made in February were generally sustained throughout March. With the Diabetes pathways being launched in conjunction with an IWSML Diabetes Management CPD event on 1 April 1 we anticipate numbers will increase again.

Health
Sydney
Local Health District

March 2015 usage:

- Sessions   1,169
- Different Users   405
- Page Views   7,419
- New Visitors   244 sessions (20.9%)
- Returning Visitors 925 sessions (79.1%)

FINANCIAL PERFORMANCE (based on 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 period ended 28 February 2015 based on the District's budgeted NCoS. For the period to the end of February 2015, SLHD General Fund Expenditure is $2.676M favourable to budget and Revenue is $5.854M unfavourable to budget. On a NCoS basis the District is $3.180M unfavourable to budget at the end of February 2015.

The Chief Executive and the A/Director of Finance remain confident that the District will have an on budget end of financial year result

The major variances for the month and YTD were:

Expenditure

- Total Expenditure was $0.239M unfavourable to budget for the month of February. This result reflected a favourable budget variance for Salaries and Wages of $1.011M, VMO Payments ($0.958M) and Repairs, Maintenance & Renewals ($0.263M). These favourable results were offset by unfavourable results in a number of expenditure categories including Annual Leave ($1.052M), Superannuation ($0.424M) and Goods & Services ($0.487M).
- Year-to-date Total Expenditure was $2.676M favourable to budget, reflecting favourable variances in Salaries and Wages ($9.131M) and Goods & Services ($3.895M) offset by unfavourable results for Overtime ($2.547M), Superannuation ($3.544M) and VMOs ($0.759M).
- VMO Expenditure was favourable to budget for the month reflecting the impact of a review of the YTD accrual of outstanding timesheets.
- Overtime was only slightly unfavourable ($0.003M) to budget for the month, reflecting the impact of an allocation of higher than average budget for the month. YTD this expense category is $2.547M unfavourable to budget. Nursing and JMOs are the two labour categories with the largest unfavourable YTD budget variances, $1.121M and $0.911M respectively.
- Goods and Services Expenditure was $0.487M unfavourable to budget for the month of February. YTD Goods and Services Expenditure is $3.895M favourable to budget.

Revenue

- Total Revenue was $0.265M unfavourable to budget for the month of February 2015.
- YTD Total Revenue was $5.854M unfavourable to budget. The YTD result reflects 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 budget could be between $2.000M and $3.600M higher than expected, based on the MoH'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.

Health
Sydney
Local Health District

Special Purpose and Trust (SP&T)

SP&T NCoS is $2.688M favourable to budget for the first eight months of the financial year. This reflects an unfavourable budget variance for Expenditure of $1.105M offset by a favourable budget result Revenue of $3.793M.

Consolidated Result

The YTD consolidated NCoS result for the General Fund and SP&T was $0.491M unfavourable to budget. The result comprises a favourable variance in expenditure of $1.570M and an unfavourable budget variance for revenue of $2.061M.

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

For the eight months to the end of February 2015, SLHD recorded a Total Net Result of $16.165M which was $1.301M favourable to budget. YTD Net Direct Operating Result (GF and SP&T) was $1.566M unfavourable to budget. The YTD unfavourable result was primarily attributable to Direct Revenue which is $1.831M unfavourable to budget.
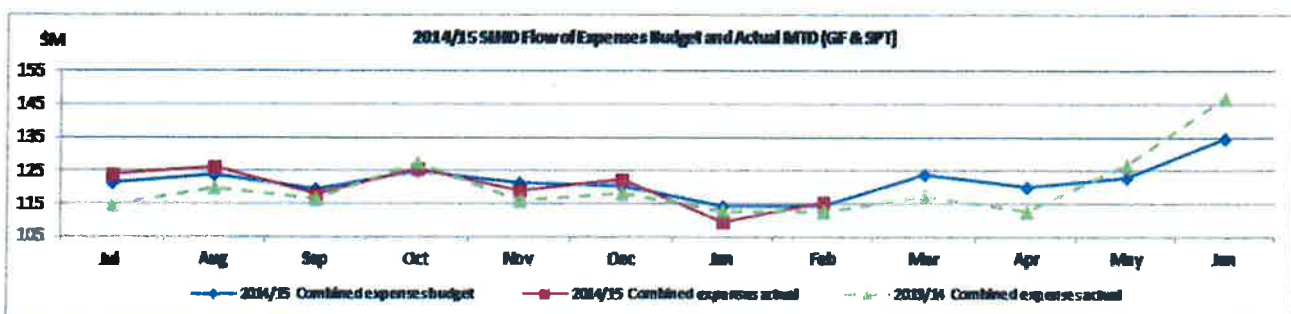
YTD Total Direct Revenue was $1.831M unfavourable to budget, comprising $5.789M unfavourable for the General Fund offset by a favourable variance of $3.958M for Special Purpose & Trust funds. The GF result reflects unfavourable variances in all revenue categories except Grant Income.

