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## Sydney Local Health District

### Eighty Third Meeting of the Board

Date: Monday 17 December 2018  
Time: 9.00am – 11.00am  
Venue: SLHD Boardroom  
Chair: The Hon. Ron Phillips AO, Chair

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#### 1. Present and apologies

The Hon. Ron Phillips AO, Chair  
Dr Barry Catchlove AM, Member  
Ms Victoria Weekes, Member  
Dr Thomas Karplus, Member  
A/Professor Christine Giles, Member  
Professor Paul Torzillo AM, Member  
Ms Susan Anderson, Member  
Ms Ronwyn North, Member  
Dr Mary Haines, Member  
Ms Frances O'Brien, Member  
Mr David McLean, Member  
Dr Teresa Anderson, AM, Chief Executive

#### Apologies

Ms Ivanka Komusanac, Director of Nursing and Midwifery, District Executive

#### In attendance

Dr Tim Sinclair, Acting Director Operations  
Dr Alicja Smiech, Chair, Medical Staff Executive Council (departed 11.20am)  
Ms Mariana Sena-Board GHMP Trainee (10.06 – 11.20am )  
Ms Zoe Miller, GHMP Trainee (10.06 – 11.20am)  
Ms Nerida Bransby, Secretariat

#### 2. Welcome and introductions

The Chair welcomed members and guests to the eighty third 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.

There were no **new** conflicts of interests to declare or to be added to the Register at this meeting.

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## 4. Confirmation of previous minutes

### 4.1 Minutes – 19 November 2018

The minutes of the Board meeting held on Monday 19 November 2018 were moved and seconded.

The Chair then signed the minutes.

### 4.2 CE Report – November 2018

The Chair declared that the CE Report for November 2018 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:

- Discussions are ongoing concerning Hospital Acquired Complications in consultation with the Clinical Directors. Codes and risks have been adjusted. There is a need to ensure the accuracy of coding.
- The District will arrange a governance working group to look at the components of future infrastructure needs. Board representatives include Ms Ronwyn North and Ms Victoria Weekes. A meeting will be held in January 2019.
- A brief will be provided to the Board on the Sydney District Nursing Service following the review. One meeting has been held.
- Accreditation on the Risk Register will be re-rated. A complete copy of the Risk Register was provided to the Board. This agenda item can be removed from the action list.

## 6. Patient Story

The Chief Executive provided a verbal report on two patient stories including:

- Current and future treatment for a mental health patient
- Letter of gratitude from a relative of a cancer patient in Balmain Hospital. A copy of this letter was also sent to the Minister by the relative.

## 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 2018

The Board received and noted the Board Calendar for 2018.

## 8. Chairman's Report

The Chair reported on the discussions at the last Council Meeting including:

- Management of NNIB
- NDIS
- Obesity Summit
- Funding from the Commonwealth
- IPAA
- Growth from Treasury
- Financial situations for all Districts
- Nursing ratios
- Better Valued Care policy
- e-Credentialling
- Board reporting
- BHI
- Board minutes
- CE Accountability
- Accreditation
- Union Visits
- Frequent hospital visits
- Pay review for doctors
- WorkSafe NSW
- Relationships with Primary Health Networks
- Templates for Board and CE performance
- Templates for minutes
- Operating Theatres
- Clinician Engagement for Change
- Board Appointments and reappointments

## 9. Chief Executive's report

The Board received, read and noted the Chief Executive's Report including:

- The District remains at Performance level zero, which is the highest level achievable.
- Mental Health Readmissions within 28 days slightly increased for the month of August to 17.5%. There has been a slight increase (0.2) in the percentage of Mental Health Readmissions within 28 Days as of YTD August 2018 in comparison to the same period last year.

- Teleconferences re ETP occur daily including weekends.
- There was a 6.79% increase in surgical admission in the month of October 2018 when compared to the same month last year. YTD surgical admissions have increased by 2.12% across the District.
- The District has continued to have no incorrect procedures resulting in death or major loss of function.
- Managing our workforce to ensure the appropriate skill mix and levels to meet demand remains a priority for the District
- A copy of the booklet “Managing Staff in the SLHD” was provided to the Board.
- Planning has commenced for the 2019/2020 Service Agreements.
- There were five winners for the Pitch held on Friday 30 November 2018 at Concord.
- For the month of October 2018, SLHD recorded 19.19% of all patients discharged as privately insured. For the financial year ended 31 October 2018 there were 11,153 patients admitted as private, a reduction of 111 (0.98%) patients who elected to use their private insurance compared to the same period last year.
- A presentation on the Evaluation report for HealthPathways will be available at the next Board meeting.
- For the month of October 2018, Sydney Local Health District (SLHD) General Fund Expenditure was \$0.005M (0.00%) favourable to budget. GF Revenue was \$0.891M (0.60%) unfavourable to budget for the month. For the period ended 31 October 2018 GF Expenditure was \$1.703M (0.29%) unfavourable to budget and GF Revenue was \$2.465M (0.42%) unfavourable to budget. Year to date (October 2018) the District’s GF NCoS was \$4.168M unfavourable to budget.
- For the period ended 31 October 2018, the consolidated year to date NCoS result for the General Fund and SP&T was \$6.531M unfavourable to budget. The consolidated result comprises unfavourable variances for Expenditure (\$3.140M), Own Source Revenue (\$2.145M) and Doubtful Debts (\$1.231M) including ineligible patients.
- There has been an increase in the contingency fund.
- The District had nil creditors over 45 days as at 31 October 2018. The 45 day period will decrease to 20 and then 5 days commencing in December 2019.
- A copy of the Auditor General’s report will be provided to the Board.
- The District has received funding for the upgrade to the Emergency Department at Canterbury Hospital.
- Sydney Health Partners held a workshop on 13 December 2018.
- A brief was circulated to the Board on the BHI quarterly report 1 July – 30 September 2018.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – October 2018

The Board received, read and noted the SLHD Board Reporting Pack for October 2018.

