Minutes

Health — NSW Government — Sydney Local Health District

Sydney Local Health District

Forty Third Meeting of the Board

Date: Monday 18 May 2015

Time: 9.00am - 11.00am

Venue: Charles Perkins Centre

Chair: The Hon. Ron Phillips, Chair

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1.   Present and apologies

The Hon. Ron Phillips, Chair
Dr Barry Catchlove, Member
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
Professor Paul Torzillo AM, Member
Ms Frances O'Brien, Member
Ms Susan Anderson, Member
Ms Joanna Khoo, Member

Apologies

Nil

In attendance

Ms Nerida Bransby, Secretariat
Mr Edward Benecke, GHMP Trainee
Catherine Yates, SLHD Acting Operations Manager, Charles Perkins Centre (9.00am - 10.00am)
Corryn McKay Director, Strategic Relations and Communications (9.10am - 10.00am)
Kate Benson, Manager, Media and Communications, (9.10am - 10.00am)
Troy Ponting, Operational Support Officer (9.10am - 10.00am)
Anthony Anderson, Audio Visual Officer (9.10am - 10.00am)
Rebecca Short, ICT Officer (9.10am - 10.00am)
Jess Crause Manager, Community Participation (9.15am - 10.00am)

2.   Welcome and introductions

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

Minutes

Health
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Presentations:

1. Ms Catherine Yates presented on the Charles Perkins Centre, RPAH Clinic including:
   - Introduction, Concept, Project Nodes and Models of Care
   - Current Clinical Trials
   - Current Clinics
   - Future Clinics
   - Future Trials / Clinics

   Ms Yates thanked the Chief Executive for the opportunity to be part of the initiative.

2. Ms Corryn McKay presented on the SLHD Strategic Relations and Communications Including:
   - Introduction
   - Interesting Statistics about social media
   - A team of "Storytellers" - purpose and strategy
   - Communication expertise
   - Patient focus storytelling
   - Community Events
   - Challenges
   - Next Steps

The Chair thanked Ms Yates and Ms McKay and her team for attending the meeting and 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 20 April 2015

The minutes of the Board meeting held on Monday 20 April 2015 were moved and seconded with the following amendments:

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

Agenda item 8.2:   Project Updates
Remove the word "stance" and replace with the word "actions"

4.2 CE Report – April 2015

The report of the Chief Executive to include:

Minutes

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 Chair then declared that the CE Report for April 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 commencing in the new financial year.
- A copy of the Charles Perkins Centre Business Case and a presentation will be submitted to the Board.

5.2 Geographical Distribution of Private Health Insurance Cover in SLHD
The Board received and noted this report. This can be removed from the action list.

5.3 Report Completed Root Cause Analysis

The Board received and noted this report. 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 for May 2015. In particular the Board noted and discussed:

- The Performance Unit has been working with Clinicians across the District to develop focused sub-acute reports. These reports will assist Clinicians to monitor their sub-acute activity at a speciality and individual level to allow better management of their patients and ensure appropriate care type categorisation.

- A review into subacute care type classification for Mental health patients has been undertaken. After discussions with the Ministry regarding recently released subacute classification definitions it has been decided that Mental Health patients who were previously classified as 'rehabilitation' should now be classified to either 'acute' or 'maintenance', as this type of rehabilitation is not covered under the Ministry definition. This will ensure that all Mental Health activity will be adequately recognised within ABF classifications. IHPA is proposing that mental health be added as a new care type to be implemented from July 2015; however, the implementation date has yet to be confirmed by the MoH.

- With January coding complete, the District is now at 3.98% positive variance from target Jan YTD. With the planned closures in January, SLHD managed to contain activity for the month with -6.09% variation from target (-610 NWAU). This reduced activity throughout January looks to have assisted in reducing target variance somewhat bringing Districts overall result closer to the threshold variance of -/+ 2% of target.

- The District has now submitted its Round 19.1 (July-December 2014) costing submission meeting the deadlines as set by the Ministry. The Mental Health Costing Study was submitted as part of the Round 19.1 costing. A close out meeting for the Mental Health Costing Study will be held in May with the key stakeholders.

- For the month of March, SLHD had 20.03% of patients using health insurance as a percentage of overall activity. This is an improvement on results in March 2014 of 17.87% and March 2013 of 17.04%.

- In March, 28% of all single rooms were taken up by private patients and 45% of all private patients were accommodated in single rooms. This improvement on February's result would have been challenged by an increase in patients isolated for a clinical alert (predominantly MRSA) to 10.7%.

