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## Sydney Local Health District

### Forty Forth Meeting of the Board

Date: Monday 15 June 2015  
Time: 8.00am – 8.45am  
Venue: Hilton Hotel, Level 1, Meeting Room 1, 488 George Street Sydney  
Chair: The Hon. Ron Phillips, Chair

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#### 1. Present and apologies

The Hon. Ron Phillips, Chair  
Dr Barry Catchlove, Member  
Dr Teresa Anderson, Chief Executive  
Ms Victoria Weekes, Member  
Mr Trevor Danos, AM, Member  
Dr Thomas Karplus, Member  
A/Prof. Christine Giles, Member  
Ms Susan Anderson, Member  
Ms Joanna Khoo, Member

#### Apologies

Professor Paul Torzillo AM, Member  
Ms Frances O'Brien, Member  
Mr David McLean, Member

#### In attendance

The Hon. Brian Pezzutti, Board Chair, Northern NSW Local Health District  
Ms Jacqueline Ferguson, Acting Director of Finance (Teleconference 8.00am - 8.25am)  
Mr John O'Connor, Acting Director Management Accountant (Teleconference 8.00am - 8.15am)  
Ms Nerida Bransby, Secretariat

#### 2. Welcome and introductions

The Chair welcomed The Hon. Brian Pezzutti, Board Chair, Northern NSW Local Health District and Members to the forty forth meeting of the Sydney Local Health District (SLHD) Board.

### 3. Declaration of conflicts of interest

The Chair advised to declare any conflicts of interest at this meeting. There were no conflicts of interests to declare.

### 4. Confirmation of previous minutes

#### 4.1 Minutes 18 May 2015

The minutes of the Board meeting held on Monday 18 May 2015 were moved and seconded with the following amendments:

Presentation:

The Board discussed and agreed that a summary be provided each quarter in relation to Clinical Governance.

#### 4.2 CE Report – May 2015

The report of the Chief Executive May 2015 was moved and seconded.

The Chair then declared that the CE Report for May 2015 was ready for publication.

### 5. Matters arising from the previous minutes

#### 5.1 Action sheet

The Board received and discussed the outstanding agenda items on the action sheet.

- Meetings have been confirmed for the SLHD Board to meet with members of the Lifehouse Board. This can be removed from the action list.
- Contact to be made with the MoH relating to the timing of the Capacity Assessment Project Devolution of Responsibility.

### 6. Standing Items

#### 6.1 Acronyms List

The Board received and noted the revised Acronyms List.

#### 6.2 Financial Classification Codes.

The Board received and noted the Financial Classification Codes List.

#### 6.3 Board Calendar

The Board received and noted the Board Calendar.

## 7. Chairman's Report

Nil to report

## 8. Chief Executive's report

The Board received the Chief Executive's Report for June 2015. In particular the Board noted and discussed:

- The Innovations Symposium held in May 2015 has received positive feedback.
- The Chair provided an update on the Financials as discussed at the Finance Risk and Performance Meeting held prior to this meeting.
- The Primary Health Network has agreed to continue with the HealthPathways.
- The District continues to be at performance level zero.
- ACI have released a draft policy on chest pain protocol.
- A quarterly report in relation to clinical governance matters and to include KPIs has been drafted.

### 8.1 Finance and Performance Reports

#### 8.1.1 SLHD Board reporting pack – April 2015

The Board received and noted the SLHD Board Reporting Pack for April 2015.

#### 8.1.2 Selected Performance Indicators – April 2015

The Board received and noted the Selected Performance Indicators for April 2015.

#### 8.1.3 HealthPathways Dashboard Report May 2015

The Board received and noted this report.

### 8.2 Project updates

#### 8.2.1 Lifehouse

The Board received the information on Lifehouse provided in the Chief Executive's confidential report.

#### 8.2.2 Macquarie International Private Hospital

The Board received the information on Macquarie International Private Hospital in the Chief Executive's confidential report.

### 8.3 Capital Works Report

The Board received and noted the Capital Works report.

## 8.4 Clinical Governance Report

The Board received and noted the Clinical Governance report.

## 8.5 Facility Reports – April 2015

### (i) Balmain Hospital

The Board received and noted the Balmain Hospital facility report.

### (ii) Canterbury Hospital

The Board received and noted the Canterbury Hospital facility report.

### (iii) Concord Hospital

The Board received and noted the Concord Hospital facility report.

### (iv) Royal Prince Alfred Hospital

The Board received the Royal Prince Alfred Hospital facility report. The Board noted the information on ward reconfiguration at RPAH and requested further information and a presentation.

### (v) Oral Health Services and Sydney Dental Hospital

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

### (vi) Mental Health

The Board received and noted the Mental Health Services report.

### (vii) Croydon/Marrickville/Redfern Health Centres

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

### (viii) Drug Health

The Board received and noted the Drug Health report.

### (ix) Community Health

The Board received and noted the Community Health report.

### (x) Population Health

The Board received and noted the Population Health report.

### (xi) Tresillian

The Board received and noted the Tresillian report.

(xii) Lifehouse

The Board received and noted the Lifehouse report.

A meeting is to set to examine and consider the restructuring of the Board reports.

## 9. Matters for approval / resolution

Nil to report

## 10. Board Committee reports / minutes

### 10.1 Finance, Risk and Performance Management Committee

The Board noted the meeting was held this morning at 7.30am.

