
Sydney Local Health District

Sixty First Meeting of the Board

Date: Monday 19 December 2016
Time: 9.00am -11.00am
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
Professor Paul Torzillo AM, Member
Dr Thomas Karplus, Member
Ms Frances O'Brien, Member
Ms Joanna Khoo, Member
Ms Susan Anderson, Member
Mr David McLean, Member
Dr Teresa Anderson, Chief Executive

Apologies

Nil

In attendance

Ms Nerida Bransby, Secretariat

2. Welcome and introductions

The Chair welcomed members to the sixty first meeting of the Sydney Local Health District (SLHD) Board.

3. Declaration / Removal of conflicts of interest

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

1. Dr Thomas Karplus declared that he is a Councilor on the Australian Salaried Medical Officers' Association (ASMOF).

This potential conflict is listed in the Register.

4. Confirmation of previous minutes

4.1 Minutes 21 November 2016

The minutes of the Board meeting held on Monday 21 November 2016 were moved and seconded with the following amendment:

Agenda 14: Other Business: First sentence should read:

The Chair and the Board requested that sincere congratulations for monitoring performance and thanks be conveyed to the District Executive and the relevant teams during the very difficult period

The Chair then signed the minutes.

4.2 CE Report - October 2016

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

4.3 CE Report - November 2016

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

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the outstanding 'in progress' agenda items on the action sheet including:

- A meeting was held with WestConnex and the concerns raised by the District have all been resolved. This agenda item can be removed from the action list.
- A meeting is being held with the Ministry to discuss the revenue targets for the SLHD.
- The CE report for October 2016 was resubmitted to the Board for endorsement. This agenda item can be removed from the action list.

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

The Chair advised the Board:

- Four retirements have been received from Board Chairs across the State. Replacements for these positions are to be announced.
- A brief is to be provided to the Board to reflect the changes to the Health Services Act at the February 2017 meeting.
- Focus on the strengthening of patient care outcomes, safety and quality, responsibilities and framework.

9. Chief Executive's report

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

- The District continues to remain at performance level zero.
- The Clinical Council meeting to be held on 21 December 2016 will focus on ways to continue to strengthen our quality and safety systems. A brief will be provided at the next Board meeting.
- Emergency Treatment Performance (ETP) performance for the District increased by 2.52% in October 2016 to 73.18% compared to October 2015.
- Ms Eva Fares has been appointed as the Health Information Manager for the District and will provide weekly reports to the Chief Executive. It has been identified through an audit process that some coding has been incorrectly allocated to HDU patients and not ICU patients and this will be rectified.
- October had 18.6% of all patients using their private health insurance (2,567 out of 13,803 total discharges).
- The Health Pathways portal for patient use is being developed.
- For the month of October 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$0.303M (0.23%) unfavourable to budget, year to date GF Expenditure was \$0.014M (0.01%) favourable to budget. GF Revenue was \$0.106M (0.72%) favourable to budget for the month and \$1.580M (0.30%) unfavourable to budget YTD.
- The State-wide biobank service will be on the RPAH Campus and co-managed by the SLHD and NSW Health Pathology.
- October 2016 General Fund total expenditure was \$0.303M (0.23%) unfavourable to budget, reflecting unfavourable results for Salaries & Wages (\$0.221M), Overtime (\$0.282M), Goods and Services – Clinical (\$0.840M) and Goods and Services – Support (\$0.109M). These unfavourable results were offset by favourable variances in Goods & Services – Admin (\$0.579M), Other Employee Expenses (\$0.208M) and Annual Leave (\$0.099M).
- A picnic will be held on 26 January 2017 on the Yaralla Estate.
- The recruitment for the Executive Director Position for Sydney Health Partners is near completion.
- The brief attached to the Chief Executive's Report on Revenue Initiatives for 2016/17 was noted.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – October 2016

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

9.1.2 Performance Indicators – October 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 – October 2016

The Board received and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board received and noted the information contained in the Chief Executive's Confidential Report.

9.2.2 Macquarie International Private Hospital

The Board received and noted the information contained 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 received, read and noted the Clinical Governance report.

9.5 Facility Reports – October 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. The Chief Executive updated the Board on the Concord Hospital redevelopment.

(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 Chief Executive advised the Board the National Partnership Agreement will be funded for a further three years. The amount of funding is yet to be determined.

(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.

(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 received, read and noted the report. The Chair congratulated the Organ Donation Team on being one of the top two performing Districts in the State for organ donation. A presentation will be provided to the Board in the new year.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

10. Matters for approval / resolution

10.1 Annual Board Calendar 2017

The Board endorsed the Annual Board calendar for 2017.

10.2 Brief - Request for changes in the SLHD Board Reporting

The Board discussed the brief relating to the changes in Board Reporting. The Chair requested all Board members to further consider the information in the brief and provide feedback via email.