- Total Expenditure was $2.874M unfavourable to budget for the month of March. This result reflected unfavourable budget variances for Employee Related Expenses ($0.819M), Goods and Services ($1.721M) and Repairs, Maintenance & Renewals ($0.631M). These unfavourable results were offset by favourable results in a number of expenditure categories including VMO Payments ($0.263M) and Long Service Leave Expense ($0.310M).

- Year-to-date Total Expenditure was $0.198M (0.02%) unfavourable to budget, reflecting favourable variances in Salaries and Wages ($8.861M) and Goods & Services ($2.173M) offset by unfavourable results for Overtime ($2.473M), Superannuation ($4.007M) and VMOs ($0.496M).

- Goods and Services Expenditure was unfavourable to budget for the month, principally related to unfavourable variances in Drug Costs ($1.455M), Administration Expenses (including Legal costs) of $0.200M and Food costs ($0.098M). YTD Goods and Services Expenditure is $2.173M favourable to budget.

- Overtime was slightly favourable ($0.074M) to budget for the month, reflecting the impact of an allocation of higher than average budget for the month. YTD this expense category is $2.473M unfavourable to budget. Nursing and JMOs are the two labour categories with the largest unfavourable YTD budget variances, $1.281M and $0.825M respectively.

- Total Revenue was $1.526M favourable to budget for the month of March 2015. The result for the month was impacted by a number of factors including:

  - The receipt of a Treasury Managed Fund (TMF) Hindsight Adjustment for $5.224M. This amount was unbudgeted.
  - An increase in Doubtful Debts provision of $2.137M, principally related to uncollected fees from Medicare Ineligible Patients. This increase was not budgeted for in March and is significantly higher than the budget allocated by the Ministry ($0.769M), which is flowed in June.
  - Recognition of Loss on Disposal of Assets ($1.079M).

- YTD, Total Revenue was $4.329M unfavourable to budget. The YTD result reflects unfavourable budget results in all revenue categories except Grants and Contributions ($4.957M) and Other Revenue ($4.055M). 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 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.

- SP&T NCoS is $1.321M favourable to budget for the first nine months of the financial year. This reflects an unfavourable budget variance for Expenditure of $2.067M offset by a favourable budget result Revenue of $3.318M.

- The District remains at performance level zero.

- The March 2015 FYTD occupancy rate remains higher compared to March 2014 FYTD, increasing from 90.14% to 92.94%.

- A workshop was held with the Board Chairs and the CEs in relation to the Advanced Health and Research Translation Centre.

- A meeting is to be set with The Hon. Mark Speakman, Minister for the Environment, Minister for Heritage, and Minister Assisting the Minister for Planning to discuss matters pertaining to Yaralla.

8.1 Finance and Performance Reports

8.1.1 SLHD Board reporting pack – March 2015

The Board received and noted the SLHD Board reporting pack for March 2015.

8.1.2 Selected Performance Indicators – March 2015

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

8.1.3 HealthPathways Dashboard Report April 2015

The Board received and noted this report.

8.2 Project updates

8.2.1 Lifehouse

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

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 - March 2015

(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 and noted the Concord Hospital facility report.

(iv) Royal Prince Alfred Hospital

The Board received and noted the Royal Prince Alfred facility report.

(v) Oral Health Services and Sydney Dental Hospital

The Board received and noted the Oral Health Services and Sydney Dental Hospital facility report.

(vi) Mental Health

The Board received and noted the Mental Health Services report.

(vii) Croydon/Marrickville/Redfern Health Centres

The Board received and noted the report for Croydon/Marrickville/Redfern Health Centres.

(viii) Drug Health

The Board received and noted the Drug Health report.

(ix)   Community Health

The Board received and noted the Community Health report.

(x)   Population Health

The Board received and noted the Population Health report.

(xi)   Tresillian

The Board received and noted the Tresillian report.

(xii)   Lifehouse

The Board received and noted the Lifehouse report.

9.   Matters for approval / resolution

9.1   Oral Health Clinical Stream Options Paper 2015 – 2020

The Board received this report. Minor amendments to the document were recommended and are to be forwarded to the CE via email.

10. Board Committee reports / minutes

10.1   Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 11 May 2015.

10.2   Education and Research Committee

The Board noted the next meeting is to be held on 18 May 2015.

10.3   Communications Committee

The Board received and noted the minutes of the meeting held on 20 April 2015.

10.4   Audit and Risk Committee

The Board noted the next meeting is to be held 26 June 2015.

10.5   Health Care – Clinical Quality Council

The Board received and noted the minutes of the meeting held on 22 April 2015.

10.6   Health Care – Clinical Council

The Board noted the next meeting is to be held on 27 May 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 8 April 2015.

11.3   SLHD Targeted Activity and Reporting Systems (STARS)

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

11.4   Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 15 April 2015.

