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## Sydney Local Health District

### Fifty Fifth Meeting of the Board

Date: Monday 20 June 2016  
Time: 8.00am – 9.00am  
Venue: Forest Room, Novotel Hotel, Olympic Park  
Chair: The Hon. Ron Phillips, Chair

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#### 1. Present and apologies

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

#### Apologies

Mr Trevor Danos, AM, Member  
Professor Paul Torzillo AM, Member  
Mr David McLean, Member

#### In attendance

Ms Nerida Bransby, Secretariat

#### 2. Welcome and introductions

The Chair welcomed Members to the fifty fifth 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 interest declared.

#### 4. Confirmation of previous minutes

4.1 Minutes 16 May 2016

The minutes of the Board meeting held on Monday 16 May 2016 were moved and seconded.

The Chair signed the minutes.

#### 4.2 CE Report – May 2016

The report of the Chief Executive for May 2016 was moved and seconded.

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

### 5. Matters arising from the previous minutes

#### 5.1 Action sheet

The Board received and discussed the outstanding ‘in progress’ agenda items on the action sheet.

- The Capacity Assessment Survey Action Plan and progress report will be provided at the next meeting.
- The Board noted the community health waitlist was included in their monthly report and the time frame for each clinical service will be included in the next report. This agenda item can be removed from the action list.
- Two meetings have been held with Westconnex. An expert engineer has been engaged by the District. The Board agreed that a letter is to be written from the Board to brief The Hon. Duncan Gay, Minister for Roads on the impact of the Westconnex on RPAH. This correspondence should include expenditure if relocating services.

### 6. Patient Story

Nil to report

### 7. Standing Items

#### 7.1 Acronyms List

The Board received and noted the revised Acronyms List.

#### 7.2 Financial Classification Codes

The Board received and noted the revised Financial Classification Codes List.

#### 7.3 Board Calendar 2016

The Board received and noted the Board Calendar for 2016.

## 8. Chairman's Report

The Chair advised the Board that a meeting was held with the Chancellor, University of Sydney, Chair, Sydney Health Partners Governing Council and the Board Chairs of the Sydney, Western Sydney, Northern Sydney Local Health Districts and the Chair, Sydney Children's Hospital Network to progress the Sydney Health Partners. The recruitment of an Executive Director and budget consideration from all members was supported.

## 9. Chief Executive's report

The Board received the Chief Executive's Report and in particular noted:

- The District will receive significant funding enhancement for Mental Health including mothers and babies.
- Private health insurance usage increased by 108 additional private discharges compared to the same period last year.
- The District now has 400 complete HealthPathways that are accessible to GPs. The SLHD Project Team is currently assisting other Local Health Districts in their roll-out. HealthPathways together with Community Services and Hospital in the Home is making a positive impact on hospital admissions.
- The result for the period ended 30 April 2016 based on the District's budgeted NCoS for the period ended 30 April 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$5.336M (0.42%) favourable to budget and Revenue was \$5.705M (0.46%) unfavourable to budget. For the financial year the District's NCoS is \$0.369M unfavourable to budget.
- The District continues to be at Performance Level zero.
- Emergency Treatment Performance for the District increased by 1.30% in April 2016 to 71.69% compared to April 2015. Concord Hospital's ETP increased by 9.48% for April 2016 compared to the same month last year.
- The District has been asked to host the Physical Well Being of Patients at the Mental Health Conference.
- The Board discussed sustaining performance with increases in growth including:
  - relocation of Palliative Care Unit from Canterbury
  - extra six beds in the Emergency Short Stay Unit
  - more complex surgery
  - ECMO in hospital is funded
  - ECMO out of hospital is not funded
  - impacts on ICU
  - Casemix
  - Need to maintain District services
- The Concord Translational Research Facility is completed.

### 9.1 Finance and Performance Reports

#### 9.1.1 SLHD Board reporting pack – April 2016

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

## 9.1.2 Performance Indicators – April 2016

- (i) The Board received and noted the Selected Performance Indicators report for April 2016.
- (ii) The Board received and noted the Peak Activity Team Performance Indicators report for April 2016.

## 9.1.3 HealthPathways Dashboard Report – April 2016

The Board received and noted this report.

## 9.2 Project updates

### 9.2.1 Lifehouse

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

The Board discussed the recording of this documentation.

### 9.2.2 Macquarie International Private Hospital

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

The Board discussed the recording of this documentation.

## 9.3 Capital Works Report

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

## 9.4 Clinical Governance Report

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

## 9.5 Facility Reports – April 2016

### (i) Balmain Hospital

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

### (ii) Canterbury Hospital

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

### (iii) Concord Hospital

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

### (iv) Royal Prince Alfred Hospital

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

(v) Oral Health Services and Sydney Dental Hospital

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

(vi) Mental Health Services

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

(vii) Croydon/Marrickville/Redfern Health Centres

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

(viii) Drug Health Services

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

(ix) Community Health

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

(x) Population Health

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

(xi) Tresillian

The Board received, read and noted the Tresillian report.