### 10.2 Education and Research Committee

The Board received and noted the minutes of the meeting held on 18 May 2015.

### 10.3 Communications Committee

The Board noted the meeting to be held on 15 June 2015 was cancelled.

### 10.4 Audit and Risk Committee

The Board noted the next meeting is to be held 25 June 2015.

### 10.5 Health Care – Clinical Quality Council

The Board noted the next meeting is to be held on 24 June 2015.

### 10.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting held on 27 May 2015.

### 10.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting held on 22 May 2015.

## 11. Other Committee reports / minutes

### 11.1 Sustainability Committee

No meeting held.

### 11.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 13 May 2015.

#### 11.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received and noted the minutes of the meeting held on 21 May 2015.

#### 11.4 Surgical Demand Committee

The Board noted the meeting held on 20 May 2015 was cancelled.

#### 11.5 Revenue Enhancement Development Committee

The Board received and noted minutes of the meeting held on 27 May 2015.

#### 11.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 27 May 2015 were not available.

#### 11.7 SLHD Innovations Group

The Board noted the meeting held on 15 May 2015 was cancelled.

#### 11.8 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 12 May 2015.

#### 11.9 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 12 May 2015.

### 12. Matters for noting

#### 12.1 2015/2016 Commonwealth Budget Highlights

The Board received and noted this report.

#### 12.2 2015/2016 Performance Measures

The Board received and noted this report.

#### 12.3 Brief Organ Donation – Media Articles

The Board received and noted this brief and the media article.

### 13. Other Business

#### 13.1 Four Corners Program

The Board discussed the Four Corners program that aired on Monday 25 May 2015 entitled: “At Their Mercy” concerning the bullying of young doctors in hospitals”.

The Chief Executive advised the Board that the District takes a “proactive” approach in relation to bullying with strict policies in place.

#### 13.2 Brief re “Laila’s Story”

A brief was tabled concerning “Laila’s Story” – a patient experience used for staff training in the District. The video will be shown at the CE/Board Conference being held today.

#### 14. Next Meeting

The next meeting of the Sydney Local Health District Board will be held on Monday 20 July 2015 at 9.00 – 11.00am.

The meeting closed at 8.55am.

  
\_\_\_\_\_  
The Hon. Ron Phillips  
Chair

  
\_\_\_\_\_  
Date

## Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board June 2015

### NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

#### Non-Admitted Activity

The District is finalising the work on updating WebNAP service unit settings in preparation for the loading of data which will incorporate the NAP15 changes. The changes that have been required in the setup of WebNAP include changes in provider type, change to service type codes, funding source codes (reduced from 7-3), modality of care and mapping of source of referral. The biggest change has been in provider type which was originally 30 different provider types. Within the new NAP 15 there were a possible 329 provider types- SLHD reviewed and applied those that were relevant. This has been an intensive exercise and has involved collaborative work across IMTD, Performance Unit and local facility WebNAP coordinators.

#### Sub and Non Acute (SNAP) Update

Functional Independence Measure (FIM) training was held at Canterbury Hospital this month and will be conducted at RPAH in June. This training enables clinicians to receive accreditation to assess rehabilitation and Geriatric Evaluation Management (GEM) patients. RPA has commenced a SNAP working group with the objectives being to provide a forum to discuss SNAP activity, documentation and classification systems and processes within RPAH which help further improve the appropriate care type classification of patients.

SLHD continues to perform well in the State SNAP KPI's as per the SNAP ABM Portal - April 2015 data.

KPIS	State Average	1st	2nd	3rd
Grouped Bed Days	76%	SVHN	SLHD (96%)	NBMLHD
Episodes without error	93%	SESLHD	SVHN	SLHD (97%)
Error correction Rate	25%	SLHD (88%)	SVHN	WNSWLHD

#### Mental Health

The Ministry has recently advised that from July 2015 the Community Health Ambulatory Extract Data Collection (CHAMB) will be used as the data source for calculation for all non-admitted mental health activity within the ABF environment. As all other non-admitted data is sourced from WebNAP SLHD has been focusing attention on improving the collection and reporting of non-admitted Mental Health activity in WebNAP. Therefore, a large body of work is now commencing, incorporating Mental Health, Performance Unit and IMTD, to ensure the quality and completeness of our Mental Health non-admitted activity within CHAMB data system. This is integral to ensure that activity is accurately recorded and recognised.

#### NWAU Activity against Target

SLHD experienced another busy month in February and as a result acute admitted activity against target FYTD result has slightly increased to 4.46% positive to target. The Performance Unit did a March FYTD snapshot analysis of activity against target across all streams.



The overall result showed SLHD at 1.74% positive variance against target; this is within the +/-2% variance threshold set by the Ministry.

## **Clinical Costing Update**

Having completed round 19.1 the costing officers have now commenced the iFRAC process engaging key stakeholders across all facilities and services.

The SLHD costing officers are undertaking a body of work, led by the MoH and ACI, to look at the cost of ABOi (blood type incompatible) kidney transplants. These transplants bear significantly more cost compared to standard (blood type compatible) kidney transplants but are captured under the same DRG. In 2013 there were 32 ABOi transplants completed of which 23 were undertaken at RPA.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage**

For the month of April, SLHD had 19.15% of patients using health insurance as a percentage of overall activity. This is an improvement on April 2014 (18.53%) and April 2013 (16.74%). It is disappointing however to be below 20%. It is our goal to rectify this in May.

