# Minutes

Health
NSW GOVERNMENT | Sydney Local Health District

## Sydney Local Health District

## Fifty Ninth Meeting of the Board

Date:        Monday 17 October 2016

Time:        9.00am -11.30am

Venue:       SLHD Boardroom

Chair:       The Hon. Ron Phillips, Chair

### 1.  Present and apologies

The Hon. Ron Phillips, Chair
Dr Barry Catchlove, AM,
Ms Victoria Weekes, Member
A/Prof. Christine Giles, Member
Ms Frances O'Brien, Member
Ms Joanna Khoo, Member
Ms Susan Anderson, Member
Mr David McLean, Member
Dr Teresa Anderson, Chief Executive

**Apologies**

Professor Paul Torzillo AM, Member
Dr Thomas Karplus, Member

**In attendance**

Ms Nerida Bransby, Secretariat
Ms Deborah Willcox, Director, Operations, SLHD / General Manager, RPAH
Dr Katherine Moore, Director, Clinical Governance and Risk, SLHD  (9.00am – 10.10am)
Mr Graeme Slade, Senior Complaints Officer, SLHD (9.00am - 9.35am)
Dr Margy Halliday, Risk Manager, SLHD (9.00am – 10.10am)
Ms Margo Reid, Work Health Safety Co-ordinator, SLHD (9.00am – 10.10am)
Ms Camilla Cameron, GHMP Trainee (9.00am – 11.05am)

### 2.  Welcome and introductions

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

**Presentations**

1.  Mr Graeme Slade presented on *"Open Disclosures and Emerging Risks"* including:
    - What is Open Disclosure
    - Policy Directive and Handbook

- Clinician Disclosure
- Formal Open Disclosure
- Five Essential Elements of Open Disclosure
- Key Changes to Policy and Process
- Open Disclosure Advisor / Advisors
- Open Disclosure Advisor Module
- On-Line Lessens from HETI
- National Safety and Quality Health Service Standards
- Education / Resources and Training
- Resources
- Open Disclosure Staff Survey Questionnaire
- Open Disclosure Staff Survey Tool Results
- Documentation Evidence
- Current Clinical Governance Unit Projects in relation to Open Disclosure

Following the presentation:

The Clinical Governance Unit (CGU) overviewed the roll out of Open Disclosure across the SLHD. Open Disclosure is underpinned the Ministry of Health's Policy Directive (PD2014_028) and the Clinical Excellence Commission (CEC's) Open Disclosure Handbook. The two processes of Clinician Disclosure and Formal Open Disclosure were explained and the essential features of Open Disclosure. The SLHD has a robust education and training program for staff comprising 'on-line' education and 'Train the Trainer' Program. The 'Train the Trainer' program is facilitated by the CGU in concert with the respective facilities. Open Disclosure is underpinned by the National Safety and Quality Health Service Standards- Standard 1- Governance for Safety and Quality in Health Service Organisations: Standard 1.16. The SLHD CGU is currently undertaking a gap analysis/business plan to ensure that SLHD facilities meet this accreditation standard

The Chair thanked Graeme and Katherine for the presentation.

2. Dr Margy Halliday and Ms Margo Reid presented on "*Work Health and Safety / TMF"* including

- Work Health and Safety Requirements
- Due Diligence
- SLHS Work Health and Safety Structure
- Work Health Safety Initiatives – Prevention
- Audit Processes
- NSW Health Work Health Safety Audit Tool
- Work Health Safety Audit Schedule
- Injury Management Initiatives
- Workers Compensation Performance NSW Health and SLHD as at 30 August 2016
- TMF Workers Compensation Performance – RPAH AND SLHD
- 2015/2016 Workers Compensation Contribution
- 2016/2017 Workers Compensation Contribution Renewal
- 2010/2011 and 2012/2013 Workers Compensation Hindsights

The Chair thanked Margo, Margy and Katherine for attending the meeting and for the presentation.

# Minutes

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

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

There were no conflicts of interest to declare at the meeting.

**4. Confirmation of previous minutes**

4.1 Minutes 19 September 2016

The minutes of the Board meeting held on Monday 19 September were moved and seconded with the following amendment:

9. Chief Executive's Report: Sixth dot point: Should read:

The outcomes of the Multicultural Leaders forum held on 10 August 2016 will be incorporated into the Multicultural health plan and will include youth health.

14. Third dot point should read:
The Minister is unavailable and is an apology to the AGM this year, however has requested to produce a video to show on the night.

The Chair then signed the minutes.

4.2 CE Report – September 2016

The Chair declared that the CE Report for September 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.

5.2 Tresillian Nurse – Chemmart Pilot Project

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

**6. Patient Story**

Dr Anderson advised the Board of two separate situations where Security had to be called to assist with distressed patients and the success of the trial to date of the new security uniforms.

**7. Standing Items**

# Minutes

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

1. Premier's Priorities

   The Chair advised the Board that he attended and presented at the Council of Board Chairs Forum held on 5 September 2016. In particular, noting the Premier's Priorities:

   Number Three
   - Increase the on-time admissions for planned surgery, in accordance with medical advice.

   Number Nine
   - Reduce overweight and obesity rates of children by 5% over ten years.

