# Minutes

NSW Health | Sydney Local Health District

## Sydney Local Health District

## Sixty Sixth Meeting of the Board

Date:        Monday 26 June 2017

Time:        9.00am

Venue:       SLHD Boardroom

Chair:       The Hon. Ron Phillips, Chair AO

### 1.    Present and apologies

The Hon. Ron Phillips, Chair AO
Dr Barry Catchlove, AM, Board Member
Ms Victoria Weekes, Member
A/Prof. Christine Giles, Member
Ms Susan Anderson, Member
Dr Thomas Karplus, Member
Ms Frances O'Brien, Member
Ms Joanna Khoo, Member
Ms Ronwyn North, Member
Dr Mary Haines, Member
Dr Teresa Anderson, Chief Executive

#### Apologies

Professor Paul Torzillo AM, Member
Mr David McLean, Member

#### In attendance

Ms Nerida Bransby, Secretariat

### 2.    Welcome and introductions

The Chair welcomed members to the sixty sixth 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.

# Minutes

**4. Confirmation of previous minutes**

4.1    Minutes 15 May 2017

The minutes of the Board meeting held on Monday 15 May 2017 were moved and seconded.

The Chair then signed the minutes.

4.2    CE Report – May 2017

The Chair declared that the CE Report for May 2017 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:

- The emails from the Chief Information Officer regarding the recent phishing and ransomware were circulated to Board Members.  This agenda item can be removed from the action list.
- The Chief Executive phoned Infrastructure NSW re the funding for Concord Hospital. This agenda item can be removed from the action list.

**6. Patient Story**

The Chief Executive provided two patient stories from the Mental Health Service:

Patient A - A letter of thanks was received from a client of the Mobile Assertive Treatment Team who now, after treatment is looking forward to the future.

Patient B - A handwritten letter was hand delivered to the Chief Executive's Office seeking urgent assistance.  The Mental Health Acute Care Team together with the Police intervened to achieve a positive proactive result.

**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.

# Minutes

## 8. Chairman's Report

The Chair discussed the recent activities held in the past two weeks including:

- The SLHD/Board Strategic Planning Session - A copy of the planning sessions for the consultation process is to be resent to the Board.
- Board Members / MoH / CEs Conference - Following discussion, it was agreed that feedback would be provided.
- The Minister for Health, the Premier and the Treasurer announced the $341M allocated fund to upgrade Concord Hospital.
- The very successful Sydney Innovation and Research Symposium held over three days.

Congratulations were conveyed to the CE and her team.

## 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.
- Mental Health Readmissions within 28 days continue to be unfavourable to the target of <13% at 17.1% for YTD January 2017.  In comparison to the result for December 2016, there was a slight increase (0.2%) in Mental Health Readmissions within 28 days. In comparison to the result for the same period last year there has been a slight decrease (0.5%) in Mental Health Readmissions within 28 days.  A brief outlining the strategies to assist is to be provided to the Board.
- A paragraph is to be included in the report on the Mental Health Periodic Review outstanding results.
- The tables included in the report are to be removed.
- Revenue improved during the second half of the month, in April the LHD came in at 19.83% of all discharges being treated privately. This is the highest percentage result for the LHD for the last two years resulting from improvements at each hospital. While this is our highest percentage result, we have not yet reached our goal of 25% of all patients being private.  A presentation on Revenue is to be provided to the Board.
- The District has received $10 million capital funding to construct the first state Biobank on the RPA campus on behalf of NSW Pathology. Commissioning will be completed by the end of August 2017.
- Health Pathways reporting will now be required on a quarterly basis.
- Yaralla Estate Community Advisory Committee is not required to be reported in the CE report, a copy of the minutes are to be included on the Board agenda.
- For the month of April 2017, Sydney Local Health District (SLHD) General Fund Expenditure was $5.432M (3.99%) favourable to budget, year to date GF Expenditure was $16.474M (1.24%) favourable to budget.  GF Revenue was $3.309M (2.76%) unfavourable to budget for the month and $17.619M (1.36%) unfavourable to budget YTD.  For the financial year ended 30 April 2017 the District's GF NCoS was $1.145M unfavourable to budget.  The Chief Executive advised the Board the predicted positive end of year result.
- A timetable is to be finalised regarding the SLHD Research Strategic Plan 2018-2022.

