

## Sydney Local Health District

### Sixtieth Meeting of the Board

Date: Monday 21 November 2016

Time: 9.00am -11.15am

Venue: SLHD Boardroom

Chair: The Hon. Ron Phillips, Chair

#### 1. Present and apologies

The Hon. Ron Phillips, Chair  
Dr Barry Catchlove, AM,  
Ms Victoria Weekes, Member  
A/Prof. Christine Giles, Member  
Professor Paul Torzillo AM, Member  
Ms Frances O'Brien, Member  
Ms Joanna Khoo, Member  
Ms Susan Anderson, Member  
Mr David McLean, Member  
Dr Teresa Anderson, Chief Executive

#### Apologies

Dr Thomas Karplus, Member

#### In attendance

Ms Lou-Anne Blunden, Director Clinical Services Integration, SLHD (9.00am – 9.35am)  
Ms Nerida Bransby, Secretariat  
Ms Camilla Cameron, GHMP Trainee  
Ms Kirsten Brighten, GHMP Trainee  
Ms Karla Fedel, GHMP Trainee (9.00am – 9.35am)

#### **Sydney Dental Hospital and Oral Health Services Executive (Arrived 9.00am – Departed 9.35am)**

Dr Jason Cheng, Acting General Manager  
A/Prof Sameer Bhole, Clinical Director  
Dr Alicja Smiech, Clinical Manager Student Training Programs, Sub-Dean, SDH Affairs Faculty of Dentistry, University of Sydney  
Dr Shilpi Ajwani, Head, Oral Health Promotion & Oral Health Research  
Ms Frances Williams, Manager, Corporate Services  
Mr Callum Blanchard, Business Manager  
Ms Najma Segaram, Human Resources Manager  
Dr Kim Horneman, Manager, Performance & Evaluation  
Dr Trupta Desai, A/Head of Department and Clinical Manager, Community Oral Health Clinics  
Mr Walter Twomey, GHMP Trainee

## 2. Welcome and introductions

The Chair welcomed Members and Guests to the sixtieth meeting of the Sydney Local Health District (SLHD) Board.

### Presentation

Dr Jason Cheng, Acting General Manager, presented on Sydney Dental Hospital and SLHD Oral Health Services including:

- Oral Health Services and the Population it services
- Introduction and overview
- Organisation Chart
- Service locations and number of chairs
- Staffing levels
- Major capital upgrades
- Major achievements including
  - EQUIP National
  - Work Health Safety Numerical Profile
  - Finalist in the MoH awards and Chairman's award

Following the presentation the Board and the Executive discussed:

- "Your Say" survey results.
- Security Issues have been addressed and negotiations are still underway with the HSU to agree to the layout of the reception area including security screens.
- Planning and broadening of the role of the SDH to include primary health clinics to enhance the wellbeing of patients as a whole.
- The professionalism of staff in the management of the TB incident.
- Communications with the mental health teams for vulnerable patients when appropriate.
- Routinely liaises with the Emergency Departments in trauma management.
- The SLHD relationship with the Faculty of Dentistry.

The Chair thanked the Oral Health Executive for their presentation, excellent service and professionalism and maintaining normal business especially during the last two busy months. The Board discussed and agreed to look at opportunities to profile the great work being done at the Sydney Dental Hospital through the Communications Committee.

Dr Cheng advised the Board and the Chief Executive that it was a privilege to have them all here at the SDH for the Board meeting and for their leadership and support.

## 3. Declaration / Removal of conflicts of interest

The Chair advised to declare / remove any conflicts of interest at this meeting.

There were no conflicts of interest to declare at the meeting.

## **4. Confirmation of previous minutes**

### 4.1 Minutes 17 October 2016

The minutes of the Board meeting held on Monday 17 October 2016 were moved and seconded.

The Chair then signed the minutes.

### 4.2 CE Report – October 2016

The Chief Executive advised the Board that the CE Report for October 2016 had incorrect financial data and would be updated and presented to the December meeting to approve for publication.