Total Direct Expenditure was $0.265M favourable to budget YTD, comprising $2.355M favourable for the General Fund offset by a unfavourable variance of $2.090M 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	YTDFeb	Full Year
2014/15 Combined expenses budget	121.271	123.789	119.566	124.758	121.287	130.337	114.303	114.445	123.860	120.001	122.838	134.656	959.795	1,461.11
2014/15 Combined expenses actual	123.744	125.912	117.732	125.257	118.871	122.107	109.286	115.276					958.186	
Variance (+ Fav, - Unfav)	(2.473)	(2.123)	1.834	(0.499)	2.415	(1.770)	5.017	(0.831)					1.570	
2013/14 Combined expenses budget	116.853	120.091	118.646	120.279	119.227	117.416	112.466	111.007	119.407	119.035	123.041	145.345	935.064	1,448.97
2013/14 Combined expenses actual	114.648	118.876	116.451	127.332	115.867	118.033	112.929	112.503	117.294	112.621	126.837	146.753	937.781	1,441.03
Variance (+ Fav, - Unfav)	2.205	8.214	2.195	(7.054)	3.378	(0.676)	(0.464)	(1.497)	2.252	6.414	2.483	(1.408)	(1.717)	7.94
% of Budget	8.30%	8.47%	8.18%	8.54%	8.30%	8.24%	7.82%	7.83%	8.48%	8.21%	8.41%	9.22%		
YTD budget expended	8.30%	16.77%	24.96%	33.49%	41.79%	50.03%	57.85%	65.69%	74.16%	82.38%	90.78%	100.00%		

2014/15 SLHD Flow of Expenses Budget and Actual MTD (GF & SPT)

Report

Liquidity
The District had nil creditors over 45 days as at 28 February 2015.

The District achieved the target of 100% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of February 2015.

The cash balance at 28 February 2015 for the Operating bank account was $3.528M (SLHD $3.526M and repointing of HRTO-SSW $0.002M) and Operating Cash book balance was $3.298M (SLHD $3.298M and repointing of HRTO-SSW $0).

Capital Works – CAPDOHRS PROJECTS
The District's Full Year Capital works budget as at February 2015 is $0.500M comprising $0.500M of MoH funded and no locally funded projects. Actual expenditure as at YTD February 2015 was $0.159M which is $0.042M below projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity
For February 2015 FYTD acute same day separations for SLHD were up 6.08% compared to the same period last year. The February 2015 FYTD occupancy rate remained higher compared to February 2014 FYTD, increasing from 90.23% to 93.16%. The overnight average length of stay also marginally increased by 0.09 days February 2014 to February 2015 FTYD.

Hospital in the Home (HiTH) activity has increased by 37.80% for February 2015 compared to the same period last year. HiTH sameday and overnight separations increased by 36.00% and 38.09% respectively compared to February 2014 FTYD.

NEAT
The overall NEAT performance for SLHD has improved by 2.05% in February 2015 FYTD, compared to February 2014 FYTD. Canterbury admitted, referred or discharged 77.40% of patients within 4 hours of presentation for February 2015 and Concord and RPA were 71.18% and 59.69%, respectively.

ED Triage
Canterbury Hospital achieved all triage categories for February 2015. Concord met triage categories 1, 2, 4 and 5 for February 2015. RPA continued to achieve the targets for triage categories 1, 4 and 5 in February 2015. RPA performance in triage categories 2 and 3 has improved for February 2015 FYTD increasing by 1.89% and 1.64%, respectively.

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 February 2015 FYTD for all categories.

Transfer of Care
Concord Hospital met the 90% target for transfer of care in February 2015. The percentages for Canterbury, Concord and RPA respectively were 87.10%, 90.90% and 70.27%. SLHD has decreased on its FYTD percentage by 5.78% from February 2014.

Quality and Safety
In terms of quality and safety measures, the District continued to meet the benchmarks for root cause analysis and complaints management in February 2015.

SLHD met the targets for Staphylococcus Aureas Bloodstream (SABSI) and Central Line Associated Bloodstream (CLAB) infections for January 2015 YTD.

There were no incorrect procedures in SLHD operating theatres in February 2015.

