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## Sydney Local Health District

### Forty Sixth Meeting of the Board

Date: Monday 17 August 2015  
Time: 9.00am - 11.00pm  
Venue: Tresillian Family Care Centre, Belmore  
Chair: The Hon. Ron Phillips, Chair

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#### 1. Present and apologies

The Hon. Ron Phillips, Chair  
Dr Teresa Anderson, Chief Executive  
Ms Victoria Weekes, Member  
Mr Trevor Danos, AM, Member (departed 11.10am)  
Dr Thomas Karplus, Member  
Dr Barry Catchlove, Member  
A/Prof. Christine Giles, Member  
Ms Joanna Khoo, Member  
Professor Paul Torzillo AM, Member  
Ms Frances O'Brien, Member  
Mr David McLean, Member

#### Apologies

Ms Susan Anderson, Member

#### In attendance

Ms Joanna Holt, Chief Executive, NSW Kids and Families (9.00am-9.50am)  
Professor Les White, Chief Paediatrician, NSW Kids and Families (9.00am-9.50am)  
Ms Lucy Thompson, Senior Manager, Strategy and Engagement, NSW Kids and Families (9.00am-9.50am)  
Mr Robert Mills, Chief Executive Officer, Tresillian Family Care Centre (9.00am-9.50am)  
Dr Nick Kowalenko, Chair, Tresillian Board (9.00am-9.50am)  
Mr Michael Clark, Manager, Internal Audit, SLHD (10.00am-10.10am)  
Ms Fleur Jamieson, Deputy Manager, SLHD (10.00am-10.10am)  
Ms Nerida Bransby, Secretariat

#### 2. Welcome and introductions

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

### 3. Declaration of conflicts of interest

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

### 4. Confirmation of previous minutes

#### 4.1 Minutes 20 July 2015

The minutes of the Board meeting held on Monday 20 July 2015 were moved and seconded.

#### 4.2 CE Report – July 2015

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

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

#### ***Presentations:***

1. Ms Joanna Holt and Professor Les White presented on “Healthy, Safe and Well” - Implementing the Strategic Health Plan for Children, Young People and Families 2014-2024.

- Summary
- Context
- Purpose of the NSW Kids and Families
- Networks outside the MoH
- Added values
- Child and Youth Focussed Care
- Considerations
- Strategy Map
- Enabling change
- Challenges in implementation
- Governance - driving implementation
- Outcomes and Data for the SLHD

The Chair thanked Ms Holt and Professor White for the presentation and for the copy of the plan.

### 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 copy of the Charles Perkins Clinical Research Facility Business Case will be provided at the next meeting.
- The meeting with Lifehouse and SLHD Boards has been held and can be removed from the action list.
- The Capacity Assessment Project Devolution of Responsibility will be distributed when published. The SLHD is currently in the top two and discussed a model for which to benchmark.

## 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

Ni to report

## 9. Chief Executive's report

The Board received the Chief Executive's Report for August 2015. In particular the Board noted:

- The District is seeking assistance from clinicians to support the coders.
- The District is working on an evaluation plan for HealthPathways.
- Total Expenditure was \$5.127M favourable to budget for the month of June. This result reflected favourable budget variances for Employee Related Expenses (\$9.176M), VMO Expenses (\$0.283M) and Other Expenses (\$0.282M).
- For the 2015 FY Total Revenue was (\$0.241M) unfavourable to budget. The result for the year reflects unfavourable budget results in all revenue categories except Grants and Contributions (\$8.864M) and Other Revenue (\$1.771M)
- The District continues to be at performance level zero.
- Balmain Hospital's overnight ALOS increased for June FYTD 2015 by 2.56 days compared to last year due to patients being more unwell.
- A pilot study with RPAH emergency department has commenced today.

- The Queen Mary Building is now occupied and can be removed from the CE report.

The Board discussed training for Medical Officers particularly PGY1 and PGY2. Dr Anderson advised the District works closely with the Sydney Medical School and Dr Claire Blizard, Director of Medical Services represents the District on the HETI Council. A presentation to the Board will be provided on the process of training PGY1 and PGY2 medical officers.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – June 2015

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

### 9.1.2 Selected Performance Indicators – June 2015

The Board noted the Selected Performance Indicators for June 2015 was not available.

