

## Sydney Local Health District

### Fifty Sixth Meeting of the Board

Date: Monday 18 July 2016  
Time: 9.00am -11.20am  
Venue: Professor Marie Bashir Centre (PMBC)  
Chair: Mr Trevor Danos, AM, Acting Chair

#### 1. Present and apologies

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

#### Apologies

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

#### In attendance

A/Professor Victor Storm, Clinical Director, Mental Health Services, SLHD (9.00am - 9.40am)  
A/Professor Clair Edwards, Director of Nursing and Deputy Director, Mental Health Services, SLHD (9.00am - 9.40am)  
Ms Jacqueline Ferguson, Director of Finance, SLHD (9.00am - 10.25am)  
Ms Deborah Willcox, Director of Operations, SLHD, General Manager, RPAH (9.05am - 10.25am)  
Ms Lavena Ramdutt, Acting Director Operational Initiatives, SLHD (9.00am - 10.25am)  
Ms Kirsten Brighten, GHMP Trainee (9.00am - 10.40am)  
Ms Nerida Bransby, Secretariat

#### 2. Welcome and introductions

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

#### Presentation 1:

A/Professor Victor Storm and A/Professor Clair Edwards attended the meeting and presented on Mental Health Services in the SLHD including:

- Data on Activity incorporating mental health portals including telephone access line, referrals, contact, emergency department at RPAH inpatient admissions as well as substantial increased activity.
- Developments incorporating community health and outpatient care electronic medical record, STARS application, dashboard, Performance Unit to integrate mental health telephone access line, acute care service referrals and patient admission flows and estimated date of discharge.
- Community Enhancement incorporating assertive outreach teams, peer workers, collaborative care staff; Canterbury Community Mental Health Team, Mobile Assertive Treatment Team and Assertive Outreach Team.
- PMBC Outcomes incorporating assessment unit, short stay unit, eating disorder programs and mother-baby unit.
- Innovations incorporating NWAU targets, rough sleepers, boarding houses, supported housing, peer workforce, enhanced physical health care through living well living longer as well as partnering with NGOs.

The Chair congratulated and thanked Victor and Clair on their and their team's ongoing professionalism and commitment and a very informative presentation.

## **Presentation 2:**

Dr Teresa Anderson and Ms Jacqueline Ferguson presented on the SLHD Service Agreement and Budget 2016/17 including:

- Wrap up of 2015/16
- Achievements for 2015/16
- Overview of 2016/17 Service Agreement
- Strategic Priorities and Themes
- Service Level Agreement – Key Performance Indicators
- Budget Principles
- 2016/17 Budget Allocation from the Ministry of Health.
- Hospitals and Services Budgets
- Next Steps
- Audit and Risk Committee Checklist

Dr Karplus and Ms Khoo, as members, spoke to the involvement of the Audit and Risk Committee in the preparation of aspects of Dr Anderson's report.

The Board supported the recommendation to proceed with the 2016/17 Budget Allocations and roadshows. The Board commended and thanked Dr Anderson and the SLHD team on the comprehensive presentation and the very broad range and impressive achievements and for outstanding financial results for 2015/16.

### **3. Declaration / Removal of conflicts of interest**

As a result of an internal audit, Dr Anderson updated the Board on the requirement to both declare conflicts of interests at each Board meeting and to remove any conflicts of interest previously declared from the register.

The Chair advised to declare any conflicts / removal of conflicts of interest at this meeting.

1. Dr Thomas Karplus declared that he is a Councilor on the Australian Salaried Medical Officers' Association (ASMOF).
2. A/Professor Christine Giles declared that she works for Cancer Australia, and noted that Cancer Australia has no formal relationship with Lifehouse.

These conflicts will be added to the Register.

#### **4. Confirmation of previous minutes**

##### 4.1 Minutes 20 June 2016

The minutes of the Board meeting held on Monday 20 June 2016 were moved and seconded with the following amendments.

9. Chief Executive's Report
  - The Board received the Chief Executive's Report.
  - Second last dot point – fourth line to be removed.

The Chair then signed the minutes.

##### 4.2 CE Report – June 2016

The report of the Chief Executive for June 2016 was moved and seconded with the following amendment.

Under the heading Sydney Research, the third dot point to be removed.

The Chair then declared that the CE Report for June 2016 was ready for publication.

#### **5. Matters arising from the previous minutes**

##### 5.1 Action sheet

The Board received and noted the outstanding 'in progress' agenda items on the action sheet.

#### **6. Patient Story**

Nil to report

#### **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 revised Financial Classification Codes List.

## 7.3 Board Calendar 2016

The Board received and noted the Board Calendar for 2016.

## 8. Chairman's Report

Nil to report

## 9. Chief Executive's report

The Board received and noted the Chief Executive's Report including.