9.1    Finance and Performance Reports

    9.1.1    SLHD Board reporting pack – April 2017

        The Board received, read and noted the SLHD Board Reporting Pack for April 2017.

    9.1.2    Performance Indicators – April 2017

        (i)     Selected Performance Indicators

            The Board received, read and noted this report.

        (ii)    Peak Activity Team

            The Board noted this report was not available.

    9.1.3    HealthPathways Dashboard Report – April 2017

        The Board received, read 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 this report.

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 – April  2017

    (i)    Balmain Hospital

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

# Minutes

(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.

(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.

(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 July 2017.

# Minutes

**10. Matters for approval / resolution**

10.1 Change to the Delegation Manual

The Board endorsed the recommendation to increase the financial delegation for the Business Manager and Nurse Manager in the Perioperative Services at Concord Hospital to three thousand dollars ($3,000.00) maximum.

**11. Board Committee reports / minutes**

11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 15 May 2017.

11.2 Education and Research Committee

The Board received, read and noted minutes of the meeting held on 15 May 2017.

11.3 Communications Committee

The Board noted the meeting to be held on 19 June 2017 was cancelled due to the Board Conference.

11.4 Audit and Risk Committee

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

11.5 Health Care – Clinical Quality Council

The Board received and noted the minutes of the meeting held on 24 May 2017.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 26 July 2017.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 4 August 2017.

11.8 Patient and Family Centred Care Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 6 June 2017.

**12. Other Committee reports / minutes**

12.1 Sustainability Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 6 June 2017.

12.2     Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 10 May 2017.  The Chief Executive advised the Board that it is a Legislative requirement that these minutes are forwarded to the Board. A brief is to be provided to the Board.

12.3     SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 15 May 2017.

12.4     Surgical Demand Committee (bi-monthly)

The Board noted the next meeting was held on 21 June 2017.

12.5     Revenue Enhancement Development Committee

The Board received, read and noted the minutes of the meeting held on 24 May 2017.

12.6     NSW Health / SLHD Performance Review Meeting

The Board received, read and noted the minutes of the meeting held on 16 February 2017.

12.7     Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held on 23 May 2017.

12.9     Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 9 May 2017.


## 13.   Matters for noting

13.1     Brief -  Migration to SMILE PACS/RIS

The Board received, read and noted this correspondence.

13.2     Brief - ICT Strategic Plan 2015-2020 – Progress Report

The Board received, read and noted this correspondence.

13.3     Brief - Immunisation Rates

The Board received, read and noted this correspondence.

13.4     Letter - MoH Performance Update

The Board received, read and noted this correspondence.

# Minutes

**Health**
Sydney
Local Health District

NSW
GOVERNMENT

## 14. Other Business

14.1 Correspondence from the NSW EPA

The Chief Executive tabled a letter from the NSW EPA outlining the strategies to ensure all environmental and health related impacts are mitigated.

14.2 Cancer Treatment Quality Audit - Final report and data

The Chief Executive provided a verbal report on the outcome of the cancer treatment Audit. A brief will be provided at the next meeting.
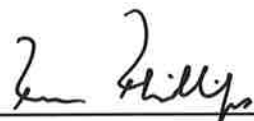
14.3 AO Award

The Chief Executive acknowledged the Chair for being recognised on the 2017 Queen's Birthday Honours list for his distinguished service to community health through leadership roles in the public and private sectors.   The Board congratulated the Chair.

## 15. Next Meeting

The next meeting is to be held on Monday 17 July 2017 at 9.00am.


The meeting closed at 11.20am.

_____
Chair

_____17 / 7 / 2017_____
Date

# Board Report

**Chief Executive's Report to the Finance, Risk and Performance Management Committee and the <mark>SLHD Board June 2017.</mark>**

---

## PERFORMANCE

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

Mental Health Readmissions within 28 days continue to be unfavourable to the target of <13% at 17.1% for YTD January 2017. In comparison to the result for December 2016, there was a slight increase (0.2%) in Mental Health Readmissions within 28 days. In comparison to the result for the same period last year there has been a slight decrease (0.5%) in Mental Health Readmissions within 28 days.

Mental Health services received an extremely positive report during the recent EQuIP National Periodic Review summation.

The surveyors were very positive and used words that included: Aspirational, energising, innovative, nurturing, exuberance, transformational, expertise and success.

The coordinator described the service as being in the leading group of integrated Mental Health Services in Australia and that there is a positive culture that should be celebrated.