### 9.1.3 HealthPathways Dashboard Report July 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. The Board discussed these matters and endorsed all actions taken by the Board Chair and the Chief Executive.

### 9.2.2 Macquarie International Private Hospital

The Board received the information on Macquarie International Private Hospital in the Chief Executive's confidential report. The Board discussed these matters and endorsed all actions taken by the Board Chair and the Chief Executive.

## 9.3 Capital Works Report

The Board received and noted the Capital Works report.

## 9.4 Clinical Governance Report

The Board noted the next Clinical Governance quarterly report is due in September 2015.

## 9.5 Facility Reports – June 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 the Population Health report. The Board noted and agreed to monitor the Brain and Mind Research Institute development of mental health indicators for SLHD with the aim to cover the full spectrum of mental health from public health need, use of health services and the physical health of people with mental health problems.

(xi) Tresillian

The Board received and noted the Tresillian report. The Board noted that Tresillian has an independent Board with some funding received from the District and other sources.

(xii) Lifehouse

The Board received and noted the Lifehouse report.

## 10. Matters for approval / resolution

## 10.1 Corporate Governance Attestation Statement

The Board received the Corporate Governance Attestation Statement circulated by email. Supporting documentation was provided at the meeting by Mr Clark and Ms Jamieson. The Board discussed and RATIFIED the Corporate Governance Attestation Statement to be forwarded to the Secretary at the MoH.

## 10.2 Amendment to Delegations Manual

The Board received the correspondence concerning the amendment to the Delegations Manual. The Board RATIFIED the amendment to the Delegations Manual to include:

- Section 1.4: Change word “requisition” to authority to sign an official order for pharmaceuticals.
- Section 3:1a: Remove section relating to Pharmaceuticals as the Pharmacy Supply Service no longer exists.

## 11. Board Committee reports / minutes

### 11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting 20 July and 10 August 2015.

### 11.2 Education and Research Committee

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

### 11.3 Communications Committee

The Board noted the next meeting is to be held on 17 August 2015.

### 11.4 Audit and Risk Committee

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

### 11.5 Health Care – Clinical Quality Council

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

### 11.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting 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 has been deferred.

### 11.8 Patient and Family Centred Care Steering Committee

The Board noted the minutes of the Meeting held on 12 August were not available.

## 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 8 July 2015.

### 12.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

### 12.4 Surgical Demand Committee

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

### 12.5 Revenue Enhancement Development Committee

The Board noted the meeting held on 22 July 2015 was cancelled.

### 12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 2 September 2015.

### 12.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 31 July 2015.

### 12.8 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 23 June 2015.

### 12.9 Major Procurement, Assets and Imaging Steering Committee

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

## 13. Matters for noting

### 13.1 2015 Asset Strategic Plan

The Board received the 2015 Asset Strategic Plan. The document was noted with minor suggested amendments.

## 14. Other Business

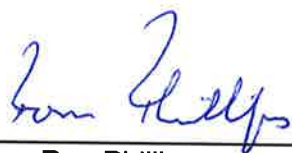
### 14.1 Board Evaluation Report

Dr Anderson tabled a document concerning the Board Evaluation Process. This is to be placed on the agenda for the September 2015 meeting.

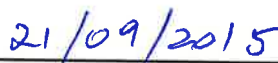
## 15. Next Meeting

The next meeting is to be held on Monday 21 September 2015 commencing at 9.00am, venue to be advised.

The meeting closed at 11.15am followed by a tour of the Tresillian Family Care Centre.



\_\_\_\_\_  
The Hon. Ron Phillips  
Chair



\_\_\_\_\_  
Date



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

### NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

#### 2015/16 Activity Targets

The Performance Unit has been working hard to finalise the activity targets for the ABF in scope facilities and services. This work was completed in mid-July and facilities have been given an opportunity to review and feedback on the activity targets; however, with the targets set in NWAU15 and the historical activity data only available in NWAU 14, comparison of activity from year to year is not possible. Ministry of Health will be supplying historical data converted to NWAU 15 back to LHDs in October. All activity has been phased across the year to reflect the activity fluctuations seen in the up to 5 years of historical data.