(xii) Organ Donation for Transplant

The Board received, read and noted this report.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

## 10. Matters for approval / resolution

Nil to report.

## 11. Board Committee reports / minutes

### 11.1 Finance, Risk and Performance Management Committee

The Board noted the meeting was held this morning.

## 11.2 Education and Research Committee

The Board received and noted the minutes of the meeting held on 16 May 2016.

## 11.3 Communications Committee

The Board noted the next meeting is to be held on 15 August 2016.

## 11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 23 June 2016.

## 11.5 Health Care – Clinical Quality Council

The Board received and noted the minutes of the meeting held on 25 May 2016.

## 11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 22 May 2016.

## 11.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting held on 20 May 2016.

## 11.8 Patient and Family Centred Care Steering Committee

The Board received and noted the minutes of the meeting held on 11 May 2016.

## **12. Other Committee reports / minutes**

### 12.1 Sustainability Committee

The Board received and noted the minutes of the meeting held on 1 June 2016.

### 12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 11 May 2016.

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

The Board received and noted the minutes of the meeting held on 19 May 2016.

### 12.4 Surgical Demand Committee

The Board noted the next meeting will be held on 15 June 2016.

### 12.5 Revenue Enhancement Development Committee

The Board noted the meeting to be held on 25 May 2016 was cancelled.

### 12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 30 May 2016 were not available.

## 12.7 SLHD Innovations Group

The Board noted the minutes of the meeting held on 25 May 2016 were not available.

## 12.8 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 24 May 2016.

## 12.9 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 10 May 2016 was cancelled due to a workshop.

## 13. Matters for noting

### 13.1 Youthblock – Youth Health Service – New Service Location

The Board received and noted this correspondence.

### 13.2 Patient Safety Issues - Prompt leadership shake-up at NIH – Relevance to SLHD

The Board received and noted this correspondence.

## 14. Other Business

There was no other business.

## 15. Next Meeting


The next meeting is to be held on Monday 18 July 2016 at 9.00am in the Professor Marie Bashir Centre.

The Chair and the Board expressed their appreciation to all staff for their commitment and hard work in arranging the SLHD Research and Innovation Symposium. The Symposium was well run, organised, informative and productive. The feedback the District has received has been very positive and it was noted the broad diversity of staff that attended from all disciplines of the workforce.

Ms Anderson spoke on the “Sorry Day” Ceremony. It was a beautiful moving ceremony and has received positive feedback.

The meeting closed at 9.00am.

Following the meeting, the Board attended the Ministry of Health, Board and Chief Executives yearly conference.



The Hon. Ron Phillips  
Chair

18/7/16  
Date

Terry Dawes



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

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

#### **2016/17 Activity Targets**

The third round of negotiations for FY2016/17 activity targets and service expansions was held with the Ministry of Health on 18 May 2016. Discussion focussed on the finalisation of activity targets and the distribution of service enhancements for the District. The District was commended by the MoH for the high quality of information and data provided throughout the process.

#### **Non-Admitted (NAP)**

The District is currently preparing for the transition of NAP reporting from WebNAP to EDWARD. Patient level data will be uploaded to EDWARD using mLOAD – a new NAP portal which converts the WebNAP extract into an EDWARD extract. This process will commence from 1 July 2016. Summary level data will commence uploading to EDWARD via mLOAD from 1 November 2016, at which point WebNAP will be decommissioned.

The Performance Unit is working with each facility and the Allied Health CHOC team to ensure that the data reported within CHOC Allied Health will meet NAP reporting requirements. This process involves the development of a new extract, and is expected to start testing in the coming months.

#### **Mental Health**

The new Australian Mental Health Care Classification (AMHCC) will be implemented progressively by Local Health Districts throughout the next financial year. Admitted specialist mental health units will be the first to implement the new classification system. The pricing model for the new classification is yet to be completed, with IHPA currently in discussions to finalise the model. The non-admitted mental health activity will continue to be classified under the interim classification currently in use.

The non-admitted mental health data reporting quality project is progressing well, with results already demonstrating increased levels of activity reporting. The ongoing success of the project is attributable to the active engagement of key stakeholders and clinical leaders throughout the SLHD mental health service.

#### **Sub and Non-Acute (SNAP)**

The District continues to report strong results against the MoH's SNAP performance indicators, with 97% of activity grouped for the financial year to date, and 93% of activity reported without any errors.

The ABF Taskforce is currently reviewing the scope of the SNAP data collection to determine if there are mandatory data elements that can be changed to optional. The change of identified data elements from mandatory to optional will reduce the burden of data collection, particularly for the collection of non-clinical items.

## **Clinical Costing**

The iFRAC process has commenced for Round 20, with meetings conducted at all facilities across the District. Costing champions have been identified at each facility, and will each lead the process at their respective facilities. Templates for the iFRAC process have been distributed to all facilities, with completion expected by the end of June 2016.