10.3 Imaging Strategic Plan 2017 – 2022

The Board endorsed the Imaging Strategic Plan 2017 – 2022 paper with two minor amendments.

- Executive Summary, Page 9 of the Report to include Item 20: Future planning is ongoing.
- Check abbreviations.

10.4 Medical Imaging Stream Position 2017 - 2022

The Board endorsed the Medical Imaging Stream Position 2017 - 2022 paper.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 17 November 2016.

11.2 Education and Research Committee

The Board received and noted the minutes of the meeting held on 21 November 2016. The Reporting of education KPIs will be provided in the new year.

11.3 Communications Committee

The Board noted the next meeting is to be held in February 2017.

11.4 Audit and Risk Committee

The Board received and noted the minutes of the meeting held on 18 November 2016.

11.5 Health Care – Clinical Quality Council

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

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 21 December 2016.

11.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting held on 2 December 2016.

11.8 Patient and Family Centred Care Steering Committee

The Board received and noted the minutes of the meeting held on 9 November 2016.

12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board noted the meeting was held on 7 December 2016.

12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 9 November 2016.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the meeting to be held on 17 November 2016 was cancelled.

12.4 Surgical Demand Committee

The Board noted the next meeting is to be held on 21 December 2016.

12.5 Revenue Enhancement Development Committee

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

12.6 NSW Health / SLHD Performance Review Meeting

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

12.7 SLHD Innovations Group

The Board noted the meeting to be held on 23 November 2016 was cancelled.

12.8 Organ Donation for Transplantation

The Board received and noted the meeting to be held on 25 October 2016 was cancelled.

12.9 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting to be held on 8 November 2016.

13. Matters for noting

13.1 SLHD Health Promotion Report – Childhood Obesity

The Board received and noted the information contained in the brief concerning the health promotion report on childhood obesity.

13.2 Board Meeting Schedule

The Board received and noted the meeting schedule for 2017.


14. Other Business

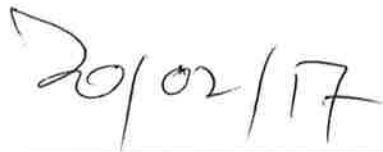
Ms Susan Anderson advised the Board of her resignation with the Central and Eastern Sydney Primary Health Network to take up a full time position at the University of Sydney.

15. Next Meeting

The next meeting is to be held on Monday 20 February 2017 at 9.00am.

The meeting closed at 11.00am.



Chair

Date

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

PERFORMANCE

The District continues to be at Performance Level 0.

Safety and Quality

As indicated in the previous Board meeting, NSW Health has flagged that it will be progressing the next stage of reform – From volume to Value driven care. This next stage is very much welcomed by the District, which has always had a focus on the provision of high quality, safe and appropriate care. Although the District performs well on Quality and Safety measures, which have been reinforced by Equip Surveys of our facilities and external reviews, the District believes more can still be done to strengthen our Quality and Safety Systems and Processes. The next Clinical Council meeting to be held on 21 December will focus on strategies to strengthen the District's quality and Safety Systems and processes and to make these more visible to the community. The Chief Executive SLHD will then provide a brief for the SLHD Board for discussion.

The District continues to achieve the root cause analysis (RCA) target for October 2016. Mental Health Readmissions within 28 days continues to be above the target of <13% for July YTD 2016 and has increased from the same period last year from 16.0% to 16.9%.

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

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

The NSW Health review of the treatment of cancer patients is underway. SLHD has established a Governance Committee co-chaired by Clinical Director, Cancer Services and Director, Clinical Governance and Risk.

Workforce

Premium staff usage for Medical decreased in October 2016 compared to the same period last year by 0.7%. There was an increase for Allied Health and Nursing premium staff usage for October 2016 compared to the same period last year, by 0.3% and 1.2%.

Activity

October 2016 FYTD total number of separations increased across the District by 3.21% compared to September 2015 FYTD. For the same period, acute separations increased by 3.14% compared to the same period last year.

Emergency department attendances increased by 2.23% for October 2016 FYTD compared to the same month last year. There were 13,721 ED attendances in October 2016. The District's strategies for increasing care in the community rather than people presenting to Emergency Departments has enabled the District to reduce the impact of increasing demand for services on the Emergency Department. This has led to the patients who do present to hospital being more acute and complex. This is evident in the Occupancy and admission rates. The District occupancy rate for October 2016 increased by 4.36% compared to the same month last year.

Emergency Treatment Performance

The Emergency Treatment Performance (ETP) performance for the District increased by 2.52% in October 2016 to 73.18% compared to October 2015. This is despite the increase in Emergency Presentations. RPA's ETP performance increased by 4.25% for October 2016 compared to the same month last year. These results demonstrate the success of the coordinated approach undertaken by all SLHD facilities and services to improve their ETP performance.