11.5   Revenue Enhancement Development Committee

The Board noted the meeting to be held on 22 April 2015 was cancelled.

11.6   NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 27 May 2015.

11.7   SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 24 April 2015.

11.8   Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 24 March 2015.

11.9   Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 14 April 2015.

12.   Matters for noting

12.1   Email re Patient Based Care

The Board received and noted the email concerning the Patient Based Care

12.2   Guide to the National Safety and Quality Health Service Standards

The Board received and noted the Guide to the National Safety and Quality Health Service Standards for health service organisation boards. An invitation is to be extended to the Commissioner and Deputy Commissioner of the Australian Commission on Safety and Quality in HealthCare to present to the Board.

12.3   Correspondence re Urban Growth

The Board received and noted the correspondence concerning Urban Growth including:
- SLHD Brief Urban Developments
- Tab B Bays
- Tab B Central to Eveleigh
- Tab B Parramatta Rd
- Tab B Green Square Town Centre
- Powerpoint UrbanGrowth and SLHD Discussion Forum Slides
- SLHD Brief C2E Forum
- Parramatta Road Brief

13.   Other Business

13.1   Capacity Assessment Survey

The Chief Executive tabled a brief and statewide summary relating to the Capacity Assessment Program and Site Visit held on 8 May 2015. The District performed extremely well with a couple of areas requiring further focus and attention. An action plan will be provided to the Board on these particular areas.

On behalf of the Board, the Chair congratulated the Chief Executive and the District Executive Team for the wonderful result.

14.   Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 15 June 2015 at 8.00am – 8.45am at the Hilton Hotel prior to the CE/Board Conference.

The meeting closed at 11:05am.

_____   ___15/06/2015_____
The Hon. Ron Phillips   Date
Chair

Report

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

Work is continuing on the final stages of testing non-admitted patient extracts with most changes fully implemented at this time. The District remains on target to have all NAP15 updates finalised for the April data load. As described last month this has been a significant body of work and the finalisation of the work will be very welcome.

Sub and Non Acute (SNAP) Update

The Performance Unit has been working with Clinicians across the District to develop focused sub-acute reports. These reports will assist Clinicians to monitor their sub-acute activity at a speciality and individual level to allow better management of their patients and ensure appropriate care type categorisation.

Additionally, work has just been completed by IMTD to allow nurses to place orders in Powerchart to request a care type change. This change to the system will help to further streamline the care type change process and ensure that subacute activity is accurately captured. However, in line with SLHD policy the authorisation for a care type change remains with the Admitting Medical Officer.

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

KPIS	State Average	Top 3 KPI Performers		
Grouped Bed Days	76%	SVHN	NBMLHD	SYDLHD (94%)
Episodes without error	93%	SVHN	SESLHD	SYDLHD (98%)
Error correction Rate	26%	SYDLHD (79%)	NBMLHD	SNSWLHD

Mental Health

A review into subacute care type classification for Mental health patients has been undertaken. After discussions with the Ministry regarding recently released subacute classification definitions it has been decided that Mental Health patients who were previously classified as 'rehabilitation' should now be classified to either 'acute' or 'maintenance', as this type of rehabilitation is not covered under the Ministry definition. This will ensure that all Mental Health activity will be adequately recognised within ABF classifications. IHPA is proposing that mental health be added as a new care type to be implemented from July 2015; however, the implementation date has yet to be confirmed by the MoH. Current care types include:

- Acute
- Sub and non-acute
- Newborn Care
- Other Care
- Organ Procurement
- Hospital Boarder

Further information regarding this update will be provided as it comes to hand.

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NWAU Activity against Target

With January coding complete, the District is now at 3.98% positive variance from target Jan YTD. With the planned closures in January, SLHD managed to contain activity for the month with -6.09% variation from target (-610 NWAU). This reduced activity throughout January looks to have assisted in reducing target variance somewhat bringing Districts overall result closer to the threshold variance of -/+ 2% of target.

Clinical Costing Update

The District has now submitted its Round 19.1 (July-December 2014) costing submission meeting the deadlines as set by the Ministry. The Mental Health Costing Study was submitted as part of the Round 19.1 costing. A close out meeting for the Mental Health Costing Study will be held in May with the key stakeholders from the LHD and the MoH.

With the 19.1 costing now finalised work will commence on RND 19 iFRACs using the costing result from 2013/14. This process will further refine and improve the fractionation of cost centres across the SLHD to further enhance the patient level costing results.

2015/16 Activity Estimation Process

SLHD received the draft activity targets from the MoH at the end of March. Analysis and review of these targets was undertaken by the Performance Unit. Following consultation with the Chief Executive and Director of Operations, SLHD returned the recommended changes (where required) to the baseline for all activity streams. The baseline changes were based on expected year end result in order to try and ensure that activity targets next year reflect work undertaken by SLHD as accurately as possible.