### **Single Room Utilisation**

In April, 25% of all single rooms were taken up by private patients and 41% of all private patients were accommodated in single rooms. This dip from 28% of single rooms taken up by private patients in March coincides with an increase in the proportion of patients isolated for a clinical alert (11.4%).

### **Revenue Enhancement Committee**

RPAH's free television offer has continued and has been received positively by patients. For the 6 month period from November 2014 – April 2015, the cost to the hospital to provide television for all private patients was \$160K; however, because of the television offer, 57 patients used their health insurance, generating an additional \$245K. This has produced a net positive result of \$75K for RPAH.

For the Concord Cath Lab initiative, a Public Sector Mutual model introduced by the MoH is currently being assessed. A briefing will be provided to the Board over the next few months.

A Private Patient Officer has been engaged in the Mental Health Precinct. Work is continuing to enable revenue opportunities for the service.

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

### **Innovations Group**

#### Sydney Innovation and Research Symposium

The third annual Sydney Innovation and Research Symposium was attended by over 650 people who heard more than 40 expert presentations on the cutting edge and future of health care.

This year's keynote speakers included the Academic Head of the Department of Colorectal Surgery and this year's RPA Medal winner, Professor Michael Solomon, Google's Head of Sales Engineering Angelo Joseph, and Tigerspike's founder and Head of Innovation Oliver Palmer.

Expert presentations ranged from breakthrough treatments for cardiovascular disease and melanoma, to new approaches in palliative care and clinical education.

The Great Debate over whether 'The day of the hospital is over' received spirited and colourful arguments from teams of senior clinicians and professors, some of whom used costumes, dance moves and props to emphasise their points.

The audience ultimately decided that the team for the negative made the stronger case, bestowing victory on RPA's Head of Emergency Dr Tim Green, Clinical Professor of Clinical Toxicology Professor Andrew Dawson and RPA Colorectal Surgeon Dr Caroline Wright.

The large atrium at the Australian Technology Park in Redfern was lined with exhibition stalls providing information and resources from a range of District services and sponsors.

A 'Smart Room' also provided frequent live demonstrations of the latest technological advances enhancing patient care at the bedside throughout the day.

A special session of the *Pitch* was held at the Sydney Innovation and Research Symposium. The Pitch showcased exciting potential innovations from across the District, including BreastScreen, Sterilisation Services, Mental Health and Physiotherapy. A 'where are they now?' video clip featuring previous winners was filmed for the Symposium. The special round of The Pitch innovation challenge, incorporated into the Sydney Innovation and Research Symposium had Health Minister Jillian Skinner helping to judge the best ideas from staff competing for funding. A proposal to enhance rehabilitation services at Balmain Hospital by introducing a body weight supported treadmill took the top prize of \$50,000, while a mobile app designed to help mental health clients track their own physical health was awarded \$20,000.

A pitch to establish a multisensory breast screening room to help patients feel more comfortable and relaxed received \$2000 for further research and an idea to help improve sterilisation services received the full requested amount of \$2000.

The JMO quality improvement course, '*QI Flashlight*' series, run in conjunction with the Agency for Clinical Innovation (ACI), had a follow up session organised for 1 June, 2015. Previous participants gathered to discuss project progress, receive coaching and troubleshooting advice and provide recommendations for optimising the next iteration of the course. The series will likely be run again later in 2015, with some changes.

The RPAH JMO Innovations Committee discussed progress on a number of initiatives to be trialled at RPAH including a vascular access decision making tree, designed to improve the patient experience of acquiring vascular access and reduce central line/cannula site infection rates.

## **Clinical Redesign**

The 2015 Centre for Healthcare Redesign (CHR) Project (first intake) project, '*Don't Restrict My Ability*' (previously named '*Reducing the burden on patient flow for non-weight bearing patients*') aims to improve the journey of the restricted weight bearing patient and reduce the burden placed on beds in the acute orthopaedic setting and patient flow at Concord Hospital.

The project is now in the solutions design phase, with many quick wins already being implemented to address the above average length of stay, improve patient flow across the district and address identified issues in the patient's experience of care. The presentation of diagnostic data to the ACI received excellent feedback.

Two applications for project teams to attend the final intake of CHR School for 2015 (commencing in July) were received. The topics of these applications are improving home dialysis rates across the District, and improving the coordination of care for the Cancer Clinic at CRGH.

One application to attend the Surgery Redesign Training Program (SRTP) at ACI in June 2015 was received, focusing on improving theatre utilisation at RPAH. The SRTP is a one week short course in Redesign and Implementation run by the ACI in conjunction with the Surgical Services Taskforce.

### **Accelerated Implementation Methodology (AIM)**

AIM training was attended by 18 staff from a range of disciplines on 7 and 8 of May, 2015. Evaluations of the course were exceedingly positive. Further courses will be held in August and November and are nearing booking capacity. Extra courses may be held if deemed necessary.

The District currently has five accredited AIM trainers, with a sixth person scheduled to be accredited in November 2015. A strategy is being developed to ensure all accredited AIM trainers utilise their knowledge and skills through regular teaching to build capacity for AIM training spread and sustainability.