- The Board requested further information on the SAC 1 incidents for the year to date.
- The Board questioned and discussed the rating of “possible” for risk number 8.

9.1.2 Selected Performance Indicators – October 2018

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report – November 2018

The Board received, read and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board received, read and noted this report.

9.2.2 Macquarie International Private Hospital

The Board received, read and noted this report.

9.3 Capital Works Report

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

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board received, read and noted the quarterly report for the period August – November 2018.

(ii) Falls

The Board received, read and noted this report.

9.5 Audit and Risk Committee Report – 21 September 2018 – 23 November 2018

The Board received, read and noted the report for the period 21 September 2018 – 23 November 2018

9.6 Facility Reports – October 2018

(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, read and noted the Drug Health report.

(vi) Mental Health Services

The Board received, read and noted the Mental Health Services report.  
The District received positive feedback from SafeWork NSW on the incident at Camperdown. Discussions are ongoing to improve the physical environment following the incident at Concord.

(vii) Oral Health Services and Sydney Dental Hospital

The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report.

(viii) Population Health

The Board received, read and noted the report.

(ix) Royal Prince Alfred Hospital

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

(x) Tresillian

The Board received, read and noted the Tresillian report.

(xi) Lifehouse

The Board received, read and noted the Lifehouse report.

(xii) Public Health Unit

The Board received, read and noted the report.

(xiii) Health Equity Research and Development Unit (HERDU)

The Board received, read and noted the report.

- (xiv) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report, in particular the three risks as listed in the report. The CE will provide a status report on actions to address these risks

- (xv) Organ Donation for Transplant – Quarterly Report

The Board noted the report for the period October 2018 – December 2018 is due in February 2019.

## 10. Matters for approval / resolution

### 10.1 Board Calendar for 2019

The Board received and adopted the Board Calendar for 2019.

## 11. Board Committee reports / minutes

### 11.1 Finance, Risk and Performance Management Committee

The Board received, read and noted the minutes of the meeting held on 12 November 2018.

### 11.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 19 November 2018.

### 11.3 Communications Committee

The Board noted the next meeting is to be held on 5 March 2019.

### 11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting held on 23 November 2018.

### 11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 28 November 2018.

### 11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 28 November 2018. The Board discussed the information in the minutes regarding an emerging risk concerning bullying and respectful communication. A new Culture and Communication Committee is being set up and will report to the Clinical Council.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 1 February 2019.

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

The Board noted the minutes of the meeting held on 5 December 2018 were not available.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 27 November 2018.

## 12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 15 November 2018.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 14 November 2018.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 19 November 2018.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the next meeting is to be held on 19 December 2018.

12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board noted the meeting to be held on 5 December 2018 was cancelled.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 6 November 2018 were not available.

12.7 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held on 27 November 2018.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 13 November 2018 was cancelled.



12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 20 November 2018.

12.10 Sydney Healthy and Active Living Steering Committee (bi-monthly)

The Board received read and noted the minutes of the meeting held on 22 October 2018.

12.11 Concord Hospital Redevelopment Executive Steering Committee

The Board noted the minutes of the meeting held on 28 November 2018 were not available.

## 13. Matters for noting

13.1 Update on Mental Health Month Activities 2018

The Board received, read and noted this correspondence.

13.2 Pregnancy Family Conferencing Program Annual Report 2017/2018

The Board received, read and noted this correspondence.

## 14. Other Business

### 14.1 Farewell to Board Member

The Chair advised that this is the last board meeting that Dr Barry Catchlove will attend as he is retiring from the Board after eight years of service to the Local Health District.

The Chair thanked Dr Catchlove for the long and reliable service to the District and his contribution through various committees. As Deputy Chair, he has been a rock-solid advisor and support to the Chair. The Chairman offered his personal thanks to Dr Catchlove and thanked Dr Catchlove on behalf of the Board Members.

Dr Catchlove responded noting his long association with the District and its health services particular RPA, and that it had been a privilege to be part of the District as a student, registrar and board member.

### Next Meeting

The next meeting is to be held on Monday 18 February 2019 at 9.00am.

The Chair wished everyone a Merry Christmas.

# Minutes



The meeting closed at 11.45am.

*Tom Kelly*

Chair

*18/02/2019*

Date

# Board Report

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## Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board December 2018

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### **PERFORMANCE**

**According to the Ministry of Health Framework, the District remains at Performance level 0, which is the highest level achievable.**

#### **Safety and Quality**

SLHD continues to maintain the quality and safety of our services.

The District continues to achieve the root cause analysis (RCA) target for YTD October 2018, with all RCAs completed within 70 days.

Mental Health Readmissions within 28 days slightly increased for the month of August to 17.5%. There has been a slight increase (0.2) in the percentage of Mental Health Readmissions within 28 Days as of YTD August 2018 in comparison to the same period last year.

