Minutes

Health
NSW GOVERNMENT | Sydney Local Health District

Sydney Local Health District

Sixty Fifth Meeting of the Board

Date: Monday 15 May 2017

Time: 9.00am

Venue: SLHD Boardroom

Chair: Ms Victoria Weekes, Member

1.   Present and apologies

Ms Victoria Weekes, Member
A/Prof. Christine Giles, Member
Ms Susan Anderson, Member
Professor Paul Torzillo AM, Member
Dr Thomas Karplus, Member
Ms Frances O'Brien, Member
Ms Joanna Khoo, Member
Mr David McLean, Member
Ms Ronwyn North, Member
Dr Mary Haines, Member
Dr Teresa Anderson, Chief Executive

Apologies

The Hon. Ron Phillips, Chair
Dr Barry Catchlove, AM, Board Member

In attendance

A/Professor Catherine O'Connor, Chair, Medical Staff Executive Council (Departed 10.50am)
Ms Jacqueline Ferguson, Director, Finance (Departed 10.50am)
Professor Phillip Harris, Clinical Director, Cardiovascular Services, SLHD (9.00am - 9.35am)
Ms Caitlin Francis, Partner, Ernst and Young (9.00am - 9.35am)
Mr Cameron Bird, Partner, Ernst and Young (9.00am - 9.35am)
Ms Nerida Bransby, Secretariat

2.   Welcome and introductions

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

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Presentation:

"Value Created by Investing in Cardiovascular Care"

Ms Francis and Mr Bird presented to the Board on Value Created by Investing in Cardiovascular Care including:

- The purpose of the project
- Background
- Analysis to capture and measure value if of the SLHD cardiovascular Service
- Stakeholders consulted
- Combined strength of the SLHD's clinical care, research and educational capabilities.
- Quantitative and qualitative analysis to illustrate public value
- Cardiovascular Service Employment
- Research and Development
- Rehabilitation Service
- Blood Conservation Program
- Extracorporeal Membrane Oxygenation (ECMO) service

A paper will be written and submitted to the Ministry of Health.

The Chair thanked Ms Francis and Mr Bird for the presentation and Professor Harris for attending the meeting.

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 24 April 2017

The minutes of the Board meeting held on Monday 24 April 2017 were moved and seconded with the following amendment:

Agenda Item 9, Dot Point 12, to be removed

The Chair then signed the minutes.

4.2   CE Report – April 2017

The Chair declared that the CE Report for March 2017 was ready for publication

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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 date and time has been set to brief the new Board Members on the Risk Framework and Financials. This agenda item can be removed from the action list.

5.2 Correspondence regarding the Health Impacts of Westconnex Motorway

The Board received and noted this correspondence. Dr Anderson advised the Board a meeting was held last Friday and we will receive a formal response from the Department of Planning and Environment. Communication to be made to clinicians concerning the reporting of any incidents of patients that are experiencing any hardships.

6. Patient Story

This agenda item was discussed at 5.2.

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List.

7.2 Financial Classification Codes

The Board received and noted the Financial Classification Codes List.

7.3 Board Calendar 2017

The Board received and noted the Board Calendar for 2017.

8. Chairman's Report

Nil to report

9. Chief Executive's report

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

- The District continues to be at Performance Level zero.
- Increase in staffing levels due to the increase in activity for March 2017.
- The Emergency Treatment Performance (ETP) performance for the District during the month of March 2017 was 69.03%, which is below the target for ETP of 81%. The District is establishing a Demand Management Unit.

- SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery.
- For the month of March, the result for the LHD was 18.69% (2,741 out of 14,668 total discharges were private patients using their health insurance)
- For the month of March 2017, SLHD General (GF) Fund Expenditure was $1.591M (1.13%) favourable to budget, year to date GF Expenditure was $11.042M (0.92%) favourable to budget. GF Revenue was $0.137M (0.11%) unfavourable to budget for the month and $14.310M (1.22%) unfavourable to budget YTD. For the financial year ended 31 March 2017 the District's GF NCoS was $3.268M unfavourable to budget.
- March 2017 GF Total Expenditure was $1.591M (1.13%) favourable to budget, reflecting favourable results for Salaries & Wages ($2.235M), Other Employee Expenses ($0.244M) and Goods & Services – Admin ($5.547M). These favourable results were offset by unfavourable variances in Annual Leave Provision ($2.684M), Overtime ($1.314M), Repairs & Maintenance ($0.762M) and Goods & Services – Clinical ($2.161M).
- GF Total Revenue was $0.137M (0.11%) unfavourable to budget for the month of March 2017. The result for the month reflects favourable variances in Other Revenue ($0.448M) and User Charges ($0.430M) offset by an unfavourable variance in Patient Fees ($0.988M).
- A planning workshop for the Board and Senior Executive is being held on Tuesday 13 June 2017.
- The District has enrolled nine submissions for the Premier's Awards.

9.1   Finance and Performance Reports

9.1.1   SLHD Board reporting pack – March 2017

The Board received the SLHD Board Reporting Pack for March 2017. The Board noted:
- The coding timeliness YTD at 100% should be green.
- The Risk associated with the global phishing and ransomware threat was raised. The District has implemented security recommendations and commenced the blocking of certain email domains as a precautionary measure. No third party has access to the District's systems   A copy of the email "alerts" are to be forwarded to Board members.
- The District does not use video cameras in any facility to monitor patients.

9.1.2   Performance Indicators – April 2017

(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 – March 2017

The Board received, read and noted this report.