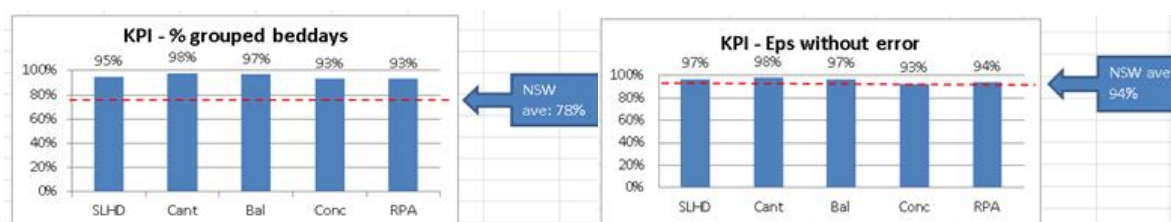
In 2015/16 Dental and Mental Health non-admitted have both received a provisional NWAU target. These two areas will be shadow funded for the 15/16 financial year.

#### Non-Admitted Activity

All facilities are working on finalising their Non Admitted Patient (NAP) data for the final MoH close off at the end of August. The Performance Unit has been working with the key stakeholders including IMTD, facility NAP co-ordinators and facility performance teams to complete this work. A series of required tasks have been outlined with clear deadlines set by the Performance Unit to ensure that data quality for the final submission is of high quality and completeness.

#### Sub and Non Acute (SNAP) Update

SLHD is well positioned for the 15/16 changes to SNAP funding. We are currently sitting at 95% grouped activity (ungrouped will not receive an NWAU in 15/16). Plans and processes have been set in place to ensure that SLHD has zero ungrouped activity this financial year.



#### Mental Health

Collaborative work is continuing with the Mental Health Service in analysing our mental health data for the Community Health Ambulatory Extract Data Collection (CHAMB) data collection. A gap analysis has been conducted and Dr Andrew McDonald presented the findings to the STARS Executive Steering Committee in July. We are now in the process of addressing the gaps to ensure our data reflects the activity performed. This is a large body of work involving coordination and collaboration with Performance Unit, IM&TD and Mental Health Services.

## **NWAU Activity against Target**

For the month of April SLHD came within target at 1.24% for acute admitted activity, with the YTD result for acute activity above target at 3.82%. However, as of FYTD April across all ABF streams including Emergency Department, Acute Admitted, Sub-acute, Mental Health and Non-Admitted the district is in a strong position at 2.2% to target.

## **Clinical Costing Update**

Work continues this month on the fraction reviews across all facilities and services to ensure the allocation of funds for costing is appropriate.

The costing team attended a workshop at the MoH to review and receive education on the treatment of the general ledger in the costing process. Off the back of this workshop work has now commenced on the preparation of the general ledger and the activity data for the costing process for round 19.2.

In line with the new mandatory requirement for an audit of the District Network Return (which is the costing process undertaken at all LHDs) two members of the internal audit team attended education and training at the MoH. As can be appreciated, this will be a highly complex task and the costing team will be working closely with internal audit to ensure a full understanding of the data and costing processes. A program for auditing for both internal audit and the costing team has been compiled by MoH. In order to meet the audit deadlines work will commence immediately and continue throughout the costing process which will conclude mid-November.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage**

For the month of June, SLHD had 19.61% of patients using health insurance as a percentage of overall activity. This was an improvement on May's result, but Hospitals are working to bring results back up the 20% again as soon as possible.

### **Single Room Utilisation**

In June, 26% of all single rooms were taken up by private patients and 42% of all private patients were accommodated in single rooms. This result was achieved despite an increase in patients isolated for clinical alert to 11.8%.

### **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.

For the Concord Cath Lab initiative, consultants Capital Insight have completed their feasibility study report. A working group at Concord has been formed to work through complexities such as finances, human resources issues and governance.

## **PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT**

### **Innovations Group**

The fifth round of *The Pitch*, scheduled for 14 August received seven submissions. These are currently being reviewed by the Innovations Group before progressing to the Panel. Submissions relate to 3D printing, simulation equipment for staff education, online platforms for knowledge management and a community engagement program.

*The Pitch* dates for 2016 are being finalised and will align with the SLHD Innovations Symposium, as per the positive feedback received after *The Pitch* featured in the May 2015 Symposium.

A '*The Pitch* Roadshow' is underway involving the Redesign Managers presenting to groups of frontline staff to raise awareness of and engagement with *The Pitch* to reduce barriers to entry. The Roadshow is targeting Community, Corporate Services and Administrative staff over the next three months and has already presented to over 100 frontline staff.