- The favourable financial result for 2015/16.
- The final activity purchase model has been provided by the Ministry of Health (MoH) in preparation for the start of the new financial year.
- For May 2016, the LHD came in at 19.74%. This was the busiest month on record for overall discharges (14,262), but was also a record month for private patients (2,815).
- In May 2016, Total Expenditure was \$3.493M unfavourable to budget. For the month there were favourable variances for Overtime (\$0.411M), Superannuation (\$0.712M) and Goods & Services – Admin (\$3.140M). These results were offset by unfavourable variances in Salaries & Wages (\$2.919M), Annual Leave (\$1.007M), and Goods & Services – Clinical (\$3.657M).
- Year to date (YTD) Total Expenditure is \$1.842M (0.13%) favourable to budget, reflecting favourable results for Salaries and Wages (\$4.508M), Overtime (\$2.633M) and Goods and Services – Admin (\$2.639M). These favourable results were offset by unfavourable variances in Annual Leave (\$4.920M), Superannuation (\$2.886M), Goods & Services – Clinical (\$2.105M) and RMR Expenses (\$3.110M). The District has made an active decision to invest more than the budget allocation in RMR. The District is negotiating with the Ministry to increase the RMR Expenditure budget for 2016/17.
- RMR Expenditure was \$0.357M unfavourable to budget for the month. Year to Date RMR Expenditure is \$3.110M unfavourable to budget. The YTD unfavourable result reflects unfavourable variances in Maintenance (including maintenance contracts) (\$3.228M) and Repairs (\$0.898M). These results were offset by a favourable result New & Replacement Equipment (\$2.330M).
- Total Revenue was \$3.115M (2.46%) favourable to budget for May 2016
- The District continues to be at Performance Level zero.
- There has been considerable progression of Green Square Health One. The Community Forum is planned for the 10 August 2016 in the Green Square Community Centre.
- Recruitment to the SHP Executive Director Position was unable to be progressed as two of the three applicants called for interview withdrew their application.
- Yaralla Festival (previously titled the Yaralla Spring Fair) is to be held on 11 September 2016.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – May 2016

The Board received, noted and read the SLHD Board Reporting Pack for May 2016.

### 9.1.2 Performance Indicators – May 2016

- The Board noted the Selected Performance Indicators report for May 2016 was not available.
- The Board noted the Peak Activity Team Performance Indicators report for May 2016 was not available.

### 9.1.3 HealthPathways Dashboard Report – June 2016

The Board received and noted this report.

## 9.2 Project updates

### 9.2.1 Lifehouse

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

### 9.2.2 Macquarie International Private Hospital

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

## 9.3 Capital Works Report

The Board received, read and noted the Capital Works report.

## 9.4 Clinical Governance Report

The Board noted the next Clinical Governance report is due in September 2016.

## 9.5 Facility Reports – May 2016

### (i) Balmain Hospital

The Board received, read and noted the Balmain Hospital facility report.

### (ii) Canterbury Hospital

The Board received, read and noted the Canterbury Hospital facility report. Dr Anderson advised the Board of a recent security incident at Canterbury Hospital and that all policies and procedures were followed.

- (iii) Concord Hospital  
The Board received, read and noted the Concord Hospital facility report.
- (iv) Royal Prince Alfred Hospital  
The Board received, read and noted the Royal Prince Alfred Hospital facility report.
- (v) Oral Health Services and Sydney Dental Hospital  
The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report.
- (vi) Mental Health Services  
The Board received, read and noted the Mental Health Services report.
- (vii) Croydon/Marrickville/Redfern Health Centres  
The Board received, read and noted the report for Croydon/Marrickville/Redfern Health Centres.
- (viii) Drug Health Services  
The Board received, read and noted the Drug Health report.
- (ix) Community Health  
The Board received, read and noted the Community Health report.
- (x) Population Health  
The Board received, read and noted the Population Health report.
- (xi) Tresillian  
The Board received, read and noted the Tresillian report. The Tresillian budget will now be managed in its entirety by SLHD.
- (xii) Organ Donation for Transplant  
The Board noted that the Organ Donation for Transplant dashboard will now be produced bi-monthly.
- (xiii) Lifehouse  
The Board received, read and noted the Lifehouse report.

## 10. Matters for approval / resolution

### 10.1 Amendment to Delegations Manual

The Board received the request to amend the Delegations Manual as per below to include:

Section 1 – Page 8

Up to \$10,000 remove “*Up Excluding Director of Finance and Director Operations*”

Section 1.8 – Page 13

Up to \$10,000 remove “*Up Excluding Director of Finance and Director Operations*”

The Board ratified this request to amend the Delegations Manual.

## 11. Board Committee reports / minutes

### 11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meetings held on 20 June and 11 July 2016.

### 11.2 Education and Research Committee

The Board noted the next meeting is to be held on 18 July 2016.

### 11.3 Communications Committee

The Board noted the next meeting is to be held on 15 August 2016.

### 11.4 Audit and Risk Committee

The Board received and noted the minutes of the meeting held on 23 June 2016.

### 11.5 Health Care – Clinical Quality Council

The Board noted the next meeting is to be held 27 July 2016.

### 11.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting held on 22 June 2016.

### 11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 5 August 2016.

### 11.8 Patient and Family Centred Care Steering Committee

The Board noted the meeting to be held on 13 July 2016 was cancelled.