The District continues to perform well in relation to unplanned readmissions rate within 28 days of separation at 5.6% for the month of September and 5.2% YTD September, which is below the State rates of 6.1% and 6.0% respectively. Unplanned Emergency Presentations (same ED within 48 hours) were 3.6% for the month and 3.9% YTD October, which is below the State rates of 4.8% and 4.6% respectively.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 1.4 per 10,000 bed days for the month of September 2018. There were 1 Central Line Associated Bloodstream (CLAB) infections during September 2018, which is currently being reviewed. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue.

Accreditation Surveys were conducted at Concord and Canterbury Hospitals with all Standards met. Staff of the two hospitals did an outstanding job in preparing for the surveys.

The District has continued to have no incorrect procedures resulting in death or major loss of function.

#### **Workforce**

Managing our workforce to ensure the appropriate skill mix and levels to meet demand remains a priority for the District. Premium staff usage for Nursing, Allied Health and Medical staff decreased for October 2018 compared to the same period last year by -1.47, -0.49 and -0.80% respectively. SLHD facilities are continuing to focus on meeting the Nursing hours per patient bed day.

#### **Activity**

There was a slight increase (2.01%) in the number of separations (14,942) for the month October 2018 when compared to the October last year. YTD separations have increased across the District by 1.72% in comparison to last year. In October the District's occupancy rate decreased by -1.65%, to 84.21% when compared to the 85.86% in October 2018. The YTD occupancy rate has decreased by -2.77%, to 84.57%, when compared to YTD October 2017. The District has experienced a -0.29% decrease in YTD case weighted attendances, when compared to the previous year.

There were 14,037 attendances to the District's Emergency Departments in October 2018, representing an increase of 2.08% when compared to the same month last year. YTD Emergency Department attendances have decreased by -2.04% to 55,230.

### **Emergency Treatment Performance (ETP) (formerly NEAT)**

The District continues to improve ETP performance, with a 0.24% increase in the month of October 2018, to 69.44%, when compared to the same month in the previous year. YTD October there has been a 1.51% increase in ETP performance to 68.89% when compared to the same period in the previous year.

### **Transfer of Care**

The District met the transfer of care (TOC) target (90%) in October 2018, with 93.98% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. YTD October the District continues to meet the TOC target, again highlighting the success of the RPA TOC Program in operation in SLHD Emergency Departments.

### **ED Triage**

The District met target for Triage Categories 1, 2, 4 and 5 for the month of October. The District continues to make improvements in relation to Triage Category 3 performance, which was slightly below target at 74.47% for the month of October, representing a 6.02% improvement on the 68.46% in October 2017.

### **Elective Surgery**

There was a 6.79% increase in surgical admission in the month of October 2018 when compared to the same month last year. YTD surgical admissions have increased by 2.12% across the District. SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery, with all patients admitted within the clinically appropriate timeframe for their surgery. There has been an increase of 282 surgical patients not ready for care for the month of October 2018, when compared to the same month last year. This remains a focus for the District.

### **Community care and Hospital in the Home**

The District has continued to manage its activity through investments in Sydney District Nursing who are managing over 1,000 patients per day in the community who would otherwise be in hospital. There has been a 9.2% increase in the number of Hospital in the Home overnight separations October YTD in comparison to the same period last year. As previously indicated the District would have had significant difficulty in managing the demands of this winter without the investments made by the District in these services.

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

The NSW Ministry of Health has commenced planning for the 2019-20 Service Agreements. As in previous years, the purchasing consultation and negotiation process allows for SLHD to highlight and discuss local service delivery issues, and associated impacts, that are considered to not be adequately accounted for within the generic purchasing model, for example:

- Impending service changes and capital developments
- Implementation of a new service, or new service delivery models
- High cost services
- Increases or decreases in staff numbers (retirements, resignations, long service leave, extended TESL, etc. or additional resources – long / short term)

- Shift in care type of clinical services (e.g. shifting acute inpatient admissions to non-admitted patient services or vice versa)

The District Performance Unit is undertaking consultation with facilities and service to determine any local service delivery issues to be included in the District's submission to the Ministry for 2019-20.

## NWAU Activity against Target

The District continues to perform well in relation to NWAU activity against target, with a negative - 1.54% variance to target for the month of October, excluding DWAU.

Stream	Target	Actual	Variation	Variation %
Acute	56,978	57,129	151	0.27%
ED	7,654	7,692	39	0.50%
NAP	16,192	15,179	- 1,013	- 6.25%
SNAP*	4,485	3,675	- 810	- 18.06%
MH Admit	5,711	5,342	- 369	- 6.47%
MH NAP**	2,239	2,801	562	25.10%
Total	93,258	91,818	-1,440	-1.54%
Dental DWAU**	23,599	28,062	4,463	18.91%
Dental NWAU#	2,963	3,523	560	18.91%
Total (NWAU)	96,221	95,341	-880	-0.91%

\*185 ungrouped episodes

\*\*MH NAP September

# NWAU=589/4691\*DWAU

## Sub and Non-Acute Patient (SNAP) Activity

The District Performance Unit continues to work with facility SNAP Coordinators to ensure all SNAP episodes are grouped. Of the District's 185 ungrouped episodes for YTD October, 163 are at Balmain Hospital; extended sick leave has impacted on the Facility's ability to ensure all episodes are grouped in a timely manner. Strategies have been put in place and the backlog of ungrouped episodes has started to decrease.