Stream	Current Baseline (NWAU14)	YTD Feb 2015 Activity vs Target	Proposed Change %	Proposed Baseline*
Acute (inc. ICU)	142,442	4.8%	2.6%	146,146
ED	22,043	-3.9%	0%	22,043
Sub and Non Acute (Admitted)	8,023	31.9%	27.5%	10,229
Mental Health - Acute	14,247	-7.5%	-9%	12,922
Mental Health - Sub Acute	778	89.0%	170%	2,104
Non Admitted (incl. Sub Acute)	40,870	-9.4%	0%	40,870

*The 'Proposed Baseline' is the suggested starting point for activity target setting for 2015/16. The proposed baseline does not incorporate the growth for 2015/16 but will form the basis for the activity calculations.

These baseline targets along with additional service expansion template outlining areas where we anticipate activity above and beyond expected growth will form the basis of negotiations around next year's activity targets. First round of negotiations for the draft activity targets with the MoH is scheduled for early May.

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REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage
For the month of March, SLHD had 20.03% of patients using health insurance as a percentage of overall activity.

This is an improvement on results in March 2014 of 17.87% and March 2013 of 17.04%.

Single Room Utilisation
In March, 28% of all single rooms were taken up by private patients and 45% of all private patients were accommodated in single rooms. This improvement on February's result would have been challenged by an increase in patients isolated for a clinical alert (predominantly MRSA) to 10.7%.

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

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

Work is continuing to enable revenue opportunities in the Mental Health Precinct, RPAH.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group
- *The Pitch*, May 2015:
  - Applications for *The Pitch* are coming in prior to the closing date of 8 May. Marketing for *The Pitch* has increased and opportunities sought to spread information on *The Pitch* to all staff, including those in Corporate Services directories.
  - In partnership with the SLHD Media and Communications Unit, previous winners of *The Pitch* are being contacted to participate in a 'where are they now?' video clip.
- An evaluation of the JMO quality improvement course, *'QI Flashlight'* series, run in conjunction with the Agency for Clinical Innovation, will be presented at the May RPAH Innovations Group meeting. As per the participants' feedback about the course, a follow up session is being organised for the end of May. This will provide a forum for the JMOs to report on the progress of their projects and receive further coaching.

Clinical Redesign
- The 2015 Centre for Healthcare Redesign (CHR) Project (first intake) project, *'Don't Restrict My Ability'* (previously named *'Reducing the burden on patient flow for non-weight bearing patients'*) aims to improve the journey of the restricted weight bearing patient and reduce the burden placed on beds in the acute orthopaedic setting and patient flow at Concord Hospital. The project is now in the diagnostic phase and the project team have undertaken patient and staff interviews, data and costing analysis, and patient journey mapping to identify the root causes of the above average Length of Stay experienced by the restricted weight bearing patient group. This project will transition into the solution design phase in June 2015. Successful solutions identified will be assessed for scalability across the District.
- The CHR 2014 (third intake) project, *'Too Long to Wait'* (previously named *'Combined maternity/endocrine outpatient service'*) 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. It is currently in the

implementation phase and the project team attended the first 'implementation checkpoint teleconference' on 20 April 2015. The implementation of initial solutions has commenced without any significant risks or complaints deriving from the changes.

- On 23 April, CHR 2014 (second intake) participants graduated from the Diploma Program at The Mint. The projects from SLHD Breast Screen and the Mental Health Collaborative Care team from Inner West Sydney Medicare Local and SLHD demonstrated outstanding results including increased patient participation and satisfaction ratings with services.

Accelerated Implementation Methodology (AIM)
- AIM to be held 7 and 8 May is fully booked. The next course will be held in August.

HealthPathways
Workgroups Undertaken
The Program Team undertook a workgroup with District's Dermatology service on 29 April. The workgroup identified a number of pathways and areas for the service to consider further exploration. The workgroup summary will be forwarded with the next Board report.

Future Workgroups

- Benign Gynaecology   18 May
- Falls   29 May
- Acute Paediatrics   Date TBC

Planning has now commenced to identify key stakeholders to undertake workgroups for Stroke/CVA and Rheumatology conditions.

Pathways
To date the development of 350 clinical, requesting and information pathways has been initiated and presently we have:

Complete and accessible to GPs   200   **Localising (from other HP regions)   125**
New Pathways being developed   25

Following the release of over thirty pathways in March, April has been a quieter month with only ten new pathways going live. A further cohort of twenty pathways is scheduled for release in the next six weeks including further Diabetes pathways and pathways for Mental Health.