## 12. Other Committee reports / minutes

### 12.1 Sustainability Committee

The Board noted the next meeting is to be held on 3 August 2016.

## 12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 8 June 2016.

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

The Board received and noted the minutes of the meeting held on 16 June 2016.

## 12.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 15 June 2016.

## 12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 22 June 2016.

## 12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 30 May 2016 were not available.

## 12.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 25 May 2016.

## 12.8 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 28 June 2016.

## 12.9 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 14 June 2016 was cancelled.

## 13. Matters for noting

### 13.1 Audit and Risk Committee March – June 2016 Report

The Board received and discussed this correspondence. The Board requested a one page brief on the First Net Ancillary Issues for the next meeting.

## 14. Other Business

The Chair discussed the TMF Insurance presentation held last week. Dr Anderson advised the Board:

- The TMF is pleased with the District's approach.
- The District has 3 programs in the finals for the TMF awards.
- Details of the presentation would be included in Dr Anderson's next monthly report.

The Chair requested that the materials on Work Health Safety emailed earlier in the week be added to the agenda for the next meeting.



## 15. Next Meeting

The next meeting is to be held on Monday 15 August 2016 at 9.00am.

The Chief Executive thanked the Board for their ongoing support in achieving the financial and performance results.

The meeting closed at 11.20am.

  
Chair

15/8/16  
Date

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## Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board July 2016.

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### **NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING**

#### **2016/17 Activity Targets**

The final activity purchase model has been provided by the Ministry of Health (MoH) in preparation for the start of the new financial year. The Performance Unit has been working with District Finance on developing the activity targets for each facility and speciality for each month. The final phasing of the targets across the financial year is expected to be completed for submission to the MoH by mid-July 2016.

#### **Mental Health**

Activity target setting for Mental Health non-admitted, acute admitted and sub and non-acute admitted streams is underway in preparation for 2016/17. The Mental Health non-admitted data reporting project continues to generate improvements in data quality and increased levels of activity reporting, with the last three months achieving data completeness of greater than 90% of the target activity volume. Work continues on the project and it is expected that the strong results will continue to be reported.

#### **Sub and non-acute**

Activity target setting for sub and non-acute activity (SNAP) is underway for the new financial year. All services continue to carry out focussed work on reporting all SNAP activity for the current financial year. The District continues to perform strongly against MoH SNAP performance indicators, with 98% of SNAP activity grouped for the financial year to date.

#### **Non-Admitted (NAP)**

The Performance Unit continues to work with Allied Health and IM&TD on the CHOC Allied Health implementation, with a scheduled go-live for the first week of July 2016. Preparation for the transition to the new mLOAD tool from WebNAP continues in anticipation of the patient-level data reporting commencing from 1 July 2016. The Performance Unit has been working closely with all facilities in the District to ensure that all non-admitted data for the financial year is uploaded in time for the financial year close of on 31 August 2016. A timetable for activities and actions has been developed to ensure that the deadline is met.

#### **Clinical Costing**

The iFrac process is ongoing, with some facilities having completed the process. Once all facilities have returned their results, the Performance Unit will commence a fractioning exercise for non-admitted patient data to obtain greater detail for the costing process. The Performance Unit has been working on obtaining additional feeder systems for R20.2 to further refine the costing process.

### **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

#### **Private Health Insurance Usage**

For the month of May 2016, the LHD came in at 19.74%. This was the busiest month on record for overall discharges (14,262), but was also a record month for private patients (2,815). This came from stronger results across all facilities.

## Single Room Utilisation

For the month of May 2016, the LHD had an improved 32% of all single rooms taken up by private patients. While 9.4% of all patients were isolated for clinical alert, 45% of all private patients were accommodated in single rooms.

## Revenue Enhancement Committee

Risks and opportunities for revenue are currently being identified and scoped.

## PERFORMANCE AND REDESIGN UNIT

### Innovations Group

The Pitch event was held successfully at the Annual Sydney Innovation and Research Symposium on 17 June 2016. The panel, including the Minister for Health, the Hon. Jillian Skinner, and the audience enjoyed the five presentations, which included role play, demonstrations of new technology and videos highlighting the impact of these innovations in the patients' own words.

The Pitch is an excellent example in collaborative partnerships with the outcome being that all Pitches were able to be supported with the generous contributions from some of our partners detailed below:

- The first presentation outlined how a simple wearable device applied directly to the skin could be used to track walking in patients undergoing rehabilitation. Staying active is one of the most important ways to prevent falls for patients undergoing rehabilitation, particularly in those afraid of falling. The use of activPAL® accelerometers will allow physiotherapists to monitor walking and other activity, and identify times of the day when patients could increase their activity. Physiotherapy, Balmain Hospital was awarded \$12,600 for this initiative.
- For mothers who have their babies removed by child protection services, contact with their baby and the chance to be reunited can be a strong motivator for engaging in rehabilitation programs. RPA Perinatal and Family Drug Health Services pitched for support to ensure *A bright start for all bubs*, a program that will be piloted in partner residential rehabilitation services and will allow babies to continue receiving breast milk after assumption of care by child protection services. RPA Perinatal and Family Drug Health Services, Social Work and RPA Hospital were awarded \$12,900. This Pitch was co-funded by Family and Community Services (FACS).
- The RPA Newborn Care services pitched for support to localise an app which will provide support and service connections for pregnant women. The internet contains information but this is often unreliable. The team identified an app that is used extensively in the UK and has demonstrated strong outcomes for many thousands of women from diverse backgrounds. The team will now localise the content and provide access to our community using funds from the SLHD and in-kind support from BUPA Foundation. This Pitch was co-funded with \$20,000 in kind support from BUPA and \$20,000 from SLHD.
- The Speech Pathology service are *Keeping the voice alive* by using an established technology to support best practice Speech Pathology treatment to improve speech volume and clarity in people with Parkinson's Disease. This computer-supported program allows accurate recording and feedback during treatment, which has been demonstrated to improve and maintain speech outcomes for 18 months. The patient DVD also allows patients to keep practising at home, and the program may also be suitable for other conditions in the future. Speech Pathology - awarded \$3,900.
- The *Catch a Vein* pitch sought funding for an AccuVein® device, which uses infrared to map vasculature, improving success of first blood draw attempts. Redfern Core Team, Mental Health Services in partnership with Drug Health, awarded \$10,450.

This Pitch captured the Minister for Health's attention so much that she funded this award in its entirety.

Following this event, the team have already been contacted by several staff members planning their application for the next Pitch event scheduled for Friday 2 September 2016 at the Concord Medical Education Centre.

## **Clinical Redesign: CHR Projects**

- Both applications submitted for the third intake of the 2016 Clinical Healthcare Redesign Program were successful and will commence on 19 July 2016.
- The *Promoting Palliative Care Efficiencies*, a joint submission by the Palliative Care, Cancer Services and Sydney District Nursing and Community Health, plans to review and improve end-of-life care and symptom management for patients across the District. The project will focus on ensuring consistent, best-practice care for patients in the community and improving the transfer of care between inpatient and community-based services.
- *Review of Prosthetics Laboratory Services*, a submission by the Sydney Dental Hospital, will conduct a whole-of-service review of this laboratory. Prosthetics services include the needs assessment, production and fitting of parts, such as implants, crowns and bridges to replace or repair lost or damaged teeth. There have been a variety of changes in technology, including 3-D scanning and printing tools, which have implications for this service. The clinical redesign process will enable review of the service to better meet clients' needs.
- The *Connect & Improve* project from Drug Health and the *My Check-in for Surgery* project from Canterbury Hospital CHR 2016 (first intake) projects are progressing well and have both had their Diagnostic Reports approved by the CE. The project teams are currently in the 'Solutions Phase'.
- Megan White and Breda Doyle presented to the ACI/CEC Board on June 16 2016 about the success of the *Don't Restrict My Ability: Restricted Weight Bearing in Orthopaedics* project at Concord Hospital. The project was highly commended and well received by the Board.
- The *Too Long to Wait* project from Canterbury Hospital also presented at the Sydney Innovations and Research Symposium regarding the project progress and outcomes.

## **Accelerating Implementation Methodology**

- The next AIM course will be held on 25-26 August 2016.
- AIM accreditation is scheduled for November 2016.

## **HealthPathways Workgroups**

A workgroup for Nutrition and Dietetics was held on 2 June 2016 and brought together key stakeholders from SLHD Dietetic services with Dietitians in local private practice and General Practitioners. The workgroup identified key service issues with high clinic 'do not attend rates' and the need for a mental state examination to access the community mental health dietician which is barrier to referral. The need for multi-contributor discharge summaries was identified as a system issue. Obesity in adults, children and pregnancy, dietary allergies and bariatric surgery were identified as future workgroup priorities. Enteral feeding and equipment management were identified as educational priorities in primary care.

A workgroup for TIA and Stroke Management was held on 16 June 2016 and brought together key stakeholders from SLHD Neurology and relevant Allied Health services with General Practitioners. The workgroup identified key service issues with direct access to rapid neurology assessment without attending the emergency department and the opportunity for General Practice to be involved in co-design of such services in the future.

Epilepsy and Acute Cardiology (including atrial fibrillation) were identified as future workgroup priorities. Stroke management and absolute cardiovascular risk assessment were identified as educational priorities in primary care.

Next workgroup is for Medical Imaging and Nuclear Medicine and will be held on 11 August 2016.

Outside of the workgroup process the development of pathways has also commenced for cystic fibrosis and genetics, eHealth/digital health and renal dialysis and transplantation.

## Pathways

To date, the development of 587 clinical, requesting and information pathways have been initiated and presently we have:

- |   |     |
|---|-----|
| • Complete and accessible to GPs                    | 422 |
| • Completed and being updated or under 2 yr. review | 25  |
| • Localising (from other HP regions)                | 126 |
| • New Pathways being developed                      | 13  |

Sixteen pathways were released in June 2016, taking the overall total number of completed pathways to 422.