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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 noted the next report is due in June 2017.

9.5 Audit and Risk Committee Report due July 2017

The Board noted the next report for the period March - June 2017 is due in July 2017.

9.6 Facility Reports – March 2017

(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) Community Health

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

(iv) Concord Hospital

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

(v) Drug Health Services

The Board received the Drug Health report. The Board noted the figures for patient fees will need to rebase.

(vi) Mental Health Services

The Board received, read and noted the Mental Health Services report.

(vii) Royal Prince Alfred Hospital

The Board received, read and noted the Royal Prince Alfred Hospital facility report.

(viii) Oral Health Services and Sydney Dental Hospital

The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report. Dr Anderson advised the Board that she had a meeting with the Union regarding security screens and attended the Hospital Staff Meeting at the Sydney Dental Hospital on 12 May 2017.

(ix) Tresillian

The Board received, read and noted the Tresillian report.

(x) Lifehouse

The Board received, read and noted the Lifehouse report.

(xi) Population Health

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

(xii) Croydon/Marrickville/Redfern Health Centres

The Board received, read and noted the report for Croydon/Marrickville/Redfern Health Centres.

(xiii) Organ Donation for Transplant

The Board noted the next report is due in June 2017.

10. Matters for approval / resolution

10.1 Change to the Delegation Manual

The Board endorsed the recommendation to increase the financial delegation for the JL Theatres Business Manager to three thousand dollars ($3,000.00) maximum.

10.2 Canterbury Hospital Clinical Services Plan

The Board endorsed the Canterbury Hospital Clinical Services Plan.

10.3 Oral Health Clinical Services Plan 2017 – 2027

The Board endorsed the Oral Health Clinical Services Plan with the following amendments:

- Page 345, Executive Summary, Private Practice oral health model - no other reference throughout the document
- Page 26, Table 18 - amend to include future needs of additional chairs.
- Page 376, Number 5 – Need to include Sydney Research and collaborations

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 10 April 2017.

11.2 Education and Research Committee

The Board noted the next meeting is being held on 15 May 2017.

11.3 Communications Committee

The Board noted the next meeting is to be held on 19 June 2017.

11.4 Audit and Risk Committee

The Board noted the next meeting is being held on 22 June 2017.

11.5 Health Care – Clinical Quality Council

The Board received and noted the minutes of the meeting held on 26 April 2017.

11.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting held on 26 April 2017.

11.7 Medical Staff Executive Council

The Board received and noted minutes of the meeting held on 5 May 2017.

11.8 Patient and Family Centred Care Steering Committee

The Board noted the next meeting is to be held on 6 June 2017.

12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board noted the next meeting is to be held on 6 June 2017.

12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 12 April 2017.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the meeting to be held on 17 April 2017 was cancelled due to a public holiday.

12.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 19 April 2017.

12.5   Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 26 April 2017.

12.6   NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 16 February 2017 were not available.

12.7   Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 28 March 2017.

12.9   Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 11 April 2017.

13.   Matters for noting

13.1   Correspondence – MoH Performance in ED

The Board received, read and noted this correspondence.

13.2   International Initiative for Mental Health Leadership

The Board received, read and noted this correspondence.

13.3   Sentinel Events in SLHD 2014/15, 2015/16 and YTD 2016/17

The Board received, read and noted this correspondence. Sentinel Events and SAC1s will now be recorded in the Dashboard of the SLHD and Facility Reporting packs.

14.   Other Business

14.1   State Budget
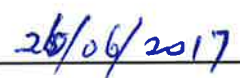
The State Budget will be handed down on 23 June 2017.

15.   Next Meeting

The next meeting is to be held on Monday 26 June 2017 at 9.00am.

The meeting closed at 11.15am.

_____   _____26/06/2017_____
Chair   Date

Board Report

PERFORMANCE

The District continues to be at Performance Level 0.

Safety and Quality

All Root Cause Analysis' (RCA) had been completed within the target timeframe of 70 days at the end of February 2017.

Mental Health has continued to have significant demand of acutely unwell patients. Although relatively stable, Mental Health Readmissions within 28 days continue to be unfavourable to the target of <13% at 16.9% for YTD December 2016. In comparison to the result for November 2016, there was a slight increase of 0.3% in Mental Health Readmissions within 28 days; however, there has been a decrease of 1.1% in Mental Health Readmissions within 28 days compared to the same period last year.

SLHD remains under the benchmark (<2/10,000 bed days) for Staphylococcus Aureas Bloodstream Infections (SABSI) with a result of 0.2 per 10,000 bed days YTD February 2017. There has been no change in the amount of SABSIs per 10,000 bed days compared to the previous month. In comparison to the result from the same period last year there has been a decrease of 0.3 in SABSIs per 10,000 bed days.

There were no Central Line Associated Bloodstream (CLAB) infections during February 2017, which is consistent with the result for both last month and last year.

The District has continued to have no incorrect procedures performed in SLHD operating theatres in January 2017. This is consistent with the result for both last month and last year.

Workforce

Medical FTE

Premium staff usage for Medical FTE in March 2017 was 10.4%. There was an increase of 0.5% premium staff usage for Medical FTE compared to the result for February 2017. There has been an increase of 2.3% for premium staff usage in Medical FTE compared to the same period last year. This is due to the increase in activity and acuity this month.