Usage of HealthPathways
Numbers of users remains steady but there are was a reduction in use that is consistent with the shorter reporting period and the Easter break.

April usage:

- **Sessions**   1,027
- **Different Users**   365
- **Page Views**   5,902
- **New Visitors**   205 sessions (20.0%)
- **Returning Visitors** 822 sessions (80.0%)

FINANCIAL PERFORMANCE *(based on Net Cost of Service Basis)*

Report

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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 31 March 2015 based on the District's budgeted NCoS. For the period to the end of March 2015 Sydney Local Health District (SLHD) General Fund Expenditure is $0.198M unfavourable to budget and Revenue is $4.329M unfavourable to budget. On a NCoS basis the District's General Fund is $4.527M unfavourable to budget at the end of March 2015.

March 2015 end of month also involved an 'early close' and the preparation of a full set of financial statements (including the Notes to the Accounts) that will be reviewed by the external auditors as part of the end of year audit process. The early close meant the District recognised a number of transactions in March that it would have traditionally been recognised in June, including movements in the Doubtful Debts provision, Gain or Loss on Disposal of Assets and an extended period for expense accruals. The impact and timing of these transactions are reflected in the June 2015 budget.

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 $2.874M unfavourable to budget for the month of March. This result reflected unfavourable budget variances for Employee Related Expenses ($0.819M), Goods and Services ($1.721M) and Repairs, Maintenance & Renewals ($0.631M). These unfavourable results were offset by favourable results in a number of expenditure categories including VMO Payments ($0.263M) and Long Service Leave Expense ($0.310M).
- Year-to-date Total Expenditure was $0.198M (0.02%) unfavourable to budget, reflecting favourable variances in Salaries and Wages ($8.861M) and Goods & Services ($2.173M) offset by unfavourable results for Overtime ($2.473M), Superannuation ($4.007M) and VMOs ($0.496M).
- Goods and Services Expenditure was unfavourable to budget for the month, principally related to unfavourable variances in Drug Costs ($1.455M), Administration Expenses (including Legal costs) of $0.200M and Food costs ($0.098M). YTD Goods and Services Expenditure is $2.173M favourable to budget.
- Overtime was slightly favourable ($0.074M) to budget for the month, reflecting the impact of an allocation of higher than average budget for the month. YTD this expense category is $2.473M unfavourable to budget. Nursing and JMOs are the two labour categories with the largest unfavourable YTD budget variances, $1.281M and $0.825M respectively.

Revenue
- Total Revenue was $1.526M favourable to budget for the month of March 2015. The result for the month was impacted by a number of factors including:
  - The receipt of a Treasury Managed Fund (TMF) Hindsight Adjustment for $5.224M. This amount was unbudgeted.
  - An increase in Doubtful Debts provision of $2.137M, principally related to uncollected fees from Medicare Ineligible Patients. This increase was not budgeted for in March and is significantly higher than the budget allocated by the Ministry ($0.769M), which is flowed in June.
  - Recognition of Loss on Disposal of Assets ($1.079M).
- YTD, Total Revenue was $4.329M unfavourable to budget. The YTD result reflects unfavourable budget results in all revenue categories except Grants and Contributions

($4.957M) and Other Revenue ($4.055M). 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 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 $1.321M favourable to budget for the first nine months of the financial year. This reflects an unfavourable budget variance for Expenditure of $2.067M offset by a favourable budget result Revenue of $3.318M.

CONSOLIDATED RESULT

The YTD consolidated NCoS result for the General Fund and SP&T was $3.206M unfavourable to budget. The result comprises an unfavourable variance in Expenditure of $2.266M and an unfavourable budget variance for Revenue of $0.940M.