Pathways completed and published this month include Legionnaires, problem gambling, urinary tract infections and additional vaccination, benign gynaecology and contraception pathways.

## Pathway Reviews

Formal review of pathways has progressed well and HealthPathways Sydney is now the leading Australian site in developing this important process to maintain the quality of our pathways and engagement with our local services. A community review group has been further developed with recruitment of additional GPs, Practice Nurses and Allied Health Practitioners. Pathways under review include immunisation, sexual health and viral liver disease. Subject matter experts have begun reviewing pathways and have engaged well with the process. A review schedule has been established identifying the review work list to the end of 2017. The next major pathway group to be reviewed will be Palliative Care in July (32 pathways).

## Usage of HealthPathways

Usage of the website remains high in comparison to other NSW pathway sites, with continued growth in activity in June 2016.

	June 2016	May 2016	April 2016
Sessions of use	2,828	2,731	2,647
Unique page views	9894	9,221	9,146
Different users	805	711	662

## FINANCIAL PERFORMANCE

### General Fund (*Net Cost of Service Basis*)

The 2015/16 Board and MoH Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS) result. The following analysis reflects the result for the period ended 31 May 2016 based on the District's budgeted NCoS. As at 31 May 2016, SLHD General Fund (GF) Expenditure was \$1.842M (0.13%) favourable to

budget and Revenue was \$2.590M (0.19%) unfavourable to budget. For the financial year the District's NCoS is \$0.748M unfavourable to budget.

**The Chief Executive and the Director of Finance remain confident that the District will have an on budget result for the 2015/16 financial year despite the challenges that are facing the District. The District has good controls in place and monitors performance on a daily basis.**

The major variances for the month and year to date were:

## Expenditure

- For the month of May 2016, Total Expenditure was \$3.493M unfavourable to budget. For the month there were favourable variances for Overtime (\$0.411M), Superannuation (\$0.712M) and Goods & Services – Admin (\$3.140M). These results were offset by unfavourable variances in Salaries & Wages (\$2.919M), Annual Leave (\$1.007M), and Goods & Services – Clinical (\$3.657M).
- Year to date (YTD) Total Expenditure is \$1.842M (0.13%) favourable to budget, reflecting favourable results for Salaries and Wages (\$4.508M), Overtime (\$2.633M) and Goods and Services – Admin (\$2.639M). These favourable results were offset by unfavourable variances in Annual Leave (\$4.920M), Superannuation (\$2.886M), Goods & Services – Clinical (\$2.105M) and RMR Expenses (\$3.110M). The District has made an active decision to invest more than the budget allocation in RMR. The District is negotiating with the Ministry to increase the RMR Expenditure budget for 2016/17.
- RMR Expenditure was \$0.357M unfavourable to budget for the month. Year to Date RMR Expenditure is \$3.110M unfavourable to budget. The YTD unfavourable result reflects unfavourable variances in Maintenance (including maintenance contracts) (\$3.228M) and Repairs (\$0.898M). These results were offset by a favourable result New & Replacement Equipment (\$2.330M).

## Revenue

- For the month of May 2016 Total Revenue was \$3.115M (2.46%) favourable to budget. The favourable result for the month reflected the impact of improved recognition of High Cost Drug revenue and the classification of expenditure recoups as revenue. For the month there were unfavourable budget results in all revenue categories except Other Revenue (\$0.969M) and User Charges (\$2.987M). The major unfavourable variances were Patient Fees (\$0.075M) and Grants and Contributions (\$0.766M). Facilities have been working very hard on their patient revenue and this is reflected in the improvement in the results for the month.
- Year to date Total Revenue is \$2.590M (0.19%) unfavourable to budget. The YTD result reflects unfavourable variances in all Revenue categories except Other Revenue, which is \$6.062M favourable to budget. This favourable result reflects the impact of the achievement of a significant TMF Hindsight Adjustment. The major unfavourable variances are in Patient Fee revenue (\$6.136M), User Charges (\$1.243M) and Grants & Contributions (\$1.273M). The unfavourable result for Patient Fee revenue reflects the impact of the growth in the District' revenue target for the 2015-16 financial year.

## SPECIAL PURPOSE AND TRUST

Special Purpose and Trust (SP&T) NCoS was \$0.463M favourable to budget for the month of May 2016. This result reflects a favourable budget variance for Revenue of \$0.944M offset by an unfavourable result for Expenditure of \$0.481M. Year to Date SP&T NCoS was



\$2.105M favourable to budget; this result reflects a favourable budget variance for Revenue of \$1.093M and a favourable result for Expenditure of \$1.012M.