	Mar'17	Feb'17	Monthly Variance	Mar'16	YTD Variance
Medical	10.4	9.9	**0.5**	8.2	**2.3**

Nursing FTE

Premium staff usage for Nursing FTE in March 2017 was 9.8%. There was an increase of 0.2% premium staff usage for Nursing FTE compared to February 2017. There has been an increase of 2.5% for premium staff usage in Nursing FTE compared to the same period last year. This is due to the increase in activity and acuity this month.

	Mar'17	Feb'17	Monthly Variance	Mar'16	YTD Variance
Nursing	9.8	9.6	**0.2**	7.3	**2.5**

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Allied Health

Premium staff usage for Allied Health FTE in March 2017 was 1.5%. There was a slight increase of 0.1% premium staff usage for Allied Health FTE compared to February 2017. There has also been a slight increase of 0.1% for premium staff usage in Allied Health FTE compared to the same period last year.

	Mar'17	Feb'17	Monthly Variance	Mar'16	YTD Variance
Allied Health	1.5	1.4	**0.1**	1.4	**0.1**

Activity

The total number of separations and acute separations across the District increased in the month of March 2017 compared to March 2016. This increase was also reflected in the number of separations in March 2017 YTD and March 2016 YTD.

	Mar'17	Mar'16	Variance	Mar'17 YTD	Mar'16 YTD	YTD Variance
Separations	15,177	14,394	**5.44%**	126,788	122,875	**3.18%**
Acute Separations	14,146	14,063	**0.59%**	123,271	120,242	**2.52%**

Emergency Treatment Performance

The Emergency Treatment Performance (ETP) performance for the District during the month of March 2017 was 69.03%, which is below the target for ETP of 81%. This represents a decrease of 0.26% on performance from last month. However, year to date, ETP has increased by 1.83% to 71.79% despite the increase in activity. Concord improved their ETP performance by 7.91% with a result of 79.76% in March 2017 compared to March 2016. These results demonstrate the success of the coordinated approach undertaken by all SLHD facilities and services to improve their ETP performance. Daily ETP meetings continue to coordinate management of care across the District.

	Mar'17	Mar'16	Variance	Mar'17 YTD	Mar'16 YTD	YTD Variance
ED patients admitted, referred or discharged within 4 hours of presentation (%)	69.03%	69.86%	**0.83%**	71.79%	69.97%	**1.83%**

Transfer of Care

The Transfer of Care (TOC) for the District was 93.62% for March 2017. The TOC target (90%) was exceeded by all three EDs in March 2017. In comparison to March 2016, the District decreased slightly in performance by 0.19% due to the increased activity in the

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Emergency Department; however, for March 2017 YTD compared to March 2016 YTD the District improved by 4.82%.

	Mar'17	Mar'16	Variance	Mar'17 YTD	Mar'16 YTD	YTD Variance
Transfer of Care	93.62%	93.81%	0.19%	94.77%	89.95%	4.82%

ED Triage

Canterbury

Canterbury Hospital achieved all ED triage category targets for March 2017 which is consistent with the result achieved in March 2016.

Canterbury Hospital achieved all ED triage category targets for March 2017 FYTD which is consistent with the result achieved in March 2016 FYTD.

Concord

Concord Hospital achieved all ED triage category targets for March 2017. Concord hospital has improved performance in comparison to March 2016 where it met ED triage category targets for only categories 1, 2, 4 and 5.

Concord Hospital achieved all ED triage category targets for March 2017 FYTD. Concord hospital has improved performance in comparison to March 2016 FYTD where it met ED triage category targets for only categories 1, 2, 4 and 5.

RPA

RPA met triage category targets for categories 1, 4 and 5 in March 2017. In March 2016 RPA achieved triage category targets for categories 1, 2, 4 and 5.

RPA met triage category targets for categories 1, 4 and 5 in March 2017 FYTD which is consistent with the result achieved in March 2016 FYTD.

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 March 2017 in all categories. Patient treatment timeframe targets for elective surgery were all met during March 2016.

Patient treatment timeframe targets for elective surgery were all met during March 2017 FYTD which is consistent with the results achieved in March 2016 FYTD.

NATIONAL FUNDING REFORM/ ACTIVITY BASED FUNDING

2017/18 Service Level Agreement (SLA) and Activity Purchasing

The SLA and activity purchasing negotiations are progressing well with the MoH and SLHD meeting again in April. As part of the negotiations MoH is offering potential funding to LHDs to help support data quality improvement across the State. SLHD will be submitting a request for funding to trial Clinical Documentation Specialists (CDS). The CDS's will assist in improving the data quality across the district by reviewing documentation in real time and will facilitate education and modifications to clinical documentation to ensure the acuity of the patients is able to be accurately captured in the coded data.

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These positions will work closely with both the clinicians and the coding team to ensure a holistic approach to help improve and sustain quality documentation. The next meeting with MoH regarding the SLA and activity purchasing will occur in Mid-May.

Mental Health

Following the implementation of the Australian Mental Health Care Classification (AMHCC) in February a data quality report has now been developed to allow monitoring and review of mental health care types against mental health wards. This has shown some anomalies between our source system and the HIE, which we are currently working on resolving. The MH data quality working group continues to meet and review the results of the new reported elements in the classification and discuss ways to improve areas where compliance is not as high as it should be.

As anticipated the statistical discharge that occurred in February as a result of patients transferring into the AMHCC classification has resulted in a spike in NWAU. This spike has resulted in a major shift of the FYTD March activity to target result which is now 10.69% over target. This anomaly will be impacting across the State as all MH facilities move into the AMHCC and the MoH is taking this into account with target setting for admitted MH in 17/18.