Transfer of Care

The Transfer of Care (TOC) for the District was 95.33% for October 2016 which is a remarkable achievement despite the increase in ambulance presentations. The TOC target (90%) was met by all three Emergency Departments in October 2016. RPA increased TOC performance by 3.37% to 95.33% for October 2016. These results again highlight the success of the TOC Program in operation within SLHD EDs.

ED Triage

Canterbury and Concord Hospital achieved all ED triage categories for October 2016. RPA met triage category targets 1, 2, 4 and 5 in October 2016. RPA performance in triage category 3 improved on the previous result for October 2016, increasing by 3.64%.

Elective Surgery

Canterbury, Concord and RPA Hospital achieved all Surgical Overdue 30 and 90 Categories for October 2016.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Acute Admitted and ED Activity

Evaluation of the Admitted Patient and Emergency Department data errors reconfirms the requirements for constant monitoring and checking of the data quality. Data abnormality was identified and fixed per business process. The Performance Unit has been working with IMTD and the data managers across the facilities to improve the communication channels and clarify any issues as they arise as well as working together towards preventing repetition of future error occurrence.

Ongoing work is required from the facilities to keep data errors to a minimal level. This exercise will contribute and improve the accuracy and timeliness of reporting and costing.

Mental Health

Australian Mental Health Care Classification (AMHCC) implementation update: Changes to the eMR and Patient Administration System (PAS) need to be implemented by 31 January 2017 to support the collection of new data items for the new classification. Training of all Mental Health clinicians is scheduled to take place early next year to coincide with these changes. Preparatory work is ongoing to review current Health of the Nation Outcome Score (HONOS) completion rate to measure current rate of compliance. This is important as the HONOS score is a splitting variable for the classification and will impact the allocation of NWAU to each episode.

Activity to Targets: All the work last year on improving activity reporting at a patient level in the community for Non-admitted patients has delivered good results with Non-admitted MH NWAU activity for Sept YTD within 2% of target.

Sub and non-acute (SNAP)

SNAP activity is overall still on target for the first quarter of the financial year with a -0.90% variance. This figure is also reflective of our high grouping rates as there is no NWAU allocated if the episode is not grouped.

Non-Admitted (NAP)

We have received the complete NWAU16 data from MoH for the first time this Full Year in late November. This delay was due to changes in the data system being used by MoH for reporting NAP data from 1 July 2016. SLHD has updated the NAP NWAU STARS app with NWAU16. The initial review of data showed unexpected variance which SLHD Performance Unit along with facility NAP co-ordinators and HSIPR are reviewing to determine the cause of the variance. As such NAP figures are unable to be reported this month due to low reliability; we anticipate that this issue will be resolved in time for next month's reporting.

Clinical Costing

The final submission of R20.2 DNR has been made to the Ministry after internal review driven by Chief Executive, Director of Finance, Director of Operations SLHD, Director Performance, and the A/Director Strategic Financial Projects & Education. The submission has been signed off by the Chief Executive with additional major movement comparison signed off by affected stakeholders across the District. This process is a significant undertaking and the hard work and dedication of the Costing Team and the key stakeholders across the facilities and services in SLHD should be acknowledged.

The auditing process for the DNR submission has started for assurance of reliability and accuracy of data, and appropriateness and compliance with the costing methodology. The feeder systems for focus of reviewing this round by the auditors are Imaging and Pharmacy.

Treasury Managed Fund Awards for Excellence

SLHD had three awards which qualified as finalist for the Treasury Managed Fund (TMF) Awards for Excellence. The TMF awards ceremony was held at the Museum of Contemporary Art on the 8 November 2016 and was attended by over 300 people from the NSW Public Sector. The Awards were attended by the CE, the Chairman of the Board and the Director of Operations as well as other members of SLHD involved in the nominated projects. SLHD won all three of the categories in which we were finalists, including:

- STARS for the category of Innovation – Reporting and Risk Intelligence.
- The Pitch for the category of Innovation – Design.
- Fire identification simulation training centre – Real emergency response for the category Innovation-Process.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of October, the LHD had 18.6% of all patients as private using their health insurance (2,567 out of 13,803 total discharges). This is an increase from 17.37% in the previous month.

The decision to reinstate previous practices in Emergency Medical and Maternity Units at RPAH and Canterbury has had positive impact on each hospital's results.

Single Room Utilisation

For the month of October, the LHD had 30% of all single rooms taken up by private patients, up from 26% in September. With 9.5% of all patients isolated for clinical alert, 45% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

Current areas of focus include billing opportunities in the Prof Marie Bashir Centre Eating Disorder Service and the Thomas Walker adolescent service at Rivendell.

Risks and opportunities for revenue brief completed for Board (please see attached Brief).