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

For the nine months to the end of March 2015, SLHD recorded a Total Net Result of $6.145M which was $1.198M unfavourable to budget. YTD Net Direct Operating Result (GF and SP&T) was $0.691M unfavourable to budget. The YTD unfavourable result was primarily attributable to Direct Revenue which is $1.759M unfavourable to budget.
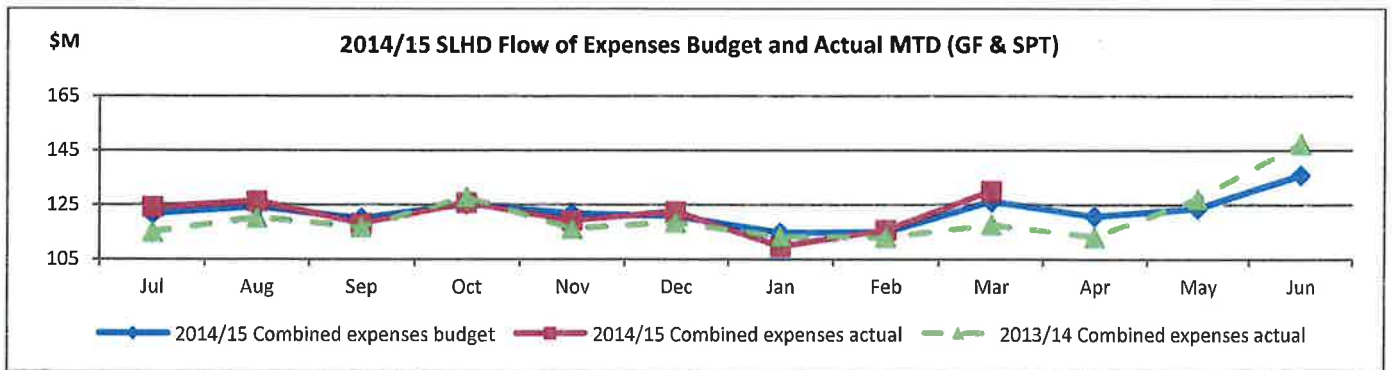
YTD Total Direct Revenue was $1.817M favourable to budget, comprising $1.759M unfavourable for the General Fund offset by a favourable variance of $3.576M for Special Purpose & Trust funds. The GF result reflects unfavourable variances in all revenue categories except Grant Income and Other Income.

Total Direct Expenditure was $2.508M unfavourable to budget YTD, comprising $0.056M favourable for the General Fund offset by a unfavourable variance of $2.564M 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 Mar	Full Year
2014/15 Combined expenses budget	121.271	123.789	119.566	124.758	121.287	120.337	114.303	114.445	125.657	120.179	123.018	135.193	1085.413	1,463.80
2014/15 Combined expenses actual	123.744	125.912	117.732	125.257	118.871	122.107	109.286	115.276	129.493				1087.679	
Variance (+ Fav, - Unfav)	(2.473)	(2.123)	1.834	(0.499)	2.415	(1.770)	5.017	(0.831)	(3.836)				(2.266)	
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	8.28%	8.46%	8.17%	8.52%	8.29%	8.22%	7.81%	7.82%	8.58%	8.21%	8.40%	9.24%		
YTD budget expended	8.28%	16.74%	24.91%	33.43%	41.72%	49.94%	57.75%	65.57%	74.15%	82.36%	90.76%	100.00%		

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

Legend: 2014/15 Combined expenses budget — 2014/15 Combined expenses actual — 2013/14 Combined expenses actual

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

The cash balance at 31 March 2015 for the Operating bank account was $5.649M (SLHD $5.647M and repointing of HRTO-SSW $0.002M) and Operating Cash book balance was $5.219M (SLHD $5.219M and repointing of HRTO-SSW $0).

Capital Works – CAPDOHRS PROJECTS
The District's Full Year Capital works budget as at March 15 is $5.971M comprising $0.500M of MoH funded and $5.471M of locally funded projects. Actual expenditure as at YTD March 15 funded by MoH was $0.197M which is $0.092M below projected expenditure. There was no expenditure yet for the locally funded projects.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity
March 2015 FYTD acute same day separations are up 6.06% compared to the same period last year. In March 2015 FYTD total number of same day separations increased across the District by 6.03% compared to March 2014 FYTD. The March 2015 FYTD occupancy rate remains higher compared to March 2014 FYTD, increasing from 90.14% to 92.94%.

The overnight average length of stay (ALOS) for March 2015 is FYTD 5.89 days, similar to March 2014 FYTD length of stay of 5.87 days. Canterbury Hospital's overnight ALOS decreased for March FYTD 2015 by 0.45 days compared to the same period last year.

The number of Hospital in the Home (HiTH) separations continues to increase. Total separations have increased by 26.86% from March 2014 FYTD to March 2015 FYTD.

NEAT
The overall NEAT performance for SLHD has improved by 1.54% in March 2015 FYTD, compared to March 2014 FYTD. Canterbury admitted, referred or discharged 79.73% of patients within 4 hours of presentation for March 2015. Concord and RPA were 72.09% and 64.48%, respectively.

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ED Triage
Canterbury and Concord Hospitals achieved all triage categories for March 2015. RPA continued to meet triage category targets 1, 4 and 5 in March 2015. RPA performance in triage categories 2 and 3 improved on previous FYTD results increasing by 1.56% and 2.67%, 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 March 2015 FYTD for all categories.

Transfer of Care
Concord Hospital met the 90% target for transfer of care in March 2015. The percentages for Canterbury, Concord and RPA respectively were 89.31%, 94.61% and 72.13%. SLHD decreased on its FYTD percentage by 5.08% from March 2014.