Workforce
Medical, nursing and allied health premium staff usage remained relatively static (there was a slight increase by 0.5%, 0.9% and 0.3%, respectively in February 2015 compared to the same period last year).

February 2015 YTD sick leave decreased by 1.4 hours/FTE from January 2015; however, is above the 50 hour/FTE target by 2.9 hours/FTE. A separate report on sick leave is provided in the FRAP papers.

CAPITAL WORKS

Concord Translational Research Facility
Tenders are currently over budget. Commonwealth has indicated that Sydney LHD is required to manage the budget risk and is unable to provide further funding. Negotiations are continuing. Alternative funding strategies are under consideration.

Concord SPP PDP
The Concord SPP PDP is nearing completion. State funding of $150million was announced prior to the State election. Documentation will be ready for Gateway review by Treasury by the end of April. The District is awaiting confirmation of cash flow by the state government in order to program the next stage of project.

RPAH Stonework repair main facade
Work is continuing on the stone facade at RPAH. Work is part of the NSW Public Works Centenary Stone Program which is a $ for $ grant. SLHD contribution will be made in the 2014/15 financial year.

RPA Institute of Academic Surgery & RPA Transplant Institute
Design complete and signed off by the users. Detail design is underway. Early works have commenced.

Project is partially funded through philanthropic donation ($900k) and a commitment of $2.5M from the NSW Government.

SLHD Aged Care Network
This project is cash flowed by the Ministry over 3 years and over 3 sites: Canterbury, Concord & Balmain. Each project has been tailored to meet the cash flow demand. Detailed design for the Canterbury component of this funding is compete. Refurbishment works will commence in July. Detailed design for the Balmain component will commence in July 2015 in line with the Ministry cash flow for this project. Planning for the Concord component has been rolled into the SPP PDP development.

QMB University of Sydney

Report

Refurbishment of the QMB by the University of Sydney is nearing completion with gross completion targeted for May 2015.

PLANNING

Urban Development and Renewal Projects
A forum/meeting to discuss the urban renewal projects in SLHD and the health implications has been organised for mid-April. Attendees will include the SLHD Executive, Chief Executive UrbanGrowth and the heads of each of the four SLHD UrbanGrowth projects and Ms Elizabeth Koff, A/Deputy Secretary Ministry of Health. The Forum will outline details of each of the urban renewal projects in SLHD and discuss the specific health implications of each of these, and then the impact of all of these projects.

The SLHD has formally written to the Chief Demographer, NSW Department of Planning and Environment, to seek advice as to whether these projects have been included in the 2014 release of the NSW Population Projections. This is relevant as population projections provide the basis for planning health and hospital services. The 2014 Population Projections, for example, added 76,237 people to the 2031 projection for SLHD compared to the 2009 projection. There is a risk for SLHD that we will have planned inadequate future capacity in our community heath, emergency departments and hospital facilities should the population numbers significantly exceed those we have planned for. This risk is especially heightened because of the number of urban developments in SLHD.

The Planning Unit provided a presentation for the District Manager's meeting on urban developments and urban renewals planned for SLHD.

A number of meetings have been held with executives from UrbanGrowth to further articulate the health implications of urban renewal projects across SLHD.

The District has established a Committee that will now meet monthly to address emergent issues associated with these projects.

Concord Clinical Services Plan
The Planning Unit has continued to provide advice and support to the Concord Hospital redevelopment process, especially in generating new data to address specific questions, attendance at the Value Management, the clarification of various aspects of the Concord Clinical Services Plan, and attendance at relevant planning meetings.

A theoretical paper addressing options for the future delivery of obstetrics and gynaecology services in SLHD is being developed in collaboration with the Women's Health, Neonatology and Paediatric Clinical Stream. This paper, amongst other considerations, will look at options for increasing the Gynaecology role of Concord and future options for Obstetrics across the District.

Child Health and Wellbeing Plan
The draft of the Child Health and Wellbeing Plan has been issued for comment to major child health and related service NGO stakeholders, including those that attended the collaboratively-organised Child Health Forum. It is expected that the Plan will be completed by mid-year. The feedback to date on the Plan has been very positive.

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, most recently, the new SLHD Health Observatory.

It is expected that these revised profiles will be presented to the Observatory Steering Committee in May and should be uploaded to the Planning website shortly after.

Graduate Management Trainee (GMT) Master Class
A presentation entitled "Health Planning and its relationship to Management" was provided to the GMT Master Class.

Planning Directors Meetings
The SLHD and the NSLHD Directors of Planning have instigated state-wide Planning Director meetings on a quarterly basis.