## **5. Matters arising from the previous minutes**

### 5.1 Action sheet

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

## **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**

Nil to Report

## 9. Chief Executive's report

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

- SLHD has submitted a draft DNR for the round 20.1 of costing. This is the final round for the costing for 2015/16. The process of identifying areas requiring review and refinement are underway. The Board agreed to have a presentation on DNRs at the next meeting.
- September 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$1.328M (1.04%) unfavourable to budget, year to date GF Expenditure was \$0.317M (0.08%) favourable to budget. GF Revenue was \$0.917M (0.72%) favourable to budget for the month and \$1.685M (0.42%) unfavourable to budget YTD. For the financial year ended 30 September 2016 the District's GF NCoS was \$1.368M unfavourable to budget.
- For the month of September 2016 GF Total Expenditure was \$1.328M (1.04%) unfavourable to budget, reflecting unfavourable results for Salaries & Wages (\$0.625M), Overtime (\$0.628M), Goods and Services – Clinical (\$2.634M) and Goods and Services – Support (\$0.389M). These unfavourable results were offset by favourable variances in Goods & Services – Admin (\$2.520M), Superannuation (\$0.212M) and Annual Leave (\$0.311M).
- Total Revenue was \$0.917M (0.72%) favourable to budget for the month of September 2016, which is an excellent result. The result for the month reflects favourable variances User Charges offset by unfavourable results in all Revenue categories. The major unfavourable variances were in Patient Fee revenue (\$0.486M) and Grants & Contributions (\$0.032M).
- Year to date GF Total Revenue was \$1.685M unfavourable to budget. The unfavourable YTD result is primarily related to unfavourable variances in Patient Fee revenue (\$1.737M), Grants & Contributions (\$0.532M) and Other Revenue (\$0.613M).
- Special Purposes and Trust Funds NCoS was \$0.491M favourable to budget for the month of September 2016 and \$1.091M favourable to budget for the first quarter of the financial year.
- The District continues to be at Performance Level 0.
- Emergency department attendances increased by 1.18% for September 2016 FYTD compared to the same month last year. There were 12,915 ED attendances in September 2016.
- SLHD Continues to be the top performer in the area of unplanned readmissions.
- A brief will be prepared for the Board on strategies to strengthen its quality and safety systems and processes. Dr Catchlove advised the Board of a white paper titled "From Safety-I to Safety-II being presented at the Clinical Quality Council.
- At the last Yaralla Community Advisory Committee meeting it was proposed to hold a picnic on the Estate on Australia Day. All participants would bring their own picnic and there would be no alcohol permitted. The Board supported and approved this initiative.
- The Board discussed the information concerning the TB incident at the Sydney Dental Hospital.
- The Board discussed the information concerning the fire started by a patient in the roof of the Professor Marie Bashir Centre and the evacuation and relocation of all the patients. No patients or staff members were injured.

The Board commended and congratulated the District Executive, Expert Clinicians and all other relevant staff involved in managing these two situations.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – September 2016

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

### 9.1.2 Performance Indicators – September 2016

#### (i) Selected Performance Indicators

The Board noted this report was not available.

#### (ii) Peak Activity Team

The Board noted this report was not available.

### 9.1.3 HealthPathways Dashboard Report – September 2016

The Board received and noted this report.

## 9.2 Project updates

### 9.2.1 Lifehouse

The Board received and noted the information contained in the Chief Executive's Confidential Report.

### 9.2.2 Macquarie International Private Hospital

The Board received and noted the information contained in the Chief Executive's Confidential Report.

## 9.3 Capital Works Report

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

## 9.4 Clinical Governance Report

The Board noted the next report is due in December 2016.

## 9.5 Facility Reports – September 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. The Chief Executive updated the Board on the outcome of the clinical incident that occurred in July 2016.

(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. The Chief Executive advised the Board of the RPAH Planning Workshop held with clinicians. The Board will be invited to the next workshop.

(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 new format for 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 noted the next report is due in December 2016.

(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 received and noted the minutes of the meeting held 17 October 2016.

### 11.2 Education and Research Committee

The Board noted the next meeting is to be held on 21 November 2016.

### 11.3 Communications Committee

The Board noted the next meeting is to be held in February 2017.

### 11.4 Audit and Risk Committee

The Board noted the meeting was held on 18 November 2016.

### 11.5 Health Care – Clinical Quality Council

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

### 11.6 Health Care – Clinical Council

The Board noted the meeting was cancelled due to a planning forum.