## **HealthPathways**

### **Workgroups Undertaken**

The Program Team undertook a workgroup with District's Gynaecology services on 18 May. The workgroup identified a significant number of areas that would benefit both primary and secondary clinicians as well as areas of potential Clinical Redesign that the service will review.

### **Future Workgroups**

- Falls 29 May
- Paediatrics Surgery 1 June

Planning has now commenced to identify key stakeholders to undertake workgroups for Osteoporosis (August 2015) Stroke/CVA and Rheumatology conditions.

### **Pathways**

To date the development of 374 clinical, requesting and information pathways has been initiated and presently we have:

- Complete and accessible to GPs 220
- Localising (from other HP regions) 134
- New Pathways being developed 20

From 1 May the Program Team has published 20 new pathways (Mental Health and Orthopaedics) on the live website and the GP Clinical Writers have submitted a further 24 draft pathways to the work stream this month.

Similar numbers of completed pathways are planned for release in June 2015, these include Diabetes in pregnancy (held over to await new national guidelines) physiotherapy and podiatry.

## Usage of HealthPathways

Numbers of users remains steady but there are was a reduction in use that is consistent with a twenty four day reporting period.

April usage:

- Sessions 951
- Different Users 337
- Page Views 5,782
- New Visitors 181 sessions (19.0%)
- Returning Visitors 770 sessions (81.0%)

## Promotion

Eight Practice visits have been undertaken so far this month by the Program Team. As well as presentations to the SLHD Blood Management Committee and two Large GP CPD events at Ashfield (Herpes condition management) and Strathfield Private hospital (Cardiology) where we demonstrated the pathways for Heart Failure management that are planned for release in late June 2015.

## Primary Health Network

The Program is awaiting confirmation from the newly formed PHN Board regarding the level of financial and operational support the Program will have for 2015/16.

## **FINANCIAL PERFORMANCE** *(based on Net Cost of Service Basis)*

### GENERAL FUND (GF)

The 2014/15 Board and Ministry Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS). The following analysis reflects the results for the period ended 30 April 2015 based on the District's budgeted NCoS. For the period to the end of April 2015 Sydney Local Health District (SLHD) General Fund Expenditure is \$2.034M (0.17%) unfavourable to budget and Revenue is \$3.906M (0.34%) unfavourable to budget. On a NCoS basis the District's General Fund is \$5.940M unfavourable to budget at the end of April 2015.

**The Chief Executive and the A/Director of Finance remain confident that the District will have an on budget end of financial year result.**

The major variances for the month and YTD were:

### Expenditure

- Total Expenditure was \$1.836M unfavourable to budget for the month of April. This result reflected unfavourable budget variances for Employee Related Expenses (\$1.065M), Goods and Services (\$0.508M) and Repairs, Maintenance & Renewals (\$0.165M). These unfavourable results were offset by favourable results in Other Expenses (\$0.136M).
- Year-to-date Total Expenditure was \$2.034M (0.17%) unfavourable to budget, reflecting favourable variances in Salaries and Wages (\$8.376M) and Goods & Services (\$1.665M) offset by unfavourable results for Overtime (\$2.839M), Superannuation (\$4.482M) and Annual Leave (\$2.467M). The District continues to investigate the issues in relation to annual leave.
- Goods and Services Expenditure was \$0.508M unfavourable to budget for the month, principally related to unfavourable variances in Medical Supplies and Consumables (\$1.114M), Payments to HealthShare and Other Health Agencies (\$1.250M). These unfavourable results for the month were offset by favourable results for Fuel, Light and Power (\$0.602M) and Administration Expenses (\$0.486M). YTD Goods and Services Expenditure is (\$1.665M) favourable to budget.

- Overtime was unfavourable (\$0.366M) to budget for the month, reflecting the impact of higher than budgeted activity levels and efforts to reduce outstanding annual leave balances. YTD this expense category is (\$2.839M) unfavourable to budget. Nursing and JMOs are the two labour categories with the largest unfavourable YTD budget variances, (\$1.392M) and (\$1.096M) respectively.

## Revenue

- Total Revenue was (\$0.423M) favourable to budget for the month of April 2015, principally related to higher than budgeted Grants and Contributions (\$1.257M).
- YTD Total Revenue was (\$3.906M) unfavourable to budget. The YTD result reflects unfavourable budget results in all revenue categories except Grants and Contributions (\$6.213M) and Other Revenue (\$1.748M). In part the unfavourable results YTD reflect the impact of the increased own source revenue target allocated to the District for FY2014/15. The budget increase for this year was approximately 4.50% higher than last year's budget and 9.86% higher than last year's actual result. The District has identified that the initial revenue budget could be between \$2.000M and \$3.600M higher than expected, based on the MoH's advice of the indexation applied to calculate the initial target. This issue has been raised with the MoH and they are yet to formally respond.

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS is (\$1.791M) favourable to budget for the first ten months of the financial year. This reflects an unfavourable budget variance for Expenditure of (\$1.987M) offset by a favourable budget result Revenue of (\$3.778M).

## CONSOLIDATED RESULT

The YTD consolidated NCoS result for the General Fund and SP&T was (\$4.149M) unfavourable to budget. The result comprises an unfavourable variance in Expenditure of (\$4.021M) and an unfavourable budget variance for Revenue of (\$0.128M).