A non-admitted patient fraction exercise will commence shortly, with each facility participating in the exercise. The exercise will look at how aspects of NAP data can be used to provide more accurate iFRACs NAP services.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage**

For the month of April 2016, SLHD had 19.45% of its patients using health insurance as a proportion of overall activity. While we would like this to be higher, the 2,577 private discharges we had was an improvement compared to the same month last year, increasing by 108 additional private discharges.

### **Single Room Utilisation**

For the month of April 2016, the LHD had 28% of all single rooms taken up by private patients. While 10.4% of all patients were isolated for clinical alert, 46% of all private patients were accommodated in single rooms.

### **Revenue Enhancement Committee**

Risks and opportunities for revenue are currently being identified and scoped.

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

### **Innovations Group**

Eleven applications were received for the second round of The Pitch (eighth round overall) to be presented at the Annual Sydney Innovation and Research Symposium on 17 June 2016. Five of these high-quality submissions have been selected to 'pitch' their ideas, including:

- The use of activPAL®, an accelerometer, to monitor and increase patient activity in rehabilitation, Physiotherapy, Balmain Hospital.
- A bright start for all bubs, supporting babies to continue receiving breast milk after assumption of care by child protection services, RPA Perinatal and Family Drug Health services, Social Work, RPA Hospital.
- Towards reducing disparity, empowering patients and improving pregnancy outcomes via a mobile app – Baby Buddy Australia, RPA Newborn Care, RPA Hospital.
- Keeping the voice alive! Technology to support implementation of best practice Speech Pathology treatment for Parkinson's Disease, Speech Pathology.
- Catch a Vein. Improving success of first blood draw attempts using an infrared device to display a map of vasculature, Redfern Core Team, Mental Health Services.

The Pitch panel for the symposium will include:

- The Hon. Jillian Skinner, Minister for Health.
- Dr Teresa Anderson, Chief Executive, SLHD
- Ms Lisa Havilah, Director, Carriageworks Sydney.
- Ms Annette Schmiede, Executive Leader, BUPA Foundation.

- Ms Rachael Knoblanche, Director, Performance Monitoring, Systems Improvement and Innovation, SLHD.
- Professor Phil Harris, Clinical Director, Cardiovascular Service, SLHD and Clinical Professor, Central Clinical School (Medicine), University of Sydney.

Redesign Leaders are partnering with the Media and Communications team to implement the finalised Communication Strategy for The Pitch. Updated video content highlighting the outcomes and impact of several previous winners is currently being prepared by SLHD Audio Visual Services.

### **Clinical Redesign (CHR Projects)**

Applications for the third intake of the 2016 Clinical Healthcare Redesign Program included:

- Promoting Palliative Care Efficiencies, a joint submission by the Palliative Care, Cancer Services and Sydney District Nursing, Community Health;
- Review of Prosthetics Laboratory Services, a submission by the Sydney Dental Hospital.

Successful applications to the third intake will be notified via email by the 8 June 2016.

*'It's Time – smoother faster treatment for cancer patients at Concord'* CHR 2015 (third intake) project is in the implementation phase. Engineering Services are preparing for works to support the new model of care. Recruitment for the Clinical Nurse Educator and Cancer Systems Innovation Manager are underway to support this and other Cancer Service developments. A new scheduler built to support the new model of care is under development.

*'There's no place like home – improving uptake of home therapies dialysis'* CHR 2015 (third intake) project has commenced implementation. Establishing a strategic vision of 'home therapy first' will support the service improvements, including clearly defined pathways and guidelines during the progression of patients' chronic kidney disease, better patient education and updated home training environments.

The *Connect and Improve* project from Drug Health and the *Canterbury Hospital Pre-Admission Clinic* CHR 2016 (first intake) projects have both had their Project Management Plan approved by the ACI. Following extensive consultation the two teams are currently finalising their 'Diagnostics' reports for submission to the CE.

Megan White and Breda Doyle have been asked by the ACI to present to the CEC Board on 16 June 2016 about the success of the "Don't Restrict My Ability: Restricted Weight Bearing in Orthopaedics" project at CRGH.

The *Too Long to Wait* project from Canterbury hospital are in their second phase of implementation. A review of the current initiatives is being undertaken to further progress and escalate priority solutions.

### **Clinical Redesign (Other Projects)**

The Cancer Institute has confirmed the next four years' funding for a range of roles including the Performance and Redesign Program Manager – Cancer Services role, which is currently filled by Liesl Duffy. The role's new KPIs relate to pathways and timelines from diagnosis to implementation of treatment for rectal, liver, ovarian and lung cancers. Work is underway to identify and pursue relevant initiatives.