Sub and non-acute (SNAP)

SLHD currently has 97% of all SNAP activity grouped. Intensive work is being done by the facility SNAP coordinators to ensure all remaining ungrouped SNAP is followed up. There has been collaboration with the Coding Managers Committee to work on documentation and coding issues around dementia and delirium which have an impact on the classification of Geriatric Evaluation and Management (GEM) patients (mostly occurring at Balmain). The GEM classification incorporates a split on the presence or absence of dementia/ delirium which takes account of the additional resources required to treat a patient with these conditions. The coding managers committee will be providing education resource and training where required to clinicians and coders.

Non-Admitted (NAP)

The MoH's Admission Policy has been signed off by the Secretary and is expected to be released in July by the MoH. As result of the impending release the MoH is undertaking further work to clarify the scope and requirements of the NAP collection. A draft Non-Admitted Patient Data Collection: Changes to Patient Level Reporting Requirements from 1 July 2017 has been distributed for comments by LHD NAP Coordinators. It incorporates additional data elements required as part of the introduction of reporting in the EDWARD extract format.

The MoH is still in the process of reviewing the Impact Analysis for the NAP Reporting Project, and have sought further clarification on a few of the proposed changes which has been provided to MoH by SLHD.

Clinical Costing

The Performance Unit has now received the completed iFRAC cost centre reviews for R21.2 from all facilities and services. The Performance Unit would like to acknowledge the work of the facilities and services in completing this body of work in a timely manner and to a high standard.

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SLHD has successfully submitted its first run for DNR R21.1 (draft round) to the ABFT. Reporting issues both in NAP and HIE have been flagged during the DNR process and these have been sent to facilities to rectify for R21.2. Once the DNR is loaded into the RQ App by ABFT the Performance Unit will be focusing remedying any issues identified prior to the completion of the reconciliation for final sign-off.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage
For the month of March, the result for the LHD was 18.69% (2,741 out of 14,668 total discharges were private patients using their health insurance). This was an improvement on the previous month's result and the most private discharges across the LHD since May 2016.

Single Room Utilisation
For the month of March, the LHD had 29% of all single rooms taken up by private patients (up from 27% in February). While 9.7% of all were patients isolated for clinical alert, 42% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee
- Opportunities for billing in Mental Health have included establishment of a process to ensure Acute Care Certificates are completed by clinicians for patients with particularly long stays in hospital
- Communication with the MoH regarding revenue targets being set according to data in the NSW Revenue Portal is continuing.

PERFORMANCE AND REDESIGN UNIT

Innovations

- The second round of *The Pitch* event for 2017 is scheduled to be held as part of the Sydney Innovation and Research Symposium on 23 June 2017 at Carriageworks in Eveleigh. The applications for this round close on 17 May 2017.

- The first RPA JMO Innovations Group for 2017 was held on 19 April 2017. The monthly group is co-chaired by Dr Brendon Neuen and Dr Imre Hunyor. Potential projects that JMOs could progress were discussed, such as increasing uptake of SSWAHS work email for JMOs. The JMO digital innovations forum is planned for late 2017.

- Planning is underway of the clinical trial of the PerX medication adherence app, to compare its efficacy over text message reminders. A 12 month trial with 124 participants recruited through diabetes and/or Chronic disease outpatient clinics at RPA is scheduled for the second half of 2017. Discussions were held on the 19 May with SLHD legal staff over the licencing agreement.

Clinical Redesign: CHR Projects

- *'A Collaborative Care Outreach in Residential Aged Care Facilities (RACFs) across the SLHD (ACCORD)'* (CHR 2017 - second intake) is drafting its project plan, and will

hold its first Steering committee meeting on the 3rd of May. This project arose from the previous LINK project, and will facilitate the most appropriate, outreach, care and interventions for staff, residents and their carers of Residential Aged Care Facilities.

- The *'Preoperative patient optimisation prior to elective surgery'* (CHR 2017 - first intake) project is currently undergoing Diagnostics. The Project Lead and full time project member has resigned from the position. The team is currently undergoing recruitment to fill the position of District Patient Blood Management Project Lead.

- The '*Palliative Care: Access, Care, Equity' (PC-ACE)* project (CHR 2016 – third intake) implementation report has been submitted to the ACI. As part of the solutions, a new triage process and triage coordinator role is currently being piloted and planning has already started for a 1-day education session.

- The '*Review of the Department of Orthodontics at the Sydney Dental Hospital'* (CHR 2016 – third intake) implementation poster has been approved and submitted to the ACI. The solutions being implemented will avoid delays during the course of treatment, improve patient engagement in maintaining oral hygiene, and support postgraduate students to maintain continuity of care during their patients' treatment.

- The '*It's Time… smoother faster treatment for cancer patients at Concord'* project (CHR 2015 – third intake) is undergoing implementation. The steering committee will meet in May to discuss the current status of the project and how to accelerate implementation.

- Applications for the third and last CHR round (July intake) of 2017 are now open and close on 5 May 2017.

Accelerating Implementation Methodology (AIM):

- The next AIM session is to be held on May 4th and 5th.
- The AIM 4 day accreditation workshop will be attended by one SLHD staff member on 30 May – 2 June. This brings the total number of SLHD accredited trainers to nine.

CAPITAL PLANNING

Concord EMU
Services rough in EMU space are complete. Project is on target for April completion.

SLHD Aged Care Network
Rain delays are having a significant effect on the program. Relocation of aged care beds from RPA is now scheduled for mid to late August.

