# Minutes

**Health**
Sydney
Local Health District
NSW GOVERNMENT

## Sydney Local Health District

## Forty Fifth Meeting of the Board

Date:           Monday 20 July 2015

Time:           9.00am 12.00pm

Venue:          SLHD Boardroom

Chair:          The Hon. Ron Phillips, Chair

## 1.    Present and apologies

The Hon. Ron Phillips, Chair
Dr Teresa Anderson, Chief Executive
Ms Victoria Weekes, Member
Mr Trevor Danos, AM, Member
Dr Thomas Karplus, Member
A/Prof. Christine Giles, Member
Ms Susan Anderson, Member
Ms Joanna Khoo, Member
Professor Paul Torzillo AM, Member
Ms Frances O'Brien, Member
Mr David McLean, Member

### Apologies

Dr Barry Catchlove, Member

### In attendance

Professor Phillip Harris, Clinical Director, Cardiovascular Services, SLHD (9.00am - 9.25am)
Ms Jacqueline Ferguson, Acting Director of Finance (9.00am - 11.40am)
Mr John O'Connor, Director of Strategic Financial Projects and Education (Teleconference 9.20 am - 11.40am)
Ms Deborah Willcox, Director Clinical Operations, SLHD (9.00am - 11.40am)
Ms Mollie Boland-Anderson, GHMP Trainee (9.00am – 10.30am)
Ms Nerida Bransby, Secretariat

## 2.    Welcome and introductions

The Chair welcomed Members, Professor Harris and Guests to the forty fifth meeting of the Sydney Local Health District (SLHD) Board.

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### 3. Declaration of conflicts of interest

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

### 4. Confirmation of previous minutes

4.1      Minutes 15 June 2015

The minutes of the Board meeting held on Monday 15 June 2015 were moved and seconded with the following amendments:

4.2      CE Report – June 2015

The report of the Chief Executive June 2015 was moved and seconded with two minor amendments:
Page 8 Third paragraph should read April 2014 and title for Minister Goward corrected.

The Chair then declared that the CE Report for June 2015 was ready for publication.

### *Presentations:*

1.      Professor Phillip Harris presented on Cardiovascular Innovations including:
   - Drivers of Innovation
   - Impact on Innovation
   - Facilitators of Innovation
   - New Diagnostic Imaging Technologies
   - Ambulance ECG Transmission
   - Changes in Disease Epidemiology
   - Percutaneous Structural Heart Disease programs
   - Remote ICD Monitoring
   - Conclusions

   The Chair thanked Professor Harris for attending the meeting and the presentation. The Board agreed that future clinical presentations by the Clinical Directors would be beneficial.

2.      Dr Anderson presented on the 2015 -2016 Budget including:
   - Overview
   - Wrap-up of 2014/15
   - 2014/15 Achievements
   - Overview of the Service Agreement including Objectives, Strategic Context, national Agreement, Performance Framework, Schedules
   - 2015/16 Service Level Agreement Strategic Priorities and Themes including key focus plans, other priority plans and initiatives, key performance indicators.
   - Budget Principles
   - 2015/16 Budget from the MoH
   - Activity and Facility NWAU Prices 2015/16

- 2015/16 Draft Facility Budgets
- Next Steps

The Chair thanked Dr Anderson for the presentation and requested a copy to be circulated to all Board Members.

The Board meeting ceased at 10.30am for a ten minute recess.

The Board resumed at 10.40am – 11.40am for "in camera" discussions.

## 5. Matters arising from the previous minutes

### 5.1 Action sheet

The Board received and discussed the outstanding agenda items on the action sheet.

### 5.2 Draft Quarterly Quality and Safety Report

The Board received, noted and agreed that this report is to be produced on a quarterly basis. The Board requested a presentation on Open Disclosures and Emerging Risks.

## 6. Patient Story (Verbal Report)

This agenda item was deferred to the next meeting.

## 7. Standing Items

### 7.1 Acronyms List

The Board received and noted the revised Acronyms List.

### 7.2 Financial Classification Codes.

The Board received and noted the Financial Classification Codes List.

### 7.3 Board Calendar

The Board received and noted the Board Calendar.

## 8. Chairman's Report

Nil to report

# Minutes



**9. Chief Executive's report**

The Board received and noted the Chief Executive's Report for July 2015.

    **9.1    Finance and Performance Reports**

        9.1.1    SLHD Board reporting pack – May 2015

            The Board received and noted the SLHD Board Reporting Pack for May 2015.