## FINANCIAL PERFORMANCE *(based on new Ministry of Health Reporting format)*

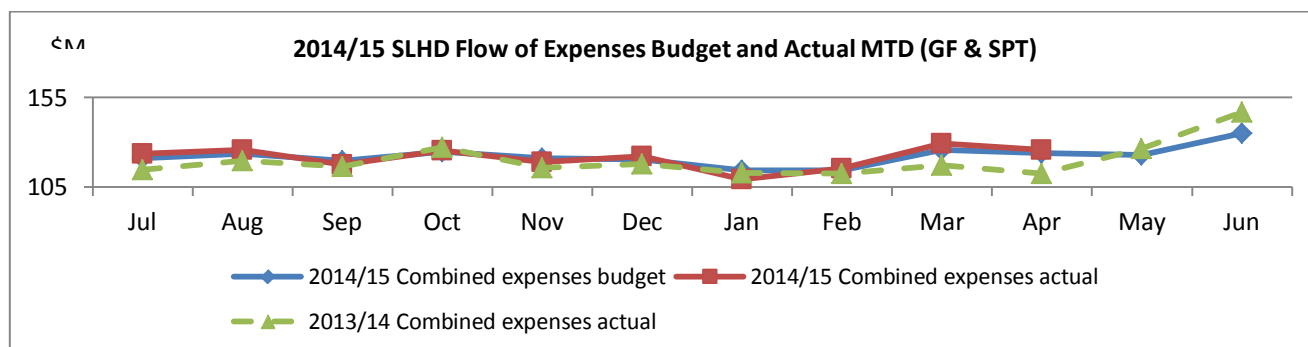
For the ten months to the end of April 2015, SLHD recorded a Total Net Result of \$10.145M which was (\$1.932M) unfavourable to budget. YTD Net Direct Operating Result (GF and SP&T) was (\$12.903M) favourable to budget. The YTD favourable result was primarily attributable to the allocation of State Government Grants (\$14.576M) to Direct Revenue rather than Capital Subsidy. Adjusting for this allocation issue Direct Revenue was \$2.619M favourable to budget and the YTD Net Direct Operating Result (GF and SP&T) was (\$1.673M) unfavourable to budget

YTD Total Direct Revenue, adjusted for State Government Grants, was (\$2.619M) favourable to budget, comprising (\$1.360M) unfavourable for the General Fund offset by a favourable variance of (\$3.979M) for Special Purpose & Trust funds. The GF result reflects unfavourable variances in all revenue categories except Grant Income and Other Income.

Total Direct Expenditure was (\$4.292M) unfavourable to budget YTD, comprising (\$1.660M) unfavourable for the General Fund and an unfavourable variance of (\$2.632M) for Special Purpose & Trust funds.

Budget performance is and will continue to be closely monitored as part of the District's performance management framework. There is ongoing attention on expenditure management and all hospital facilities in the District are focussing their efforts on maximising private patient revenue to reduce the Own Source Revenue unfavourability for the District.

The following graph and table shows Combined GF and SP&T Expenses Budget Monthly flow using the predictive tool for FY2014/15 along with actual performance.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Mar	Full Year
2014/15 Combined expenses budget	121.271	123.789	119.566	124.758	121.287	120.337	114.303	114.445	125.649	124.042	123.018	135.193	1085.405	1,467.66
2014/15 Combined expenses actual	123.744	125.912	117.732	125.257	118.871	122.107	109.286	115.276	129.493	125.789			1213.468	
Variance (+ Fav, - Unfav)	(2.473)	(2.123)	1.834	(0.499)	2.415	(1.770)	5.017	(0.831)	(3.844)	(1.747)			(128.063)	
2013/14 Combined expenses budget	116.853	120.091	118.646	120.279	119.227	117.416	112.466	111.087	119.487	119.035	129.041	145.345	824.978	1,448.97
2013/14 Combined expenses actual	114.648	119.876	116.451	127.332	115.867	118.093	112.929	112.583	117.234	112.621	126.637	146.753	825.198	1,441.03
Variance (+ Fav, - Unfav)	2.205	0.214	2.195	(7.054)	3.359	(0.676)	(0.464)	(1.497)	2.252	6.414	2.403	(1.408)	(0.220)	7.94
% of Budget	8.26%	8.43%	8.15%	8.50%	8.26%	8.20%	7.79%	7.80%	8.56%	8.45%	8.38%	9.21%		
YTD budget expended	8.26%	16.70%	24.84%	33.34%	41.61%	49.81%	57.60%	65.39%	73.95%	82.41%	90.79%	100.00%		

## Liquidity

The District had nil creditors over 45 days as at 30 April 2015.

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 2015.

The cash balance at 30 April 2015 for the Operating bank account was (\$3.695M) (SLHD (\$3.693M) and repointing of HRTO-SSW (\$0.002M) and Operating Cash book balance was (\$3.515M) (SLHD (\$3.515M) and repointing of HRTO-SSW \$0).