   Number Ten
   - 81% of patients through the emergency departments within four hours.

   The Chair advised the Board that these priorities are achievable and will be monitored and addressed.

2. MoH Board/CEs Conference

   The Board discussed the MoH Board/CEs Conference held in June 2016. The Chair agreed to provide feedback on the agenda in preparation for the next conference.

3. Board Appointments

   New and renewal Board Appointments will be discussed with the Deputy Chair.

## 9. Chief Executive's report

The Board received and discussed the revised Chief Executive's Report including:

- 2016/17 has seen the change from Australian Refined Diagnosis Related Group (AR-DRG) version 7 to AR-DRG version 8. The release of AR-DRG Version 8.0 sees a major change in the methodology used to measure case complexity. The Performance Unit is working with the Clinical Coding Unit to determine the impact of this change for SLHD and to ensure that a focus on education and training is undertaken where required so that the clinical documentation and subsequent coded data adequately reflects the complexity of

the patients treated within SLHD.

- For the month of August 2016, SLHD had 17.1% of all patients as private using their health insurance (2,432 out of 14,221).
- For the month of August 2016, SLHD had 28% of all single rooms taken up by private patients. While an increased 10.1% of all patients were isolated for clinical alert, 40% of all private patients were accommodated in single rooms.
- For the month and year to date, Sydney Local Health District (SLHD) General Fund Expenditure was $3.272M (2.38%) favourable to budget and Revenue was $3.191M (2.62%) unfavourable to budget. For July 2016 the District's NCoS was $0.081M favourable to budget.
- For the July 2016 Total Expenditure was $3.272M (2.38%) favourable to budget, reflecting favourable results for Annual Leave ($2.185M), Goods and Services – Admin ($3.734M) and Goods and Services – Support ($0.360M).
- Total Revenue is $3.191M (2.62%) unfavourable to budget for the first month of the 2016/17 financial year.
- The District continues to be at performance level zero
- RPA HealthOne West, Green Square Health and Wellbeing Forum held on 16 and 17 September 2016 has received positive feedback.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – August 2016

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

9.1.2 Performance Indicators – August 2016

(i) Selected Performance Indicators

The Board noted this report was not available.

(ii) Peak Activity Team

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report – August 2016

The Board received and noted this report.

9.2 Project updates

9.2.1 Lifehouse

Dr Anderson provided a verbal report on matters pertaining to Lifehouse.

9.2.2 Macquarie International Private Hospital

Dr Anderson provided a verbal report on matters pertaining to the Macquarie

International Private Hospital.

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 report is due in December 2016.  The Board discussed the recent power outage in South Australia and the failure of a back-up generator.  Dr Anderson advised the Board that each of the facilities have two generators and the strict checklists in place to monitor compliance.

9.5    Facility Reports – August  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.

(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.  The District is still waiting on feedback from the Commonwealth concerning the National Partnership Agreement.

(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 new format for the Community Health

report. This item can be removed from the action list.

(x) Population Health

The Board received, read and noted the Population Health report.

(xi) Tresillian

The Board received, read and noted the Tresillian report.

(xii) Organ Donation for Transplant

The Board noted the next report is due in December 2016.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

## 10. Matters for approval / resolution

Nil to report

## 11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 19 September 2016.

11.2 Education and Research Committee

The Board received and noted the minutes of the meeting held 19 September 2016.

11.3 Communications Committee

The Board noted the next meeting is to be held 17 October 2016.

11.4 Audit and Risk Committee

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

11.5 Health Care – Clinical Quality Council

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

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 26 October 2016.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 4 November 2016.

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11.8    Patient and Family Centred Care Steering Committee

The Board received and noted the minutes of the meeting held on 14 September 2016.

## 12.    Other Committee reports / minutes

12.1    Sustainability Committee

The Board noted the meeting was held on 5 October 2016.

12.2    Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 14 September 2016.

12.3    SLHD Targeted Activity and Reporting Systems (STARS)

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

12.4    Surgical Demand Committee

The Board noted the next meeting is to be held on 19 October 2016.

12.5    Revenue Enhancement Development Committee

The Board noted the meeting to be held on 28 September 2016 was cancelled.

12.6    NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 15 September 2016 were not available.

12.7    SLHD Innovations Group

The Board noted the meeting to be held on 28 September 2016 was cancelled.

12.8    Organ Donation for Transplantation

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

12.9    Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 13 September 2016 was cancelled due to an Imaging Strategic Planning Workshop.

## 13.    Matters for noting

13.1    People Matter Survey Results

The Board received, read and noted this report.

The Board received, read and noted this report.

13.2    Correspondence re BHI Hospital April-June Quarterly Report

The Board received, read and noted this report.

13.3    Letter – July 2016 Performance Update

The Board received, read and noted this report.

13.4    June  - September 2016 Audit and Risk Committee Report

The Board received, read and noted this report.

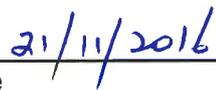## 14.    Other Business

Nil to report

## 15.    Next Meeting

The next meeting is to be held on Monday 21 November 2016 at 9.00am.

The meeting closed at 11.30am.