The 'eLearning portal for child health and developmental surveillance' project, pitched in February 2015, which did not receive the requested funding is being supported by internal resources. The draft project plan is scheduled to be reviewed by the steering committee in August 2015.

## **Clinical Redesign**

Two projects ('*Coordination of care – Ground East Concord's cancer centre*' and '*Improving home-based dialysis in SLHD*') commenced the third intake of the Centre for Healthcare Redesign (CHR) School on Monday 27 July. Project sponsors, project teams and redesign leaders met to commence project initiation and document project goals and objectives.

The 2015 CHR Project (first intake) '*Don't Restrict My Ability*' is now in implementation phase. There are 11 solutions in total being implemented to reduce the Average Length of Stay of restricted weight bearing acute orthopaedic patients at Concord Hospital and improve patient satisfaction with the experience of care. The project team presented their project to the ACI and received exceptionally positive feedback on the strength of their solutions and implementation approach.

The CHR 2014 (third intake) project '*Too Long to Wait*' is in the implementation phase with a robust governance and evaluation plan in place. The team members will graduate from the Program on 21 August 2015.

The SLHD project team of two who attended the 5-day Surgery Redesign Training Program at ACI in June are now commencing a project to reduce the number and extent of theatre over-runs at RPA. The draft Project Management Plan is scheduled to be reviewed and endorsed by the Operating Theatre Management Committee in August/September.

SLHD's successful EOI to participate in the ACI's Clinical Innovation Program project has commenced to improve the efficiency and capacity of the ACC&R Access Care Team (referral hub). This project will involve a range of stakeholders from across the District. A project officer has been appointed on a 1 year part time basis and will link in with the capability development framework offered by the ACI to support project management and implementation.

## **Accelerated Implementation Methodology (AIM)**

The next AIM workshop is to be held on 13-14 August 2015. This workshop is fully booked at 22 participants. Five AIM training sessions are being considered for 2016 (as opposed to the current four) to meet demand and better align with other project management opportunities across the District.

## **HealthPathways Workgroups**

A Workgroup for Closed Head Injuries was undertaken on 16 July and a number of areas for pathway development and GP supports were identified. The workgroup also identified the need to conduct workgroups for Stroke and headache. Preliminary work has commenced for a stroke workgroup with clinician engagement meetings planned.

## Future Workgroups

- Osteoporosis 19 August
- Gastroenterology 24 August

## Pathways

To date the development of **400** clinical, requesting and information pathways has been initiated and presently we have:

Complete and accessible to GPs	251
Localising (from other HP regions)	133
New Pathways being developed	16

The slowdown of activity from the transition of the IWSML to CESP HN has resulted in a low month of activity for the Pathways Team. The GP writers have returned to normal activity levels and with new Workgroups planned for the remainder of this winter period the production of new pathways will increase to previous levels. Since 30 June the Program Team has published 9 new pathways (Immunisation and Drug Health) on the live website and the GP Clinical Writers have submitted a further 4 draft pathways to the work stream this month.

Pathways for Diabetes in Pregnancy, Lung Cancer, Heart failure and Podiatry are in final stages of development and consultation. The Program Team has also been working closely with the District's Hospital in the Home service to expand its operations to GPs using HealthPathways for Mastitis, Pyelonephritis, Cellulitis and Community acquired pneumonia. It is expected these will be completed by 1 September.

## Usage of HealthPathways

Numbers of users remained steady throughout July and are consistent with those of the previous month based on Monday to Friday activity.

Usage	June 2015	July 2015 (to 26 July <sup>th</sup> )
Sessions	1,323	1,213
Different Users	402	356
Page Views	7,877	6,139
New Visitors	222 sessions (16.8%)	179 sessions (14.8%)
Returning Visitors	1,101 sessions (83.2%)	1,034 sessions (85.2%)

## Promotion

### GP Engagement

- From 25 May – 30 June 2015, the Program Team conducted five one on one practice visits and one Practice wide visit. The Program is currently targeting the 53 GP practices that expressed an interest in 'learning more' about HealthPathways through the last Inner West Sydney Medicare Local annual members survey.

### Presentations

- No formal presentations were undertaken but the Team has been engaging with the new staff members of the PHN undertaking small group education sessions.