### 11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 2 December 2016.

### 11.8 Patient and Family Centred Care Steering Committee

The Board noted the meeting was held on 9 November 2016.

## 12. Other Committee reports / minutes

### 12.1 Sustainability Committee

The Board received and noted the minutes of the meeting held on 5 October 2016.

### 12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 12 October 2016.

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

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

## 12.4 Surgical Demand Committee

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

## 12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 26 October 2016.

## 12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 15 September 2016 were not available.

## 12.7 SLHD Innovations Group

The Board noted the minutes of the meeting held on 26 October 2016 were not available.

## 12.8 Organ Donation for Transplantation

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

## 12.9 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 11 October 2016 was cancelled. The Chief Executive advised the Board that this committee will be restructured with a focus on quality and safety

## 13. Matters for noting

### 13.1 Letter to SLHD from MoH re August 2016 Performance Update

The Board received, read and noted this correspondence.

## 14. Other Business

The Board congratulated the District on an excellent Annual General Meeting.

The Chair and the Board requested that sincere congratulations for monitoring performance and thanks be conveyed to the District Executive and the relevant teams during the very difficult period in the last two months. The District controlled and managed the incidents professionally with no adverse outcomes whilst maintaining normal business and should be commended.

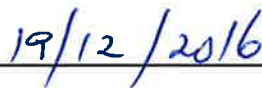
## 15. Next Meeting

The next meeting is to be held on Monday 19 December 2016 at 9.00am.



The meeting closed at 11.15am.

  
\_\_\_\_\_  
Chair

  
\_\_\_\_\_  
Date

Following the meeting the Board toured the Sydney Dental Hospital.

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

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

#### **Acute Admitted Activity**

Data validation for acute admitted data is the main focus for this current period due to costing process for 2015/16 being in its final phase. The Performance Unit is working in collaboration with the Coding Coordinators and Managers across the sites in order to have the acute admitted data validated and completed to the best possible standard. This process comprises of entering clinical codes for 960Z admissions into a worksheet for manual grouping, coding of uncoded admissions that are due for costing as a priority, encouraging and assisting facilities to attend to the weekly data quality and HIE error reports.

In terms of data quality, ED data errors have been attended to with great effort. The issue with ED diagnosis disappearance has been identified and root cause was found and discussed appropriately with the relevant service unit and resolved. Ongoing work is required from the facilities to keep the HIE and coding errors down to minimal levels. This exercise will contribute and improve the accuracy and timeliness of reporting and costing.

#### **Mental Health**

- Australian Mental Health Care Classification (AMHCC) implementation: Introductory meetings have taken place with the Ministry of Health (MoH) project team to discuss first steps for implementation at our District. A request has been sent to IM&TD to commence making the required ICT changes to the Patient administration system as soon as possible. User acceptance testing (UAT) has already been carried out at other pilot sites and therefore should enable an efficient UAT process for our District. Training for all mental health clinicians in the new classification is due to commence shortly. The training will initially be conducted by MoH and then taken over by District trainers who will have received education delivered by MoH.
- Non-admitted mental health: For the first two months of this financial year, non-admitted mental health reported activity is meeting 100% of target. However collaborative work is ongoing to address anomalies between source system data and reported data.

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

Reported SLHD SNAP activity is overall on target for the first two months of the financial year with a positive 1.19% variance to target. The new NSW Health care type policy has been adopted by the SLHD to replace the previous District specific policy. The new policy has additional information relating to the new mental health care type being implemented with the AMHCC classification.

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

NAP Patient Level Project has begun in response to the policy 'Non-Admitted Patient Activity Reporting Requirements' and guideline 'Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting' released by MoH. The Project focuses on improving NAP patient level data at SLHD with the objective of improving from the current level of 69% patient level data to 90% by 30 June 2017 to minimise future risk to funding.

The consultation process will happen at the NAP Patient Level Workshop on Friday 2 December 2016 at Balmain Boardroom. NAP Coordinators and key stakeholders will be attending this workshop.