        9.1.2    Selected Performance Indicators – May 2015

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

        9.1.3    HealthPathways Dashboard Report June 2015

            The Board received and noted this report.

    **9.2    Project updates**

        9.2.1    Lifehouse

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

        9.2.2    Macquarie International Private Hospital

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

    **9.3    Capital Works Report**

    The Board received and noted the Capital Works report.

    **9.4    Clinical Governance Report**

    The Board received and noted the Clinical Governance report.

    **9.5    Facility Reports – May 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 the Royal Prince Alfred Hospital 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.

## 10.    Matters for approval / resolution

10.1    Amendment to the SLHD Delegation Manual

The Board approved the recommendation to include the position title of Director, Clinical Services Integration to the Tier Two Executive List in the Delegation Manual.

## 11.    Board Committee reports / minutes

11.1    Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting 15 June 2015.

The Board noted the next meeting was held this morning 20 July 2015 at 8.00am.

11.2    Education and Research Committee

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

11.3    Communications Committee

The Board noted the meeting to be held on 15 June 2015 was cancelled.

11.4    Audit and Risk Committee

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

11.5    Health Care – Clinical Quality Council

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

11.6    Health Care – Clinical Council

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

11.7    Medical Staff Executive Council

The Board noted the next meeting is to be held on 7 August 2015.

## 12.    Other Committee reports / minutes

12.1    Sustainability Committee

No meeting held.

12.2    Medical and Dental Appointments Advisory Committee

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

12.3    SLHD Targeted Activity and Reporting Systems (STARS)

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

12.4    Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 17 June 2015.

12.5    Revenue Enhancement Development Committee

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

12.6    NSW Health / SLHD Performance Review Meeting

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

12.7    SLHD Innovations Group

The Board noted the meeting held on 26 June 2015 was cancelled.

12.8    Organ Donation for Transplantation

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

12.9    Major Procurement, Assets and Imaging Steering Committee

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

## 13.    Matters for noting

13.1    Thank you Letter  - Director ABF Taskforce

The Board received and noted this correspondence.

13.2    Winter Resilience Workshop 2015

The Board received and noted this correspondence.

13.3    ccCHIP Feedback

The Board received and noted this correspondence.

13.4    Brief – Sydney Olympic Park Master Plan 2030

The Board received and noted this correspondence.

13.5    Audit and Risk Committee Report March - June 2015

The Board received and noted this correspondence.

13.6    Update – Brief on Food Wastage and Recycling

The Board received and noted this correspondence.

13.7    Draft Capacity Assessment Project Report

The Board received and noted this correspondence.

## 14.    Other Business

Nil to report.

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## 15. Next Meeting

The next meeting is to be held on Monday 17 August 2015 commencing at 9.00am at the Tresillian Family Care Centre, McKenzie Street, Belmore, NSW 2092

The meeting closed at 11.53am.

_____  
The Hon. Ron Phillips  
Chair

Date _17/08/2015_____

# Report

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

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## NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

### Acute Admitted Activity

The ABF Advisory Committee reported that there will be changes to ICU funding in 2015/16. Within the current model there are 69 DRGs that have inbuilt ICU cost, these DRGs receive no additional ICU loading. Patients who spend time in the ICU with a DRG that does not have ICU cost incorporated receive an additional NWAU loading based on hours within the ICU. From 2015/16, IHPA and NSW MoH will unbundle ICU costs for 33 of the 69 DRGs (all adult DRGs will be unbundled with only the Neonatology DRGs retaining ICU bundled cost). This means that all patients admitted to an eligible ICU will receive the ICU Adjustment based on the hours they have spent in the unit. Within SLHD, both Concord and RPA have eligible ICUs (provide more than 24,000 hours of ICU care, at least 20 per cent of which involved mechanical ventilation).

A study by IHPA of patients who received haemodialysis as part of their inpatient care, who were not assigned to DRG L61Z- Haemodialysis same day, were found to be under-priced by up to 22 per cent. The ABF Advisory Committee have indicated that in line with this finding in 2015/16 a 25% loading adjustment will be introduced in NSW for acute admitted patients receiving dialysis services who are not assigned to the AR-DRG L61Z Haemodialysis.

### Non-Admitted Activity

Work on updating WebNAP service unit settings in preparation for the loading of data which will incorporate the NAP15 changes is still being finalised. IM&TD have completed a large body of work with regards to mapping the new codes and most services have successfully uploaded data from April 15 in the new codes. A review of data across the District is about to commence, comparing summary level to patient level data, in order to focus on services where our patient level data is still sub-optimal.