The *General Practice Casualty (GPC) Fracture Clinic* project led by Dr Owen Hutchings is developing a clinic to provide local follow-up for uncomplicated fractures presenting to the Balmain GPC. The team are currently progressing appropriate credentialing of medical staff before the pilot can commence.

The *Xtend* project, which is using a new workforce model to enhance care for patients with heart failure, has commenced recruitment of four assistants in nursing to extend the reach of heart failure CNCs. The model of care, escalation pathways and education/orientation plan for the new staff members is being finalised. While key outcomes measures have largely been determined, a more detailed evaluation plan is under development.

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

The latest AIM course was held in May 2016 with 21 participants in attendance. Feedback regarding the delivery and content was positive. The following AIM course will be held on 25-26 August 2016. The ACI have established an AIM Steering Committee to provide strategic and operational oversight of the AIM program at a state level. Both redesign leaders at SLHD are active members of this Committee.

### **HealthPathways Workgroups**

A workgroup for Adolescent Mental Health was held on 4 May 2016 and brought together key stakeholders from SLHD Mental Health, Paediatrics and Youth Health services as well as leading NGOs operating in this sphere. The workgroup identified key issues in terms of service access and the limitations of the various service providers and the limitations in communication between the LHD services, General Practice and the organisations such as Headspace.

Next workgroups include:

- Nutrition and Dietetics (2 June 2016).
- TIA and Stroke Management (16 June 2016).

Outside of the workgroup process the development of pathways has also commenced for Obesity, Child Protection and Families at Risk, Legionnaire's Disease and Problem Gambling.

### **Pathways**

To date, the development of 554 clinical, requesting and information pathways have been initiated and presently we have:

- |   |     |
|---|-----|
| • Complete and accessible to GPs                    | 400 |
| • Completed and being updated or under 2 yr. review | 6   |
| • Localising (from other HP regions)                | 136 |
| • New Pathways being developed                      | 12  |

Thirty two pathways were released in May 2016, taking the overall total number of completed pathways to 406. This placed the Sydney program as the lead Australian site in terms of completed pathways. Tasmania also achieved the four hundred mark this month and only four New Zealand sites have achieved the four hundred mark.

Pathways completed and published this month include Benign Gynaecology, contraception and Endocrinology referral. The Program Team is currently finalising additional gastroenterology pathways, colorectal pathways and pathways for both ENT and Ophthalmology.

## Pathway Reviews

The process of undertaking a cyclical two year review of completed pathways commenced in late April 2016, with the first 20 completed pathways shortly to go through both internal and external reviews. A newly established review process is undergoing testing with pathways for immunisation along with the establishment of a team of community based GPs and practitioners who will undertake the reviews. The appointment of a part time Project Officer to manage this process is underway via the Central and Eastern Sydney Primary Health Network (PHN).

## Usage of HealthPathways

Usage of the website remains high in comparison to other NSW pathway sites, with May 2016 maintaining the user numbers and page views of the previous months.

	May 2016	April 2016
Sessions of use	2,645	2,647
Unique page views	8,857	9,146
Different users	700	662

## FINANCIAL PERFORMANCE

### General Fund *(based on new NET Cost of Service Basis)*

The 2015/16 Board and Ministry Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS) result. The following analysis reflects the result for the period ended 30 April 2016 based on the District's budgeted NCoS. For the period ended 30 April 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$5.336M (0.42%) favourable to budget and Revenue was \$5.705M (0.46%) unfavourable to budget. For the financial year the District's NCoS is \$0.369M unfavourable to budget.

**The Chief Executive and the Director of Finance are confident that the District will have an on budget result for the 2015/16 financial year despite the challenges that are facing the District. The District has good controls in place and monitors performance on a daily basis.**

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

### Expenditure

For the month of April 2016 Total Expenditure was \$3.583M unfavourable to budget. The result for the month reflected the impact of the reallocation of Salaries & Wages recoups that had been processed as expenditure reductions to Revenue. For the month there were favourable variances for Overtime (\$0.528M), VMO Expenses (\$0.482M) and Goods & Services – Admin (\$0.381M). These results were offset by unfavourable variances in Salaries & Wages (\$2.811M), Annual Leave (\$0.701M), and Goods & Services – Clinical (\$2.143M).

Year to date (YTD) Total Expenditure is \$5.336M (0.42%) favourable to budget, reflecting favourable results for Salaries and Wages (\$7.428M), Overtime (\$2.223M) and Goods and Services – Clinical (\$1.552M). These favourable results were offset by unfavourable variances in Annual Leave (\$3.912M), Superannuation (\$3.597M), Goods & Services – Admin (\$0.501M) and RMR Expenses (\$2.752M).

RMR Expenditure was \$0.884M favourable to budget for the month. Year to Date RMR Expenditure is \$2.752M unfavourable to budget. The YTD unfavourable result reflects unfavourable variances in Maintenance (including maintenance contracts) (\$2.985M) and Repairs (\$0.860M). These results were offset by a favourable result New & Replacement Equipment (\$2.095M).