## CONSOLIDATED RESULT

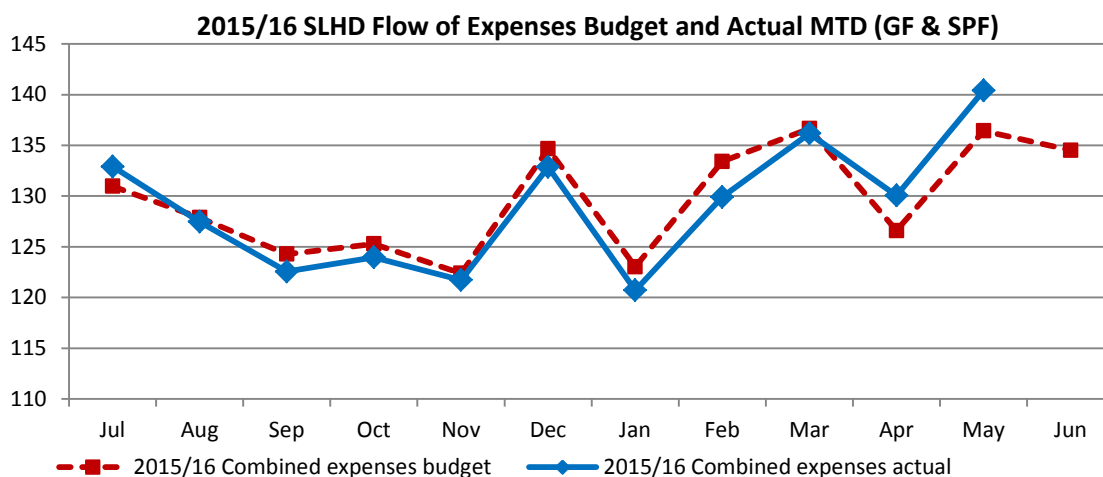
For the period ended 31 May 2016 the consolidated year to date, NCoS result for the General Fund and SP&T was \$1.357M favourable to budget. The result comprises a favourable Expenditure variance of \$2.854M offset by an unfavourable Revenue budget variance of \$1.497M.

## FINANCIAL PERFORMANCE *(based on new MoH reporting format)*

For the period ended 31 May 2016, SLHD recorded a Total Net Result surplus of \$9.784M, which was \$1.550M (18.82%) favourable to budget. The Net Direct Operating Result (GF and SP&T) at the end of May 2016 was \$5.430M favourable to budget. The YTD result reflects Revenue, \$0.445M favourable to budget and a favourable Expenditure variance of \$4.985M.

YTD Total Direct Revenue is \$0.445M favourable to budget, comprising \$0.860M unfavourable for the General Fund offset by a favourable variance in SP&T Fund of \$1.304M. The GF result reflects unfavourable variances in all revenue categories except Other Income.

Total Direct Expenditure is \$4.985M favourable to budget for the year, comprising \$5.037M favourable for the General Fund offset by an unfavourable result for Special Purpose & Trust funds of \$0.052M. The GF result reflects favourable variances in Salaries & Wages (\$4.508M), G&S – Admin (\$2.639M) and G&S – Support (\$4.488M). These results were offset by unfavourable results for Salaries & Wages Oncosts (\$7.036M) and G&S – Clinical (\$2.105M).



2015/16 SLHD Flow of Expenses Budget and Actual MTD (GF & SPF)												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2015/16 Combined expenses budget	130,967	127,883	124,271	125,287	122,376	134,668	123,038	133,410	136,659	126,598	136,431	134,517
2015/16 Combined expenses actual	132,916	127,468	122,557	123,955	121,713	132,864	120,711	129,910	136,181	130,054	140,405	
Variance (+ Fav, - Unfav)	-1,949	415	1,714	1,332	663	1,804	2,327	3,500	478	-3,456	-3,974	

## Liquidity

The District had **NIL** creditors over 45 days as at 31 May 2016.

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 2016.

The cash balance at 31 May 2016 for the SLHD Operating bank account was \$17.256M and the Operating Cash book balance was \$16.986M.

### **Capital Works** (*SMRS projects*)

The District's Full Year Capital works budget as at the end of May 2016 is \$23.938M comprising \$3.995M of MoH funded projects and \$19.943M of locally funded projects. The full year budget was adjusted in May 2016 to reflect changes in timing for the completion of projects relating to RPA Radiology Bi-Plane Angiography suite this financial year. Actual expenditure as at the end of May 2016 was \$16.000M, which is \$3.180M below the projected expenditure. It is anticipated that this will be on budget by the end of the financial year.

## **PERFORMANCE**

The District continues to be at Performance Level 0.

### **Activity**

May 2016 FYTD total number of separations increased across the District by 2.71% compared to May 2015 FYTD. For the same period acute separations are up 2.49% compared to the same period last year. Canterbury Hospital's acute same day separations for May 2016 FYTD increased by 30.13% compared to the same period last year.

Emergency department attendances increased by 3.37% for May 2016 FYTD compared to the same month last year. There were 13,177 ED attendances in May 2016. Canterbury ED attendance increased by 5.38% for May 2016 FYTD. RPA ED attendance increased by 3.56% for May 2016 FYTD.

The District occupancy rate for May 2016 decreased by 0.36% compared to the same month last year.