### Sub and Non Acute (SNAP) Update

Close monitoring of any ungrouped activity continues to be a high priority, and measures to eliminate are proving successful as demonstrated in the table below (96% grouped) this is a very welcome result given that in 2015/16 MoH will not be funding any ungrouped activity. The RPA SNAP working group has commenced and work is being done to ensure all RPAH SNAP activity is appropriately classified and reported. The District SNAP co-ordinators working group also is ongoing and provides a forum to monitor SNAP activity, identify any gaps and implement solution for improvement.

SLHD continues to sit within the top 3 performers in the state for the SNAP KPI's – as at 9/6/15.

| KPIS | State Average | 1st | 2nd | 3rd |
|---|---|---|---|---|
| **Grouped Bed Days** | 77% | **SLHD (96%)** | SVHN | NBMLHD |
| **Episodes without error** | 94% | SVHN | SESLHD | **SLHD (99%)** |
| **Error correction Rate** | 40% | WNSWLHD | SNSWLHD | **SLHD (78%)** |

### Mental Health

Work is currently being done around the mental health admitted targets for 15/16. A meeting is to be held this month with a mental health data representative from Inform Mental Health (the Mental Health arm of Health System Information & Performance Reporting- HSIPR) to discuss any potential gaps and issues for our District to be aware of relating to the Community Health Ambulatory Extract Data

Collection (CHAMB) which will be used as the data source for calculation for all non-admitted mental health activity for the foreseeable future. The Mental Health, Health Information Manager has also commenced a gap analysis looking at the quality of our current non-admitted data and the CHAMB data set.

## NWAU Activity against Target

SLHD has come in just over target for the month of March at 0.58%. As a result of this outcome, acute admitted activity against target FYTD has shown a slight improvement dropping to 4.04% positive to target. This does demonstrate, however, that the District has undertaken significantly more activity during 2014/15.

## Clinical Costing Update

As part of the round 19 costing process the Performance Unit, Finance and the facilities will be undertaking some focused work on reviewing the fractioning process of cost into the different activity streams. We will also be assessing the current level of 'non-patient' costs and how these are distributed. We will be have a particular focus on ensuring that all cost that should be excluded has been identified and applied. A review of top volume DRGs will be undertaken to identify any coding issues. To this end some gains have already been made within the neonate coding at RPA. This concerted body of work will help to ensure that round 19 costing is more reflective of the District's performance relative to its peers and the State as a whole.

## REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

### Private Health Insurance Usage

For the month of May, SLHD had 19.05% of patients using health insurance as a percentage of overall activity. Hospitals are working to bring results back up the 20% again as soon as possible.

### Single Room Utilisation

In May, 28% of all single rooms were taken up by private patients and 42% of all private patients were accommodated in single rooms. This is an improvement on April's results despite an increase in patients isolated for clinical alert (11.6%).

### Revenue Enhancement Committee

RPAH's free television offer continues to be received positively, with some patients alerting the hospital that they have insurance because of the offer.

The District met with the Minister of Health's Alternative Business Models Committee this month to discuss the Concord Cath Lab initiative. They were supportive in principle of the Public Sector Mutual model that has been proposed. The feedback about the work undertaken to date was very positive. Advice was given in relation to the additional work that is required to progress this model. The aim is to present the model and business case to the SLHD is September 2015.

A Private Patient Officer is now working in the Mental Health Precinct. Work is continuing to capture private patient consultation fees and to establish bulk billing functions in non-inpatient clinics such as Eating Disorders and the Rivendell Child and Adolescent Unit.

## PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

### Innovations Group

The next *Pitch* session will be held on Friday 14 August 2015. The November *Pitch* session has changed to Friday 6 November (previously scheduled on 13 November 2015).

# Report



A 'Flashlight QI Series' follow up session took place on 1 June 2015 and was delivered in collaboration with the Agency for Clinical Innovation (ACI). The follow up session addressed the participants' progress with their projects, evaluation of implementation and how to overcome barriers during implementation.

**Clinical Redesign**

Two projects were accepted to Centre for Healthcare Redesign's (CHR) third intake for 2015 and will commence on 27 July 2015:

- '*Coordination of care – Ground East Concord's cancer centre*': the preliminary goal is to improve patient flow management and ensure a more effective and coordinated approach in the Concord Cancer outpatient department.
- '*Improving home-based dialysis in SLHD*': the preliminary goal is to increase the proportion of all dialysis patients on home-based therapies.

A SLHD project team of two attended the 5-day Surgery Redesign Training Program at ACI for the project titled '*Improving operating theatre efficiencies*'. Project activities are expected to commence in July 2015.