## Capital Works – CAPDOHRS PROJECTS

The District's Full Year Capital works budget as at April 2015 is \$6.971M comprising \$0.500M of MoH funded and \$6.471M of locally funded projects. Actual expenditure as at YTD April 2015 funded by MoH was \$0.387M which is \$0.027M below projected expenditure. There was no YTD April 2015 expenditure for the locally funded projects. However, expenditure on these projects is expected to be incurred in the last 2 months of the financial year.

## PERFORMANCE

The District continues to be at Performance Level 0.

## Activity

In April 2015 FYTD total number of same day separations increased across the District by 5.81% compared to April 2014 FYTD. April 2015 FYTD acute same day separations are up 5.84% compared to the same period last year.

The April 2015 FYTD occupancy rate remains higher compared to April 2014 FYTD, increasing 2.70%. Concord and Balmain Hospital have experience an increase in occupancy of 5.30% and 5.65% respectively for April 2015 FYTD compared to the same period last year.

The overnight average length of stay (ALOS) for April 2015 FYTD was 5.88 days, similar to April 2014 FYTD length of stay of 5.76 days. Canterbury Hospital's overnight ALOS decreased for April FYTD 2015 by 0.44 days compared to the same period last year.

## NEAT

The NEAT performance for the District improved by 0.98% in April 2015 FYTD, compared to March 2014 FYTD. Canterbury admitted, referred or discharged 83.56% of patients within 4 hours of presentation for April 2015 and improved by 5.55% on the prior year result.

## ED Triage

Canterbury and Concord Hospitals achieved all emergency department triage categories for April 2015. RPA continued to meet triage category targets 1 and 5 in April 2015. RPA performance in triage categories 2, 3 and 4 improved on previous FYTD results increasing by 0.01%, 2.13% and 2.11%, respectively.

## Elective Surgery

SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery. Performance is at 100% for April 2015 FYTD for all categories.

## Transfer of Care

The target of 90% for transfer of care was met by Concord Hospital in April 2015. The percentages for Canterbury, Concord and RPA respectively were 88.69%, 91.60% and 70.38%. SLHD has decreased on its FYTD percentage by 5.04% from 2014 and currently is 79.17% FYTD April 2015.

## Quality and Safety

In terms of quality and safety measures, the District continues to achieve root cause analysis and complaints management targets for April 2015. Mental Health Readmissions within 28 Days continues to be above target of <13% for January 2015 and has increased from the same period last year from 14.2% to 15.8%. Community follow up within 7 days for Mental Health patients has improved significantly and is just below the target of 70% at 64.4% for January 2015.

SLHD met the targets for Staphylococcus Aureas Bloodstream (SABSI) and Central Line Associated Bloodstream (CLAB) infections for March 2015 YTD.

There were no incorrect procedures in SLHD operating theatres in April 2015.

## **Workforce**

Nursing premium staff usage increased by 0.5% in April 2015 compared to the same period last year. Medical and allied health premium staff usage decreased by 0.4% and 0.1% respectively in April 2015 compared to the same period last year.

April YTD sick leave is above the 50 hour/FTE target by 0.5 hours/FTE. This has decreased from 1.6 hours/FTE in March 2015.

## **CAPITAL WORKS**

### **Concord Translational Research Facility**

Tenders assessed and clarifications sought with tenders. Recommendation to award contract will be with the CE late May 2015.

### **Concord SPP PDP**

The Concord SPP PDP is completed and is now under internal review. State funding of \$150 million was announced prior to State election. The District is currently awaiting confirmation of cash flow by state government in order to program the next stage of project.

### **RPAH Stonework repair main facade**

Work is continuing on the repair to the stone facade at RPAH. The work is part of the NSW Public Works Centenary Stone Program which is a \$ for \$ grant. SLHD contribution has been made in the 2014/15 financial year.

### **RPA Institute of Academic Surgery & RPA Transplant Institute**

Internal works have commenced. The design has been finalised and signed off by the clinicians and researchers. The Project is partially funded through philanthropic donation (\$1M). Health Infrastructure will be providing some funds through the state government Capital Research Program funds (\$2.5M).

### **SLHD Aged Care Network**

This project is cash flowed by the Ministry over 3 years and over 3 sites: Canterbury, Concord & Balmain. Each project has been tailored to meet the cash flow demand.

Detailed design for the Canterbury component of this funding is complete. Refurbishment works will commence in July.

Detailed design for the Balmain component will commence in July 2015 in line with the Ministry cash flow for this project.

Planning for the Concord component has been rolled into the SPP PDP development and is now complete.

### **Medical Imaging Equipment Purchases**

Approval has been received from the Ministry for the purchase of:

- 3T MRI Concord
- Hybrid Interventional Suite Concord
- SPEC CT Scanner RPAH



All purchases are being procured with the assistance of NW Public Works and are on target for completion to meet current cash flow.

### **Community Health Services Minor Works Canterbury**

Works to refurbish the Child & Family & Community Nursing areas at Canterbury Hospital are underway. Stage 3 has commenced and completion is targeted for end of June.

### **Concord Radiology**

Stage 3 works are underway. This will complete the refurbishment of this area

### **Youth Health Services Redfern**

Work is underway for the relocation of Youth Health Services from the Brain & Mind Institute to Abercrombie Street in Redfern. Work is targeted for completion by the end of June.

### **QMB University of Sydney**

Refurbishment of the QMB by the University of Sydney is nearing completion with gross completion targeted for May 2015.