Quality and Safety
The District continued to meet the benchmarks for root cause analysis and complaints management in March 2015.

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

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

Workforce
Medical premium staff usage decreased by 0.3% in March 2015. Nursing and allied health premium staff usage increased by 1.1% and 0.2% respectively in March 2015 compared to the same period last year.

March 2015 YTD sick leave is above the 50 hour/FTE target by 1.6 hours/FTE, decreasing by 1.3 hours/FTE from February 2015.

CAPITAL WORKS

Concord Translational Research Facility
Tenders have been assessed and clarifications sought with tenders. Recommendation to award contract will be with the CE 5 May 2015.Discussions are continuing with the Commonwealth and the OHMR.

Concord SPP PDP
The Concord SPP PDP is nearing completion. State funding of $150million announced prior to 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 state government in order to program the next stage of project.

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

RPA Institute of Academic Surgery & RPA Transplant Institute
Internal works commenced. Design finalisation underway.

Project is partially funded through philanthropic donation.

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
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

SLHD has four of the six metropolitan urban growth areas within its boundaries. These projects include the Central to Eveleigh rail corridor, the Parramatta Road renewal, The Bays (Rozelle) and the Green Square Town centre. SLHD is also involved in the Wentworth Point development as this area relates to the Concord Hospital.

- SLHD hosted a half day UrbanGrowth and SLHD/Ministry of Health Forum on 14 April, 2015 attended by Mr Simon Pagett, Director of Urban Transformation and the relevant project directors for each of the four projects underway in SLHD. The Forum outlined details of each of the urban renewal projects in SLHD and discussed the specific health implications and impact of these projects. UrbanGrowth representatives were highly appreciative of the consultation. Beyond the service, infrastructure and health promotion issues, the CE outlined opportunities in respect of the medical-health-research precinct of RPA-University of Sydney and the 13 affiliated Medical Research Institutes and the "jobs" opportunities provided by the health precinct.

- SLHD, in consultation with the Ministry of Health, has recently commented on health service issues to inform their Central to Eveleigh Social Sustainability Plan.

- On the 16 April UrbanGrowth hosted a half day Stakeholder Workshop on the Central to Eveleigh urban renewal project. A key component of the workshop was discussion of urban renewal implications for each of the NSW government human service agencies. The District provided considerable input to this workshop via the consultation held with the District on 14th April and through attendance at the Stakeholder Workshop. The meeting was attended by representatives from UrbanGrowth, Department of Planning and Environment, Transport NSW, firms of architects/consultants to the project, Dept. of Education and Training, City of Sydney, FACS, Arts NSW, Heritage NSW, Department of Premier and Cabinet and NSW Treasury. The issues raised ranged from: the opportunities afforded by the health and medical research and education precinct; the role of SLHD as a major inner Sydney employer and centre for jobs; the linkages between the built environment and human health; and, required service development needs of growth areas.

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- In reply to an SLHD enquiry, the SLHD has been verbally advised by the Chief Demographer, NSW Department of Planning and Environment (DPE), that the UrbanGrowth projects **are not included** in our population projections. We have asked that this be confirmed in writing. This is important as our projections for hospital and health services are based on population projections. SLHD will model the impact on hospital beds and services of these additional populations.

- Metropolitan planning and population health units attended a half day workshop organised by the Department of Planning and Environment (DPE) and the Ministry of Health to discuss key components of sub-regional urban planning. Sub-regional plans relate to the overall Sydney Metropolitan Plan, a Growing Sydney, which is the overall plan for an additional 1.6 million people in the metropolitan area by 2031.

- SLHD attended workshops held by DPE targeting the Central and Southern region of Sydney.

Local Government Area (LGA) Health Profiles
The Planning Unit is revising the SLHD/IWSML LGA Health profiles in collaboration with the Central and South Eastern Primary Health Network (CSEPHN), the new SLHD Health Observatory and the Public Health Unit. These revised profiles will be presented to the Observatory Steering Committee in May and will then be uploaded to the Planning website. These profiles have been very useful for health service providers, local councils, FACS and other partner organisations.

Child Health and Wellbeing Plan
The draft Child Health and Wellbeing Plan has been updated based on feedback and is now ready for the final consultation prior to formal consideration by the Partnership Committee (SLHD, FACS, Education and CSEPHN). It is expected that the Plan will be completed by mid-year.

Oral Health Position Paper
The Planning unit has worked with the Oral Health Stream to develop a Position Paper on Oral Health. This will be provided to the May Board meeting.

Role Delineation
The Ministry of Health is currently reviewing the Guide to Role Delineation. This is the fourth grouping of services that has been reviewed through a series of joint clinician and health planner workshops. A full draft of the revision will be issued to Districts mid 2015 for final comment.