### **Emergency Treatment Performance**

Despite the 3.37% increase in emergency department presentations, the Emergency Treatment Performance (ETP) performance for the District only decreased by 1.75% in May 2016 to 69.82% compared to May 2015. A number of initiatives have been implemented across the District to improve ETP performance. Concord Hospital's ETP increased by 4.18% for May 2016 compared to the same month last year. Daily ETP teleconferences have been implemented across all facilities, and ETP coordinators appointed in all facilities. This is positively impacting on ETP performance for July.

### **ED Triage**

Canterbury and Concord Hospital achieved all ED triage categories for May 2016. RPA achieved triage category targets 1, 4 and 5 in May 2016 and has significantly improved by 18.46% for triage category 2 and by 9.26% for triage category 3.

### **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 2016 for all categories.



## **Transfer of Care**

The Transfer of Care (TOC) for the District significantly increased by 14.88% for May 2016 compared to May 2015. The TOC target (90%) was met by all three emergency departments in May 2016. RPA increased by 23.38% to 95.21% for May 2016. Canterbury Hospital increased by 6.44% to 96.63% for May 2016. This result again highlights the success of the TOC Program in operation in SLHD Emergency Departments.

## **Safety and Quality**

The District continues to achieve the root cause analysis (RCA) target for May 2016. Mental Health Readmissions within 28 days continues to be above the target of <13% for May YTD 2016 and has increased from the same period last year from 16.3% to 17.9%.

SLHD met the target for Staphylococcus Aureas Bloodstream (SABSI) and Central Line Associated Bloodstream (CLAB) infections for April 2016.

There were no incorrect procedures performed in SLHD operating theatres in May 2016.

## **Workforce**

Premium staff usage for medical and nursing decreased for May 2016 compared to the same period last year by 0.4% and 0.5% respectively. There was no variance for allied health premium staff usage for May 2016 compared to the same period last year.

## **CAPITAL WORKS**

### **Concord Translational Research Facility**

Handover has been completed with commissioning underway.

### **Concord EMU**

Refurbishment of B 75 commenced to house the CRGH Executive Unit. Demolition for internal stair well will commence in July 2016. Works will be undertaken in a staged program to allow the ED to operate throughout the works.

### **RPA stonework repair main facade**

Work is complete and the scaffolding has been removed. Work will begin on the front gardens in spring.

### **SLHD Aged Care Network**

Detailed design continues, planning for construction phase underway. Tenders to market for construction contractor July 2016 for award in August 2016.

### **Medical Imaging Equipment Purchases**

- CT scanners x 2 RPAH – on site installation in progress.
- Angiography Suites x 3 RPAH – 1 x in place and installation commenced. Subsequent installations to be completed by September.
- SPECT CT Scanner CRGH- on site installation in progress

### **Sydney Dental Hospital Additional Chairs**

Construction work underway, approximately 30% complete.

### **SLHD Bed Replacement Program**

The District has received \$3.460 million from the MoH to replace beds across the District. Deliveries to all sites have been completed. A celebration launch of the beds will be held in the next few months.

## **PLANNING**

### **Green Square HealthOne**

- Significant work has progressed in relation to the Green Square HealthOne.
- Procurement options for the building have been discussed with Health Infrastructure (HI). It has been agreed in principle that SLHD will manage the project within the defined capital budget. Meetings have been scheduled with Mirvac and UrbanGrowth NSW (Green Square) to discuss costings and procurement options.
- A forum for local General Practitioners and healthcare providers was well attended (30 participants), with great interest in ongoing involvement and consideration as a “health home”.
- Planning is underway for consultation with the community of Green Square. The Community Forum is planned for the 10 August 2016 in the Green Square Community Centre. A letterbox drop will invite people to attend and an on-line survey will be available for completion.
- A second meeting of the Green Square HealthOne Academic Primary Care and General Practice group has been held. This involves the health Deans and senior academics from University of Sydney, University of NSW, Notre Dame University and UTS. Faculties include Medicine, Nursing and Allied Health (Health Sciences). The City of Sydney and the Primary Health Network are also involved as partners. Principles of engagement have been drafted and circulated for comment.
- The City of Sydney has invited the CE to present at the Lord Mayor’s Green Square Planning Committee.

### **Greater Sydney Commission (GSC) Workshop on Housing and Sustainability**

The Director of Planning provided a presentation on the “health perspective” on urban growth to Directors of Planning from councils across SLHD and SESLHD, mediated by the GSC Commissioner for the Central Region.

### **Parramatta Road Urban Transformation Strategy and Biotechnology Industry Strategy**

The economic plan for a biotechnology hub has been developed in collaboration with The University of Sydney, the City of Sydney and Leichhardt Council. This case shows that the hub could contribute up to \$1.54 billion in economic contributions to the Australian economy.

### **SLHD Imaging Strategic Plan**

The Planning Unit, in collaboration with the Medical Imaging stream, has drafted a Position Paper, which is now being circulated for comment. The Unit is working across the clinical streams and in collaboration with the Clinical Director Medical Imaging to develop the Strategic Plan.

### **Paediatric and Women Health Planning**

A further series of meetings and discussions have been held by the Women’s Health Clinical Stream, assisted by the Planning Unit to develop a paediatric strategy for SLHD and to update the neonatal, gynaecology and maternity components and priorities in the Clinical Stream Position Paper.