Medical Imaging Equipment Purchases RPAH
The first single plane Angiography unit is being commissioned. Final single plane will commence once Angiography 2 operational. The Project will be complete by June. RPA will then have three new angiography suites to support neuro-intervention and interventional radiology.

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Sydney Dental Additional Chairs
Gross completion has been achieved. Defects rectification is underway.

CRGH Cardiac Catheter Lab & 64 slice CT Scanner
An order has been placed for a CT Scanner and a Catheter Lab. Both projects will be complete by 30 June 2017.

CRGH Replacement Endoscopy Equipment
An order has been placed for new equipment.

RPAH da Vinci Robot theatre
Building work is progressing well. The project is on target for completion by the end of May.

RPA Replacement Fluoroscopy Unit
The RFQ has been completed. Building works to accommodate new machine are underway. The Project will complete by 30 June.

RPA Interventional CT to be installed in Lifehouse
A order has been placed for the new Interventional CT that is to be installed in Lifehouse.

NSW State Biobank
SLHD has received $10 million capital funding to construct the first state Biobank on the RPA campus on behalf of NSW Pathology. Construction is well advanced. The project will be completed by end of June 2017.

CRGH Neurosurgical Microscope replacement
Procurement of the microscope is well advanced. The project will be completed by end of June 2017.

Asset Replacement & Repair Program (ARRP)
SLHD has received funding through the ARR Program managed by Health Infrastructure. Projects funded include : QE11 Roof membrane replacement, RPAH Generator Replacement and upgrade of CRGH lifts.

RPA Energy Efficiency Program
Funding in the form of a treasury loan has been received to replace all light fittings across RPA with energy efficient LED fittings. Elegy savings will be used to offset the loan repayment.

RFQ process is nearing completion.

HEALTH PATHWAYS

Workgroups
No workgroups were held in April, future workgroup planning is underway for the following areas:
- Wound care
- Immunology
- Hand trauma and surgery

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Pathways
11 Clinical pathways and **1** referral resource pages were released. Live content total now is **562.** A further **5** pathways completed periodic review.

April 2017	
New Completes (Live)	12
Completed Periodic Review Cycle	5
Total Completed pathways on website	562
CURRENT WORK IN PROGRESS	
Currently Localising (from other HP regions)	97
New Pathways being developed	10
Live pathways currently being updated	7
Completed pathways undergoing Periodic Review	127

Usage of HealthPathways
The overall trend of usage indicates usage continues to grow. The April usage figures are on track to pass those of February 2017, despite the reduced activity in general practice from the NSW School Holidays and the Easter and ANZAC day public holidays.

	1-26 April 2017	March 2017	February 2017	April 2016
Sessions of use	3,079	4,382	3,168	2,647
Unique page views	10,016	14,683	10,512	9,146
Different users	752	992	780	662

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 March 2017 based on the District's budgeted NCoS. For the month of March 2017, Sydney Local Health District (SLHD) General Fund Expenditure was $1.591M (1.13%) favourable to budget, year to date GF Expenditure was $11.042M (0.92%) favourable to budget. GF Revenue was $0.137M (0.11%) unfavourable to budget for the month and $14.310M (1.22%) unfavourable to budget YTD. For the financial year ended 31 March 2017 the District's GF NCoS was $3.268M unfavourable to budget.

The Chief Executive and the Director of Finance are confident that the District will have an on budget NCoS result for the 2016/17 financial year despite the challenges that are facing the District. 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.

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

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Expenditure

- For the month of March 2017 GF Total Expenditure was $1.591M (1.13%) favourable to budget, reflecting favourable results for Salaries & Wages ($2.235M), Other Employee Expenses ($0.244M) and Goods & Services – Admin ($5.547M). These favourable results were offset by unfavourable variances in Annual Leave Provision ($2.684M), Overtime ($1.314M), Repairs & Maintenance ($0.762M) and Goods & Services – Clinical ($2.161M).
- Year to date GF Total Expenditure was $11.042M (0.92%) favourable to budget. This result reflects favourable results for Salaries & Wages ($0.606M), Other Employee Expenses ($2.048M), Goods & Services – Admin ($14.381M) and Goods & Services – Clinical ($5.567M). These results were offset by unfavourable variances in Overtime ($5.861M), Repairs & Maintenance ($5.525M), Superannuation ($0.552M) and Annual Leave Provision ($0.128M).

Revenue

- GF Total Revenue was $0.137M (0.11%) unfavourable to budget for the month of March 2017. The result for the month reflects favourable variances in Other Revenue ($0.448M) and User Charges ($0.430M) offset by an unfavourable variance in Patient Fees ($0.988M).
- Year to date GF Total Revenue was $14.370M (1.22%) unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in the majority of OSR categories, i.e. Patient Fees ($6.036M), User Charges ($8.732M) and Grants & Contributions ($0.532M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was $0.435M favourable to budget for the month of March 2017 and $1.937M unfavourable to budget for the first three quarters of the financial year. The YTD result reflects a favourable budget variance for Expenditure of $1.022M offset by an unfavourable result for Revenue of $2.959M.

CONSOLIDATED RESULT

For the period ended 31 March 2017 the consolidated year to date NCoS result for the General Fund and SP&T was $5.205M unfavourable to budget. The result comprises a favourable Expenditure variance of $12.064M offset by an unfavourable Revenue budget variance of $17.269M.