The 2015 CHR Project (first intake), *'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 has completed its solution design phase, with 15 identified solutions to the issues derived from 'diagnostics'.  The project has now entered its implementation planning phase, with many quick wins already being implemented.

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. The project is in the implementation phase with a number of solutions already implemented. The Steering Committee has agreed to continue meeting bi-monthly to provide oversight and governance over the solutions yet to be implemented. Graduation Day is on 21 August 2015.

**Accelerated Implementation Methodology (AIM)**

Next AIM workshop to be held August 13th - 14th and is fully booked.

**HealthPathways**

**Workgroups Undertaken**

As a result of the transition of the Inner West Sydney Medicare Local to Central & Eastern Sydney Primary Health Network the program team was unable to conduct workgroup activities. Our usual venue was being used by the Transition Team for operational and recruitment purposes. Workgroups planned for June have been rescheduled for July and August 2015. The workgroup for Falls Management occurred as planned on 29 May.  This was the 22nd largest Workgroup held since the Program inception.

**Future Workgroups**

Closed Head Injuries  16 July
Paediatric Surgery          28 July
Osteoporosis                    19 August

**Pathways**

To date the development of 396 clinical, requesting and information pathways have been initiated and presently we have:

| | |
|---|---|
| Complete and accessible to GPs | 242 |
| Localising (from other HP regions) | 134 |
| New Pathways being developed | 20 |

Since 25 May 2015, the Program Team has published 22 new pathways (Physiotherapy, Anticoagulation Management and Mental Health) on the live website and the GP Clinical Writers have submitted a further 22 draft pathways to the work stream this month. Further data is available in the HealthPathways June dashboard report.

Pathways for Diabetes in Pregnancy are delayed as a result of new clinical guidelines – anticipated to be completed by mid-July. The podiatry pathways are awaiting service response to final drafts.

**Usage of HealthPathways**

Numbers of users remained steady throughout June, the number of different users/devices increased by 1.77% whilst the number of sessions rose by 5.41%.

| Usage | May 2015 | June 2015 |
|---|---|---|
| Sessions | 1,255 | 1,323 |
| Different Users | 395 | 402 |
| Page Views | 7,498 | 7,877 |
| New Visitors | 218 sessions (17.4%) | 222 sessions (16.8%) |
| Returning Visitors | 1,037 sessions (82.6%) | 1,101 sessions (83.2%) |

**Promotion**

From 25 May – 30 June 2015, the Program Team conducted ten, one on one in practice GP education sessions and two Practice wide support sessions assisting Practice managers to integrate HealthPathways onto practice software. The Program Team was also present at the ante natal Shared Care event held at RPAH on 13 June 2015.

The Program Team undertook the following presentations during this reporting period:
- HealthPathways : A clearer direction for healthcare in the Inner West - Sydney Innovation & Research Symposium, SLHD (30 May 2015)
- HealthPathways, Demonstration & Overview – Shared Care Planning & Clinical Pathways Tools Demonstration, ACI & NSW eHealth  (22 June 2015)
- HealthPathways Sydney Program Overview - Concord Hospital Clinical Council (25 June 2015)

**Primary Health Network**

The HPS Program Team is pleased to advise that support and funding for financial year 2015/16 has been confirmed by the Board of the Central & Eastern Sydney Primary Health Network. The program team looks forward to working with the PHN and its associate bodies.

**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 31 May 2015 based on the District's budgeted NCoS.  For the period to the end of 31 May 2015 Sydney Local Health District (SLHD) General Fund Expenditure is $4.451M (0.34%)

unfavourable to budget and Revenue is $1.873M (0.15%) unfavourable to budget. On a NCoS basis the District's General Fund is $6.324M unfavourable to budget at the end of May 2015.

**The Chief Executive and the A/Director of Finance remain confident that the District will have an on budget end of financial year (2014/2015) result.**

The major variances for the month and YTD were:

**Expenditure**
- Total Expenditure was $2.416M unfavourable to budget for the month of May. This result reflected unfavourable budget variances for Employee Related Expenses ($0.342M), Goods and Services ($2.197M) and VMO Expenses ($0.263M). These unfavourable results were offset by favourable results in RMR ($0.227M) and Other Expenses ($0.159M).
- Year-to-date Total Expenditure was $4.451M (0.34%) unfavourable to budget, reflecting favourable variances in Salaries and Wages ($8.081M) and Other Expenses ($0.549M) offset by unfavourable results for Overtime ($3.153M), Superannuation ($4.130M), Annual Leave ($2.425M) and Goods & Services ($0.532M).
- Goods and Services Expenditure was $2.197M unfavourable to budget for the month, principally related to unfavourable variances in Drugs ($0.833M), Medical Supplies and Consumables ($0.750M), Prosthesis ($0.467M) and Payments for Shared Services ($0.583M). These unfavourable results for the month were offset by favourable results for G&S Special Services ($0.385M) and Administration Expenses ($0.353M). YTD Goods and Services Expenditure is ($0.532M) unfavourable to budget.
- Overtime was again unfavourable ($0.315M) to budget for the month, reflecting the impact of higher than budgeted activity levels and efforts to reduce outstanding annual leave balances. YTD this expense category is ($3.153M) unfavourable to budget. Nursing and JMOs are the two labour categories with the largest unfavourable YTD budget variances, ($1.648M) and ($1.082M) respectively.

**Revenue**
- Total Revenue was $2.033M favourable to budget for the month of May 2015, principally related to higher than budgeted Patient Fees ($1.407M) and Grants and Contributions ($0.521M). A major contributing factor to the result for the month was the recognition of MAA revenue that related to prior periods.
- YTD, Total Revenue was ($1.873M) unfavourable to budget. The YTD result reflects unfavourable budget results in all revenue categories except Grants and Contributions ($6.733M) and Other Revenue ($1.504M). The YTD result includes the impact of the unbudgeted TMF Hindsight adjustment ($5.224M) received previously. This masks the full 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 $2.0M and $3.6M 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 ($1.466M) favourable to budget for the first eleven months of the financial year. This reflects an unfavourable budget variance for Expenditure of ($2.126M) offset by a favourable budget result Revenue of ($3.592M).

# Report

Health
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**CONSOLIDATED RESULT**

The YTD consolidated NCoS result for the General Fund and SP&T was ($4.858M) unfavourable to budget. The result comprises an unfavourable variance in Expenditure of ($6.577M) and a favourable budget variance for Revenue of ($1.719M).

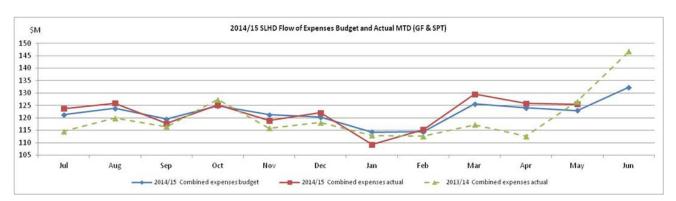**FINANCIAL PERFORMANCE** *(based on new Ministry of Health Reporting Format)*

For the eleven months to the end of May 2015, SLHD recorded a Total Net Result of $17.893M which was ($2.430M) unfavourable to budget. YTD Net Direct Operating Result (GF and SP&T) was $2.142M unfavourable to budget. The YTD unfavourable result reflects higher than budgeted expenditure ($6.685M unfavourable) offset by favourable revenue variances of $4.543M.

YTD Total Direct Revenue was $4.543M favourable to budget, comprising ($0.734M) unfavourable for the General Fund offset by a favourable variance of ($3.809M) 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 $6.685M unfavourable to budget YTD, comprising $4.372M unfavourable for the General Fund and an unfavourable variance of $2.313M 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 ongoing attention on expenditure management and all hospital facilities in the District are continuing 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 May | 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 | 124.042 | 122.933 | 132.348 | 1,332.388 | 1,464.736 |
| 2014/15 Combined expenses actual | 123.744 | 125.912 | 117.732 | 125.257 | 118.871 | 122.107 | 109.286 | 115.276 | 129.493 | 125.798 | 125.488 | | 1,338.965 | |
| Variance (+ Fav, - Unfav) | (2.473) | (2.123) | 1.834 | (0.499) | 2.415 | (1.770) | 5.017 | (0.831) | (3.836) | (1.756) | (2.555) | | (6.576) | |
| | | | | | | | | | | | | | | |
| 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 | 1,303.627 | 1,448.972 |
| 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 | 1,294.274 | 1,441.027 |
| 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) | 9.353 | 7.945 |
| | | | | | | | | | | | | | | |
| % of Budget | 8.28% | 8.45% | 8.16% | 8.52% | 8.28% | 8.22% | 7.80% | 7.81% | 8.58% | 8.47% | 8.39% | 9.04% | | |
| YTD budget expended | 8.28% | 16.73% | 24.89% | 33.41% | 41.69% | 49.91% | 57.71% | 65.52% | 74.10% | 82.57% | 90.96% | 100.00% | | |

# Report

**Liquidity**

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

The cash balance at 31 May 2015 for the Operating bank account was ($1.982M) (SLHD ($1.980M) and repointing of HRTO-SSW ($0.002M)), the Operating Cash book balance was ($1.941M) (SLHD ($1.941M) and repointing of HRTO-SSW $0).