This has provided a useful forum for improving collaborations across the state and for improving lateral links with the Ministry of Health planning staff.

Other Planning Matters
The Planning Unit is updating the acute and sub-acute inpatient demand projections for 2025/26 and 2031/32 as outlined in the District Healthcare Services Plan 2013-2018 (HCSP). Applying the 2014 release of the Population Projections results in considerably higher projected demand for hospital services to 2025/26 and then 2031/32 than is reflected in the HCSP. This update is also required to inform the 2015 District Asset Strategic Plan.
- The ICT Plan has now been finalised and launched.
- The Drug Health Plan is in draft form and will be internally circulated for comment in the next month.
- The Renal Dialysis Plan will be formatted and made available on the Planning website.
- The Mental health Plan is currently being formatted.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

Concept plans for the community gardens were tabled at the March Yaralla Estate Community Advisory Committee. These were supported by the Committee and include raised garden beds, paths and demountable toilet facilities. These designs will be submitted to the NSW Office of Environment and Heritage for comments and endorsement. Works will commence once approval has been received. A meeting will occur in April to establish a Memorandum of Understanding with Inner West Sydney Neighbourhood Aid, the NGO which will oversee the garden. The community gardens are a component of the Yaralla Estate Management Plan which was endorsed by the committee members and will now be sent to Audio Visual for graphic design.

SLHD remains in discussions with a NGO and the possibility of hosting a family day at Yaralla Estate. The City of Canada Bay Heritage Society will be hosting an open day on Sunday 26 April. Devonshire tea will be held in the old dairy and historical walks will be guided by members of the Society. There is also the possibility of Yaralla being the host site for a short television series.

SYDNEY RESEARCH

Sydney Health Partners (SHP)
On the 28 March 2015, The Commonwealth Minister for Health, Sussan Ley announced the first ever National Health and Medical Research Council Advanced Health Research and Translation Centres (assessment by an international panel of experts).

As one of the four Australian health centres, Sydney Health Partners is recognised as being amongst the world's best for using medical research to improve patient care. The other three Centres include;
- Alfred-Monash Health & Partners Advanced Health Research and Translation Centre
- Melbourne Health Care Partners Advanced Health Research and Translation Centre and
- South Australian Advanced Health Research and Translation Centre

Workshops are planned for April and May to progress governance, structures, priority project areas (first 12 – 24 months) and performance metrics. Health Informatics is one area agreed upon by partners and a forum led by Prof. Jonathan Morris is scheduled 15 April. SLHD and Sydney Research will have an integral role in this strategy.

Sydney Research MOU
Council members endorsed the MOU and 2015 Terms of Reference during the February Council meeting and authorised representative sign off progressed at 31 March meeting. Copy of final will be circulated to Council members by mid April 2015.

Symposium 2015
The new Sydney Research Awards and Scholarship program was commenced. The program is in part funded by Sydney Research member contributions including the University of Sydney - $20, 000. Terms, conditions and application forms advertised on the Sydney Research website.

Recognition awards include,
- Research excellence.
- Early researcher and
- Research supervisor and
- One off ($10, 000) funded basic science award for the purposes of supporting infrastructure needs.

The two research scholarships include a Clinician Researcher and a Health Informatics Researcher – each offering $40,000p.a for up to three years leading towards a Masters (2yr) or PhD (3yr). Advertisement for the Health Informatics Researcher Scholarship will be extended to 28 April.

Over 25 applications have been received to date and will be reviewed by a panel consisting member representatives. Recommendations will be made to the Chair, Sydney Research and winners will be announced at the Symposium 2015 evening cocktail event 29 May 2015.

Open day tours MRI's on Thursday 28 May are planned and included Lifehouse and BMRI open sites. The Charles Perkins Centre will host a joint MRI initiative including five MRI's and an evening presentation. The Symposium 2015 website is now live and provides a program for the main event 29 May 2015 including registrations. The SLHD Community Participation program is planning a community event on Saturday 30 May.

VACCINATIONS

Follow-up of mothers is continuing. There have been no further concerns raised. The District is not aware of any adverse issues that have arisen from the matter.

LIFEHOUSE

SLHD Executive and Staff continue to work closely with Lifehouse to support the management of inpatients at Lifehouse. Daily operational meetings are occurring. Work is continuing on the interface of the SLHD and LH Information and Technology Systems. A new Joint Governance Committee has

Report

been established to oversee the ICT work between SLHD and ICT. The Chief Executive of eHealth has been invited to be a member of the Committee. Regular Performance Meetings continue on a monthly basis.

Dr Teresa Anderson
Chief Executive