PERFORMANCE AND REDESIGN UNIT

Innovations Group

The final Pitch event for 2016 was held Friday 18 November 2016. The event was well attended and the quality and merit of the presentations was outstanding. This was reflected in the allocation of funding, as follows:

Special aids for special needs: Led by Zanab Malik, Dental Officer at the Department of Special Care Dentistry at the Sydney Dental Hospital, the team pitched for a number of tools to enhance the patient experience in Special Care Dentistry (SCD), which provides care to people with a broad range of special needs, such as autism spectrum disorders, intellectual disability, motor incapacitation, cerebral palsy and mental health concerns. While most people find visiting the dentist unpleasant, it can be even more challenging for people with differences in sensory perception, mobility, and cognition. The team were awarded **\$12,000** to purchase aides such as weighted blankets and hand held massagers to improve patient experience during their treatment. By providing a better experience, the service anticipates reduced unable to attend rates, faster treatment times and improved health outcomes for these patients.

Breaking through the language barrier: improving outcomes for non-English speaking patients after common orthopaedic surgeries. Michael Sanderson, a first-year Physiotherapist at Concord Hospital, pitched his ideas to overcome the communication barriers that contribute to poorer recovery and longer length of stay for non-English speaking patients. The panel awarded \$8,000 to fund the development of new exercise videos with voice-over in the five most common languages other than English spoken by patients at Concord, translation of patient information brochures, and an iPad to support delivery of videos and information. These will complement the three-way interpreter phones already in use to support equitable care for these patients.

Tranquillity versus tranquilizer: how to find a calm space within while fighting cancer. Andrea Fergau, Nursing Unit Manager, Haematology / Oncology / Palliative Care, Concord Hospital was awarded \$10,800 to install wall murals in the single rooms of Ward 5 East. This pitch was developed after a mural was placed in one single room and the response from patients and their families was overwhelming: "When I couldn't sleep at night I looked at the mural and it transported me somewhere else." These rooms are often used for long-stay patients requiring isolation due to compromised immune system, and this social isolation can be distressing for patients. Photo murals will be selected in partnership with patients and their impact will be evaluated in partnership with a research team.

Driving better nutrition outcomes through innovation is everyone's core business: using bio-impedance scales to measure changes in patients' body composition and target intervention. Suzanne Kennewell, Director Nutrition and Dietetics at Concord Hospital pitched for Medical Body Composition Analysis scales which use bioelectrical impedance to quickly measure weight, lean muscle and fat mass on a standing weight scale with hand rails. The team were awarded \$20,000 to purchase one set of scales, which will support clinical practice by accurately determining nutritional status and muscle mass to enable targeted interventions and monitor progress reliably. The Concord Hospital General Manager plans to fund a second set of scales to make them available in both Cancer Services and Aged Care.

Clinical Redesign: CHR Projects

- Applications for the first round of Centre for Healthcare Redesign in 2017 are now open.
- The *Palliative Care: Access, Care, Equity (PC-ACE)* project (CHR 2016 – third intake) diagnostics report is under review. The team have identified opportunities to strengthen the referral, triage and transfer of care processes to improve the patient experience and ensure consistency of care across the District.
- The *Review of the Department of Orthodontics at the Sydney Dental Hospital* (CHR 2016 – third intake) team is currently finalising their diagnostics work after some delay due to the team's involvement in managing the recent public health issue at this service. A plan is in place to keep the project on track for completion within the overall CHR timeline.
- The *Connect & Improve* project from Drug Health and the *My Check-in for Surgery* project at Canterbury Pre-Admission Clinic (CHR 2016 – first intake) are both in implementation phase and are completing their final deliverables in preparation for graduation on 16 December 2016.

Accelerating Implementation Methodology

- The AIM course held 10-11 November 2016 had 12 participants completing the 2-day workshop. Liesl Duffy has completed AIM accreditation and commenced teaching together with experienced trainers.
- Due to the ongoing popularity and attendance at the AIM courses we have once again scheduled AIM to be delivered quarterly in 2017.

Staff Changes

- Weller Zheng commenced 23 November 2016 in the Performance and Redesign Program Manager position providing maternity leave cover. Weller joins SLHD from Justice Health and has experience in policy and integrated care.

HEALTH PATHWAYS

Workgroups

One workgroup was undertaken in 28 November 2016, Cardiology – Acute Chest Pain and Arrhythmia.

Cardiology

A total of 12 pathway adaption and development areas were identified as part of the facilitated discussion between cardiology services and general practice. Areas for development include acute and non-acute chest pain identification, heart murmurs, funny turns, atrial fibrillation management, palpitations, service access points and post procedure and implant management guidance for general practice.

Redesign Opportunities identified:

- There was a call for the development of a GP access (within 24 hours) sub-acute chest pain clinic at RPAH.
- Co-design of a program to increase the role of GPs in cardiac rehabilitation.

GP Education Priorities identified:

- Assessment and Management of ischaemic chest pain
- Management of cardiovascular risks in patients.