_____                    _____
Chair                                       Date    21/11/2016

# Report

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

## NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

### Acute Admitted Activity

2016/17 has seen the change from Australian Refined Diagnosis Related Group (AR-DRG) version 7 to AR-DRG version 8. The release of AR-DRG Version 8.0 sees a major change in the methodology used to measure case complexity. The total number of DRGs has increased from 771 in Version 7.0 to 807 in Version 8.0, primarily due to the creation of a split in a DRG where there was no split previously. For example in version 7 DRG BG3 had one split- which was a z code: B63Z- Dementia and Other Chronic Disturbances of Cerebral Function. This DRG has now been split in version 8 to B63A Dementia and Other Chronic Disturbances of Cerebral Function, Major Complexity and B63B Dementia and Other Chronic Disturbances of Cerebral Function, Minor Complexity.

The Performance Unit is working with the Clinical Coding Unit to determine the impact of this change for SLHD and to ensure that a focus on education and training is undertaken where required so that the clinical documentation and subsequent coded data adequately reflects the complexity of the patients treated within SLHD.

### Mental Health

Meetings are scheduled this month with the Ministry of Health (MoH) project team and our SLHD project team to discuss preparatory work and readiness for the implementation of the new mental health classification. This project has been staged in such a way as to cause minimum disruption to usual business or ICT systems. The first stage roll out this year will involve only the activity occurring in designated mental health inpatient units. The MoH plan for the stage 1 implementation to be completed by 1 July 2017 across the state.

Some data extract issues have been identified with the non-admitted CHAMB data. Since the implementation of CHOC in mental health in May this year our reported activity (and SWSLHD) has dropped by about 2%. We are currently working with IM&TD, MHS and InforMH to identify the problem(s) and resolve as quickly as possible. The ABF taskforce have been informed of this issue.

### Sub and non-acute *(SNAP)*

The facility SNAP co-ordinators reported no current issues with SNAP data collection. Concord are reviewing their current business processes to try and improve data entry timeliness and have better clinical engagement and understanding with the process. The SNAP ABM portal has not updated since the beginning of September therefore our activity target data is not up to date in STARS. However we have developed a procedure to enable facility SNAP coordinators to check data reporting completeness in real time without having to rely on the ABM SNAP portal which has a 2 week lag, this should improve the timeliness of submission and clinician follow up for incomplete or missing forms.

### Non-Admitted *(NAP)*

Community Health and Outpatient Care (CHOC) electronic medical record went live in Drug Health Services (DHS). The Performance Unit has been working with IM&TD and DHS on the setup for services for non-admitted reporting under CHOC. Since the go-live date RPA and CRGH have been testing the DHS CHOC NAP extract.

All facilities have successful completed their first up load of data into mLOAD. This was completed relatively seamlessly thanks to work undertaken in testing and preparing by the local facility WebNap coordinators and the Performance Unit. Currently we are still unable to extract the NWAU16 information from the new system but MoH is confident that this issue will be resolved in October 2016.

Due to the changes of the system the data quality checks which were previously performed using the State system are no longer possible, in order to ensure data quality locally the Performance Unit have developed a web-based NAP tool to be used by facility NAP coordinators for data quality checks. This is currently being tested by the facility NAP coordinators

**Clinical Costing**
Round 20.2 costing has commenced with draft costing due at the mid October with the final due mid-November. The costing team continue to work with key stakeholders across the District in the collection of data sets to assist in the 20.2 costing. In particular this month, work has been being undertaken reviewing the allocation into Teaching and Training across the LHD. This year we are able to include the following services in the costing process due to the availability of patient level data:

- Admitted HITH services provided through Sydney District Nursing;
- Dental non admitted services
- Mental Health non admitted services
- Community Health non admitted services
- ECG

Work has also been undertaken this month with the Transplant retrieval team to ensure the cost allocation of retrieving transplant organs is correctly allocated where the service of retrieval occurred. This work has been occurring in conjunction with the ABF Taskforce.

## REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

**Private Health Insurance Usage**
For the month of August 2016, SLHD had 17.1% of all patients as private using their health insurance (2,432 out of 14,221).

A decision was made to not admit patients privately into Emergency Medical Units (EMU's) or Maternity Units because foetal monitoring has affected RPA and Canterbury Hospital's figures far more than the predicted 1 percentage point drop. The impact of this decision has continued to be negative for RPA and Canterbury. Concord Hospital does not have an EMU or maternity services and its results have remained consistent. Further review will occur in September 2016 with the decision to reinstate previous practice at RPA and Canterbury likely.

**Single Room Utilisation**
For the month of August 2016, SLHD had 28% of all single rooms taken up by private patients. While an increased 10.1% of all patients were isolated for clinical alert, 40% of all private patients were accommodated in single rooms.

**Revenue Enhancement Committee**
Risks and opportunities for revenue being identified and scoped.

# Report

**NSW Health** | Sydney Local Health District

## PERFORMANCE AND REDESIGN UNIT

### Innovations Group
The Pitch event has been rescheduled to Friday 18 November 2016 at the Concord Medical Education Centre. This will be the last Pitch event for 2016.