## Non-Admitted Patient (NAP) Activity

The State Data Mart upgrade took place in early October, however current year performance still remains unavailable in the State NAP app. Locally, the STARS NAP app has been updated to include the breakdown of NAP activity by clinical stream and specialty. As previously advised this is the first year that the District has allocated NAP activity targets to the clinical stream and specialty level.

## Clinical Costing

The final DNR for the full round 22.2 of costing has now been endorsed and submitted to the Ministry. Several improvements were made to the Round 22.2 submission, including:

- Introduction of food overhead allocation statistics, utilising the Healthshare business analytic platform
- Introduction of a patient level feeder for RPA endoscopy
- Utilising of the hTrak extract for RPA and IRO prosthesis costing
- Utilisation of the Surginet extract for RPA and IRO theatre, recovery and anaesthetics
- Refined costing of unqualified babies to attached cost to the mothers encounter
- Refinement of the costing methodology for epidural related anaesthetic cost
- Refinement of NEPT costing

- Identification and exclusion of mandatory training related expense in CEWD, as per NSW Cost Accounting Guideline
- Implementation of costing for AMHCC by phases of care

The DNR auditing process has now commenced, with Internal Audit undertaking the required tests for assurance of reliability and accuracy of data, and appropriateness and compliance with the costing methodology.

## **PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT**

### **Innovations**

- The next *Pitch* event will be held on Friday 30<sup>th</sup> November from 4-6pm at the Auditorium, Concord Medical Education Centre.
- The panel comprises of Dr Teresa Anderson, Mr Kiel Harvey, Ms Ivanka Komusanac and Dr Mark Kol.
- A total of 10 applications were received, with 5 to progress to the live *Pitch* event, including:
  1. *See, Touch, Communicate – A solution for voiceless patients in the Intensive Care Unit* by Ms Kelly Lewis, Registered Nurse in Concord Intensive Care Unit. This project aims to develop a customised iPad App to help voiceless ICU patients initiate and participate in conversation.
  2. *Hypertension in Pregnancy and Cardiovascular Disease App- bridging the gap for women* by Dr Clare Arnott, Staff Specialist Cardiologist. The proposed app aims to educate women, empower them and monitor their post-partum risk factors while providing an interface between hospital care and general practice.
  3. *No more electric zaps* by Dr Jayanthini Ganeshkumar, Staff Specialist Rehabilitation Medicine. This project aims to introduce ultrasound guided botulinum toxin injections for focal spasticity management to improve patient experience and outcomes.
  4. *The JMO mentorship program* by Dr Dani Chandrasoma, Resident Medical Officer. This project aims to pair all new interns with a registrar mentor, who will be formally trained in mentorship via the Train the Trainer Program.
  5. *The Fuss Free Mealtime Rap* by Ms Amy Bonnefin, Health Promotion Officer. This project aims to produce a recording of a rhyme as a “rap” song, addressing fussy eating for distribution to Early Childhood Education and Care Services and Primary Schools.

### **Clinical Redesign: CHR Projects**

- The “A Joint Effort – Patient Centred Redesign in the Rheumatology Outpatient Services at RPA” Project (CHR 2018 – first intake) have finalised the Diagnostic Phase of the project. The project team have presented the findings of the Diagnostic Phase to the project’s steering committee and are finalising the Diagnostic Report which will be submitted end of November. The team have commenced the Solutions Phase of the project by conducting solution generation focus groups, literature review and site visits.

### **Other projects**

- Implementation of the Electronic Ward Boards pilot project is progressing well. The Chief Executive has approved the pilot project and orders have been placed for the display panels and mini PCs, with the required electrical work at each site is nearing completion.



## **Accelerating Implementation Methodology (AIM):**

- The fourth (and last) 2-Day AIM course for 2018 was held on 8-9 November 2018. Fifteen applicants completed the course with positive feedback.
- The next AIM training is scheduled on 21-22 February 2019.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **SLHD REVENUE COMMITTEE**

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

For the month of October 2018, SLHD recorded 19.19% of all patients discharged as privately insured.

For the financial year ended 31 October 2018 there were 11,153 patients admitted as private, a reduction of 111 (0.98%) patients who elected to use their private insurance compared to the same period last year. The movements in patient numbers at each hospital were:

- RPAH – A reduction of 132 (2.25%)
- Concord – An increase of 12 (0.28%)
- Canterbury – A reduction of 56 (7.58%)
- IRO – An increase of 5 (4.67%)
- Balmain – An increase of 60 (61.22%)

The District recorded an increase of 1,009 separations in October 2018, compared to the same period last year, across all facilities which had an impact on the overall results.

For the month of October 2018, the conversion rate at RPAH and Canterbury was below their average monthly conversion rate for the previous 12 months, however all facilities (excluding IRO) had higher conversion rates compared to the previous month.

A major contributor to Balmain's increase in private patient conversions was the re-opening of the Lever Ward February 2018.

#### **Single Room Usage**

For the month of October 2018, 8.58% of patients were isolated as a result of an MRSA clinical alert. For the month 26% of all available single rooms were occupied by private patients and 41% of all private patients were accommodated in single rooms.