### Safety and Quality
The District remains under the benchmark (<2/10,000 bed days) for Staphylococcus Aureas Bloodstream Infections (SABSI) with a result of 0.8 per 10,000 bed days YTD 2017 for the month. There was an increase of 0.6 per 10,000 bed days in SABSIs per 10,000 bed days in comparison to last month. In comparison to the result from the same period last year there has been a decrease of 0.3 per 10,000 bed days in SABSIs.

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

There were no incorrect procedures performed in SLHD operating theatres in April 2017 which is consistent with the result for both last month and last year.

### Workforce

### Medical
Premium staff usage for Medical FTE in April 2017 was 8.5%. There was a decrease of 1.9% premium staff usage for Medical FTE in comparison to March 2017. There has been a decrease of 1% for premium staff usage in Medical FTE in comparison to the same period last year.

### Nursing
Premium staff usage for Nursing FTE in April 2017 was 8.5%. In comparison to March 2017, there was a decrease of 1.3% premium staff usage for Nursing FTE. In comparison to the same period last year there has been an increase of 2.5% for premium staff usage in Nursing FTE.

**Allied Health**
Premium staff usage for Allied Health FTE in April 2017 was 1.3%. In comparison to March 2017, there was a decrease of 0.2% premium staff usage for Allied Health FTE. In comparison to the same period last year, there has been a decrease of 0.4% for premium staff usage in Allied Health FTE.

**Activity**
The total number of separations and acute separations across the District decreased in the month of April 2017 in comparison to April 2016 due to the impact of Easter. However, the YTD figures for April 2016 and 2017 showed an increase in the number of separations.

**Emergency Treatment Performance**
The Emergency Treatment Performance (ETP) performance for the District during the month of April 2017 was 72.17%. Although the District did not achieve the target for ETP of 81% it is an increase on performance from last month by 3.14%. Royal Prince Alfred has improved their ETP performance by 5.70% with a result of 65.28% in April 2017 compared to April 2016.

**Transfer of Care**
The Transfer of Care (TOC) for the District was 94.78% for April 2017. The TOC target (90%) was exceeded by all three EDs in April 2017. In comparison to April 2016, the District decreased performance by 0.26% but in April 2017 YTD compared to April 2016 YTD the District has improved by 4.30%.

**ED Triage**

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

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

Concord
Concord Hospital achieved all ED triage category targets for April 2017, which is consistent with the result achieved in April 2016.

Concord Hospital achieved all ED triage category targets for April 2017 FYTD, which is consistent with the result achieved in April 2016 FYTD.

RPA
RPA met triage category targets for categories 1, 2, 4 and 5 in April 2017, which is consistent with the result achieved in April 2016.

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

# Board Report

**Elective Surgery**

SLHD continued to perform at the top of the state for patient treatment timeframe targets for elective surgery. Performance was at 100% for April 2017 for all categories, which is consistent with the result achieved in April 2016.

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

## NATIONAL FUNDING REFORM/ ACTIVITY BASED FUNDING

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

SLHD met with senior representative from the MoH in May 2017, as part of the continuing 2017/18 Service Level Agreement and activity purchasing negotiations. The MoH has indicated that funds will be allocated to districts in 2017/18 to support the undertaking of data quality improvement projects. This will enable SLHD to undertake a trial of the previously mentioned Clinical Documentation Specialists (CDS). SLHD and MoH have also continued negotiations with the senior executive of Lifehouse for the Service Level Agreement and activity purchasing of public services from Lifehouse. At this time the State NWAU price has not been released, it is anticipated that this figure will be available mid-late June.

**Mental Health**

The transition to the Australian Mental Health Care Classification (AMHCC) required for all patients to be statistical discharge from our services, which resulted in a significant spike in NWAU for the month of February. This will subsequently result in a lower monthly NWAU for the remainder of the year, as a higher number of patients will now be having a shorter admission length, due to their statistical discharge in February. This trend will be impacting all Mental Health facilities across the State and is being taken into consideration by the MoH in the activity target setting process for 2017/18. SLHD still anticipates finishing the year on target for acute admitted Mental Health.

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

SLHD has had a slight improvement in our ungrouped SNAP KPIs and is now achieving the State average, with 98% of SNAP activity grouped. As of YTD March the District is 3.44% above target NWAU for sub-acute. Documentation and coding issues continue to be focus of the coding educators, which is assisting the District to reduce SNAP errors.