### Clinical Redesign: CHR Projects
The *Palliative Care: Access, Care, Equity (PC-ACE)* project (formerly Promoting Palliative Care Efficiencies; CHR 2016 – third intake) is currently undergoing diagnostics with staff surveys, patient interviews and process mapping focus groups underway at each relevant centre/facility (CRGH inpatient, Concord Centre for Palliative Care, RPA inpatient, and Community Health / Sydney District Nursing). The project has a focus on care in the community setting as well as patient movements and referrals in and out of this setting. There has been strong engagement from staff and patients.

The *Review of the Department of Orthodontics at the* Sydney Dental Hospital is also undergoing diagnostics, with staff focus groups and patient interviews complete and broader surveys and data collection underway. The service is working with unique strengths and challenges associated with its role as a training facility for orthodontics specialists. The project aims to reduce the waiting time for its services and improve the management of oral hygiene, which is critical to achieving positive outcomes for patients receiving orthodontics treatment.

The *Connect & Improve* project from Drug Health (CHR 2016 – first intake) is launching the implementation of service revisions at a small event at Canterbury on Thursday 29 September. The team have developed and planned a broad range of solutions across three phases, including:

- Implementing a Service User Advisory Group and exploring the potential for engaging peer navigators,
- Reviewing logistics and processes associated with stock management and staff rostering,
- Improving internal and external communications,
- Enhancing service provision by expanding clinic services and running harm minimisation workshops to better engage and meet the needs of service users,
- Updating the physical space and improving amenities to provide a more welcoming space for service users, and
- Expanding health promotion and community engagement activities.

The *My Check-in for Surgery* project from Canterbury Hospital (CHR 2016 – first intake) project is in the implementation phase, with key solutions including:

- Enhanced communication with GPs and development of HealthPathway once the Request for Admission has been revised, to ensure the right information is getting to the clinic to support best practice care,
- Improving communication with patients to enhance health literacy, with a focus on the CALD community, and
- Revising and updating screening tools and escalation processes to ensure the right patients are attending Pre-Admission Clinic


The *It's Time* project (CHR 2015 – third intake), which is improving services at Ground East, Concord Cancer Centre outpatient services, is planning for minor capital works that will bring the two unit desks together and update patient bathrooms and kitchenette. A joint single unit patient scheduling system is nearing finalisation for go-live in the next month.

# Report

**Other Projects**
The General Practice Casualty (GPC) Fracture Clinic at Balmain Hospital has conducted its pilot during August/September 2016, with positive patient feedback, outcomes and minimal waiting times for patients attending clinic to date. Planning is now underway for the next phase of the project, which will allow direct referrals from General Practitioners in the area together with a supporting HealthPathway.

**Accelerating Implementation Methodology** *(AIM)*
The next AIM course will be held on 10-11 November and 18 participants are registered.

**Staff Changes**
Barbye Castillo has commenced maternity leave on 19 September 2016. Recruitment for a temporary maternity leave replacement is underway and interviews are planned for 06 October 2016.

## HEALTH PATHWAYS

**Workgroups**
Medical Imaging and Nuclear medicine Workgroup was held on the 19 September 2016. A number of pathway development areas were identified along with considerations for the service to further explore in terms of communication with General Practice, uniformity of referral process across the LHD and areas of GP education need.

Next workgroups include:

- Entering Residential and Aged Care Facility planning and Assessment – 19 October 2016
- Living Well, Living Longer /ccCHip - 27 October 2016
- Cardiology (early November 2016)

**Pathways**
Four new pathways and referral pages have been issued so far in September 2016. Along with the continued development of a large number of 'in draft' pathways a further four pathways have entered Periodic Review.

| 21 September 2016 | |
|---|---|
| New Completes | 5 |
| Completed Periodic Review Cycle | 0 |
| Total Completed pathways on website | 456 |
| **CURRENT WORK IN PROGRESS** | |
| Currently Localising (from other HP regions) | 119 |
| New Pathways being developed | 12 |
| Currently being updated | 5 |
| Completed pathways undergoing Periodic Review | 91 |

**Usage of HealthPathways**

Preliminary September usage figures are expected to track the same as July's due to the forthcoming school holidays.

| | 1 - 21 September 2016 | August 2016 | July 2016 | June 2016 |
|---|---|---|---|---|
| **Sessions of use** | 1,870 | 3,099 | 2,690 | 2,828 |
| **Unique page views** | 6,496 | 11,074 | 9,404 | 9,894 |
| **Different users** | 544 | 817 | 720 | 805 |

**FINANCIAL PERFORMANCE**

**FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS**

**GENERAL FUND (GF)**

The 2016/17 Service Level Agreement between the Board and Ministry of Health has as a key financial performance target an expected Net Cost of Service (**NCoS**) result.  The following analysis reflects the result for the financial year ended 31 August 2016 based on the District's budgeted NCoS.  For the month of August 2016, Sydney Local Health District (SLHD) General Fund Expenditure was $1.626M (1.21%) unfavourable to budget, year to date GF Expenditure was $1.646M (0.61%) favourable to budget.  GF Revenue was $0.588M (0.38%) favourable to budget for the month and $2.603M (0.94%) unfavourable to budget YTD.  At the end of August 2016 the District's NCoS was $0.957M unfavourable to budget.