Also in attendance at the workgroup were representatives from the Heart Foundation and NSW Ambulance and the LHD's Emergency Departments.

The next workgroup will be held on 08 December 2016 for Gynaecology.

Pathways

15 new pathways and referral pages have been issued in November 2016, taking the year to date total to 169 pathways, referral pages and resources. The Program remains on track to release its 500th pathway by the close of 2016. Newly released pathways include ENT, Child Health and GP Practice support resources. 11 Sexual Health and immunisation pathways completed their Periodic Review process in November.

November 2016	
New Completes (Live)	15
Completed Periodic Review Cycle	11
Total Completed pathways on website	481
CURRENT WORK IN PROGRESS	
Currently Localising (from other HP regions)	126
New Pathways being developed	11
Live pathways currently being updated	6
Completed pathways undergoing Periodic Review	127

Usage of HealthPathways

Usage during November 2016 rose from the two previous months as anticipated (September and October tracked low due to lower GP activity during the NSW school holiday period). November saw our highest number of different sessions of use since the program went live in March 2014. It was also the second highest month for total page views at 14,893 and unique page views at 10,909.

	November 2016	October 2016	September 2016	August 2016
Sessions of use	3,141	2,620	2,756	3,099
Unique page views	10,909	9,051	9,588	11,074
Different users	694	591	692	817

Conference Report

The 2016 HealthPathways Conference was held over three days in Christchurch NZ in early November. The theme for this year's conference was HealthPathways as a tool for supporting whole of system change which was displayed through a number of keynote addresses from David Meates, CDHB CEO and Carolyn Gullery, CDHB General Manager for Planning who outlined the Canterbury process of integrated care through e-referral,

HealthPathways, primary and ambulance care redesign. The Sydney Team was actively involved in the conference through a number of workshop facilitation sessions (patient information portal options and evaluation) Panel memberships and side events developing online resources for new HealthPathways regional teams.

The conference also included a number of site visits including Christchurch Hospitals operational centre which is the heart of the CDHB's real time performance monitoring and clinician's service review model. Other visits included the new Streamliners NZ centre to meet with the technical support teams for the regional HealthPathways teams and to the CDHB Design lab which is the test bed for both strategic and operational resources. We were shown examples of patient journey's as well as full size mock ups of new hospital units and health centres in which everything from hospital bed design to how ward rounds are conducted are tested to find maximum efficiency and benefit to the patient, staff and the system.

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 October 2016 based on the District's budgeted NCoS. For the month of October 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$0.303M (0.23%) unfavourable to budget, year to date GF Expenditure was \$0.014M (0.01%) favourable to budget. GF Revenue was \$0.106M (0.72%) favourable to budget for the month and \$1.580M (0.30%) unfavourable to budget YTD. For the financial year ended 31 October 2016 the District's GF NCoS was \$1.566M 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 October 2016 GF Total Expenditure was \$0.303M (0.23%) unfavourable to budget, reflecting unfavourable results for Salaries & Wages (\$0.221M), Overtime (\$0.282M), Goods and Services – Clinical (\$0.840M) and Goods and Services – Support (\$0.109M). These unfavourable results were offset by favourable variances in Goods & Services – Admin (\$0.579M), Other Employee Expenses (\$0.208M) and Annual Leave (\$0.099M).

Year to date GF Total Expenditure was \$0.014M (0.01%) favourable to budget. This result reflects favourable results for Annual Leave (\$0.912M), Other Employee Expenses (\$0.834M) and Goods & Services – Admin (\$4.611M). These results were offset by unfavourable variances in Salaries & Wages (\$1.880M), Overtime (\$1.546M) and Goods & Services – Clinical (\$2.472M).

Revenue

GF Total Revenue was \$0.106M (0.09%) favourable to budget for the month of October 2016. The result for the month reflects favourable variances in all major Revenue categories except Patient Fees. Patient Fee revenue was \$0.329M or 3.75% unfavourable to budget for the month.

Year to date GF Total Revenue was \$1.580M unfavourable to budget. The unfavourable YTD result is primarily related to unfavourable variances in Patient Fee revenue (\$2.066M), Grants & Contributions (\$0.492M) and Other Revenue (\$0.587M) offset by a favourable result for User Charges (\$1.565M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$1.166M unfavourable to budget for the month of October 2016 and \$0.075M unfavourable to budget for the first four months of the financial year. The YTD result reflects a favourable budget variance for Expenditure of \$1.209M offset by an unfavourable result for Revenue of \$1.284M.

CONSOLIDATED RESULT

For the period ended 31 October 2016 the consolidated year to date NCoS result for the General Fund and SP&T was \$1.641M unfavourable to budget. The result comprises a favourable Expenditure variance of \$1.223M offset by an unfavourable Revenue budget variance of \$2.864M.