#### **SLHD Revenue Committee**

The key discussion points at the last Revenue Committee were the:

- The issues associated with ensuring that appropriate health fund validation checks could be performed on patients wanting to use their PHI. There are issues with the information provided by certain funds and the ability of administrative staff to interpret the data.
- The Policy Compliance Procedure for Medicare Ineligible Patients has been endorsed by committee members and is ready for submission to the CE. The document guides the management of costs and revenues related to overseas patients in line with the NSW Health Policy ensuring a standardised process for management and escalation of bad debt risk.

# Board Report

## **PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT**

### **HealthPathways**

#### **Workgroups**

No Workgroups conducted in November:

#### **Usage of HealthPathways**

Provisional October (1 – 21) usage figures are tracking on par with the previous month.

	November 1-21 2018	* October 2018	September 2018	October 2017
Users	883	1,055	1,037	1,006
Sessions of use	3,807	5,149	5,129	5,309
Unique Page Views	11,320	15,301	15,569	16,663
Total Page Views	14,811	19,860	20,431	22,381

\*NSW School Holidays

#### **Platform Improvements**

The Mobile friendly platform commenced it's month of beta testing on 6 November. Early indications are showing the transition from the classic website has been successful. Initial user responses have been positive to both the new-look website and the mobile and tablet versions. The full switch to the new format and direct access to the mobile sites will occur on December 6th 2018

#### **Evaluation**

Following presentation of the Menzies Centre for Health Policy's evaluation of the program on 5 November the Program Team is compiling a response to the evaluation's direct recommendations and is preparing presentations to the SLHD Clinical Quality Council, SLHD and CESP HN Boards in December 2018.

#### **Presentations**

The non-clinical JMO placement with the HealthPathways Program received praise at the 2018 ANZ prevocational medical Education Forum in Melbourne in early November. The Program manager and DR Sally Ryan (SRMO) presented on the benefits of the HealthPathways term for JMOs considering General Practice as a career choice as well as the benefits to reducing unplanned JMO overtime and untaken JMO leave and ADOs.

## **FINANCIAL PERFORMANCE**

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

#### **GENERAL FUND (GF)**

The 2018/19 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 period ended 31 October 2018 based on the District's budgeted NCoS.



For the month of October 2018, Sydney Local Health District (SLHD) General Fund Expenditure was \$0.005M (0.00%) favourable to budget. GF Revenue was \$0.891M (0.60%) unfavourable to budget for the month. For the period ended 31 October 2018 GF Expenditure was \$1.703M (0.29%) unfavourable to budget and GF Revenue was \$2.465M (0.42%) unfavourable to budget. Year to date (October 2018) the District's GF NCoS was \$4.168M unfavourable to budget.

The Chief Executive and the A/Executive Director of Finance are confident that the District will have an on budget NCoS result (excluding the impact of Doubtful Debts) for the 2018/19 financial year despite the continued challenges that are facing the District. To achieve the 2018/19 NCoS target the District will continue to maintain the good controls that it has in place and monitor performance on a daily basis.

The major variances for the month were:

## Expenditure

- For the month of October 2018 GF Total Expenditure was \$0.005M (0.00%) favourable to budget, reflecting unfavourable results for Overtime (\$0.325M), Annual Leave Provision (\$0.533M), G&S Drugs (\$1.018M) and G&S Special Services (\$0.228M) offset by favourable results in Salaries & Wages (\$0.723M), Other Employee Expenses (\$0.143M), VMO Payments (\$0.212M), RMR (\$0.078M), G&S Admin (\$0.859M) and G&S Support (\$0.127M).
- YTD October 2018 GF Total Expenditure was \$1.703M (0.29%) unfavourable to budget. This result reflects unfavourable results for Salaries & Wages (\$1.612M), Overtime (\$0.659M), VMO Payments (\$0.916M), G&S Medical & Surgical Supplies (\$1.173M), G&S Special Services (\$0.691M) and G&S Prosthetics (\$0.454M) offset by favourable variances in Other Employee Expenses (\$0.567M), G&S Support (\$0.553M), G&S Admin (\$2.433M) and RMR (\$0.326M).

## Revenue

- GF Total Revenue was \$0.891M (0.60%) unfavourable to budget for the month of October 2018. The result for the month reflects unfavourable variances in Facility Fees (\$0.230M), High Cost Drugs (\$0.326M), Grants & Contributions (\$0.278M), Services to Other Organisations (\$0.897M) and Doubtful Debts (\$0.364M) offset by favourable variances in Patient Fees (\$0.254M), Rent Income (\$0.101M), and Insurance Refunds (\$0.184M), Prosthesis Income (\$0.168M) and User Gen Rendered Services (\$0.414M).
- YTD October 2018 GF Total Revenue was \$2.465M (0.42%) unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in User Charges (\$3.583M), Grants & Contribution (\$1.130M) and Doubtful Debts (\$1.231M) offset by favourable variances in Patient Fees (\$1.7651M) and Other Revenue (\$1.718M).

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.812M unfavourable to budget for the month of October 2018 and \$2.364M unfavourable to budget YTD October 2018. This YTD result reflects unfavourable budget variances for Expenditure (\$1.437M) and Revenue (\$0.927M).