**To achieve the 2016/17 NCoS target the District will continue to maintain the good controls that it has in place and monitors performance on a daily basis.  This is consistent with previous years where the District has been able to achieve its budget target.**

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

**Expenditure**

- For the month of August 2016 GF Total Expenditure was $1.626M (1.21%) unfavourable to budget, reflecting unfavourable results for Salaries & Wages ($0.357M), Overtime ($0.584M), Annual Leave ($1.683M), Goods and Services – Admin ($2.221M) and Goods and Services – Support ($0.511M).  These unfavourable results were offset by favourable variances in Goods & Services – Clinical ($1.432M), Superannuation ($1.530M) and RMR Expenses ($0.344M).

- Year to date GF Total Expenditure was $1.646M favourable to budget.  This result reflects favourable results for Annual Leave ($0.501M), Other Employee Expenses ($0.416M), Goods & Services – Clinical ($1.002M), Goods & Services – Admin ($1.513M) and VMO Expenses ($0.295M).  These results were offset by unfavourable variances in Salaries & Wages ($1.033M), Overtime ($0.636M) and Goods & Services – Support ($0.150M).

**Revenue**

- GF Total Revenue was $0.588M (0.38%) favourable to budget for the month of August 2016.  The result for the month reflects favourable variances in all Revenue categories except Other Revenue.  The major favourable variances were in Patient Fee revenue ($0.104M), User Charges ($0.787M) and Grants & Contributions ($0.302M).

- Year to date GF Total Revenue was $2.603M unfavourable to budget.  The unfavourable YTD result is primarily related to unfavourable variances in Patient Fee revenue ($1.252M), Grants & Contributions ($0.500M) and Other Revenue ($0.606M).

**SPECIAL PURPOSE AND TRUST (SP&T)**

SP&T NCoS was $0.158M unfavourable to budget for the month of August 2016 and $0.601M favourable to budget for the first two months of the financial year.  The YTD result was achieved

due a favourable budget variance for Expenditure of $0.896M offset by an unfavourable result for Revenue of $0.295M.

**CONSOLIDATED RESULT**

For the period ended 31 August 2016 the consolidated year to date NCoS result for the General Fund and SP&T was $0.356M unfavourable to budget. The result comprises a favourable Expenditure variance of $2.542M offset by an unfavourable Revenue budget variance of $2.898M.

**FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT**

For the period ended 31 August 2016, SLHD recorded a Total Net Result of $16.451M which was $0.257M (1.54%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 31 August 2016 was $0.326M favourable to budget. The YTD Net Direct Operating Result reflects a favourable Expenditure variance of $2.816M offset by an unfavourable Revenue variance of $2.490M.

For the month of August 2016 Total Direct Revenue was $0.793M favourable to budget, comprising $0.887M favourable for the General Fund and a $0.093M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was $2.490M unfavourable to budget, comprising $2.301M unfavourable for the General Fund and a $0.189M unfavourable variance for the SP&T Fund. The YTD result for the GF reflects unfavourable variances in all own source revenue categories.

Total Direct Expenditure was $1.870M unfavourable to budget for the month of August 2016, comprising $1.970M unfavourable for the General Fund and $0.100M favourable for the Special Purpose & Trust Fund. The GF result reflects favourable variances in Goods & Services – Clinical ($1.432M) and VMO Expenses ($0.481M). These results were offset by unfavourable results for Salaries & Wages ($0.357M), Overtime ($0.584M), G&S – Admin ($2.221M) and G&S – Support ($0.511M). For the financial year ended 31 August 2016 Total Direct Expenditure was $2.816M favourable to budget. This result comprised favourable variances for Salaries & Wages Oncosts ($0.914M), VMO Expenses ($0.295M), G&S – Admin ($1.513M) and G&S – Clinical ($1.002M). These results were offset by unfavourable results for Salaries & Wages ($1.033M), Overtime ($0.636M) and G&S – Support ($0.150M).