Concurrently, the Performance Unit is organising another one day workshop on Monday 5 December 2016 with the MoH ABF Taskforce to present the new NAP classification principles and establishment types. This body of work is being undertaken by the ABF Taskforce across the State to try and improve the consistency in the way clinics are classified and reported across the NSW Health system. Other items on the agenda are the transition to EDWARD, CHOC, and review of Service Unit Classifications.

## **Clinical Costing**

SLHD has submitted a draft DNR for the round 20.1 of costing. This is the final round for the costing for 2015/16. The process of identifying areas requiring review and refinement are underway. This review involves key stakeholders across the district and is driven by the Chief Executive, Director of Finance, Director of Operations SLHD, Director Performance, and the A/Director Strategic Financial Projects & Education. Several meetings have taken place with the ABF Taskforce to review the draft result and areas for improvement have been discussed with no major areas of concern noted. SLHD have continued work to refine and improve the costing data to improve the quality of the submission. The final DNR will be submitted in mid-November 2016.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage**

For the month of September 2016, SLHD had 17.37% of all patients as private using their health insurance (2,429 out of 13,980).

Unfortunately as reported previously, a decision was made to not admit patients privately into EMU's (Emergency Medical Units) or Maternity Units for foetal monitoring due to a perceived administrative burden. This had affected RPAH and Canterbury's figures far more than predicted. Concord Hospital does not have an EMU or maternity services and its results have remained consistent. Further review has occurred and the District has now reinstated the previous practice at RPA and Canterbury. For the month of October, the LHD came in at 18.6%, with improvements at both RPA and Canterbury.

### **Single Room Utilisation**

For the month of September 2016, SLHD had 26% of all single rooms taken up by private patients. While 9.7% of all patients were isolated for clinical alert, 42% of all private patients were accommodated in single rooms.

### **Revenue Enhancement Committee**

A report on the Revenue strategies being implemented by the District are outlined in the attached Brief.

## **PERFORMANCE AND REDESIGN UNIT**

### **Innovations Group**

To supplement and build on the success of the Pitch, the Innovations Group plans to hold an innovations drive, to surface, refine and promote great ideas across the District, with a particular focus on:

- Small innovations that do not need substantial funding investment, such as a change to work flow
- Major innovations which require more funding than can be accommodated through the Pitch
- Support services, such as engineering, environmental services, etc., which may require more targeted support to develop and document their great ideas.

The final Pitch event for 2016 will be held Friday 18 November 2016 at the Concord Medical Education Centre.

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

The *Palliative Care: Access, Care, Equity (PC-ACE)* project (formerly Promoting Palliative Care Efficiencies; CHR 2016 – third intake) and the *Review of the Department of Orthodontics at the Sydney Dental Hospital* are currently finalising their diagnostics work.

The *Connect & Improve* project from Drug Health (CHR 2016 – first intake) held a successful launch event at Canterbury primary distribution outlet on Thursday 29<sup>th</sup> September, with around 50 people attending and celebrating the next phase of this service's redevelopment. The team presented their project's progress at the NSW Health HIV & Related Programs (HARP) Forum on 28-29 October. Their early priorities for implementation include establishing the Service User Advisory Group, which will inform and guide the expansion of other services. Claudia Kefalas will continue in the Project Manager role to guide the first 6-12 months of implementation. This will be important to maintaining the momentum of the project at this important time.

Minor capital works have commenced at Ground East, Concord Cancer Centre outpatient services as part of the *It's Time* project (CHR 2015 – third intake). The team are presenting on several of their solutions at the SLHD Nursing and Midwifery Symposium in November. A home blood collection service established by Pathology services has been well received by patients requiring frequent blood tests.

The Mental Health Collaborative Care team are piloting in-reach to three General Practice centres, to facilitate shared care planning for existing clients of the Mental Health Service and streamline service access for relevant patients in the practice with complex mental health needs. One day per week of Mental Health Care Coordinator time is dedicated to these clinics, and outcomes are being monitored to determine the model's success and sustainability.

### **Accelerating Implementation Methodology**

Additional staff of the Performance Unit are completing AIM accreditation in early November 2016. Once completed, they will be able to commence teaching AIM within SLHD.