**Non-Admitted (NAP)**

The majority of facilities have submitted their April data. The Performance Unit continues to work with IM&TD to progress the transition from WebNAP to EDWARD extract reporting. A gap analysis has been undertaken regarding the fields required in the EDWARD extract and further clarification regarding some data elements is being sought from the MoH.

The MoH recently held a meeting regarding the timeframes for HERO changes to be made to the service unit classifications submitted as part of the NAP Reporting Project. The MoH advised that the changes would be made in two tranches, with Tranche 1 ending on 30 June 2017 and Tranche 2 on 31 October 2017. SLHD will be part of the first tranche and will therefore commence making changes in HERO.

# Board Report

**Clinical Costing**

The Performance Unit has commenced preparations for the full costing DNR R21.2. iFRAC cost centre responses are being reviewed and collated and additional feeders for RPA Robotic Surgery and Peritonectomy costings will be refined in R21.2.

## REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

With some improvement during the second half of the month, in April the LHD came in at 19.83% of all discharges being treated privately. This is the highest percentage result for the LHD for the last two years resulting from improvements at each hospital. While this is our highest percentage result, we have not yet reached our goal of 25% of all patients being private.

**Single Room Utilisation**

For the month of March, the LHD had 28% of all single rooms taken up by private patients. While 10.2% of all patients were isolated for clinical alert, 44% of all private patients were accommodated in single rooms.

**Revenue Enhancement Committee**
- Focus on improving proportion of elective patients using their private health insurance
- Opportunities for billing in Mental Health being implemented
- Communication with the MoH regarding revenue targets being set according to data in the NSW Revenue Portal is continuing. Changes to single room reporting have been identified.

## PERFORMANCE AND REDESIGN UNIT

**Innovations**

The Performance Unit received 13 applications for the second round of the Pitch, which was held as part of the Sydney Innovation and Research Symposium on 23 June 2017 at Carriageworks in Eveleigh. The Pitch Reviewing Committee chose four applications for presentation at the Pitch.

The second RPA JMO Innovations Group for 2017 was held on 18 May and is co-chaired by Dr Brendon Neuen and Dr Imre Hunyor. The uptake of SSWAHS work email addresses for JMOs was discussed. Updates from a separate JMO Innovations meeting with the Chief Medical Information Officer were presented to the committee, specifically on the large scale clinical IMTD projects that are currently underway and planned.

An agreement was signed by the CE on 17 May 2017 with Perx to undertake a 12 month clinical trial of its medication adherence app, with 124 patients to participate. The Trial will investigate whether the app improves medication compliance by 20% for patients with a chronic condition. The trial protocol is being finalised for ethics submission, with a trial planned in August-September 2017.

The CE of the Australian E-Health Research Centre, CSIRO, met with the CE, SLHD, and members of the Performance Unit on 5 May. Both parties are exploring potential collaborative projects in the area of performance data analytics and prediction, and will meet again on 3 July 2017.

# Board Report

**Clinical Redesign:  CHR Projects**

*'A Collaborative Care Outreach in Residential Aged Care Facilities (RACFs) across the SLHD (ACCORD)'* (CHR 2017 - second intake) has finalised its project plan, and has now commenced the 'diagnostic' phase.

The *'Preoperative patient optimisation prior to elective surgery'* (CHR 2017 - first intake) project was granted an extension by the ACI to finalise the diagnostics phase. The progress delay is mainly attributed to the resignation of the full time project lead. The new District Patient Blood Management Project Lead commenced on 29 May.

The '*Palliative Care: Access, Care, Equity' (PC-ACE)* project (CHR 2016 – third intake) is currently progressing through the 'implementation' phase. The team visited 2 sites in Melbourne to inform the Model of Care development and is currently reviewing the triage tool pilot.

The '*Review of the Department of Orthodontics at the Sydney Dental Hospital'* (CHR 2016 – third intake) are implementing and monitoring solutions that will avoid delays during the course of treatment. The Code Y wait list (medium priority) has lessened from 3 years to 1 year and 9 months, and the Code Z wait list (low) has lessened from 7 years to 5 years and 3 months. The Code X wait list (high) remains to be 8 months.

The '*It's Time… smoother faster treatment for cancer patients at Concord'* project (CHR 2015 – third intake) is nearing completion. An evaluation report is being drafted and will be presented at the Concord Executive & Cancer Executive Stream Meeting on 18 July 2017.