## **PLANNING**

### **Local Government Area (LGA) Health Profiles**

The Planning Unit has completed the revision of the eight SLHD LGA Health Profiles in collaboration with the Central and South Eastern Primary Health Network (CSEPHN), the Public Health Observatory and the Public Health Unit. The SLHD LGA Health Profiles 2015 are an updated version of the 2012 Profiles developed by the SLHD Planning Unit in collaboration with the Inner West Sydney Medicare Local.

The Profiles provide a brief description of each of the SLHD local government areas and its location within Inner West Sydney catchment. Information includes:

- Current population and projected population over the next twenty years
- Key demographic and population characteristics such as the main countries of birth and languages spoken, income, socio-economic status by suburb and labour force status
- Selected indicators of health status such as reported health status, health behaviours and risk factors, chronic disease indicators, cancer morbidity and mortality, disability and birth rates
- Health service utilisation and availability, including the LGA patient flow patterns, GP and private Allied Health provision and the local health facilities and services
- Sources of further local information.

These profiles have previously proved very popular for a whole range of users including SLHD health service providers, the Primary Health Network staff, local councils, FACS, NGOs and other partner organisations.

### **Medical Imaging Strategic Plan and SLHD Imaging Think Tank**

The Planning Unit has commenced scoping the process of developing the SLHD Medical Imaging Strategic Plan. It has also established the Working Party to plan the 2015 SLHD Imaging Think Tank.

### **Asset Strategic Plan**

The Planning Unit has provided significant activity and projection data and information in respect of current and future acute, sub-acute, obstetric and paediatric demand by facility and has projected the future need for ED, ICU, operating theatres, non-inpatient services and other core services for the SLHD Asset Strategic Plan.

## **Child Health and Wellbeing Plan**

The draft interagency Child Health and Wellbeing Plan has been considered by the SLHD/FACS/Education/CSEPHN Partnership meeting and the Inner West Child Health Interagency. Further consultation with local NGOs and relevant community agencies will be undertaken over the next month. It is expected that the Plan will be completed for consideration of the Board and the partnership group by mid-year.

## **Drug Health Plan**

The Planning Unit has worked extensively with Drug Health and the Director of Clinical Services Integration to revise the draft Drug Health Plan.

## **Aboriginal Health documents**

The Planning Unit has supported the Aboriginal Health Unit to develop the 2015-2017 Partnership Plan. Further, with the Equity Unit, the Planning Unit has supported the reporting of the outcomes from the Social Determinants of Health Forum, held at the Charles Perkins Centre in mid-February, 2015.

## **Multicultural Health Plan**

The draft Multicultural Health Plan is being reviewed by the Planning Unit.

## **Domestic Violence Strategy**

The Planning unit is working with the Women's Health Co-ordinator to develop an SLHD Domestic Violence strategy.

## **Urban Development and Renewal Projects**

### Sydney Olympic Park Master Plan:

The Director of Planning and the Director of Clinical Services Integration attended a Stakeholder Workshop to discuss the draft Sydney Olympic Park Authority (SOPA) Master Plan 2030. The Sydney Olympic Park Authority (SOPA) plans to have a public exhibition of the Master Plan before the end of the year.

The implementation of the Master Plan will make the Olympic park a site of significant urban development, with 14,000 additional residents by 2030. While this area is not within the boundaries of SLHD, Concord Hospital is one kilometer from the site and current flow patterns indicate that Concord would be impacted by increased demand.

As part of the Master Plan, tenders have been let for a private hospital on the corner of Olympic Boulevard and Sarah Durack Ave. The area designated is 16,691 square metres, over 5 storeys. Until the tender process is finalised, the impact of this development on the SLHD or the WSLHD will be unclear.

The revised Sydney Olympic Park (SOP) Master Plan 2030 will introduce new residential capacity that aims to make the park more alive and vibrant, building on the current sporting, Olympic, entertainment and recreation base and further developing the business, education and hospitality activities. The assumption is that the park requires "densification" and an expanded footprint to improve its "liveability" and to ensure the 24/7 "activation" of the site, while retaining parklands, greenspace and the site's reputation for cutting edge sustainable design. Integral to this development will be establishing community services and sporting facilities appropriate to suburban living, rather than those required for major sporting and cultural events. The Master Plan provides for 14,000 new residents, 3,500 new students, and over 31,500 jobs by 2030.

## Parramatta Road Urban Development Forum:

A half day Forum is being organised for early June for the SLHD, UrbanGrowth and the University of Sydney to contribute to the planning of the Camperdown precinct of the Parramatta Road development.

## **YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)**

The Yaralla Estate Community Advisory Committee meeting was held on 19 of May. There were two presentations; one by Christine Parker from the Concord Burns Unit who described the new models of care for Hyacinth Cottage; and Lachlan Prentice who had reviewed the work by Andrew Huggett for a TAFE assignment and was looking to implement a biodiversity action plan.

A meeting was held between Roman Deguchi from Inner West Neighbour Aid, Andrew Huggett from Insight Ecology and the Chief Executive SLHD about a collaborative project incorporating the community gardens and biodiversity enhancement for human health. An expression of interest will be drafted for a biodiversity action plan on Yaralla Estate.