## **HEALTH PATHWAYS**

### **Workgroups**

Two Workgroups were undertaken in October 2016:

- *Entering Residential Aged Care*  
The provision of Medical Cover in Residential Aged Care Facilities (RACFs) was identified at the Aged Care workgroup as a significant issue. A number of RACFs have no formal arrangements for medical cover and are limited by the small number

of local GPs wishing to provide a service. Even where arrangements are in place GPs are not mandated to provide care and support to RACF staff. The lack of medical support was identified as a major reason for referral to local Emergency departments. Attendees from general practice, the aged care sector and the SLHD Aged care service identified a number of areas where pathways could assist in patient management across the three sectors but with further changes anticipated with the ongoing expansion of My Aged care it is anticipated that any developed pathways will require regular updating and review.

- Living Well, Living Longer /ccCHip*  
With a pathway covering the GP role in the physical wellbeing of the mentally ill already in use the focus of the workgroup was on increasing GP involvement and promoting the use of a collaborative model of care and how that then intersects with ccChip and the overall SLHD Living well Living Longer program. A number of additional pathways based on cycles of care will be developed to encourage GP involvement and uptake. There were no identified Service re-design opportunities or needs identified but the need for a System wide Care plan was identified. The care plan would be similar to the one in use for people living with intellectual disabilities in other state jurisdictions. Greater education and promotion was also identified for general practice regarding the awareness of chronic illness in people living with a mental illness.

The next workgroup will be held on 28 November 2016 for Acute Chest Pain & Arrhythmia.

## Pathways

Four (4) new pathways and referral pages have been issued in October 2016. The Program is on track to release its 500<sup>th</sup> pathway by the close of 2016 as the final preparations to 36 Colorectal, Ophthalmology and ENT pathways for November/December issue are underway. A further 14 pathways have entered Periodic Review.

<b>October 2016</b>	(as of 28/10/2016)
New Completes	6
Completed Periodic Review Cycle	0
Total Completed pathways on website	465
<b>CURRENT WORK IN PROGRESS</b>	
Currently Localising (from other HP regions)	127
New Pathways being developed	12
Currently being updated	5
Completed pathways undergoing Periodic Review	106

## Usage of HealthPathways

Preliminary October usage figures are expected to track similarly to September 2016 due to the school holiday period and public holiday at the start of the month. For the full September figures see the attached Dashboard.

	October 2016	September 2016	August 2016	July 2016
<b>Sessions of use</b>	2,488	2,756	3,099	2,690
<b>Unique page views</b>	8,637	9,588	11,074	9,404
<b>Different users</b>	575	692	817	720

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## **FINANCIAL PERFORMANCE** (NET COST OF SERVICE BASIS)

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

The 2016/17 Service Level Agreement between the Board and Ministry of Health has as a key financial performance target an expected Net Cost of Service (NCoS) result. The following analysis reflects the result for the financial year ended 30 September 2016 based on the District's budgeted NCoS. For the month of September 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$1.328M (1.04%) unfavourable to budget, year to date GF Expenditure was \$0.317M (0.08%) favourable to budget. GF Revenue was \$0.917M (0.72%) favourable to budget for the month and \$1.685M (0.42%) unfavourable to budget YTD. For the financial year ended 30 September 2016 the District's GF NCoS was \$1.368M unfavourable to budget.

**The Chief Executive and Director of Finance remain confident of achieving the 2016/17 NCoS target the District due to the continued work being undertaken to increase efficiencies, refine models of care and the maintain good financial controls and monitor performance on a daily basis.**

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

### **Expenditure**

For the month of September 2016 GF Total Expenditure was \$1.328M (1.04%) unfavourable to budget, reflecting unfavourable results for Salaries & Wages (\$0.625M), Overtime (\$0.628M), Goods and Services – Clinical (\$2.634M) and Goods and Services – Support (\$0.389M). These unfavourable results were offset by favourable variances in Goods & Services – Admin (\$2.520M), Superannuation (\$0.212M) and Annual Leave (\$0.311M).

Year to date GF Total Expenditure was \$0.317M (0.08%) favourable to budget. This result reflects favourable results for Annual Leave (\$0.813M), Other Employee Expenses (\$0.626M), Goods & Services – Admin (\$4.033M) and VMO Expenses (\$0.093M). These results were offset by unfavourable variances in Salaries & Wages (\$1.659M), Overtime (\$1.264M) and Goods & Services – Clinical (\$1.632M). This is not unexpected given the significant demand on the District over winter.