### Primary Health Network

- The HPS Program Team is working closely with the new PHN and is currently preparing a paper regarding the possible expansion of the current HealthPathways Sydney program across the entire PHN or the establishment of a separate SESLHD HealthPathways program, supported by the current HealthPathways Sydney Team.

- The HealthPathways Sydney team also participated in the CESP HN Stakeholder Engagement in July 2015.
- HealthPathways figured in many of the discussions of the day and is being seen as the preferred tool for primary/secondary care collaboration and connection.

## **FINANCIAL PERFORMANCE**

### **GENERAL FUND**

The 2014/15 Board and Ministry Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS). The following analysis reflects the results for the financial year ended 30 June 2015 based on the District's budgeted NCoS. For the period to the end of 30 June 2015 Sydney Local Health District (SLHD) General Fund Expenditure was \$0.676M (0.05%) favourable to budget and Revenue was \$0.241M (0.02%) unfavourable to budget, giving a NCoS result of \$0.434M Favourable.

The major variances for the month and YTD were:

### **Expenditure**

- Total Expenditure was \$5.127M favourable to budget for the month of June. This result reflected favourable budget variances for Employee Related Expenses (\$9.176M), VMO Expenses (\$0.283M) and Other Expenses (\$0.282M). These favourable results were offset by unfavourable results in Goods & Services (\$4.651M). The result for the month was also impacted by the amount of the contingency budget allocated to June.
- For the twelve months to the end of June 2015 Total Expenditure was \$0.676M (0.05%) favourable to budget, reflecting favourable variances in Salaries and Wages (\$15.482M) and Other Expenses (\$0.831M) offset by unfavourable results for Overtime (\$3.250M), Superannuation (\$4.972M), Annual Leave (\$1.590M) and Goods & Services (\$5.184M).
- Goods and Services Expenditure was \$4.652M unfavourable to budget for the month, principally related to unfavourable variances in Legal Fees (\$2.296M), Pathology Expenses (\$0.629M) and Contracted Patient Services (\$1.009M).
- For the 12 months to the end of June 2015 Goods and Services Expenditure was (\$5.185M) unfavourable to budget.
- Overtime was again unfavourable (\$0.096M) to budget for the month, reflecting the impact of higher than budgeted activity levels and efforts to reduce outstanding annual leave balances. For the year this expense category was (\$3.250M) unfavourable to budget. Nursing and JMOs are the two labour categories with the largest unfavourable budget variances for the year, (\$1.849M) and (\$1.009M) respectively.

### **Revenue**

- For the 2015FY Total Revenue was (\$0.241M) unfavourable to budget. The result for the year reflects unfavourable budget results in all revenue categories except Grants and Contributions (\$8.864M) and Other Revenue (\$1.771M). The annual result includes the impact of the unbudgeted TMF Hindsight adjustment (\$5.224M) received in March 2015. 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 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. The Ministry did not formally respond to this issue during the year.



## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$5.451M favourable to budget for 2015 financial year. This reflects an unfavourable budget variance for Expenditure (\$3.266M) offset by a favourable budget result Revenue (\$8.717M).

## CONSOLIDATED RESULT

The YTD consolidated NCoS result for the General Fund and SP&T was \$5.885M favourable to budget. The result comprises an unfavourable variance in Expenditure of (\$2.591M) and a favourable budget variance for Revenue of \$8.476M.

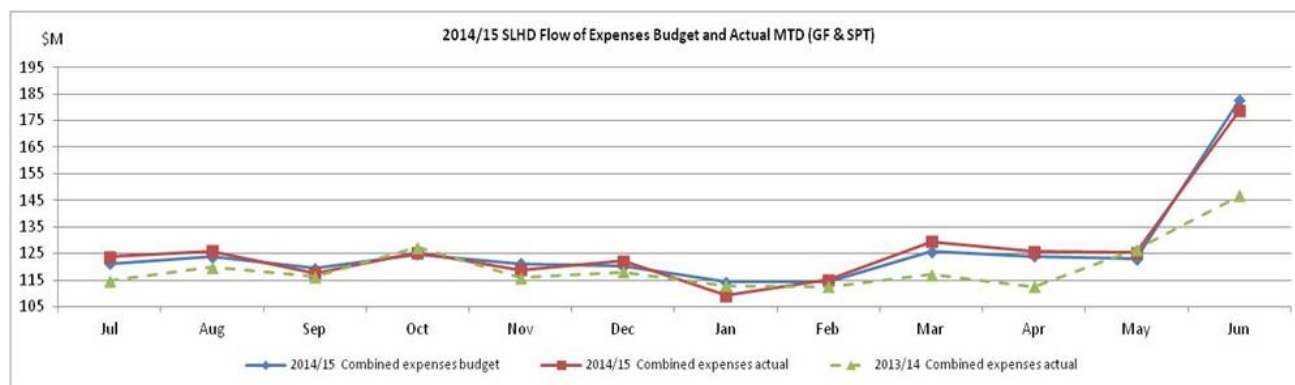
## FINANCIAL PERFORMANCE *(based on new Ministry of Health Reporting Format)*