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

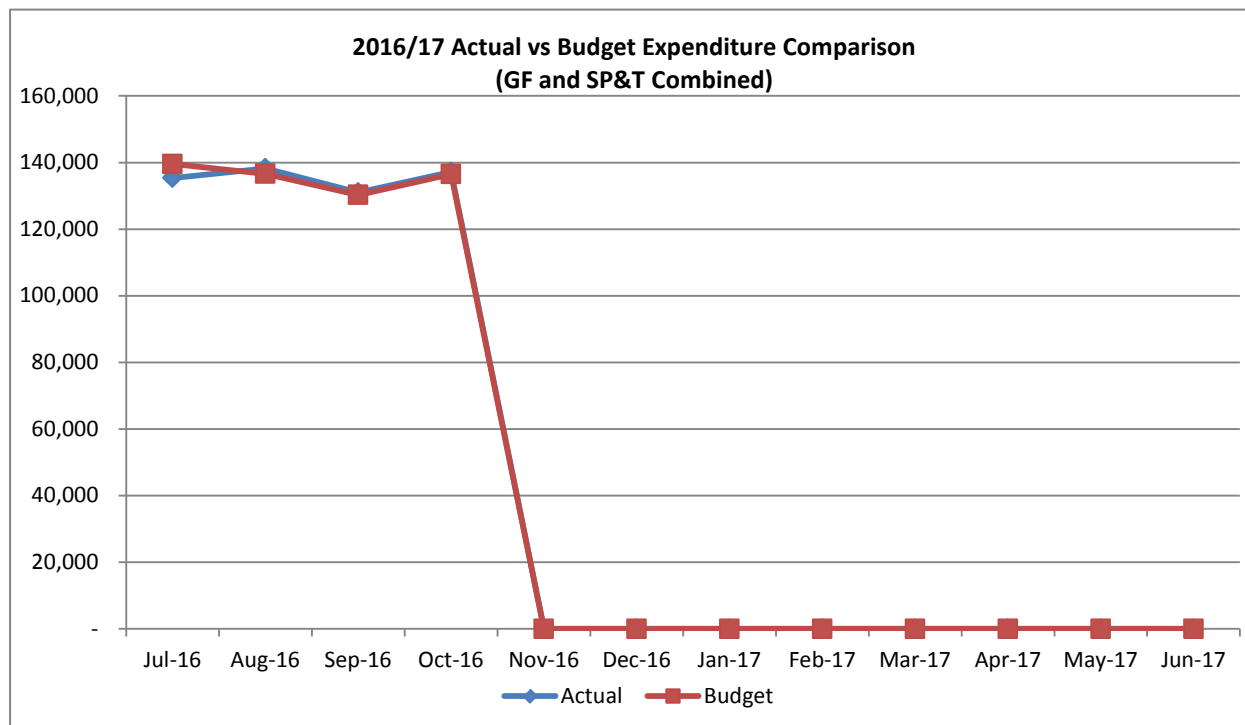
For the period ended 31 October 2016, SLHD recorded a Total Net Result of \$0.483M which was \$1.511M (75.77%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 31 October 2016 was \$0.626M unfavourable to budget. The YTD Net Direct Operating Result reflects a favourable Expenditure variance of \$1.789M offset by an unfavourable Revenue variance of \$2.415M.

For the month of October 2016 Total Direct Revenue was \$0.707M unfavourable to budget, comprising \$0.111M favourable for the General Fund and a \$0.818M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$2.415M unfavourable to budget, comprising \$1.268M unfavourable for the General Fund and a \$1.147M unfavourable variance for the SP&T Fund. The YTD result for the GF reflects unfavourable variances in all own source revenue categories except User Charges.

Total Direct Expenditure was \$0.535M unfavourable to budget for the month of October 2016, comprising \$0.744M unfavourable for the General Fund and \$0.209M favourable for the Special Purpose & Trust Fund. The GF result reflects favourable variances in Goods & Services – Admin (\$0.579M) and Salaries & Wages Oncosts (\$0.302M). These results were offset by unfavourable results for Salaries & Wages (\$0.221M), Overtime (\$0.282M), G&S – Clinical (\$0.840M) and G&S – Support (\$0.109M). For the financial year ended 31 October 2016 Total Direct Expenditure was \$1.789M favourable to budget. This result comprised favourable variances for Salaries & Wages Oncosts (\$1.949M) and G&S – Admin (\$4.611M). These results were offset by unfavourable results for Salaries & Wages (\$1.880M), Overtime (\$1.546M) and G&S – Clinical (\$2.472M).

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 October 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 October 2016.

The cash balance at 31 October 2016 for the SLHD Operating bank account was \$8.897M and the Operating Cash book balance was \$8.695M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget as at the end of October 2016 was \$35.331M comprising \$16.768M of MoH funded projects and \$18.563M of locally funded projects. The increase in MoH funded projects was principally related to the Medical Research Infrastructure announced during the month. Actual expenditure at the end of October 2016 was \$1.768M which was \$2.013M below target.