### **Revenue**

GF Total Revenue was \$0.917M (0.72%) favourable to budget for the month of September 2016, which is an excellent result. The result for the month reflects favourable variances User Charges offset by unfavourable results in all Revenue categories. The major unfavourable variances were in Patient Fee revenue (\$0.486M) and Grants & Contributions (\$0.032M).

Year to date GF Total Revenue was \$1.685M unfavourable to budget. The unfavourable YTD result is primarily related to unfavourable variances in Patient Fee revenue (\$1.737M), Grants & Contributions (\$0.532M) and Other Revenue (\$0.613M).



## **SPECIAL PURPOSE AND TRUST (SP&T)**

SP&T NCoS was \$0.491M favourable to budget for the month of September 2016 and \$1.091M favourable to budget for the first quarter of the financial year. The YTD result was achieved due a favourable budget variance for Expenditure of \$1.547M offset by an unfavourable result for Revenue of \$0.456M. This is not unexpected at this time of the year.

## **CONSOLIDATED RESULT**

For the quarter ended 30 September 2016 the consolidated year to date NCoS result for the General Fund and SP&T was \$0.277M unfavourable to budget. The result comprises a favourable Expenditure variance of \$1.864M offset by an unfavourable Revenue budget variance of \$2.141M.

## **FINANCIAL PERFORMANCE (BASED ON NEW MOH REPORTING FORMAT)**

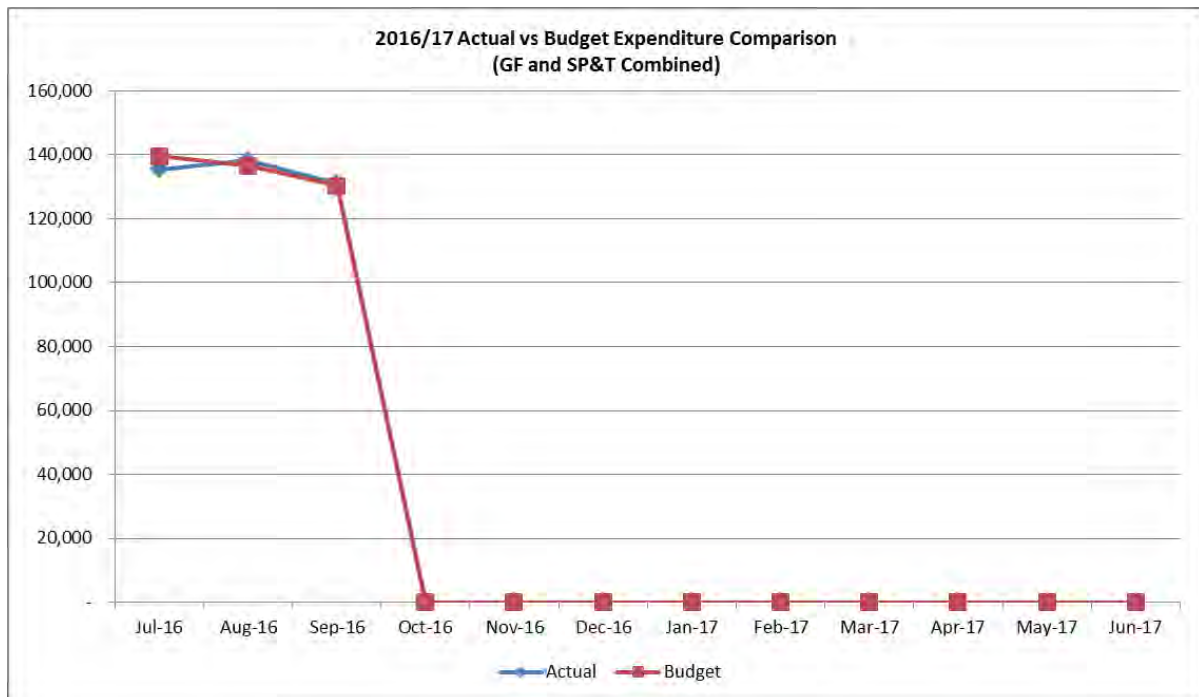
For the period ended 30 September 2016, SLHD recorded a Total Net Result of \$18.165M which was \$0.157M (0.86%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 30 September 2016 was \$0.617M favourable to budget. The YTD Net Direct Operating Result reflects a favourable Expenditure variance of \$2.325M offset by an unfavourable Revenue variance of \$1.708M.