For the financial year ended 30 June 2015, SLHD recorded a Total Net Result of \$41.159M which was \$13.096M favourable to budget. The Net Direct Operating Result for the year (GF and SP&T) was \$6.579M favourable to budget. The YTD result reflects higher than budgeted expenditure (\$4.443M unfavourable) offset by favourable revenue variances of \$11.022M.

Total Direct Revenue was \$11.022M favourable to budget for the financial year, comprising \$2.090M favourable for the General Fund and a favourable variance of \$8.932M 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 \$4.443M unfavourable to budget for the year, comprising \$0.420M favourable for the General Fund and an unfavourable variance of \$4.863M for Special Purpose & Trust funds.

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.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Jun
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	182.810	1,515.198
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	178.824	1,517.789
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)	3.986	(2.591)
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	1,448.972
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	1,441.027
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)	7.945
% of Budget	8.00%	8.17%	7.89%	8.23%	8.00%	7.94%	7.54%	7.55%	8.29%	8.19%	8.11%	12.07%	
YTD budget expended	8.00%	16.17%	24.06%	32.30%	40.30%	48.25%	55.79%	63.34%	71.64%	79.82%	87.93%	100.00%	

## Liquidity

The District had nil creditors over 45 days as at 30 June 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 June 2015.

The cash balance at 30 June 2015 for the Operating bank account was \$1.660M (SLHD \$1.660M and repointing of HRTO-SSW \$0 and Operating Cash book balance was \$1.555M SLHD \$1.555M and repointing of HRTO-SSW \$0).

## **Capital Works – CAPDOHRS PROJECTS**

The District's Full Year Capital works budget relating to SMRS Projects as at June 2015 was \$6.971M comprising \$0.500M of MoH funded and \$6.471M of locally funded projects. Actual expenditure to the end of June 2015 was \$5.308M which was \$1.663M below budget.

## **PERFORMANCE**

The District continues to be at Performance Level 0.

### **Activity**

In June 2015 FYTD total number of same day separations increased across the District by 4.98% compared to June 2014 FYTD. For the same period acute same day separations are up 5.01% compared to the same period last year.

The District occupancy rate for June 2015 was down 0.09% compared to the same month last year. Concord and Balmain occupancy rate for June 2015 FYTD increased by 4.78% and 4.38% respectively.

Hospital in the Home (HiTH) activity has increased by 17.05% for June FYTD 2015.

The overnight average length of stay (ALOS) for June 2015 FYTD was 6.69 days, similar to June 2014 FYTD length of stay of 6.50 days. Balmain Hospital's overnight ALOS increased for June FYTD 2015 by 2.56 days compared to last year.

### **NEAT**

The NEAT performance for the District improved by 0.34% in June 2015 FYTD, compared to June 2014 FYTD to 69.63%. Canterbury admitted, referred or discharged 4.97% more patients within 4 hours of presentation for June 2015 compared to the same period last year.

### **ED Triage**

Canterbury Hospital achieved all emergency department triage categories for June 2015. RPA met triage category targets 1, 4 and 5 in June 2015. RPA performance in triage category 3 improved on the previous FYTD result, increasing by 2.27%. Concord met triage targets 1, 2, 5 and 5 in June 2015.

### **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 June 2015 FYTD for all categories.

### **Transfer of Care**

The target of 90% for transfer of care was met by Concord Hospital in June 2015. The percentages for Canterbury, RPA and Concord respectively were 86.10%, 67.05% and 90.89%. SLHD has decreased on its FYTD percentage by 4.61% from 2014 and currently is 79.15% FYTD June 2015.