**Capital Works – CAPDOHRS PROJECTS**

The District's Full Year Capital works budget as at May 15 is $6.971M comprising $0.500M of MoH funded and $6.471M of locally funded projects. Actual expenditure as at YTD May 15 funded by MoH was $0.428M which is $0.002M below projected expenditure. There was no YTD May 2015 expenditure for the locally funded projects. However, expenditure for these projects is expected in the month of June 2015.

## PERFORMANCE

The District continues to be at Performance Level 0.

**Activity**

In May 2015, FYTD total number of same day separations increased across the District by 5.22% compared to May 2014 FYTD. May 2015 FYTD acute same day separations are up 5.25% compared to the same period last year.

The May 2015 FYTD occupancy rate remains higher compared to May 2014 FYTD, increasing 2.57%. Concord and Balmain Hospital both increased to 87.67% and 93.10% occupancy respectively. The District's occupancy, comparing May 2015 to May 2014, increased by 1.80%. For the same period, Canterbury Hospital's occupancy increased by 10.06%, taking occupancy to 97.09%.

The overnight average length of stay (ALOS) for May 2015 FYTD was 5.87 days, similar to May 2015 FYTD length of stay of 5.74 days. Canterbury Hospital's overnight ALOS decreased for May FYTD 2015 by 0.42 days compared to the same period last year.

**NEAT**

The NEAT performance for the District improved by 0.76% in May 2015 FYTD, compared to May 2014 FYTD. Canterbury admitted, referred or discharged 5.42% more patients within 4 hours of presentation for May 2015 compared to the same period last year.

**ED Triage**

Canterbury and Concord Hospitals achieved all emergency department triage categories for May 2015. RPA met triage category targets 1, 4 and 5 in May 2015. RPA performance in triage category 3 improved on the previous FYTD result, increasing by 2.16%.

**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 May 2015 FYTD for all categories.

**Transfer of Care**

The target of 90% for transfer of care was met by Canterbury and Concord Hospitals in May 2015. The percentages for Canterbury, Concord and RPA respectively were 90.19%, 91.49% and 71.84%.

SLHD has decreased on its FYTD percentage by 4.73% from 2014 and currently is 84.03% FYTD May 2015.

**Quality and Safety**
In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for May 2015. Mental Health Readmissions within 28 Days continues to be above target of <13% for February FYTD 2015 and has increased from the same period last year from 14.5% to 6.2%. Community follow up within 7 days for Mental Health patients is under the target of >70% at 63.6% for February2015.

SLHD met the target for Staphylococcus Aureas Bloodstream (SABSI) infections for April 2015 YTD.

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

**Workforce**
There was no change in premium staff usage for Medical and Allied Health compared to the same period last year. Nursing premium staff usage increased by 1.1% in May 2015 compared to the same period last year to 7.6%.

May YTD 2015 sick leave is above the 50 hour/FTE target by 0.7 hours/FTE. This has increased from 0.5 hours/FTE in April 2015.

## CAPITAL WORKS

**Concord Translational Research Facility**
Tender has been awarded to Donnelly Construction. Site will be available from 6 July 2015. Start-up meeting will be held in early July.

**Concord SPP PDP**
The Concord SPP PDP is completed & will be submitted to the Ministry in July 2015. State funding of $150 million announced prior to State election. Awaiting confirmation of cash flow by state government in order to program 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 will be made in the 2014/15 financial year.

**RPA Institute of Academic Surgery & RPA Transplant Institute**
Internal works underway.
Project is partially funded through philanthropic donation.
Health Infrastructure will be providing some funds through the state government Capital Research Program funds. Business Case for this funding is underway.

**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 and i snow complete.

**Medical Imaging Equipment Purchases**
Approval has been received from the Ministry for the purchase of:
- 3T MRI Concord
- Hybrid Interventional Suite Concord
- SPEC CT Scanner RPAH

Purchase of the MRI & SPEC CT is complete. The Hybrid purchase is nearing finalisation however SLHD has met the Ministry requirement for cash flow for all 3 projects

**Community Health Services Minor Works Canterbury**
Works to refurbish the Child and Family and Community Nursing areas at Canterbury Hospital are complete. Defect inspections are underway

**Concord Radiology**
Stage 3 works are underway. This will complete the refurbishment of this area.

**Youth Health Services Redfern**
Work is underway for the relocation of Youth Health Services form the Brain & Mind Institute to Abercrombie Street in Redfern. Work is targeted for completion by the mid July.