For the month of September 2016 Total Direct Revenue was \$0.782M favourable to budget, comprising \$0.922M favourable for the General Fund and a \$0.140M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$1.708M unfavourable to budget, comprising \$1.379M unfavourable for the General Fund and a \$0.329M unfavourable variance for the SP&T Fund. The YTD result for the GF reflects unfavourable variances in all own source revenue categories except User Charges.

Total Direct Expenditure was \$0.492M unfavourable to budget for the month of September 2016, comprising \$1.130M unfavourable for the General Fund and \$0.638M favourable for the Special Purpose & Trust Fund. The GF result reflects favourable variances in Goods & Services – Admin (\$2.520M) and Salaries & Wages Oncosts (\$0.733M). These results were offset by unfavourable results for Salaries & Wages (\$0.625M), Overtime (\$0.628M), G&S – Clinical (\$2.634M) and G&S – Support (\$0.389M). For the financial year ended 30 September 2016 Total Direct Expenditure was \$2.325M favourable to budget. This result comprised favourable variances for Salaries & Wages Oncosts (\$1.647M), VMO Expenses (\$0.093M) and G&S – Admin (\$4.033M). These results were offset by unfavourable results for Salaries & Wages (\$1.659M), Overtime (\$1.264M) and G&S – Clinical (\$1.632M).

## **MONTHLY BUDGET PERFORMANCE**

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



## LIQUIDITY

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

The cash balance at 30 September 2016 for the SLHD Operating bank account was \$7.759M and the Operating Cash book balance was \$7.597M.

## CAPITAL WORKS (SMRS PROJECTS)

The District's Full Year Capital works budget as at the end of September 2016 was \$23.086M comprising \$4.909M of MoH funded projects and \$18.177M of locally funded projects. Actual expenditure for the month of September 2016 was \$1.429M, which was \$0.166M below target.

## PERFORMANCE

The District continues to be at Performance Level 0.

### Activity

September 2016 FYTD total number of separations increased across the District by 3.84% compared to September 2015 FYTD. For the same period, acute separations increased by 3.66% compared to the same period last year.

Emergency department attendances increased by 1.18% for September 2016 FYTD compared to the same month last year. There were 12,915 ED attendances in September 2016.



The District occupancy rate for August 2016 increased by 4.26% compared to the same month last year.

## **Emergency Treatment Performance**

The Emergency Treatment Performance (ETP) performance for the District increased by 4.52% in September 2016 to 72.75% compared to September 2015. Concord Hospital's ETP increased by 6.39% for September 2016 compared to the same month last year. These results demonstrate the coordinated approach undertaken by all facilities to improve ETP performance.

## **Transfer of Care**

The Transfer of Care (TOC) for the District was 95.65% for September 2016, which is an excellent result and a significant improvement on this time last year. The TOC target (90%) was met by all three EDs in September 2016. RPA increased by 4.28% to 94.20% for September 2016. These results again highlight the success of the TOC Program in operation within SLHD Emergency Departments.

## **ED Triage**

Canterbury and Concord Hospital achieved all ED triage categories for September 2016. RPA met triage category targets 1, 4 and 5 in September 2016. RPA performance in triage category 2 has improved on the previous result for September 2016, increasing by 8.68%. RPA performance in triage category 3 improved on the previous result for August 2015, increasing by 0.47%.

## **Elective Surgery**

SLHD continues to achieve triple 0 in all category ratings for elective surgery. Due to a data entry error the HSIPR report from the Ministry of Health is currently showing 1 breach for SLHD in this month's report. This data entry error has now been rectified in our local systems as well as the Ministry system and subsequent reports from MoH will reflect our triple 0 status.

## **Unplanned Readmission**

SLHD continues to be a top performer in the area of unplanned readmissions with the second lowest readmission rate in the State FYTD at 5.1%. This is well below the State average of 6.4%.