A project looking at inefficiencies between the perioperative and sterilizing departments at Concord Hospital has been submitted to ACI for the 3rd CHR intake. The outcome of this will be announced on 31 May.

**Accelerating Implementation Methodology (AIM):**

The AIM training undertaken on 4 and 5 May was attended by 16 staff from a range of disciplines across the district. Evaluations of the course were very positive. The next course is scheduled for 10 and 11 August.

## CAPITAL PLANNING

**Concord EMU**
The EMU will be handed over by 30 June 2017.  The remainder of the work in the acute area will be completed by the end of September 2017.  The work has been staged to ensure the ongoing operations of the Emergency Department.

**SLHD Aged Care Network**
Rain delays have significantly impacted on the program. Relocation of aged care beds from RPA back to Balmain is now scheduled for mid to late August.

**Medical Imaging Equipment Purchases RPAH**
The first single plane Angiography unit has been commissioned. The second single plane will be commissioned by the end of June. RPA will then have three new angiography suites to support neuro-intervention and interventional radiology.

# Board Report

**Sydney Dental Additional Chairs**
Gross completion has been achieved. Defects rectification has been completed. The new unit will be commissioned by the end of August 2017.

**CRGH Cardiac Catheter Lab & 64 slice CT Scanner**
Installation of the CT Scanner and a Catheter Lab is underway. Both projects will be completed 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 will be completed by the end of June 2017.

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

**RPA Interventional CT to be installed in Lifehouse**
The 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. Commissioning will be completed by the end of August 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. Energy savings will be used to offset the loan repayment. The RFQ process has been completed with the tender awarded.


**HEALTH PATHWAYS**

**Workgroups**
No workgroups were held in May, due to current operational capacity (over 100 pathways in draft, 150 in periodic review, and staff absence – two GP Clinical Editors were on overseas leave). Future workgroup planning underway for the following areas:
- Wound care
- Immunology
- Hand trauma and surgery

# Board Report

**Pathways**
**11** Clinical pathways and **9** referral resource pages were released. New content focused on access to Radiology and Nuclear Medicine Live content total now **582.**

| May 2017 | |
|---|---|
| New Completes (Live) | 20 |
| Completed Periodic Review Cycle | 1 |
| Total Completed pathways on website | 582 |
| **CURRENT WORK IN PROGRESS** | |
| Currently Localising (from other HP regions) | 104 |
| New Pathways being developed | 7 |
| Live pathways currently being updated | 9 |
| Completed pathways undergoing Periodic Review | 151 |

**Usage of HealthPathways**
Usage again increased following the lower activity of April. Both sessions of use and page views recorded their biggest monthly rates since program commencement. Comparison with May 2016 shows:

- 64.2% increase in sessions of use
- 62.6% increase in pages viewed
- 34.4% increase in identified users

| | May 2017 | April 2017 | March 2017 | April 2016 |
|---|---|---|---|---|
| **Sessions of use** | 4,487 | 3,462 | 4,382 | 2,731 |
| **Unique page views** | 15,000 | 11,237 | 14,683 | 9,221 |
| **Different users** | 956 | 796 | 992 | 711 |

## 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 30 April 2017 based on the District's budgeted NCoS. For the month of April 2017, Sydney Local Health District (SLHD) General Fund Expenditure was $5.432M (3.99%) favourable to budget, year to date GF Expenditure was $16.474M (1.24%) favourable to budget. GF Revenue was $3.309M (2.76%) unfavourable to budget for the month and $17.619M (1.36%) unfavourable to budget YTD. For the financial year ended 30 April 2017 the District's GF NCoS was $1.145M 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.**

# Board Report

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

**Expenditure**

- For the month of April 2017 GF Total Expenditure was $5.432M (3.99%) favourable to budget, reflecting favourable results for Salaries & Wages ($0.264M), Other Employee Expenses ($0.222M) and Goods & Services – Admin ($2.529M). These favourable results were offset by unfavourable variances in Annual Leave Provision ($0.405M), Overtime ($0.472M) and Repairs & Maintenance ($1.331M).
- Year to date GF Total Expenditure was $16.474M (1.24%) favourable to budget. This result reflects favourable results for Salaries & Wages ($0.870M), Other Employee Expenses ($2.270M), Goods & Services – Admin ($16.910M) and Goods & Services – Clinical ($10.083M). These results were offset by unfavourable variances in Overtime ($6.333M), Repairs & Maintenance ($6.855M), Superannuation ($0.561M) and Annual Leave Provision ($0.534M).