## CONSOLIDATED RESULT

For the period ended 31 October 2018, the consolidated year to date NCoS result for the General Fund and SP&T was \$6.531M unfavourable to budget. The consolidated result comprises unfavourable variances for Expenditure (\$3.140M), Own Source Revenue (\$2.145M) and Doubtful Debts (\$1.231M).

# Board Report

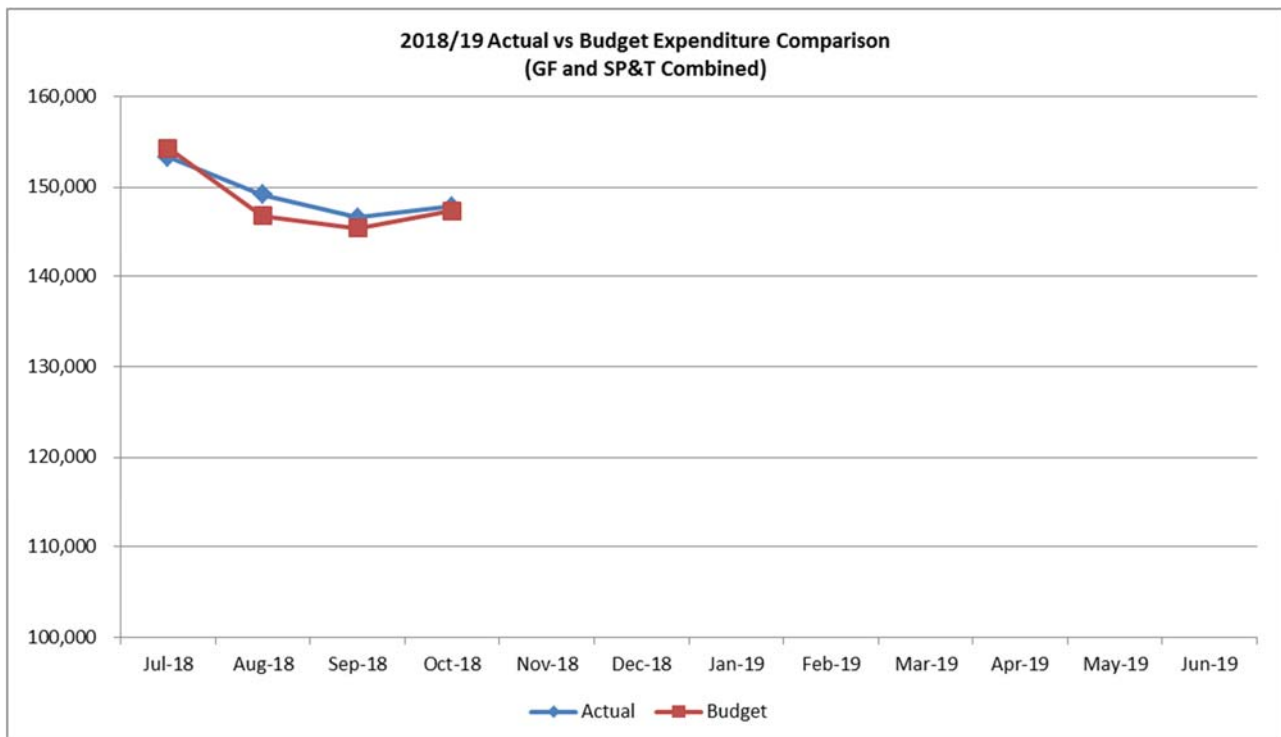
## FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 31 October 2018, SLHD recorded a Total Net Result of -\$15.039M (Note that Total Revenue was higher than Total Expenditure for YTD October 2018) which was \$7.218M (32%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD October 2018 was \$4.592M unfavourable to budget. The YTD Net Direct Operating Result reflects unfavourable budget variances in Expenditure (\$2.445M) and Revenue (\$2.147M).

For the month of October 2018 Total Direct Revenue was \$0.773M unfavourable to budget, comprising unfavourable variances for the General Fund (\$0.506M) and the SP&T Fund (\$0.267M). YTD Total Direct Revenue was \$2.147M unfavourable to budget, comprising unfavourable variances for the General Fund (\$1.231M) and SP&T Fund (\$0.916M). The YTD result for the GF reflects unfavourable variances in User Charges and Grant Income offset by favourable results for Patient Fees and Other Income. Total Direct Expenditure was \$0.285M unfavourable to budget for the month of October 2018, comprising unfavourable results for the General Fund (\$0.073M) and the SP&T Fund (\$0.212M). YTD Total Direct Expenditure was \$2.445M unfavourable to budget, comprising \$2.026M unfavourable variance for the General Fund and a \$0.420M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Salaries & Wages (\$1.612M), Overtime (\$0.659M), Direct Clinical Operating (\$2.318M) and VMOs (\$0.916M) offset by favourable results for On-costs (\$0.569M), G&S Corporate & Operational Admin (\$2.433M) and G&S Support Services (\$0.553M).

## MONTHLY BUDGET PERFORMANCE

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



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## LIQUIDITY

The District had **NIL** creditors over 45 days as at 31 October 2018.

The District achieved the target of 100% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of October 2018.

The cash balance at 31 October 2018 for the SLHD Operating bank account was \$13.721M and the Operating Cash book balance was \$13.482M.