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 31 March 2017, SLHD recorded a Total Net Result of $9.595M which was $4.958M (3.4%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 31 March 2017 was $1.811M favourable to budget. The YTD Net Direct Operating Result reflects a favourable Expenditure variance of $18.297M offset by an unfavourable Revenue variance of $16.485M.
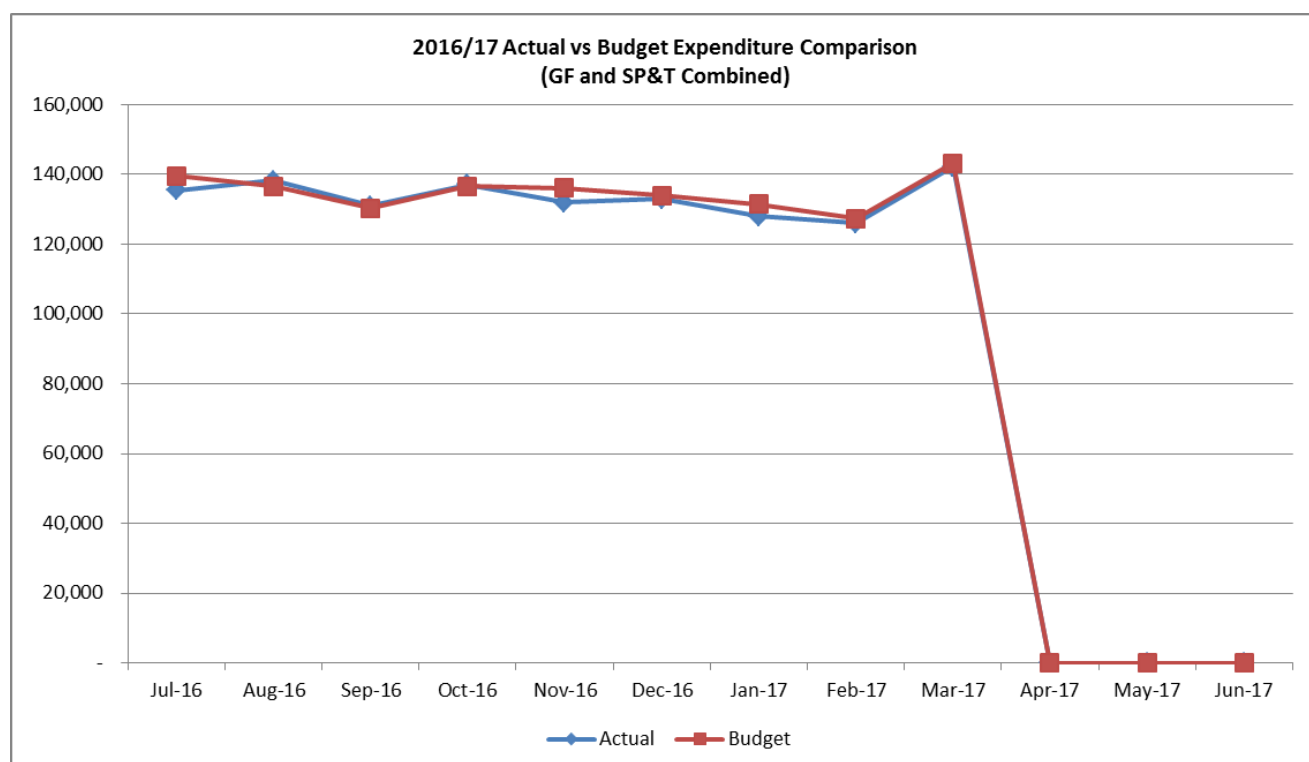
For the month of March 2017 Total Direct Revenue was $0.874M favourable to budget, comprising $0.247M unfavourable variance for the General Fund offset by a $1.121M favourable variance for the SP&T Fund. YTD Total Direct Revenue was $16.485M unfavourable to budget, comprising $13.901M unfavourable for the General Fund and a $2.584M unfavourable variance for the SP&T Fund. The YTD result for the GF reflects unfavourable variances in all major own source revenue categories except Other Income.

Board Report

For the financial year ended 31 March 2017 Total Direct Expenditure was $18.297M favourable to budget. This result comprised favourable variances for Salaries & Wages ($0.606M), Salaries & Wages Oncosts ($1.368M), G&S – Clinical ($5.567M) and G&S – Admin ($14.381M). These results were offset by unfavourable results for Overtime ($5.861M) and G&S – Support ($0.370M).

MONTHLY BUDGET PERFORMANCE

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

2016/17 Actual vs Budget Expenditure Comparison (GF and SP&T Combined)

LIQUIDITY

The District had **NIL** creditors over 45 days as at 31 March 2017.

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 March 2017.

The cash balance at 31 March 2017 for the SLHD Operating bank account was $8.132M and the Operating Cash book balance was $8.148M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget as at the end of March 2017 was $34.502M comprising $14.720M of MoH funded projects and $19.782M of locally funded projects. Actual expenditure at the end of March 2017 was $6.947M which was $0.946M below target.

Board Report

PLANNING

Canterbury Clinical Services Plan (CSP)

A presentation of eth draft Canterbury CSP was provided to the District Executive and the Canterbury Medical Staff Council. The draft CSP document was issued to all Canterbury Hospital executive and heads of department, SLHD Clinical Directors and Clinical Mangers, Canterbury Consumer Council and the SLHD Executive.

This was followed by a major consultation at Canterbury Hospital attended by over 60 people. Comments were logged and a consultation outcomes document was issued. Comments were evaluated and the plan was amended to reflect the consultation.