**Revenue**
- GF Total Revenue was $3.309M (2.76%) unfavourable to budget for the month of April 2017. The result for the month reflects favourable variances in Grants & Contributions ($0.608M) and User Charges ($0.095M) offset by an unfavourable variance in Patient Fees ($1.559M) and Other Revenue ($2.453M).
- Year to date GF Total Revenue was $17.619M (1.36%) unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in the majority of OSR categories, i.e. Patient Fees ($7.596M), User Charges ($8.637M) and Other Revenue ($1.462M).

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was $1.668M unfavourable to budget for the month of April 2017 and $3.605M unfavourable to budget for the period ended 30 April 2017. The YTD result reflects a favourable budget variance for Expenditure of $0.563M offset by an unfavourable result for Revenue of $4.168M.

## CONSOLIDATED RESULT

For the period ended 30 April 2017 the consolidated year to date NCoS result for the General Fund and SP&T was $5.313M unfavourable to budget. The result comprises a favourable Expenditure variance of $17.037M offset by an unfavourable Revenue budget variance of $21.787M.

## FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 30 April 2017, SLHD recorded a Total Net Result of $2.393M, which was $4.481M (214.61%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 30 April 2017 was $3.704M favourable to budget. The YTD Net Direct Operating Result reflects a favourable Expenditure variance of $24.592M offset by an unfavourable Revenue variance of $20.888M.

# Board Report

For the month of April 2017 Total Direct Revenue was $4.402M unfavourable to budget, comprising $3.217M unfavourable variance for the General Fund and a $1.185M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was $20.888M unfavourable to budget, comprising $17.118M unfavourable for the General Fund and a $3.769M unfavourable variance for the SP&T Fund. The YTD result for the GF reflects unfavourable variances in all major own source revenue categories except Grant Income.

For the financial year ended 30 April 2017 Total Direct Expenditure was $24.592M favourable to budget. This result comprised favourable variances for Salaries & Wages ($0.870M), Salaries & Wages Oncosts ($1.176M), G&S – Clinical ($10.083M) and G&S – Admin ($16.910M). These results were offset by unfavourable results for Overtime ($6.333M) and G&S – Support ($0.355M).

## MONTHLY BUDGET PERFORMANCE

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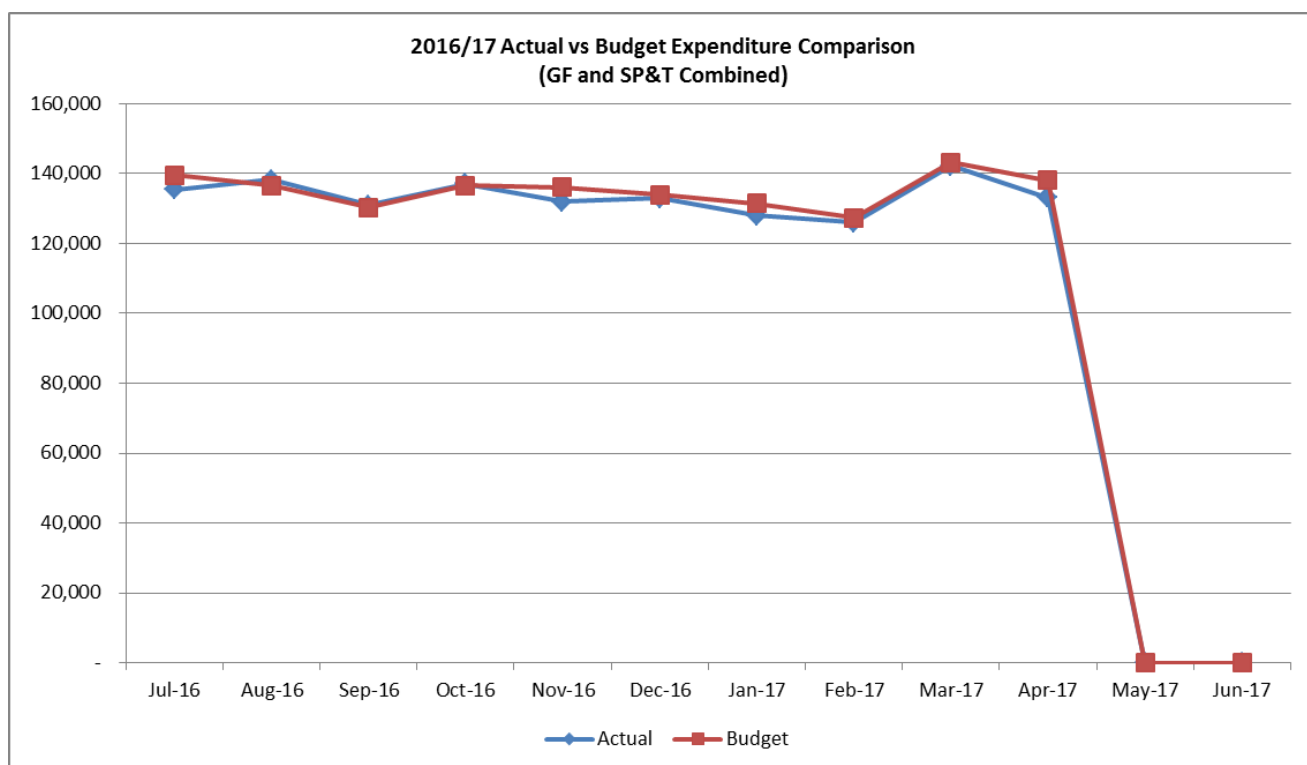