## Revenue

For the month of April 2016 Total Revenue was \$3.920M (3.62%) favourable to budget. The result for the month reflects the impact of the reclassification of Salaries & Wages recoups from expenditure to revenue. For the month there were unfavourable budget results in all revenue categories except Other Revenue (\$7.723M) and Grants and Contributions (\$0.358M). The major unfavourable variances were Patient Fees (\$0.590M) and User Charges (\$3.571M) which included the reclassification of the TMF Hindsight adjustment from this revenue category to Other Revenue.

Year to date Total Revenue is \$5.705M (0.46%) unfavourable to budget. The YTD result reflects unfavourable variances in all Revenue categories except Other Revenue. The major unfavourable variances are in Patient Fee revenue (\$6.061M), User Charges (\$4.230M) and Grants & Contributions (\$0.507M). The unfavourable result for Patient Fee revenue reflects the impact of the growth in the District' revenue target for the 2015-16 financial year.

## Special Purpose and Trust

Special Purpose and Trust (SP&T) NCoS was \$0.350M unfavourable to budget for the month of April 2016. This result reflects an unfavourable budget variance for Revenue of \$0.477M offset by a favourable result for Expenditure of \$0.127M. Year to Date SP&T NCoS was \$1.642M favourable to budget; this result reflects a favourable budget variance for Revenue of \$0.149M and a favourable result for Expenditure of \$1.493M.

## Consolidated Result

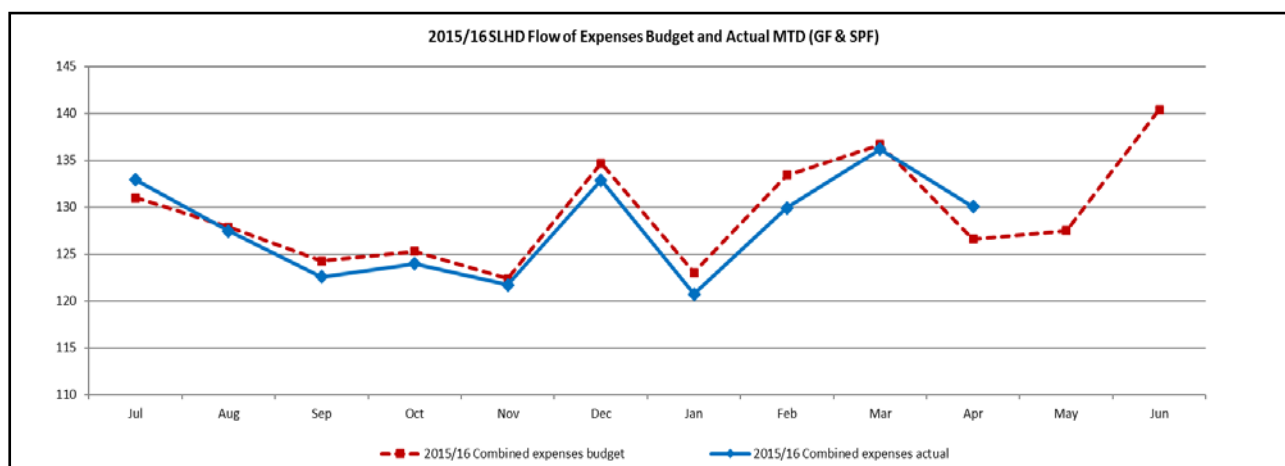
For the period ended 30 April 2016, the consolidated year to date NCoS result for the General Fund and SP&T was \$1.273M favourable to budget. The result comprises a favourable Expenditure variance of \$6.829M offset by an unfavourable Revenue budget variance of \$5.556M.

## Financial Performance *(Based on new MoH Reporting Format)*

For the period ended 30 April 2016, SLHD recorded a Total Net Result of \$14.138M which was \$1.442M (11.36%) favourable to budget. The Net Direct Operating Result (GF and SP&T) at the end of April 2016 was \$4.773M favourable to budget. The YTD result reflects lower than budgeted Revenue, \$3.692M unfavourable, offset by favourable Expenditure variances of \$8.465M.

YTD Total Direct Revenue is \$3.693M unfavourable to budget, comprising \$3.991M unfavourable for the General Fund offset by a favourable variance in SP&T Fund of \$0.299M. The GF result reflects unfavourable variances in all revenue categories except Other Income.

Total Direct Expenditure is \$8.465M favourable to budget for the year, comprising \$8.173M favourable for the General Fund and a favourable variance of \$0.292M for Special Purpose & Trust funds. The GF result reflects favourable variances in Salaries & Wages (\$7.428M), G&S – Clinical (\$1.552M) and G&S – Support (\$3.898M). These results were offset by unfavourable results for Salaries & Wages Oncosts (\$6.836M) and G&S – Admin (\$0.501M).