Concord Clinical Services Plan
The Planning Unit has continued to provide advice and support to the Concord Hospital redevelopment process, especially in clarification of various aspects of the Concord Clinical Services Plan, and attendance at relevant planning meetings.

Gynaecology and Obstetrics
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 consolidating the Gynaecology role of Concord and future options for Obstetrics across the District.

Drug Health Plan
The draft Drug Health Plan is being reviewed by the Planning Unit.

Multicultural Health Plan
The draft Multicultural Health Plan is being reviewed by the Planning Unit.

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YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

The Yaralla Estate Community Advisory Committee meeting was cancelled in April due to a clash with the University of Tasmania Graduation. The April edition newsletter was released after the NSW elections and was distributed to networks including the City of Canada Bay Council.

A meeting was held between Inner West Neighbour Aid and the District to show the concept designs for the community gardens that have been developed by the SLHD Engineering Department. Final preparations on the submission to the Office of Environment and Heritage for various projects across the Estate including the pathways and community gardens are occurring.

Approval has been received from the Office of Environment and Heritage for the refurbishments of Hyacinth Cottage. Work has commenced.

SLHD remains in discussions with an NGO and the possibility of hosting a family day at Yaralla Estate. The City of Canada Bay Heritage Society open day was held on Sunday 26 April, at which SLHD sponsored a petting zoo as suggested by a community member at a previous open day.

SYDNEY RESEARCH

Sydney Health Partners Advanced Health Research and Translation Centre (SHP AHRTC):
A Health Informatics workshop was held on 15 April 2015, led by Prof Jonathan Morris at the University of Sydney (with more than 60 participants). The workshop aims included establishing a shared vision and potential areas that can be developed and integrated across partner agencies. The workshop provided tangible first steps in this partnership strategy. Further workshops are anticipated throughout the year.

The Chief Executives of SHP continue to meet in developing governance structure, operational needs and priority project areas for the short, medium and longer term. An inaugural SHP Workshop is planned for 13 May 2015.

Community representative Sydney Research Council
In March 2015, Dr Alan McPhail was introduced to Sydney Research Council by the Chair, Dr Teresa Anderson. Dr McPhail is actively involved in the community and currently a volunteer at Concord Hospital and Bushcare. Previous academic roles include Dean, School of Engineering and Built Environment, CQUniversity, Central Queensland. During March, April and May, Dr McPhail will participate in Symposium 2015 community engagement strategies. Sydney Research Council warmly welcomes Dr Alan McPhail and looks forward to his contribution as a valued member of Sydney Research.

Sydney Research MOU
The Sydney Research MOU was officially signed off by authorised members (12 signatories, including community representative Dr Alan McPhail) during April 2015. The MOU is authorised to 2020 active for five years. This milestone achievement is also a condition of the OHMR NSW Hub funding agreement.

Symposium 2015
The Sydney Research Awards and Scholarship program has received over 25 applications in categories including:
> *Recognition awards*
> * Research excellence.

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- Early researcher and
- Research supervisor and
- Annual Health Research Infrastructure Award (AHRIA). A one off ($10,000) funded basic science award for the purposes of supporting infrastructure needs.

Two research scholarships ($40,000 per annum each over three years)
- Clinician Researcher Scholarship
- Health Informatics Researcher Scholarship

Recommendations from the review panel will be forward to the Chair in Early May and announcements made at the Symposium 2015 evening cocktail event 29 May 2015.

Open day MRI's tours are available on Thursday 28 May including Concord (ADRI/ANZAC) and bioinformatics sessions, Lifehouse, BMRI and The Charles Perkins Centre (CPC). The CPC will also offer an evening event with guest speakers Prof. David Le Couteur and Dr Norman Swan (advertised through Sydney Ideas USyd). A community engagement program is planned for Saturday 30 May at the Croydon Community Health Centre. Consultation occurred with the SLHD Community Participation Committee and executives of the district to select the event theme. The topic of vaccinations was chosen as the key theme and speakers will include General Practitioners and leading staff from the Public Health unit.

LIFEHOUSE

SLHD Executive and Staff continue to work closely with Lifehouse to support the management of inpatients at Lifehouse. Weekly 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 been established to oversee the ICT work between SLHD and ICT, co-chaired by the CE SLHD and the CE Lifehouse. KPMG has been engaged to review the current status of the Lifehouse ICT program. Lifehouse has also engaged Medtrex. Once the reviews are complete, a workshop will be held to develop a coordinated implementation plan. The Chief Executive of eHealth is a member of the Committee. Regular Performance Meetings continue on a monthly basis.

Dr Teresa Anderson
Chief Executive
12.5.15