## LIQUIDITY

The District had **NIL** creditors over 45 days as at 30 April 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 April 2017.

The cash balance at 30 April 2017 for the SLHD Operating bank account was $9.336M and the Operating Cash book balance was $9.330M.

# Board Report

**Health**
Sydney
Local Health District
NSW GOVERNMENT

## CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget as at the end of April 2017 was $34.502M comprising $14.720M of MoH funded projects and $19.782M of locally funded projects. The full year budget for SLHD Aged Care (MoH funded) was revised from $4.909M to $2.861M and EEGP's full year budget (locally funded) was revised from $6.992M to $0.600M. Actual expenditure at the end of April 2017 was $11.458M, which was $1.638M below target.

## <u>PLANNING</u>

### Canterbury Clinical Services Plan (CSP)

The draft Canterbury CSP is being finalised following comments from the Clinical Council on 26 April, 2017. This document is informing the District Asset Strategic Plan.

### RPA HealthOne East (Green Square)

Planning is continuing.

- A <u>provider</u> (GP and allied health) consultation, was held in the first week in June in the evening. This was 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, had 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 covered new health service developments in the Green Square area.
- A local <u>community</u> 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 was held at 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 held to discuss the potential site, model of care and procurement approach.

### Oral Health Clinical Services Plan

The draft Clinical Services Plan for Oral Health has been completed and was presented to the Clinical Quality Council. Very positive feedback was provided. This plan is informing the SLHD Asset Strategic Plan.

### SLHD Strategic Plan (2018-2022)

The District has commenced the significant process of reviewing the current plan and the enabling plans. Reviews have been undertaken of the Strategic Plan, its enabling plans (Research Strategic Plan, Education and 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 these reviews were presented to the Board and senior executive at the Board's Strategic Plan Workshop on the 13 June 2017. Participation in the

# Board Report

Planning workshop was excellent with over 70 attending including Board members, Clinical Directors and Clinical Managers, members of the District and Facility Executives and key staff. The District vision of "Excellence in Health and Health Care for all" has been confirmed as has the Framework for the 2018-23 District Strategic Planning.

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 major Clinical and Service plans are informing 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
A draft Scoping Paper has been developed 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 being 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 prepared for publication, with a view to a midyear launch.

## Inner West Youth Health and Wellbeing Plan
The initial draft has been provided for this inter-sectoral 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 and will inform the planning for RPA.

## 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 April 2017 Yaralla Estate Update Newsletter has been released highlighting the success of the Australia Day Picnic and Movie Night held at the Estate in January, which attracted more than 1000 local residents and community members.

The committee is met in early May 2017 to continue planning of the upcoming Yaralla Festival and Canada Bay by Candlelight. Canada Bay by Candlelight will be held on 26 August 2017 and aims to engage school aged children and their families in learning the history of Canada Bay and Yaralla Estate.