2015/16 SLHD Flow of Expenses Budget and Actual MTD (GF & SPF)														YTD Jun
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
2015/16 Combined expenses budget	130,967	127,883	124,271	125,287	122,376	134,668	123,038	133,410	136,659	126,598	127,483	140,400	1,553,039	
2015/16 Combined expenses actual	132,916	127,468	122,557	123,955	121,713	132,864	120,711	129,910	136,181	130,054			1,278,329	
Variance (+ Fav, - Unfav)	-1,949	415	1,714	1,332	663	1,804	2,327	3,500	478	-3,456				
% of Budget	8.43%	8.23%	8.00%	8.07%	7.88%	8.67%	7.92%	8.59%	8.80%	8.15%	8.21%	9.04%		
YTD Budget expended	8.43%	16.66%	24.66%	32.73%	40.61%	49.28%	57.20%	65.79%	74.59%	82.74%	90.95%	100.00%		

## Liquidity

The District had NIL creditors over 45 days as at 30 April 2016.

The District achieved the target of 100% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of April 2016.

The cash balance at 30 April 2016 for the SLHD Operating bank account was \$7.753M and the Operating Cash book balance was \$7.492M.

## Capital Works (SMRS PROJECTS)

The District's Full Year Capital works budget as at the end of April 2016 is \$25.943M comprising \$3.500M of MoH funded and \$22.443M of locally funded projects. Actual expenditure as at the end of April 2016 was \$15.114M, which is \$2.733M below the projected expenditure.

## PERFORMANCE

The District continues to be at Performance Level 0.

### Activity

April 2016 FYTD total number of separations increased across the District by 2.31% compared to April 2015 FYTD. For the same period acute separations are up 2.09% compared to the same period last year. Canterbury Hospital's acute same day separations for April 2016 FYTD increased by 34.29% compared to the same period last year.

Emergency department attendances increased by 3.11% for April 2016 FYTD compared to the same month last year. There were 12,849 ED attendances in April 2016. Canterbury ED attendance increased by 4.90% for April 2016 FYTD.

The District occupancy rate for April 2016 increased by 3.17% compared to the same month last year. Canterbury Hospital's occupancy rate for April 2016 increased by 10.44% compared to the same period last year.

## **Emergency Treatment Performance**

The Emergency Treatment Performance (ETP) performance for the District increased by 1.30% in April 2016 to 71.69% compared to April 2015. Concord Hospital's ETP increased by 9.48% for April 2016 compared to the same month last year.

## **ED Triage**

Canterbury Hospital and Concord Hospital achieved all emergency department triage categories for April 2016. RPA met triage category targets 1, 2, 4 and 5 in April 2016. RPA performance in triage category 3 improved on the previous result for April 2015, increasing by 14.75%.

## **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 2016 for all categories.

## **Transfer of Care**

The Transfer of Care (TOC) for the District increased by 15.10% for April 2016 compared to April 2015. The TOC target (90%) was met by all three emergency departments in April 2016. RPA increased by 23.27% to 93.65% for April 2016. Canterbury Hospital increased by 8.07% to 96.75% for April 2016. This result again highlights the success of the RPA TOC Program in operation in SLHD Emergency Departments.

## **Safety and Quality**

The District continues to achieve the root cause analysis (RCA) target for April 2016. Mental Health Readmissions within 28 days continues to be above the target of <13% for January YTD 2016 and has increased from the same period last year from 16.6% to 18.0%.

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

There were no incorrect procedures in SLHD operating theatres in April 2016.

## **Workforce**

Premium staff usage for medical decreased for April 2016 compared to the same period last year by -0.1%. Allied health premium staff usage increased by 0.1% in April 2016 compared to the same period last year. There was no variance for nursing staff usage for April 2016 compared to the same period last year.

## **CAPITAL WORKS**

### **Concord Translational Research Facility**

Handover occurred on 1 June 2016.

### **Concord EMU**

Refurbishment of Building 75 has commenced to house CRGH Executive Unit. Demolition for the internal stairwell connecting the ED to the office area will commence in July 2016. Works will be undertaken in a staged program to allow the ED to operate throughout the construction period.

### **RPA Stonework Repair Main Facade**

This work is nearing completion. The sheds and hording are to be removed by the end of June 2016.



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

This project is complete, with the opening of the building celebrated on 16 May 2016.

## **SLHD Aged Care Network**

The detailed design continues for this body of work. Planning for the construction phase is underway. Tenders will go to market for the construction contractor in June 2016.

## **Medical Imaging Equipment Purchases**

Orders have been placed for the following new equipment:

- CT scanners (x 2 RPA).
- Angiography Suites (x 3 RPA).
- SPECT CT Scanner (x 1 CRGH).

## **RPA Radiology**

Design for new angiography suite completed and signed off. Cost estimates for the building approved. Vendor requirements now confirmed with Philips being the successful vendor. Pre-installation building works have commenced.

## **Sydney Dental Additional Chairs**

Demolition complete, rough-ins have commenced.