## **Quality and Safety**

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for June 2015. Mental Health Readmissions within 28 Days continues to not meet the target of <13% for March FYTD 2015 and has increased from the same period last year from 14.5% to 15.7%. Community follow up within 7 days for Mental Health patients is not meeting the target of >70% at 62.8% for March 2015 compared to the same period last year.

SLHD met the target for Staphylococcus Aureas Bloodstream (SABSI) infections for May 2015 YTD. There was 1 record Central Line Associated Bloodstream (CLAB) infection in May 2015.

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

## **Workforce**

June 2015 FTE decreased by 4.8% and average FYTD FTE increased by 3.2%. Compared to May 2015, June 2015 overtime expenditure decreased by 5%.

Premium staff usage for Medical and Allied Health decreased compared to the same period last year by 0.3% and 0.2% respectively. Nursing premium staff usage increased by 1.2% in June 2015 compared to the same period last year.

June YTD 2015 sick leave is above the 50 hour/FTE target by 0.6 hours/FTE. This has increased from 0.5 hours/FTE in April 2015.

## **CAPITAL WORKS**

### **Concord Translational Research Facility**

Site establishment has commenced. Demolition will begin mid August. Detailed design finalisation meetings have commenced. Discussions with the OMHR and Commonwealth re: additional financial support are continuing.

### **RPAH Stonework repair main facade**

Work continues to the stone facade at RPAH. Work is a funding partnership with the NSW Public Works Centenary Stone Program.

### **RPA Institute of Academic Surgery & RPA Transplant Institute**

Internal works are underway. The 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 nearing completion.

### **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.

Work on the refurbishment of Telopia ward at Canterbury has commenced.

Detailed design for the Balmain component will commence in mid August.

### **Medical Imaging Equipment Purchases**



Purchase of the following units is now complete:

- 3T MRI Concord
- Hybrid Interventional Suite Concord
- SPEC CT Scanner RPAH

Business cases for the purchase of the following have been submitted to the Ministry for approval:

- CT scanners x 2 RPAH
- SPECT CT Scanner CRGH

### **Community Health Services Minor Works Canterbury**

Works are complete and the area is now occupied.

### **Concord Radiology**

Stage 3 works are underway. This will complete the refurbishment of this area. Feedback from staff and patients is very positive.

### **Youth Health Services Redfern**

Work is now complete. Relocation from the BMRI completed the weekend of the 25 July.

### **QMB University of Sydney**

Refurbishment of the QMB by the University of Sydney is complete. Building is now occupied.

## **PLANNING**

### **Update of the Healthcare Services Plan**

The Planning Unit will update the District Healthcare Services Plan to take into account the changed updated population projections. The updated population projections forecast a significantly higher population for SLHD by 2026 and 2031. The implications are that our projected bed and service need for 2026 and 2031 implies major redevelopments of RPA as well as Concord and commensurate increase in community and primary care services.

In order to properly inform a revision of our service strategy, the Planning Unit will work with each of the Clinical streams to review and update their Position Papers.

### **Urban Development and Renewal Projects**

A meeting has been organised with the University of Sydney, UrbanGrowth NSW and the District to explore opportunities for partnering with industry in relation to biotechnology, informatics, device or ICT centres. This initiative would be located 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 Road.

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

The Planning Unit attended the last of a series of workshops conducted by the Department of Planning and Environment designed to develop sub-regional plans for metropolitan Sydney. It is important that these plans reflect the role of our premier hospitals as important components of the economy as well as the role of health services and infrastructure in meeting community needs.

### **Parramatta Road State-Local Partnering Group**

The Planning Unit attended a meeting of this group. The major issue discussed was the upgrading of the urban amenity along the Parramatta Road corridor. The importance of air quality, ventilation and noise attenuation and sustainable design was discussed.

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

It is intended that the Local Government Health Profiles will be launched, with invited guests including local government representatives.

### **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 finalised and will be presented at the August Clinical Council. It will simultaneously be considered by each of the founding partners: Family and Community Services, the Department of Education and Communities, the CESPAN and the inner west child health interagency group. It is expected that the plan can be launched by the end of the year.

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.

### **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. A consultation with ethnic community leaders will be held in the coming months to discuss engagement, concerns and needs of communities.