### **Inner West Youth Health and Wellbeing Plan**

The Planning Unit organised a forum of NGOs and key government agencies designed to consult partners about the priority issues to be addressed in the Youth Health and Wellbeing Plan.

## **Oral Health Clinical Stream and SDH Clinical Service Planning**

The Planning Unit is working with the Oral Health Stream to develop a Clinical Services Plan for Oral Health. Focus groups have been held throughout the service.

A paper outlining the tertiary services of the Sydney Dental Hospital will be developed and will contribute to the State-wide Tertiary Oral Health Strategy.

## **YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE**

### **Yaralla Festival**

The next Yaralla Estate Community Advisory Committee meeting will be held on 19 July 2016. This meeting will centre on plans for the upcoming Yaralla Festival (previously titled the Yaralla Spring Fair) on 11 September 2016. Committee members decided that re-naming the event to the Yaralla Festival communicates to the public that this event is a celebration of the Yaralla Estate. So far, NSW Ambulance, NSW Police and Fire and Rescue NSW have been engaged to participate in the day's festivities.

### **Great Australian Bake Off**

The Great Australian Bake Off has finished filming at the Estate for their latest series. The grounds of the Estate were featured in the show, gaining great exposure for the property. The set and locations were approved by SLHD and the NSW Office of Environment and Heritage and funds received from filming will be used to maintain the grounds and facilities of the Estate.

## **SYDNEY RESEARCH**

### **Sydney Innovation and Research Symposium**

The three day Sydney Innovation and Research Symposium (Symposium) was a resounding success. Commencing on Thursday 16 June 2016, an MRI Open Day was held at the Charles Perkins Centre (CPC). The theme of this year was Industry/Commercialisation focused. An engagement process including personalised invitations to Symposium sponsors was trialled with good success. Participating MRI's included The Woolcock Institute, the Centenary Institute, The George Institute, NHMRC Clinical Trials Centre, the Heart Research Institute, the SLHD Clinical Research Centre and the CPC RPA Clinic. On the Thursday evening, an opening event was held at Australian Technology Park with large numbers of attendees including sponsors, MRI Directors, researchers and SLHD staff.

Over 1,000 people from the District, other LHD and pillars and community members attended the main event on the Friday 16 June 2016. Julie McCrossin was the MC for the day, including the Great Debate and made a significant contribution to the success of the day. The plenary speakers were very well received. The feedback received to date has been overwhelmingly positive and the event is now considered one of the biggest and most exciting health innovation and medical research events in NSW.

More than 400 people registered to attend the Awards event on the evening of Friday 16 June 2016. Special guests Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance, NSW MoH and Dr Michael Spence, Principal and Vice Chancellor, The University of Sydney joined Dr Anderson on stage to hand out the Awards. The 2016 awards winners included:

- **Research Excellence** for overall best publication in a high impact journal:  
Dr Holly Bolton and Professor Barbara Fazekas de St Groth - The Centenary Institute.

- **Young Researcher Award** for outstanding performance as an early career researcher:  
Dr Greg Fox – Clinical Academic in Respiratory Medicine at RPA and Central Clinical School.
- **Research Supervisor Award** for outstanding effort as a postgraduate research supervisor:  
Lisa Key – The George Institute.
- **Annual Health Research Infrastructure Award:**  
Dr Vivien Chen – The ANZAC Research Institute and Concord Hospital.
- **Josette Eris Memorial Scholarship:**  
Dr Susan Wan and Dr Tracey Ying
- **Clinician Researcher Scholarship:**  
Dr Sonali Gnanenthiran – Cardiology Advanced trainee at Concord Hospital
- **Health Informatics Research Scholarship:**  
Dr Simone Visser - Respiratory Fellow at Royal Prince Alfred Hospital.

The Saturday Primary Health network event was held at the KPEC with more than 80 participants from General Practice and the community attending. Presentations were provided on topics including Mental Health, Drug and Alcohol, Pharmacotherapies in Aged Care and Diabetes.

Planning for the 2017 Innovation and Research Symposium will commence in July 2016.

### **Sydney Health Partners**

The SHP MoU has been signed off by the Governing Council. A process of sign off from partnering MRI's will be progressed throughout July 2016.

Recruitment to the Executive Director Position was unable to be progressed as two of the three applicants called for interview withdrew their application (accepted alternate permanent positions). In consultation with the NSW Health HES unit, a review of the position has occurred resulting in the reclassification of the position to a Specialist Medical HES 3. This provides opportunity for an academic/medical applicant at a pay scale commensurate with similar positions in other jurisdictions. The use of a recruitment agency has been approved (CCentric) and consultation with key stakeholders has commenced.

### **OHMR**

Applications for the EMCR Fellowships closed 14 June 2016. Three applications were submitted by the SLHD with a further six co-signed 'in support' with the employing organisation, the University of Sydney.



Dr Teresa Anderson  
**Chief Executive**

Date: 20.5.16