## **SLHD Bed Replacement Program**

In total, \$3.460 million confirmed funding received from the MoH to replace beds across the District. Deliveries to all facilities are well in advance.

## **PLANNING**

### **Green Square HealthOne**

The preliminary Green Square HealthOne Clinical Services Plan (CSP) was submitted to Health Infrastructure NSW in May 2016, to inform the Strategic Business Case for the HealthOne Strategy across the State. The District is currently preparing to undertake more detailed consultations and planning to inform the next phase of the project, which is to develop the more detailed site-specific project briefs. At this stage upcoming consultations include:

- A follow-up meeting of the Academic Primary Care Unit Collaborative; which includes representation from SLHD, USYD, UNSW, UTS, University of Notre Dame and the Central Easter Sydney PHN. This meeting will look to define the process for collaboration, and the core components of a conjoint Academic Primary Health Care Unit at the Green Square HealthOne – 24 June 2016.
- Initial Community Consultation with Green Square residents; this consultation is being undertaken in collaboration with City of Sydney Council. A survey will also be sent out to existing residents and buyers to gain further insight into community needs and expectations for health and wellbeing services in the area – 11 August 2016.

### **Parramatta Road Urban Transformation Strategy and Biotechnology Industry Strategy**

UGNSW is in the last stages of finalising the Parramatta Road Transformation Strategy. Precinct Review Panels were held in late May 2016, with representatives from SLHD Planning Unit and Population Health given the opportunity to again highlight the issues and opportunities for our district in regards to the strategy. Key points included:

- The importance of RPA/USYD as a strategic centre, particularly as it is a major hub for transport and road connections.
- SLHD being very supportive of the opportunity for value capture to fund state infrastructure and services.
- The need for good access and public transport to major health facilities, including the CRGH and RPA.
- Strengthening the healthy urban development and liveability principles throughout the Strategy.
- Expanding the capacity for open space, including continuing to expand the green grid in the area and supporting the Greenway project.
- Supporting the further expansion of public transport options in the corridor, especially light rail.
- Supporting affordable housing as a component of the Strategy.

A draft economic case has been developed, in collaboration with the USYD, for a biotechnology hub in the Camperdown precinct. This has strong support from the City of Sydney and Leichhardt Council. Preliminary discussion was well-received at the Precinct Review Panels regarding the biotechnology hub, and UGNSW are keen to receive the business case once finalised. SGS Economics and Planning Consulting has been engaged to complete this work.

### **Central to Eveleigh (C2E)**

The Social Impact Assessment for the North Eveleigh West precinct, which is the first precinct to be developed within the C2E, is currently being drafted with the consultants compiling feedback already received from the District, other government organisations and the community. A draft will be made available to the District in the next month to provide further feedback.

### **Aboriginal Health Strategic Plan**

Based on the consultation held in late March 2016, amendments have been made to the plan, including additional data, further exploration of achievements made under the previous plan and refinement of strategies. The Plan will be circulated in June 2016 to internal and external stakeholders for review.

### **Inner West Youth Health and Wellbeing Plan**

A Youth Health and Wellbeing Workshop will be held on 8 June 2016, with key stakeholders and partnership representatives invited to inform the development of the planning framework for the plan. To date, two proposals undertaking the development of the Plan have been submitted in response to a request for fee proposal. A preferred consultant has been identified and paperwork is currently being finalised to engage the Consultant via the funding contributed to by the collaborative partnership agencies. A draft plan is expected to be available in December 2016.

### **Oral Health Clinical Stream and SDH Clinical Service Planning**

The Planning Unit is assisting in the development of the Oral Health Stream and SDH Clinical Service Plan. A pro forma to describe current and proposed future services/models of care has been circulated to each department for completion by 3 June 2016. Follow-up focus groups with key staff in each of the Oral Health Service Streams will commence on the 9 June 2016. Further consultations with stakeholders outside of the Oral Health Clinical Stream will be undertaken in early July, with a draft Clinical Service Plan to be available early August.

## **Paediatric and Adolescent Position Paper**

The drafted paper was presented to the Paediatric Surgery and Service Capability Steering Committee in May 2016. Further feedback was received regarding models of care and staffing. The amended position paper will be available for final review by the Clinical Director and Manager in June 2016.

## **YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE**

The Yaralla Estate Community Advisory Committee met on 17 May 2016. A proposal to host a Disc Golf competition at the Estate was not supported due to concerns that the sport may pose a risk to community members, native birds and heritage listed trees. A recent proposal was submitted to the Committee requesting permission to host a coffee cart at the Estate. This proposal is being reviewed by Committee members and a decision regarding the proposal will be made at the next meeting to be held on 19 July 2016.