## CAPITAL WORKS – SMRS PROJECTS

As at 31 October 2018 the District's Full Year Capital works budget relating to SMRS Projects is \$17.795M, comprising \$1.985M of MoH funded projects and \$15.810M of locally funded projects. In October 2018, two locally funded projects (Concord Hospital Radiography Fluoroscopy: \$0.950M and RPAH Pet MR: \$6.000M) were approved by MoH.

Actual expenditure as at the end of October 2018 was \$1.888M which is marginally below budget.

## OTHER CAPITAL PROJECTS

As at the end of October 2018, the District has expended a total amount of \$0.117M on project relating to the Patient Billing and Tracking (h-Trak) System. The total expenditure of \$0.117M was sourced from the General Fund.

## CAPITAL WORKS

### Concord Redevelopment update

The Final Business Case has been approved by the Ministry of Health subject to resolution of the FIS. MoH have confirmed FIS can now progress for formal endorsement. The Environmental Impact Statement (EIS) has been submitted to the Department of Planning as part of the State Significant Development application process.

October and November include a range of activities that are critical to ensuring the project remains on programme.

- Temporary loading dock complete – October;
- HV trenching works continue – October;
- Decanting works to Building 86 onsite completed – November;
- Commence demolition of Building 63 – November;
- Closure of the main loading dock – November;
- Handover medical gas compound – November;
- SSD Response to Submission Report – November;
- Main works tenders due – November.
- Finalise minor DD User consultation – December
- Award Main works tender – December

### Concord Building 86 Medical Records – Decanting

Framing is now complete. Hydraulic rough in is complete – fit off underway. Staff toilets draining has commenced. Electrical rough in is complete with fit off underway. Comms room fit off is complete.

Mechanical services, Fire detection rough in, flooring installation, joinery installation and shelving installation is 90% complete. Security rough in 75%. The lift has been installed.

### **Concord Building 83 Veterans Services**

Painting, perimeter fencing and landscaping is now complete. Line markings underway. Defects have been completed. Centre has been occupied.

### **Concord Building 86 Environmental Services**

Demolition and mechanical service rough in is complete. Building works, electrical rough in and hydraulic rough in have all commenced.

### **RPA Building 63 - RPU**

Mechanical consultants have been engaged and documentation underway – awaiting room data sheets. Structural demolition is now completed. Structural Steel installation is also complete. Mechanical and electrical documentation underway.

### **Balmain Sorrie Street – Boundary Fence – Car Park**

Painting, landscaping and low level retaining wall now complete. Line marking early October.

### **Canterbury Staff Specialist Office**

Painting is complete. Joinery has been installed. Lock hardware has been rectified. Mechanical services have been installed and defects are complete.

## **PLANNING**

### **Youth Health and Wellbeing Plan**

The Inner West Youth Health and Wellbeing Plan was formally launched at Strathfield Girls High School. The launch was a very positive event with many young people from schools in the District present and with inspiring speakers, performances and videos. The plan is now on the SLHD Planning website at <https://www.slhd.nsw.gov.au/sydneyconnect/pdf/publications/Youth-Health-Wellbeing-Plan.pdf>

### **Revision of Facility Strategic Plans in alignment with new SLHD Strategic Plan**

Facility Strategic Plans are being developed with the dual aims of actioning the SLHD Strategic Plan and ensuring that new facility-specific strategies are incorporated. The Planning Unit is supporting facilities in this process.

In addition to the workshops already held at Canterbury, Concord and Balmain, strategy development workshops have been collaboratively held to develop the RPA Strategic Plan. Additional meetings and workshops have been attended to assist strategic planning in Population Health, Community Health and Allied Health.

### **Revision of Clinical Stream Position Papers in alignment with new SLHD Strategic Plan**

A number of meetings and discussions have been held with Clinical Stream leaders to progress the revision of their Position Papers. This includes meetings with Cardiovascular, Neurosciences, Gastroenterology and Liver, Critical Care, Mental Health, Cancer, Women's Health and Aged Care.

### **Aboriginal Health Consultation**

A three hour workshop was collaboratively organised between Planning and the Aboriginal Health Unit with over 80 attendees to progress the strategies for each facility and each stream in respect of improving Aboriginal health, wellbeing and service access.

The workshop was attended by the CE, senior executive and general managers as well as key stakeholders from the Aboriginal community. The purpose was to ensure that the revised facility and strategic plans have a clear priority and actions to improve Aboriginal Health and close the gap.

Each strategic plan and position paper will be accompanied by an Aboriginal Health Impact Statement as per the requirements of the SLHD Aboriginal Health Plan.

The outcomes of the workshop will be documented and sent to those attending.

## **Urban Development and Innovation Precincts**

- Further meetings have been held to discuss the Sydney Innovation and Technology Precinct, which covers the Central to Eveleigh area. The Director of Planning is a member of the Government Agencies Technical Working group. It is planned that a significant announcement will be made in mid-December. Cabinet has now formally approved the establishment of the Innovation and Technology Precinct including the establishment of affordable floor space for start-ups and a Governance body to support the success of the precinct. The potential for co-locating major technology anchor tenants will be explored.
- The Camperdown-Ultimo Collaboration Area will continue to develop with agreement from the major university and higher education, council and health “anchor” stakeholders to continue to meet in the form of an Alliance to advance the development of precinct and to facilitate, via the Greater Sydney Commission, interface and support from key government agencies and “secondary precinct stakeholders”. Key strategies will include branding, supporting transport and walkability, place making, support flexible zoning and employment and economic development.
- Terms of reference will be developed, with agreement from the partners to jointly fund a key resource person in early 2019 within the remit of a formal MOU and work plan between Alliance partners and with the capacity to fund particular projects as they emerge.
- The next meeting of the Camperdown-Ultimo Alliance will be held in February with the possibility of having a formal briefing from the Department of Industry in respect of the Technology and Innovation Precinct.