# Report



**Health**
Sydney
Local Health District

## MONTHLY BUDGET PERFORMANCE

The graph below compares the actual and budget performance on a monthly basis.
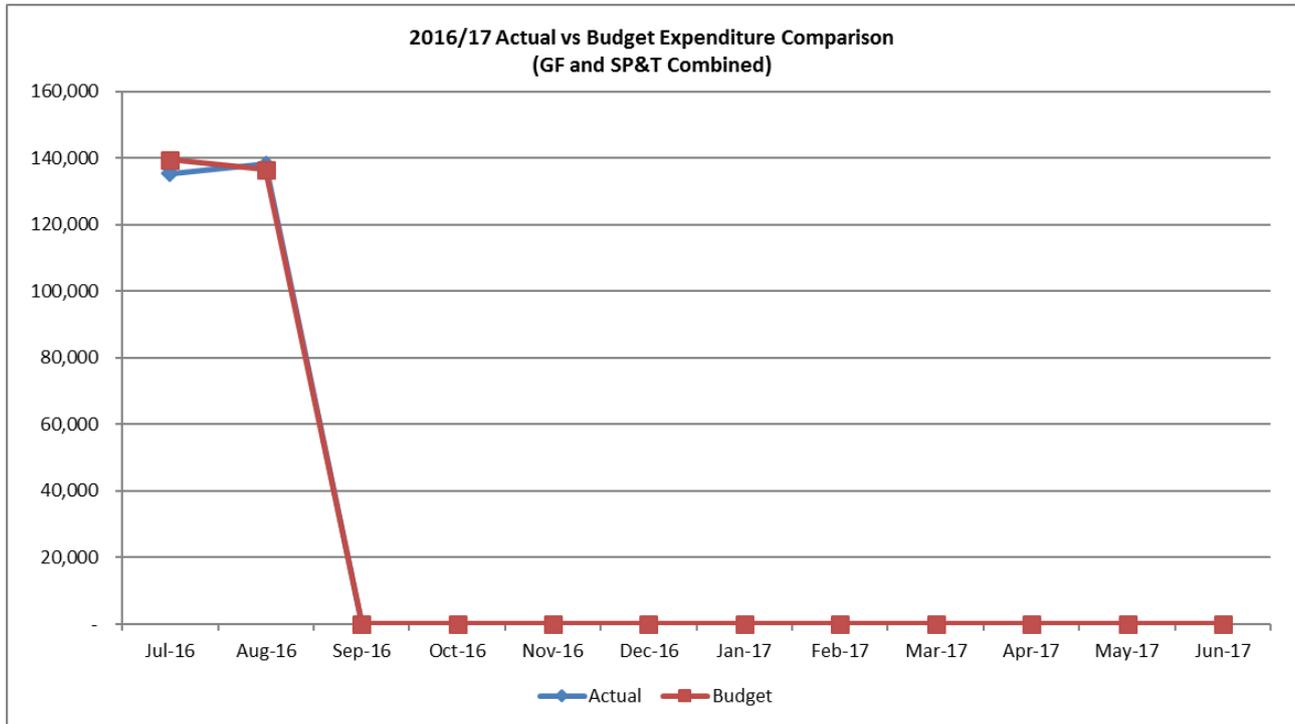


## LIQUIDITY

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

The cash balance at 31 August 2016 for the SLHD Operating bank account was $10.478M and the Operating Cash book balance was $10.049M.

## CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget as at the end of August 2016 was $22.824M comprising $4.896M of MoH funded projects and $17.928M of locally funded projects.  Actual expenditure for August 2016 was $1.429M which was $1.693M above target.

## PERFORMANCE

The District continues to be at Performance Level 0.

# Report



## Activity

August 2016 FYTD total number of separations increased across the District by 2.92% compared to August 2015 FYTD. For the same period, acute separations increased by 2.82% compared to the same period last year.

Emergency department attendances increased by 0.74% for August 2016 FYTD compared to the same month last year. There were 13,776 ED attendances in August 2016.

The District occupancy rate for August 2016 decreased by 3.27% compared to the same month last year.

## Emergency Treatment Performance

The Emergency Treatment Performance (ETP) performance for the District increased by 5.12% in August 2016 to 70.75% compared to August 2015. A number of initiatives have been implemented across the District to improve ETP performance. Concord Hospital's ETP increased by 7.16% for August 2016 compared to the same month last year.

## ED Triage

Canterbury and Concord Hospital achieved all ED triage categories for August 2016. RPA met triage category targets 1, 4 and 5 in August 2016. RPA performance in triage category 2 improved on the previous result for August 2016, increasing by 8.14%. RPA performance in triage category 3 improved on the previous result for August 2015, increasing by 2.62%.

## 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 August 2016 for all categories.

## Transfer of Care

The Transfer of Care (TOC) for the District increased by 13.94% for August 2016 compared to August 2015. The TOC target (90%) was met by all three EDs in August 2016. RPA increased by 16.98% to 91.30% for August 2016. Concord Hospital increased by 9.73% to 97.31% for August 2016. Canterbury Hospital increased by 11.17% to 95.90% for August 2016. This result again highlights the success of the TOC Program in operation in SLHD EDs.

## Safety and Quality

The District continues to achieve the root cause analysis (RCA) target for August 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 18%.

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

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

## Workforce

Premium staff usage for medical decreased in August 2016 compared to the same period last year by 1.2%. There was an increase for allied health and nursing premium staff usage for August 2016 compared to the same period last year, by 0.1% and 0.9% respectively.

# Report

## CAPITAL WORKS

**Concord EMU**
Refurbishment of B 75 commenced to house Exec Unit. Demolition for internal stair well completed. Works will be undertaken in a staged program to allow the ED to operate throughout the works.

**SLHD Aged Care Network**
Contract awarded to Patterson Building Group. Site establishment will commence 27 September 2016. Current forward program shows completion in August 2017.

**Medical Imaging Equipment Purchases RPA**
Bi Plane installation nearing completion with first of single plane installations to follow, Program will complete by June 2017

**Sydney Dental Hospital Additional Chairs**
Construction work underway approximately 70 % complete.

**CRGH Cardiac Catheter Lab and 64 slice CT Scanner**
Approval received for the purchase of a replacement CT Scanner & Cardiac Cath Lab at CRGH. Procurement of both items has commenced.

**Minor Works**
*Population Health L9 KGV*
Redesign of South western wing to accommodate additional staff. 75% of work is complete.

*Building 28 Capital Works*
Renovation of L6 B28 to accommodate the Capital Works Unit. Relocation of Capital Works from L9 KGV will provide for the collocation of HERDU in KGV and Population Health. Phase 1 completed- design team to relocate week commencing 26 September 2016.