The draft Canterbury Clinical Services Plan was presented to Clinical Council on 26 April, 2017. Feedback from the Council and in particular the Clinical Directors was very positive.

The CSP case for change focuses on the significant population growth and ageing in the community, the relatively poor health status of Canterbury, the ageing and inadequate infrastructure and the need for more contemporary models of care. The CSP strategy focuses on a whole of system redesign which promoting a healthy, strong, resilient community with equitable access to high quality, integrated, health and social care.

- Further engages with the local community to strengthen the physical and social environments that promote good health across the lifespan,
- Strengthens the linkages, support and co-ordination with the local primary care sector;
- Strategically builds the approach to population and community-based healthcare through establishing a neighbourhood level HealthOne service that can quickly respond to local health needs, prevent ill-health, promote self-management, support consumers in the navigation of the healthcare system and actively reduce avoidable pressure on the hospital sector.
- Redevelops the Canterbury Hospital to deliver contemporary, primary and secondary healthcare in appropriate, expanded, state-of-the-art physical facilities. Projections indicate that by 2027 Canterbury Hospital will need to expand from 175 to 306 acute, intensive care and sub-acute inpatient beds.
- Establishes stronger clinical, research and education networks with the major tertiary and quaternary services at the Concord Repatriation General Hospitals and Royal Prince Alfred and as well as the Children's' Hospital Network so that care is seamless, accessible and equitable.
- Strengthen links with the university and higher education sector, *Sydney Research* and *Sydney Health Partners.*

This document will inform the District Asset Strategic Plan.

RPA HealthOne East (Green Square)

A series of consultations and discussion with key stakeholders has been scheduled for mid-year to further develop the RPA HealthOne East engagement and strategy.

Board Report

These will be held in the Green Square Community Centre or the "Tote" building in the centre of Green Square. The overall purpose is to continue to engage these stakeholders and also to develop interest in involvement in governance.

Consultations include:
- A provider (GP and allied health) consultation, scheduled for the first week in June in the evening. This will be the second major meeting of providers in the Green Square greater precinct- the pervious one was held a year ago. The consultation, arranged in collaboration with the CESPHN and members of the RPA HealthOne East Steering Committee, will have an educational as well as an information provision function; it will qualify as continuing professional development. The topic will be the child health in the early years and will also cover new health service developments in the Green Square area.
- A local community consultation is planned for August in collaboration with members of the RPA HealthOne East Steering Committee and the City of Sydney. Prior to that consultation social and traditional media will provide information to the community and views and ideas will be gathered through community discussions.
- A separate consultation for non-government agencies has been scheduled for the end of May, again in collaboration with the RPA HealthOne East Steering Committee and the City of Sydney.

Formal meetings with Mirvac, UrbanGrowth and the City of Sydney have been scheduled to discuss the potential site, model of care and procurement approach.

Oral Health Clinical Services Plan
The Planning Unit has completed the draft Clinical Services Plan for Oral Health. It recommends strategically investing in improving infrastructure at Sydney Dental Hospital and across all Community Oral Health Clinics to ensure accessible and consistent quality oral health care. This plan will inform the SLHD Asset Strategic Plan. The focus is on:

- Delivering digitally enhanced dentistry, including electronic record-keeping and data analysis, improved diagnostic tools, accessible and innovative prevention methods, and revolutionized treatment options supported by computer-aided design and manufacture.
- Delivery of an Integrated Primary Care Clinic at Sydney Dental Hospital (SDH), with an aim to provide collaborative and patient-centric care that crosses the divide between oral and general health. Allowing SDH to evolve into a service delivery model that integrates oral and medical care, with a focus on preventive oral health care.
- Development of telemedicine/telehealth, web portal and smart phone applications to support access and improve the patient journey across an integrated health system.
- Access to ultrasound and MRI at SDH, and appropriate up skilling of SDH staff.
- Delivery of Dental Outreach to the most vulnerable in the community,
- Delivery of private practice oral health model
- Foster an environment that attracts clinical trials, and a collaborative approach to translational research.

SLHD Strategic Plan (2018-2022)
The District has commenced the significant process of reviewing the current plan and the enabling plans. This work is being overseen by the District's Planning Unit. This includes reviews of the Strategic Plan, its enabling plans (Research Strategic Plan, Education and

Board Report

Training Strategic Plan, Information and Communications Plan, Workforce Strategic Plan), and the facility plans (Concord, RPA, Balmain, Community Health), and the Clinical Stream Position Papers and related Strategic Plans (Cardiovascular, Women's and Babies, Cancer, Gastroenterology and Liver, Aged Care, Neurosciences, Oral Health, Drug Health, Endocrinology, Mental Health, Allied Health). The outcomes from this review will be presented to the Board and senior executive at the Board's Strategic Plan Workshop on the 13 June.

Planning has commenced, with bookings and agenda development for the Community and Staff consultations related to the revised Strategic plan.

SLHD Asset Strategic Plan (ASP) 2017

The Planning Unit is currently providing detailed demographic and population projection updates to the 2016 asset Strategic Plan. We are also modelling and developing the SLHD District bed and service projections for 2017 to inform this plan. The Planning Unit has developed major Clinical and Service plans to inform the ASP.

Diabetes Strategy

The Planning Unit, as part of the Leading Better Value Care, is developing data, information and working with the SLHD diabetes services to review current services and approaches to the delivery of diabetes-related services. An SLHD major forum is planned on diabetes to develop the Strategy and approach to reducing and measuring avoidable hospitalisations.