### **Revision of Plans**

The planning unit is currently revising the Radiotherapy Business Case and the IRO Business Case prior to their submission to the Ministry of Health.

### **YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)**

The Yaralla Estate Community Advisory Committee meeting was held on the 21 July. Mr Lachlan Prentice has accepted the invitation to join the committee and will attend the August meeting. At the July meeting teachers from TAFE presented the students' conceptual designs and ideas to the committee. Some of these were very exciting and unusual and clearly a lot of time has been dedicated to these projects. All the projects will be presented at the Yaralla Family Open Day which happens to fall during Sydney Design Week.

Organisation has commenced for the SLHD Yaralla Family Open Day on Sunday 13 September 2015 from 10am - 2pm which is being run in partnership with Solder-On. NSW Ambulance and Fire and Rescue have been invited to attend. Soldier On has extensive connections and will invite the Greater Western Sydney Giants AFL team to be involved. The NRL and Harris Farm will also be involved. We aim to launch the Soldier Partnership and Hyacinth Cottage on that day.

The works on Hyacinth cottage are completed with the fit out occurring over the coming weeks. There will be an acknowledgement of this new model of care for burns patients at the Open Day and a flyer drop for local residents.

The submission for the pathways and driveway bollards was sent to the NSW Office of Environment and Heritage to seek approval for works and the filming continues at Yaralla.

## **SYDNEY RESEARCH**

### **The Sydney Research Annual Report**

The 2014 Report includes achievements against the Sydney Research Strategic Plan, 2014 -19, in particular, key focus areas of culture, optimising capabilities, sustainable growth and infrastructure, prominence and communications. The report provides a benchmark for future growth and reporting. The following highlights were presented:

- \$81M in Category one grants.
- Over 3,200 publications. More than 25% ranked top 10% worldwide
- ERA ranking 5- "Outstanding and above world average"
- Over 808 Higher Degree Students (PhDs and Masters)
- Sydney Health Partners recognition by the NHMRC as an Advanced Health Research and Translation Centre.

An E Report is being developed and will be made available across Sydney Research and member websites.

### **Sydney Health Partners (SHP)**

Development of the SHP governance and management framework is underway. A peak body functioning as the SHP Governing Council is planned. The composition is likely to include an independent Chair, CE's from LHD's and SCH Network, VC, USyd, MRI representatives (x5) and community representatives. MRI representatives include one from each partner. Prof. Vlado Perkovic, The George Institute was nominated by Sydney Research MRI members.

LHD Board Chairs and the Chancellor, USyd will be kept fully informed and provide strategic direction and leadership to SHP. Member will contribute \$100,000 each to the operations of SHP including, recruitment of a Director of Operations and Project Officer.

Early strategic thinking includes project development across areas of strength, linked to the AHRTC submission and workshop outcomes. Thus far, this includes disease groups such as cancer, cardio-metabolic, renal, liver, infectious diseases and mental health/neurosciences as well as cross cutting partnership themes comprising informatics, bio-banking, genomics/genetics, educations and professional development, operations and clinical trials. Consultation with stakeholders is commencing and a workshop is planned in late October to consolidate strategic thinking and plans.

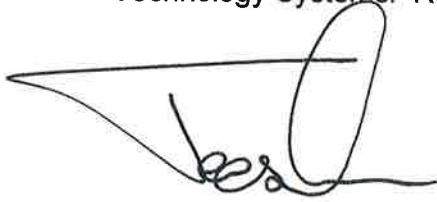
### **OHMR Hub Council**

On 24 June 2015 the NSW Hub Council held a meeting with Prof. Anne Kelso, CE NHMRC and Tony Kingdon, General Manager NHMRC. It was a great opportunity to meet with the CE NHMRC early in her new appointment. Prof Kelso stated that level of collaboration occurring in Sydney Health Partners is astounding.

A workshop will be held later in the year to bring together the four successful AHRTC applicants and others. The workshop will explore the value of the concept of AHRTC, determine what to expect in future rounds and consider assessment criteria.

## 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 determining a solution for the interface of the SLHD and LH Information and Technology Systems. Regular Performance Meetings continue on a monthly basis.



Dr Teresa Anderson  
**Chief Executive**

10-8-15

# Report

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**Health**  
Sydney  
Local Health District