*RPA da Vinci Robot theatre*
Renovations to theatre 14 to house the RPA Robotic Surgery Program are currently underway. Procurement of fittings and fixtures underway.

## PLANNING

**RPA HealthOne East (Green Square)**

**RPA HealthOne East Health and Wellbeing Forum**

A major RPA HealthOne West, Green Square Health and Wellbeing Forum was organised on 16th and 17th September. This forum had the following aims:
- To collectively build the overall concept of the RPA HealthOne East, Green Square
- To canvass world best practice in this arena
- To consult key partners, members of the community and community and industry groups
- To articulate the education, research and development agendas of the primary partner organisations.

The forum was held at the Green Square Community Centre. 70-75 people attended the first day which was based on presentations and panel discussions. 40 attended the second day which had a workshop focus.

# Report

Presentations at the Forum were provided by Dr Anderson, the University of NSW (Professor Mark Harris and Mr Terry Findlay), The University of Sydney (Professor Michael Frommer, Professor Kathryn Refshauge), City of Sydney (Mr Kim Woodbury and Mr Morris Bellamy), The Central and Eastern Sydney PHN (Dr Michael Moore), RPA Hospital (Professor Paul Torzillo), Notre Dame University (Dr Charlotte Hespe), and a SLHD Clinical and Service Directors (Professor Bruce Robinson, Dr Pamela Garrett, Professor Anna Whelan, Ms Lou-Anne Blunden, Ms Lil Vrklevski, Ms Ivanka Komusanec, A/Professor Leena Gupta, A/Professor Elizabeth Harris and Ms Miranda Shaw).

The major partners were represented at the Forum with lively discussion occurring on both days.

Significant discussion occurred in relation to model of care, related in particular to: the better integration of general practice; community involvement and engagement; addressing the personal and social determinants of health; healthy urban development and health promotion; improved system, cultural navigation and co-ordination; best practice planning for a diverse new population; communication, telecommunication and data linkage; and, the relationship with the major tertiary facility at RPA. It was noted that primary care services should be established first and that clinics that may be appropriate included low risk antenatal, diabetes, heart failure, COPD and perhaps mental health, neurology.

Innovative models of care included enhancing informal communication networks; developing a café that is run collectively; social prescribing; a shared eMR; no fast food in local area; positive local environment with parks, cycleways etc.; videoconferencing; early health coaching; Sydney District Nursing after hours clinics for palliative care, continence, lymphoedema; care and cultural navigator staff; on-line child and family information and Facebook; well-child screening; establishing mini-buses to RPA for clinics; testing different funding approaches than fee-for-service; applying to the Medical Research Future Fund for cede funds; and collaborating with private health insurers.

Additional education opportunities of RPA HealthOne East were noted as relating to undergraduate education in respect of society and care, primary care, vocational education, and continuing professional development.

Some of the research opportunities that were discussed included big data and data linkages, patient and community engagement, new models of integrated care, equity, the role of community navigators, e-health, needs assessments, evidence-based policy and planning, program development based on the social determinants of health and occupational health and safety.

- Further discussions have been held with UrbanGrowth NSW Green Square and Mirvac looking at the site size and land cost for the HealthOne.
- Further discussions with Health Infrastructure (HI) have been held. Work has been undertaken on the Financial Impact Statement.

**Urban Development**
A number of meetings were held with the Greater Sydney Commissioners and staff of the Greater Sydney Commission to discuss the urban growth and transport infrastructure developments in the inner west, including the revised (2016) DPE population projections for SLHD, the importance of social and affordable housing, integrated transport solutions and the importance of health and education "super precincts".

# Report

Further commentary has been made on the draft plan for Parramatta Road, in collaboration with the Ministry of Health.

Meetings have been scheduled to discuss the social infrastructure implications of The Bays development.

Arising from presentations on Urban Development in the inner west to the Sydney Research Council and RPA Clinical Council, a conference/forum on Healthy Urban Development and the Inner West is planned for early February, 2017. The purpose will be to bring together health academics and urban planners, to highlight the growth in the inner west, to enhance partnerships for the Health and Education Super Precinct and to develop the concept of the Biotechnology Hub in Camperdown.

**SLHD Imaging Strategic Plan and Position Paper**
The Planning Unit, in collaboration with the Medical Imaging stream has drafted a Medical Imaging Position Paper and the Imaging Strategic Plan which was positively received at the Major Procurement meeting held on the 13th September. A priority setting workshop will be held on the 26th October to finalise these two planning documents for the consideration of the Clinical Council and Board.

**Canterbury Clinical Services Plan**
The Planning Unit in collaboration with the Canterbury Hospital executive will develop a Clinical Services Plan for the Hospital and an associated HealthOne, to be completed by the end of 2016. An executive and heads of department workshop and a community-based health services workshop are planned for October.

**RPA Strategy Paper**
In collaboration with RPA, the Planning Unit is organising a visioning and strategy workshop for early November. The purpose of this workshop will be to develop a twenty year vision for the hospital based on best evidence and integrating the important education and research capabilities. The active involvement of senior RPA clinicians will be ensured. This information will be integrated with projections and service need data in the RPA Strategic Development Paper.