PLANNING

Canterbury Clinical Services Plan

The Planning Unit in collaboration with the Canterbury Hospital executive is developing a Canterbury Hospital Clinical Services Plan and an associated Canterbury HealthOne Clinical Services Plan, to be drafted by the end of 2016.

- A series of meetings and workshops have been held to address the key challenges and issues.

- Consultation meetings have been undertaken with 26 departments to discuss their challenges and future requirements.
- Meetings have been held between the GM/Executive of Canterbury and the Director of Planning with all Clinical Directors and Managers to ensure their views about the future directions of the hospital and community based services are fully incorporated.
- The plan will address current “pinch points” and the implications of the redevelopment of the Canterbury Hospital.

RPA Clinical Strategy Forum

The Planning Unit, in collaboration with RPA Executive organised a half day strategy workshop with the aim of consulting with staff and clinicians to develop a ten and twenty year vision for the hospital based on best evidence and integrating the important education and research capabilities. This information will be integrated with projections and service need data in the forthcoming RPA Strategic Development Paper, which will canvass the need for the full redevelopment of the RPA Hospital.

RPA HealthOne East (Green Square)

- Ongoing discussions are being held with Health Infrastructure, UrbanGrowth NSW and Mirvac in respect of the procurement of the Health One building.
- Principles of Engagement have been developed by the Planning Unit for the collaboration of the four involved universities, the PHN, the City of Sydney and SLHD.
- SLHD has been invited by the City of Sydney to provide a presentation to their Green Square Advisory Committee in early March 2017.

SLHD Imaging Strategic Plan and Position Paper

These plans will go to the December Board meeting.

Urban Development

- A major half-day conference/forum on **Healthy Urban Development and the Inner West** is planned for 10 February, 2017 at the Charles Perkins Centre Auditorium. The purpose of the forum will be to bring together about 300 health academics, community 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. Speakers have now been invited and include international speakers, selected politicians, local government General Managers, the Greater Sydney Commission and senior SLHD clinicians.
- Parramatta Road Urban Transformation Project was also launched in November. It outlines the upgrading of the Parramatta Road and the development of 8 new precincts along the corridor with \$200m of urban amenity improvement. The strategy recognises the nationally and internationally recognised Royal prince Alfred Hospital, Sydney Research and the Education corridor through to Sydney Dental Hospital. This is recognised as a specialist economic hub. The RPA/USyd Biotechnology Hub is outlined in the strategy in some detail. The anticipated growth and changes in the hospitals on the corridor has been identified as “needing to be planned for”. Green Square HealthOne is mentioned as an innovative approach for the corridor.
- A collaborative workshop on The Bays Urban Transformation Project was held on 14 November 2016, with UrbanGrowth NSW to discuss health infrastructure, healthy built environment and the linkages with the proposed Medtronic facility at Rozelle. Options for a community services and health co-located facility were discussed. The Bays precinct has submitted to government to be considered as a State Significant Site.

- The Central to Eveleigh (C2E) Urban Transformation Strategy was launched in November. It covers 50 hectares of government owned land split into three projects. The key priorities in the strategy are the upgrading and expansion of public housing in Waterloo, the upgrade of the Central Station and potential improvements to the Redfern Station. The key work areas that will be progressed include:
 1. South and North Eveleigh – approx. 1,000 to 1,400 new dwellings – and Redfern Station redevelopment (Feasibility Study is currently underway). The redevelopment would better connect USyd/RPA and Australian Technology Park.
 2. Central Station Redevelopment (feasibility to be explored 2017), to create it as a major activity centre-this will be undertaken by Transport for NSW
 3. Waterloo Redevelopment – led by Land and Housing Corporation (FACS) – this redevelopment is being driven by the agreement for siting the North-South Metro at Waterloo and the release of the Strategy for Social Housing, which outlines clear guidelines for how social housing is to be integrated into affordable and private housing.
 4. A further priority for the C2E redevelopment is to see co-location of relevant community services – education, health, and police.
 5. Connections across the railway will be developed for walking and cycling.
 6. Diverse housing, economic, arts, culture and heritage are integral to the strategy.
 7. Mentions an integrated primary care centre or comprehensive community health centre in collaboration with SLHD and working with SLHD to provide spaces in multipurpose centres for primary health nurses and community health staff and to ensure demand for health services is managed.
- The Greater Sydney Commission draft District Plans were launched on 21 November. The overall plan provides for 3 major cities, the Eastern CBD (current CBD), the Central CBD (Parramatta) and the Western Aeropolis CBD (Badgerys Creek). The Central District Plan emphasises the creation of Health and Education Super Precincts at Randwick and a further one from the Australian Technology Park through to the Bays, encompassing North Eveleigh, Chippendale, Camperdown, Ultimo and Pyrmont. Of concern to the District is the lack of mention of Camperdown with RPA and the University of Sydney as a major Health and Education Precinct. This is being discussed with the University and the MoH and a submission will be provided to the Greater Sydney Commission to address this major omission.