Work is proceeding on the refurbishments of Hyacinth Cottage. It is anticipated that these will be complete by the end of June. Furniture and household items for Hyacinth Cottage have been donated to the District from the Estate of a former nurse of Concord Hospital. They are currently being held in storage while the works are completed.

In the coming months, there will be a family open day which will incorporate health stalls similar to previous open days and a display of Lidcombe TAFE student's design concepts for Yaralla. The next university semester will see the commencement of students from Macquarie University and its Masters of Environmental Planning. SLHD remains in discussions with an NGO with regards to the family day and hosting offices on Yaralla Estate.

## **SYDNEY RESEARCH**

### Visit by Minister for Medical Research and Secretary of Health:

The Hon Prudence Goward, Minister for Mental Health, Minister for Medical Research, Assistant Minister for Health, Minister for Women and Minister for the Prevention of Domestic Violence and Sexual Assault and Dr Mary Foley, Secretary, NSW Health visited the SLHD and Research, RPA campus on Tuesday 21 April 2015. The visit provided an excellent opportunity for clinicians and researchers to engage the new Minister. A tour of the Prof Marie Bashir Centre was undertaken as well as RPA Hospital, Emergency Department and the Charles Perkins Centre. The Minister was impressed with the depth and breadth of clinical and research activity on campus, in particular the collaborative nature of health, research and education. Into the future, opportunities to invite the Minister to the Concord campus and other Sydney Research initiatives will be sought.

### Sydney Health Partners Advanced Health Research and Translation Centre (SHP AHRTC):

The inaugural SHP workshop occurred Wednesday the 13 May at the Kolling Institute North Sydney, 1pm to 5pm. Over 100 participants attended from each partner agency. The workshop hosted by Dr Norman Swan included opening remarks by Prof Stephen Leeder (shared vision and purpose), Dr Teresa Anderson (governance model) and Prof Jonathan Morris (health informatics).

The workshop included break out groups on clinical and project themes and participants were tasked with addressing the following questions,

1. How will we work together
2. What we would like to achieve - yr. 1, 2 & 3
3. What are the facilitators
4. Priority steps

Overall the workshop was a great success with consensus from participants achieved in relation to a shared vision, governance model and opportunity for collaborative project planning, implementation and evaluation. Objectives include reducing research waste and duplication, improving synergies and efficiencies and scalable projects with local and partnership application aimed at improving healthcare outcomes for our patients and community.

Next steps include finalising feedback from workshop participants (collected and for dissemination by end of May), establishing the governance structure, appointment of Chair and operational structure, project group leads, activities and reporting mechanisms.

### **Sydney Innovation and Research Symposium 2015:**

Over 650 people attended the Sydney Innovation and Research symposium held on 29 May at the Australian Technology Park. There was great excitement from clinicians, researchers and partners expressed during the planning for the symposium. The District would like to acknowledge all of the staff and partners who contributed to such a successful symposium. Particular thanks to Corryn McKay and her team, Nobby Alcalá and our Sydney Research Partners, our presenters, our volunteers, our sponsors and Rob Pike and his team from our relocation service.

Open day tour events were held on Thursday 28 May at the BMRI 10am, Lifehouse 11am, ANZAC/ADRI 2pm, Charles Pekins Centre (with five MRI's) 1pm to 3pm and evening event at CPC 6pm to 7.30pm. Over 100 participants attended the evening event hosted by Norman Swan and David Le Couteur.

The Minister for Medical Research and Assistant Health Minister Pru Goward officially launched the symposium's inaugural Sydney Research Awards, which were presented by the Minister and NSW Health Secretary Dr Mary Foley. The Master of Ceremonies (MC) for the inaugural Sydney Research Awards 2015 was Prof. Warwick Britton, Director of Research for SLHD. The event provided a blend of informal social networking, entertainment (band) showcasing our researchers (recognition awards) and celebrating our up and coming clinician researchers by way of scholarship announcements.

Professor John Chalmers of The George Institute for Global Health received the award for Research Excellence, RPA's Associate Professor Sydney Ch'ng received the Young Researcher Award, Dr Kirsty Waters of the ANZAC Research Institute received the Research Supervisor Award and the Annual Health Research Infrastructure Award was presented to Dr Megan Brewer, also from the ANZAC Research Institute.

The Clinical Research Scholarship was awarded to Michelle Barakat-Johnson, Clinical Nurse Consultant in Amputation and Rehabilitation at RPA, and the Health Informatics Research Scholarship was awarded to Robyn Sierla, a Senior Occupational Therapist in RPA's Outpatient Lymphedema Service.

## LIFEHOUSE

SLHD Executive and Staff continue to work closely with Lifehouse to support the management of inpatients at Lifehouse. Weekly operational meetings are continuing. Work is continuing on the interface of the SLHD and LH Information and Technology Systems. The Joint ICT Governance Committee established to oversee the ICT work between SLHD and ICT is meeting fortnightly. This is co-chaired by the CE SLHD and the CE Lifehouse. KPMG are finalising their review the current status of the Lifehouse ICT program as is Medtrex, who were engaged by Lifehouse. Once the reviews are complete, a workshop will be held to develop a coordinated implementation plan. The Chief Executive of eHealth is a member of the Committee. Regular Performance Meetings continue on a monthly basis.



Dr Teresa Anderson  
**Chief Executive**

9-6-15