## **RPA HealthOne (HO) East (Green Square)**

The Economic Case for Green Square/Waterloo HealthOnes has progressed with Planning undertaking considerable forecasting work in regard to the services, activity, staffing and financial impacts of each of the four options that are under consideration.

The Planning Unit is drafting the Waterloo Health and Wellbeing Plan which will articulate to the FACS-led Waterloo Human Services Framework and Plan.

A brief has been forwarded to UrbanGrowth outlining the case for a Waterloo Metro Quarter health facility (HealthOne).

## **Mental Health Planning**

The PHN-led Regional Mental Health plan is currently holding community mental health consultations in Redfern, Canterbury and Croydon to inform the regional mental health plan.



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## **SYDNEY RESEARCH**

### **Office for Health and Medical Research (OHMR) – Cardiovascular Clinician Scientist Grant Expressions of Interest (EOIs)**

The NSW OHMR Cardiovascular Clinician Scientist Grants are aimed at suitably qualified clinicians working in the area of cardiovascular disease within a NSW Public Health Organisation who wish to undertake research.

For the purpose of these grants, the Host Organisation is the Public Health Organisation which employs the Clinician Scientist, or provides an appointment to the clinician scientist and, for those undertaking clinical research, the organisation where the Clinician Scientist will undertake clinical duties.

A total of \$6 million is available for the inaugural funding round. Approximately 60 per cent of this funding will be allocated to biomedical discovery research and 40 per cent to clinical, health services and population health research. Funds up to \$250,000 per year will be offered for the 3-year duration of the grant. EOIs were due to OHMR on 14 November 2018.

### **OHMR Translational Research Grant Scheme**

- Mary Haines Consulting has been engaged by OHMR to undertake an assessment of implementation readiness and activities by TRGS round 1 projects that are finishing in 2018.
- Telephone interviews will be held with key stakeholders involved in each project.
- One SLHD TRGS Implementation Support Interview has been held to date with the SLHD project, *Wound debridement frequency and healing outcomes in diabetic foot ulcers (Diabetes Debridement Study)*.

### **Sydney Health Partners (SHP)**

The Sydney Research team continue to work closely with Prof Garry Jennings, Executive Director, SHP:

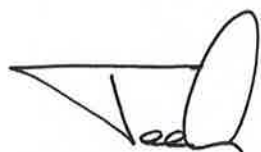
- Sydney Research has coordinated a meeting to discuss the Sydney Health Partners proposed Data Accord, on Wednesday 28 November 2018.
- The Boston Consulting Group will be facilitating a strategic planning workshop on 13 December 2018 for inclusion in the SHP Strategic Plan for SHP.
- Sydney Research continues to be the “single point of contact” with SLHD for the proposed Siemens GDS initiative. 13 “workshops” are currently scheduled across November-December, with further meetings to be scheduled.
- SHP hosted their second annual Implementation Science Symposium. This will be a four day event that includes *“Unlocking Research: Health System Improvement through Effective Implementation”* on Monday 19 November 2018.

### **PFCC Research Working Group**

The final PFCC Research Working Group meeting was held on 14 November 2018. The Group has agreed that completion of an environmental scan that identifies the current state, the opportunities and potential tools/resources required is the next sensible step in providing evidence from which to build an action plan. This will be completed from the perspective of consumers, the organisation and from researchers. This scan will also be tabled for discussion at SLHD Consumer Council meetings.

## Other Activities

- Sydney Research have met with a number of stakeholders to progress initiatives including:
  - An introductory meeting with Prof Mark Rees, the new Deputy Dean, Research Partnerships, Faculty of Medicine and Health
  - An introductory meeting with Pablo Borrás, Senior Advisor, Strategic Ventures, University of Sydney. Mr Borrás will work on the academic model at the Parramatta/Westmead campus, the interaction between the University and partners, the Sydney Knowledge Hub and a potential study to describe major trends that will transform hospitals in the future.
  - Andrew Partington, Research Fellow, University of Adelaide and member of the NHMRC Partnership Centre for Health System Sustainability to discuss potential areas of collaboration.
  - Rosemary Burke, Director, Pharmacy, SLHD to provide an update on the Ab Initio pharmaceutical manufacturing facility. This has flagged potential opportunities for SLHD Pharmacy Services.
- Sydney Research attended a number of events representing Sydney Research and/or SLHD including:
  - The celebration of the 40 year career of Prof Martin Tattersall.
  - The NSW Health Statewide Biobank first anniversary morning tea
  - The RPA Strategic Plan consultation - Our Community and Our Patients
  - The RPA Strategic Plan consultation - Our Research and Our Education
  - The Sydney Health Partners Symposium
- Planning has commenced for Innovation Week 2019. Sydney Research has coordinated regular meetings with Lesley Innes and Louise Ford to progress plans for the series of research events.
- @SydneyResearch currently has 588 followers on Twitter.



Dr Teresa Anderson AM  
**Chief Executive**  
Sydney Local Health District  
Date: 27.2.19