## SYDNEY RESEARCH

### Office for Health and Medical Research (OHMR) TRGS and PhD Scholarships
Sydney Research worked with Office for Health and Medical Research (OHMR) – on an event to launch the TRGS and PhD Scholarships at Royal Prince Alfred Hospital on 5 June 2017. The event was attended by the NSW Minister for Health and Minister for Medical Research, the Chief Health Officer and the Director of the OHMR.

This event celebrated the successful recipients of TRGS round two, launch TRGS round three and announce the successful recipients of the NSW Health PhD Scholarships.

SLHD was successful in both categories. The event provided further details around the minor changes involving the TRGS application and grant process.

### OHMR – NSW Health Statewide Biobank
Dr Penna attended the Sydney Research Council meeting on 2 May 2017 and provided an update on the implementation of the NSW Health Statewide Biobank. A series of meetings will be held in the PMBC in late June, including the Scientific Review Group and the local / end user working group which will commence meeting on 30 June 2017.

### Sydney Health Partners (SHP)
The Sydney Research team continues to work closely with Prof Garry Jennings, Executive Director, SHP. Following the budget announcement on 9 May 2017, an update has been provided regarding the Medical Research Futures Fund. $10 million has been allocated to the national AHRTC alliance, with each of the original four AHRTCs (including SHP) to receive $2 million, and a further $2 million to be allocated to system-wide projects and shared between new and existing AHRTCs. This was formally announced by the Hon Ken Wyatt, Minister for Indigenous Health and Minister for Aged Care on 23 June at the Sydney Innovation and Research Symposium.

SHP intends to establish a selection panel to identify projects within SHP to allocate some of these funds, with a shortlist to be provided to the Governing Council. A second round of funding will be offered in the second half of 2017. It is anticipated "new" AHRTCs will be formally recognised in June or July this year.

### Australian Clinical Trials Alliance (ACTA) – National Tribute and Trial of the Year Awards
The Awards ceremony was hosted in KPEC on 19 May 2017. Sydney Research provided local coordination for the event. RPA was involved with each trial that was recognised:

# Board Report

Winner: 2017 ACTA Trial of the Year:
The ATACAS Trial: Aspirin and Tranexamic Acid for Coronary Artery Surgery.
First Runner Up:
The BOOST II Australia Trial: Outcomes of Oxygen Saturation Targets in Preterm Infants
Finalist, and Winner: Excellence in Trial Statistics Award:
The SAVE Trial: The Sleep Apnoea Cardiovascular Endpoints (SAVE) Study
Finalist:
The ENCHANTED Trial: Enhanced Control of Hypertension and Thrombolysis Stroke Study

## 2017 Sydney Innovation and Research Symposium:
The Three day Symposium was held at the CPC and the Carriageworks. The First day included: the Big Idea- a commercialisation pitch; a Clinical Trials Showcase and computer workshops.

Applications for the Big Idea closed on 12 May 2017. An impressive 33 applications were received in total. The review panel consisted of Dr Teresa Anderson, Prof Bruce Robinson and Mr Michael Vines, GM VoIP and Mr William Hird, Principal Patent Attorney.

Mr Hird and Mr Richard McKinnon met with finalists on 16 June to provide a pre-briefing and IP advice.

An "Innovators Group" will be established for those who applied but were unsuccessful. This Group will be invited to receive special presentations on aspects of research commercialisation.

The second day was the main event with over 40 presentations from leading clinicians, health workers and researchers. Over 1,000 staff, partners and community members attended. The Minister for Health and Minister for Medical Research opened the forum and it was attended in the afternoon by the Minister for Indigenous Health and Minister for Aged Care.

The third day included the Sydney Robotics Summit and the PHN forum.

A full report will be provided to the next Board meeting.

## Sydney Research Awards and Scholarships Program
Applications for the Sydney Research Awards and Scholarships Program closed on 12 May 2017. Several applications were received across each category. Applications were assessed by a panel including Prof Warwick Britton, Prof Carol Armour, Prof Donna Waters and Prof Laurent Rivory.

## Atomo Diagnostics
Sydney Research has facilitated communication between SLHD and the CEO of Atomo Diagnostics, Mr John Kelly. Atomo produces all-in-one rapid testing devices for professional use and self-testing. It is possible that SLHD could be a trial site for the devices to be used in testing for HIV and/or Hepatitis C.

Dr Teresa Anderson
**Chief Executive**

Date: 26.6.17