SLHD Research Strategic Plan 20

The Planning Unit has developed a draft Scoping Paper to outline the processes to develop a renewed Research Strategic Plan for the District.

SLHD Imaging Strategic Plan and Position Paper

These plans are currently with Media and are being proof read and prepared for publication with a launch being planned for mid-year.

Aboriginal Health Strategic Plan 2017-2022

The SLHD Aboriginal Health Strategic Plan is currently being proof read for publication, with a view to a midyear launch.

Inner West Youth Health and Wellbeing Plan

The initial draft has been provided for this intersectoral collaborative Plan with Education, CESPHN and Family and Community Services. Ongoing discussions are being held to derive priority issues and strategies from the evidence, and the many consultations held to develop this inter-sectoral plan.

RPA Clinical Strategy

The Planning Unit is developing a draft RPA Clinical Strategy initially for consultation with the RPA and District Executive. This plan will be prepared by the end of 2017.

Multicultural Health Plan

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

Mental Health Boundaries

The Planning Unit has worked with the Community-based Mental Health service to identify accurate service boundaries and small area population projections in the City of Sydney.

Board Report

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE

The Yaralla Estate Community Advisory Committee is due to next meet in May. Planning for the Yaralla Estate Festival to be held Sunday 10 September 2017 is underway with a return of many of the favourite activities such as the dog show, activity passport, Bush Care and live entertainment.

The latest Yaralla Estate newsletter has been circulated and features a piece on Lois Michel, a long standing committee member and active member of the Canada Bay Heritage Society with mention of the upcoming Open Day to be held 30 April 2017. Tickets for most of the tour times at the upcoming Open Day were sold out.

SYDNEY RESEARCH

Office for Health and Medical Research (OHMR) - TRGS

TRGS round one
TRGS round one recipients attended a meeting with the Chief Executive, OHMR representatives and the Sydney Research team on 24 April 2017. Dr Antonio Penna, Executive Director, OHMR attended the meeting on behalf of Dr Kerry Chant.

The meeting discussed the progress of the SLHD TRGS round one projects in the state-wide context. OHMR representatives were thoroughly impressed with the SLHD TRGS work and in particular with the communication materials utilised by each project.

TRGS round two
Three SLHD applications were submitted to OHMR for TRGS round two. Applicants will be notified of the outcome in June.

The Sydney Research team has sought feedback from these applicants, receiving positive feedback on the TRGS application process and the support and coordination provided by Sydney Research in particular. Feedback from TRGS rounds has been recorded by Sydney Research and will be used to continually enhance local TRGS applications in subsequent rounds.

TRGS round three
Sydney Research has provided input to OHMR for the preparation of TRGS round three, which may be launched as early as May. Ms Lisa Daly has been confirmed with OHMR as the local TRGS coordinator and has communicated with OHMR regarding changes to the TRGS process.

OHMR – NSW Health Statewide Biobank
On 6 April 2017, Sydney Research scheduled an information session on the Biobank for local stakeholders with presentations from Dr Antonio Penna and Prof Roger Wilson, Chief Pathologist, NSW Health Pathology. The information session was very well received with 26 attendees from the local precinct. Sydney Research has liaised with NSW Health Pathology to convene a local user working group to guide the implementation of the Biobank, with a number of local stakeholders already expressing interest in participating.

NSW Health Pathology has indicated they would like the working group to commence meeting in late June.

Representatives from OHMR will also be in attendance at the Sydney Research Council meeting being held 2 May 2017.

Sydney Innovation and Research Symposium
The Sydney Research team are continuing to prepare for the 2017 Sydney Innovation and Research Symposium.

The Big Idea will provide up to $45,000 pre-seed funding (sponsored by SLHD and the University of Sydney). Terms and Conditions and applications for the Big Idea have been released, and will close 12 May 2017.

A panel for review of the applications has been assembled, consisting of Dr Teresa Anderson, Prof Bruce Robinson and Mr Michael Harte, CEO VoIP.

Applications and nominations are now open for the 2017 Sydney Research Awards and Scholarships program, closing 12 May 2017.

A panel for review of the applications will include Prof Warwick Britton, Prof Carol Armour, Prof Donna Waters and Prof Laurent Rivory.
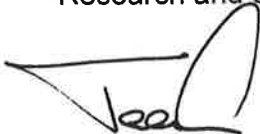
Sydney Health Partners (SHP)
The Sydney Research team continue to work closely with Professor Garry Jennings, Executive Director, SHP. Sydney Research is assisting in the development and achievement of key operational objectives for 2017. This includes liaising with SHP member organisations to formalise ongoing financial contribution agreements, arranging of the provision of an honorarium for the Chair of the SHP Governing Council and preparing for recruitment to permanent positions for the core SHP team. Professor Jane Young, Director, Research, RPA Institute of Academic Surgery is providing support to operational management and in the development for a framework for SHP clinical streams and cross-cutting themes.

RPA Institute of Academic Surgery – RPA Surgical and Robotic Training Institute
On 10 April, the new RPA Surgical and Robotic Training Institute was officially opened by the NSW Minister for Health and Minister for Medical Research, Brad Hazzard. The Institute is an Australian-first partnership between SLHD, Device Technologies, da Vinci Surgical Systems and the University of Sydney.

The opening was attended by the Sydney Research team and promoted to Sydney Research and SHP channels.

Dr Teresa Anderson
Chief Executive

Date: 26.6.17