The Yaralla Estate will welcome back the production team of The Great Australian Bake Off this year, following the success of the first season which was filmed entirely on location at Yaralla. The exquisite grounds of the Estate provided the perfect back-drop to the show, and the same temporary marquee structure will once again feature as the 'Bake Off Shed'. The set and locations have been approved by Sydney Local Health District and the NSW Office of Environment and Heritage and funds received from filming will be used to maintain the Estate.

## **SYDNEY RESEARCH**

### **Urban Growth**

Under the Plan for Growing Sydney, the Government will plan for land use and infrastructure requirements of the significant metropolitan health and education precincts at Broadway/Camperdown and other identified precincts. SGS Economics and Planning is assisting the USYD and SLHD in the development of a case to retain the Camperdown precinct of the Parramatta Road Urban Transformation Strategy for commercial purposes to support the development of a Biomedical and Biotechnology Hub.

It is important that the case justifies strategic land-use, planning and infrastructure investment. This approach builds on existing strengths and attracts researchers and industries focussed on innovation and translational capacity building. It should also include arguments for liveable space, which provide employment and service opportunities, affordable housing, and recreational activities supporting a healthy lifestyle for the community. Key themes to be explored in the development of the case include:

- Growth projections and any constraints to growth and space.
- Attractant, retention and growth of knowledge, expertise and service.
- The unique proposition presented by the biotech hub and rezoning of lands.
- Industry partnerships. Current and potential outcomes through such partnerships.
- Economic benefits and projections - return on investment.
- Potential for developments in the following areas:
  - Surgical devices and prosthetics.
  - Imaging and new radiology interventional technologies.
  - Hand held devices for imaging and early diagnosis, use of new app technologies for home monitoring.
  - Public-private partnerships in industry and employment growth.

## **Watt Review and HERDC**

Sydney Research continues to lobby the government to enhance understanding of how education, research, training and clinical services are delivered on the ground through high levels of collaboration and interdependency. In particular, that it is appropriate for Commonwealth research block grant funding to support University research and research training activities carried by unpaid (by the University) title holders based in affiliated research institutes and University clinical schools located in LHD facilities.

To date, the following has occurred:

- Site visit to the Camperdown Health precinct. Ms Belinda Robinson, Chief Executive, Universities Australia. Feedback from Ms Robinson indicated that the experience will contribute to the quality of the policy debates, in particular, to be able to put them into a practical context.
- Consultation meeting with Ms Jessie Borthwick, Acting Deputy Secretary, Higher Education, Research and International, and Mr Dom English, Group Manager, Research and Economic, The Commonwealth Department of Education and Training on 26 April 2016.
- Meeting held with the Chief Health Officer and Minister for Health and Medical Research.
- USYD Senate May meeting – presentation and consultation by Professor Laurent Rivory.

Sydney Research will also continue to work with agencies such as the Association of Australian Medical Research Institutes in driving this agenda forward.

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

The SHP Memorandum of Understanding has received endorsement from most Partner Affiliates and this will now be prepared for sign off at the June 2016 Governing Council meeting. The SHP logo has been selected (please see below) and the Executive Management Committee has endorsed the recruitment of the part-time Media and Communications Officer.



A Thematic Stream Leaders meeting was held in April 2016 and agreement was reached that this group will be formalised and meet on a quarterly basis. A workshop is to be convened in October 2016 with the purpose of developing strategies and initiatives.

## **Sydney Research and Innovation Symposium 2016: MRI Open day, Research Awards and PHN event**

Planning is well advanced for the symposium, which will be held on 16, 17 and 18 of June.

Planning for the MRI Open day event on Thursday 16 June, 2016 includes seven participating MRI's/Centres offering the opportunity to meet with researchers and partake in tours of the Charles Perkins Centre. This year, sponsors to the Symposium will receive a personalised invite to attend the open day and be treated to personalised tours and engagement with leading researchers.

At 5 pm on the Thursday night, the District will host a cocktail party at the Australian Technology Park for sponsors following the setup of displays/stands. Members of the Executive, Board, and Clinical Directors have been invited to mingle with the sponsors. Key staff have also been invited as recognition of the excellent work they have been undertaking.

Friday 17 June will be the main part of the Symposium. Julie McCrossin will MC the day, including the Great Debate. The District has received over 750 registrations for the event so far.

There has been a great response to the call for Sydney Research Awards 2016 with over 40 applications received across the six categories. The review panel noted that both the number and quality of applications received this year are an improvement on 2015. This positive sign tells us the program is growing both in demand and stature. Award recipients will be announced at the Symposium cocktail event. Over 450 people have registered for the awards.

The Central and South Eastern PHN, in collaboration with the Faculty of Health Sciences USYD, is leading a community event on Saturday 18 June from 12:00 to 5:00 pm at the Kerry Packer Auditorium. The event is titled, *Good Health - The New Thinking. Practical Innovations in Primary Health Care*. Approximately 200 attendees are expected to attend.

A handwritten signature in black ink, appearing to read 'Teresa Anderson'.

Dr Teresa Anderson  
**Chief Executive**

Date: 20.7.16