**Multicultural Health Plan Forum**
The Planning Unit in collaboration with Community Health held a half day forum to establish the framework for the Multicultural health plan. Together with the two Multicultural Leaders Forums, the Refugee Health Forum and community consultation outcomes, the Planning Unit has now developed sufficient background information to develop the plan.

**Oral Health Clinical Stream and SDH Clinical Service Planning**
The Planning Unit continues to work 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. The Director of Planning is represented on this committee.

**Inner West Youth Health and Wellbeing Plan**
Consultations continue for the Inner West Youth Health and Wellbeing Plan. Over 100 agencies have participated in consultations to date and about 40 young people. An inter-partner consultation workshop will be held on the 15th November with representation from SLHD, the Department of Education, the PHN, Family and Community Services, Juvenile Justice and selected NGOs and consumers.

**Aboriginal Health Strategic Plan 2017-2022**
The draft Aboriginal Health Strategic Plan will be issued for comment in October and should be completed by the end of the year.

## YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE

The Yaralla Festival was held on Sunday 11 September 2016. This was a successful event with over 2,500 attendees attracted to the event this year; a significant increase compared to last year's festival. Highlights on the day included live entertainment by the Cockroaches, a live dog show hosted by Julie McCrossin, a magician and various sporting clinics including AFL, NRL, netball and cricket. NSW Police, NSW Fire and Rescue Service and NSW Ambulance were all on site to demonstrate their vehicle and equipment to visitors. The event celebrated three key themes including heritage, health and environment, all of which contributed overall to creating a 'carnival-like' atmosphere.

## SYDNEY RESEARCH

### Leadership Development Training Program
Sydney Research has engaged Marlow Hampshire to run a leadership development program for early and mid-career researchers (2x2 day training program). The program will be run in early November and December 2016 with participants from USyd, SLHD (includes previous Sydney Research Award winners) and MRI representatives. In consultation with the OHMR, four places will be allocated to the rural and regional health sector. An evaluation of the program will be conducted.

### Urban Growth

Consultation and planning forums for the Green Square development were held on 16 and 17 September. Planning of a $16Million build includes an academic primary care centre in collaboration with the USyd, UTS and Notre Dame. Sydney Research members will be important stakeholders in the ongoing planning and development of the site.

### Sydney Research highlight
Preliminary data for 2015 demonstrates an increase in Category one grants to $82M. HERDC publications continue on an upward trajectory and HD student numbers are steady. A full report will be available by November 2016.

### Sydney Health Partners
An executive support team has been established to support Prof Nutbeam, interim Executive Director SHP. An administration position, project consultant and fractional senior clinician support have been appointed. A Media and Communications Officer will commence mid October 2016. Ongoing support is provided to the team by the Director, Sydney Research.

The SHP Enabler Funds scheme was announced in September. Funds are intended to support the acceleration of translational research projects, providing an incentive for program streams to deliver tangible translational research outcomes within a 12 month period. A total of $170,000 will be made available during this round. Funds are to be allocated to a host agency representing the project and aligned with the relevant project lead. Winners will be announced at the SHP Thematic Stream Workshop, 19 October 2016.

- **Accelerator Funds** — $90,000
- **Launch Pad Funds** — $40,000
- **Launch Pad Funds** — $40,000
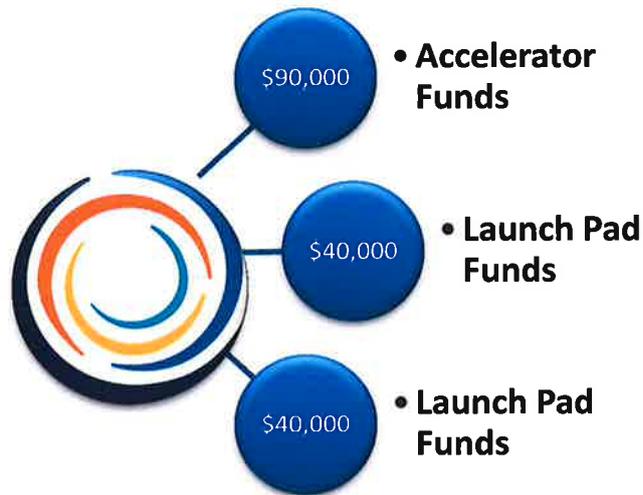
## OHMR

*Embedding Quality Research in LHDs (EQRLHs):* The state-wide EQRLHDs workshop will be held Lifehouse on the 15 November 2016, facilitated by Adjunct Associate Professor Mary Haines. The workshop is expected to be one of several with future forums focussing on structures, communication, knowledge and implementation science and capability building.

*Clinical Trials:* The Cancer Institute NSW has been working closely with Sydney Research in the development of a project plan to lead the OHMR NSW Clinical Trials project. Sydney Research strengths in clinical, health service and public health research are amongst the best in NSW and Australia. The OHMR is keen to understand how these strengths have developed and how this may be applied in other health sectors. A dedicated Award for research coordinators is both a state and federal issue. Members will advocate for its establishment.
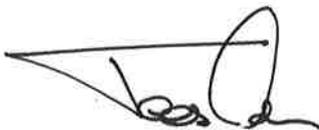
Dr Teresa Anderson
**Chief Executive**

Date: 28–12–16