**QMB University of Sydney**
Refurbishment of the QMB by the University of Sydney is complete.

**PLANNING**

**Urban Development and Renewal Projects**
- **Parramatta Road Urban Development Forum**

A collaborative Urban Development Forum was held with UrbanGrowth NSW and the University of Sydney, on 30 June, 2015. The Forum, attended by the City of Sydney and Marrickville Councils, the SLHD, UrbanGrowth NSW and the University of Sydney aimed to discuss and contribute to the planning of the most easterly precinct of the 20 kilometer Parramatta road urban renewal development: the Camperdown precinct. 35 people attended the Forum, which was chaired by the SLHD Chief Executive.

Seven of the ten local government areas and six of the eight identified development precincts along the Parramatta Rd urban renewal are in the SLHD. 77% of the expected population increase to 2031 related to Parramatta Rd is projected to occur within the SLHD. The project was triggered by the development of Westconnex. Access and transport are key drivers of the renewal program.

Discussion at the Forum was lively and ranged over a great number of issues of both strategic and population health import. Issues included:
- The critical importance of the health corporation as an economic generator and centre for employment.
- The important opportunities afforded by the establishment of the Advanced Health and Medical Research Translation Centre in collaboration with Sydney Health Partners (SHP).
- Given that 41% of our 11,200 staff lives in the SLHD, the importance of promoting affordable housing options for these key local staff.

- The proposed development of a stronger research precinct on the Prince Alfred campus and the need for future service developments at the RPA and Concord Hospital campuses.
- The proposed infrastructure developments at the University of Sydney, including the consolidation of the campus at the Camperdown site, with 70,000 expected students by 2025 and the program for enhancing student housing.
- The importance of open space and its relationship to physical, social and emotional health.
- Opportunities to build child–friendly play and recreation areas into multi-story developments on rooftops and as an integral component of design.
- The improved opportunities for social infrastructure and social housing in the planning.
- Opportunities for the development of industry-collaborative biotechnology, informatics, device or ICT centres in close proximity to the SLHD, the University and the health-medical and education corridor formed by the University, RPA and the other partner education services along Parramatta rd.
- The issues related to the development of the Westconnex Motorway, which was announced during June, including the future location of portals, air quality etc.

The next draft strategy for Parramatta Rd will be released for community and stakeholder comment in October, 2015 and will be on display until Christmas.

- **Department of Planning and Environment Sub-Regional Planning Workshops**

The Planning Unit attended two half day workshops, a component of which was to report on the infrastructure needs of the health system to 2031- the planning horizon for the *Plan for Growing Sydney*- the Sydney metropolitan strategy. The purpose of this set of workshops is to develop sub-regional plans for Sydney.

**Role Delineation**

Significant consultation and discussion with clinicians and services has occurred over the past month in order to comment upon the re-drafted sections of the Ministry of Health's Guide to Role Delineation. Eighteen services were reviewed, requiring meetings, briefs and discussions across these services.

**Local Government Area (LGA) Health Profiles**

The Planning Unit has now completed the revision of the eight SLHD LGA Health Profiles in collaboration with the Central and South Eastern Primary Health Network (CSEPHN).

**Medical Imaging Strategic Plan and SLHD Imaging Think Tank**

The Planning Unit has commenced developing the SLHD Medical Imaging Strategic Plan. It has also established the Working Party to plan the 2015 SLHD Imaging Think Tank which will focus on the imaging needs of each of the SLHD Clinical Streams.

**Child Health and Wellbeing Plan**

This Plan is now ready to be sent out to key stakeholders for comment.

**Youth Health and Wellbeing Plan**

It is intended that the Planning Unit will support the development of an inter-sectoral Youth Health Plan, similar to the Child Health and Wellbeing Plan.

**Paediatric Plan**

A scoping paper is currently being developed in the Planning Unit for a Paediatric Plan, covering inpatient service needs, the paediatric surgery flow reversals from the Children Hospital networks, ambulatory care and neonatal care. This plan will complement the Child Health and Wellbeing Plan.

**Neurosciences Think Tank**

In September, 2015, the SLHD will hold an inaugural Neurosciences Think Tank to showcase our high level clinical, research and education services in Neurosurgery, Neurology and ENT.