Inner West Youth Health and Wellbeing Plan

An inter-partner consultation workshop, arranged by the Planning Unit, was held on the 15 November 2016 with about 60 attendees from the four partner organisations auspicing the plan. The outcomes from the Suicide Prevention Forum will also be incorporated into the Plan. On December 5th a larger stakeholder workshop is planned to devise the core strategies based on the many consultations and forums undertaken for the plan.

Aboriginal Health Strategic Plan 2017-2022

The draft Aboriginal Health Strategic Plan draft, undertaken in collaboration with the Aboriginal Health Unit, is completed and will be presented at Clinical Council early in the New Year.

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 with an accompanying Oral Health Strategic Plan for the District.

Multicultural Health Plan

The Planning Unit is continuing to work with stakeholders in SLHD to develop the Multicultural Health Plan.

Diabetes Strategy

The Planning Unit will work with the SLHD Diabetes services to develop a District plan for Diabetes.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE

Australia Day Celebrations

SLHD will be celebrating with a picnic on 26 January 2017 at the Yaralla Estate. The event will mark the 200th anniversary since Sir Isaac Nichols originally celebrated on 1 February 1817. An anniversary dinner was held in the house of Isaac Nichols to celebrate the First Landing Day. One year later, the first official Australia Day celebration was held in 1818 by Governor Macquarie. The SLHD event will pay homage to this important heritage, inviting community members to join in the festivities. Community members will be encouraged to bring their own lunch, water, tables and live entertainment will be provided on the day.

Yaralla Newsletter

The Yaralla Newsletter for the month of November 2016 has been released. The edition featured the opening of Hyacinth Cottage which is now in use by a burns patient and their family from rural NSW (Trangie). The newsletter also highlighted the success of the Yaralla Festival, promoted the recently developed walking brochure of the Estate and encouraged community members to attend next year's Open Day hosted by the City of Canada Bay Heritage Society on 30 April 2016.

SYDNEY RESEARCH

Sydney Health Partners

The 2017 NHMRC Symposium was held in Melbourne during November 2016. The SLHD Chief Executive and the Chair of SHP, Mr Paul McClintock presented on SHP developments and governance.

An AHRTC Alliance meeting was also held to discuss a national framework for AHRTC collaboration and to explore MRFF opportunities.

AHRTCs have been identified as drivers of Targeted Translational topics in the MRFF Australian Medical Research and Innovation priorities 2016-2018.

In particular, to deliver research agendas in primary care, acute and sub-acute settings relating to:

- Clinical pathways and care transition;
- Clinical variation;
- Co-morbidity; and
- Health inequities in Aboriginal and Torres Strait Islander Australians and other vulnerable populations.

Although specifically identified within this category, other priority areas are also relevant to AHRTCs and a coordinated response from the alliance to Government is planned.

Interviews for the Executive Director, SHP position were progressed in late November 2016 and an offer is anticipated by the end of year.

Six SHP joint applications were submitted under the OHMR TRGS 2 program. The SLHD was the host organisation to three of these (MSK, Mental Health and Cardiovascular projects). Other projects were supported through Northern and Western Sydney.



Biobanking

RPA was named as the site for the establishment of Statewide NSW Biobank. The Centre will be based at the Professor Marie Bashir Centre and operated by NSW Health Pathology. Works will commence early 2017.

OHMR: TRGS 2

A process of review which aimed to strengthen applications for the TRGS was conducted by a panel of Sydney Research experts. In total 19 EOI applications were submitted by the District and a further 9 were supported which were in collaboration with other Districts. Invitations to progress to full applications will be issued from 30 January 2017.

HMR Exchange Forum

The forum was well attended by members of Sydney Research. Key themes included translational research, partnerships, clinical trials, innovation and commercialisation opportunities. The OHMR and Office of Minister Goward will release key outcomes of the forum by early 2017.

Incident at Professor Marie Bashir Centre

A debrief on the incident at the Professor Marie Bashir Centre on Saturday 29 October 2016 which required us to relocate mental health patients to Royal Prince Alfred Hospital and Concord Hospital's Mental Health Unit is being held in the new year to review lessons learnt. SLHD and RPA staff worked closely with NSW Police, NSW Ambulance and Fire and Rescue to ensure all affected patients were safely relocated. As previously indicated, the teamwork displayed by all involved, and dedication to the needs of the patients, was exceptional.

A risk assessment has been undertaken to determine how the incident occurred. Repairs are being finalised to the ward, which is expected to open prior to Christmas.



Dr Teresa Anderson
Chief Executive

Date: 28.2.16.