**Drug Health Plan**

The Planning Unit has worked extensively with Drug Health and the Director of Clinical Services Integration to revise the draft Drug Health Plan.

**Multicultural Health Plan**

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

**SERVICE DEVELIVERY REFORM**

In October 2014, the Social Policy Cabinet Committee (SPCC) approved Government testing different service delivery and governance models for proof of concept and scalability of approach, with a focus on prevention and early intervention. The Committee agreed that this Service Delivery Reform (SDR) will be launched in four sites with particular focus areas.  Following consultation with the sites, the particular focus areas are:

| Region | Focus Area |
|---|---|
| Western Sydney | Prevention and early intervention – Children (0-12) |
| Central Sydney | Prevention and early intervention – Mental health |
| Central Coast | Prevention and early intervention – Children 0-18 |
| Illawarra | Prevention and early intervention – Child and Family wellbeing in Aboriginal communities |

The overall aim of the SDR is to improve outcomes for vulnerable people through strengthened multiagency approaches to prevention and early intervention.
Sydney region vision is

Goals of the central Sydney region SDR initiative are:
1. Improved housing options for people with mental health issues
2. Person-centred services for people and families with mental health issues are provided in the community at the right time
3. Improved sector and workforce capability

The central Sydney region SDR is led by a consortium of government and non-government representatives. The consortium comprises FACS Sydney District, Sydney Local Health District, Inner West Sydney Medicare Local, Juvenile Justice, Education & Communities, NSW Police, Justice Health, Department of Premier and Cabinet, local government, Aboriginal Medical Services Redfern, University of Sydney (Brain & Mind Research Institute) and representatives from the non-government sector, such as Weave Youth and Community Services, New Horizons and three NGOS (being finalised) from Healthy Homes and Neighbourhood Steering Committee, and a mental health consumer representative.

Many member organisations of this group already work together within a well-established collaborative planning and governance structure, for examples the SLHD/FACS/PHN Partnership and Planning Steering Committee.

A scoping paper has been developed by the Steering Committee Feedback on the scoping paper has been received from the Social Policy Senior Officers Group. It is understood that the scoping papers from all 4 launch sites will be provided to the Social Policy Cabinet Committee for approval in the near future.

The Central Sydney region has agreed that the committee would benefit from an independent chair, a draft terms of reference for the Steering committee are being finalised in addition to a draft communications strategy.

The Premiers and Cabinet Office has continued to provide additional support through combined workshops and tele link ups to increase learnings between launch sites. In addition a privacy workshop has been provided and a behavioural influence workshop is planned for July.

## YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)
The Yaralla Estate Community Advisory Committee meeting was held on 16 June. It was agreed that a letter of invitation be given to Lachlan Prentice, who presented at the last meeting, to join the committee.

The Family Health Open Day will be held on Sunday 13 October 2015. Organisation for the event is underway in conjunction with the NGO and Lidcombe TAFE. There will be a display of the TAFE student's design concepts for Yaralla for the week preceding and following the Day (TBC). These designs will be presented to the committee for endorsement at their next meeting in July.

The works on Hyacinth cottage are almost completed, there will be an acknowledgement of this new model of care for burns patients at the Open Day.

A marquee has recently erected at Yaralla Estate where some filming will occur for the next 6-8 weeks and generate some revenue for the Walker Trust.

## SYDNEY RESEARCH

### Symposium 2015

As with previous years, a briefing meeting will be held with organisers to review Symposium 2015 outcomes so as to inform planning for the 2016 event.

### Sydney Health Partners Advanced Health Research and Translation Centre (SHP AHRTC)
Following the success of the workshop held 13 May 2015, a small working group continues to meet fortnightly to plan next steps including establishing the governance structure, appointment of Chair, operational structures and project groups. Interim project support is being provided by the Program Manager, Sydney Research (.5FTE) and Senior Medical Advisor, Westmead (0.5FTE).

## LIFEHOUSE

SLHD Executive and Staff continue to work closely with Lifehouse to support the management of inpatients at Lifehouse. Weekly operational meetings are continuing between both organisations. Work is continuing on the interface of the SLHD and LH Information and Technology Systems. The Joint ICT Governance Committee established to oversee the ICT work between SLHD and ICT and co-chaired by the CE SLHD and the CE Lifehouse is continuing to meet fortnightly. KPMG have finalised their review the current status of the Lifehouse ICT program which is being reviewed by the District and as is Medtrex who were engaged by Lifehouse have finalised their report which is being reviewed by Lifehouse. Once the reviews are complete, a workshop will be held to develop a

# Report

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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**

13.7.15

# Report