## **Safety and Quality**

The District continues to achieve the root cause analysis (RCA) target for September 2016. Mental Health Readmissions within 28 days continues to be above the target of <13% for June YTD 2016 and has increased from the same period last year from 15.9% to 18.3%.

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

There were no incorrect procedures performed in SLHD operating theatres in September 2016.

The SLHD Chief Executive attended the MoH Safety and Quality forum on 4 November facilitated by Martin Stewart-Weeks. All Local Health Districts, Pillars and Shared Services were represented. The focus was on ensuring that safety and quality of health services is everyone's business. The Secretary particularly outlined the roles and responsibilities of the MoH, Local Health District Boards and Chief Executives. She emphasised the new stage of Health reform was from Volume to Value Driven Care, where safety and quality of health

care is the priority for NSW Health. She indicated that we have been successful in driving volume and activity and that we were aligned with the Commonwealth's desire to incentivise good quality care. She stressed that we need to focus on what is important to patients, decreasing unwarranted clinical variation and decreasing low value care. Safety and quality is the fundamental basis for better value care. She advised that the role of the Ministry, as Systems Manager, was to develop new payment models, oversee state-wide service planning, enable NSW Health IT, develop new models of care, enhance Quality and Safety capacity of the system and support translation of research into high quality care. The role of Districts and Networks is to provide Patient and Family Focused Care, have strong Quality and Safety led governance, effective reporting and measurement, have a culture of continuous improvement, enhance care integrations and foster collaboration. She then outlined the priorities and actions required of the system in Safety and Quality, New Models of Care, Service Redesign and People and Culture.

Deb Picone provided a national perspective on safety and quality and in particular the Commonwealth's focus on Hospital Acquired Conditions. Feedback was given about the performance of NSW benchmarked with other States and on areas we should focus on.

A world café workshop approach was held with all participants to identify what actions were required by Chief Executives and Boards to support the new phase of the Reform. This will also be discussed at the next Board Chairs meeting in December.

The Chief Executive SLHD will prepare a brief for the SLHD Board following discussion at the Clinical Quality Council on strategies the District will implement to strengthen its Quality and Safety systems and processes.

## **Workforce**

Premium staff usage for medical decreased in September 2016 compared to the same period last year by 0.4%. There was an increase for allied health premium staff usage for September 2016 compared to the same period last year, by 0.1%. There was no variation for nursing premium staff usage.

## **PLANNING**

### **SLHD Imaging Strategic Plan and Position Paper**

A priority-setting workshop on the Imaging Strategic Plan and the Imaging Stream Position Paper was held on the 26 October 2016. The purpose was to finalise the priorities for these two planning documents for the consideration of the Clinical Council and Board. These two documents will shortly go to the Board for consideration.

### **Canterbury Clinical Services Plan**

The Planning Unit in collaboration with the Canterbury Hospital Executive is developing a Canterbury Hospital Clinical Services Plan and an associated Canterbury HealthOne Clinical Services Plan, to be drafted by the end of 2016.

A half day planning workshop has been held for the Canterbury Hospital Executive and Heads of Department to overview the planning process, outline the new population projections and determine the key short and longer term challenges, issues and vision for the hospital.

A second half day community-based health services workshop has also been held. This workshop brought together key managers from all of the community-based health services to discuss their current service provision, major deficits/pinch points and challenges and major

anticipated future changes in models of care. The current strengths, weaknesses, opportunities and threats were discussed and a vision for the future was articulated.

All hospital and community health departments and services have completed a proforma overviewing their current and future inpatient and ambulatory services, infrastructure and challenges. These documents are being compiled to form an overview of the hospital.

Consultation meetings have commenced with each of the departments to discuss their challenges and future requirements.

Meetings have been scheduled between the GM/Executive of Canterbury and the Director of Planning with all Clinical Directors and Managers to ensure their views about the future directions of the hospital and community based services are fully understood and incorporated.

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

A report has been developed on the RPA HealthOne West, Green Square Health and Wellbeing Forum which was held on the 16 and 17 September 2016 at the Green Square Community Centre. The recommendations of the workshop will be forwarded to the academic committee and incorporated into the RPA HealthOne East Model of Care.

Further discussions have been held with UrbanGrowth NSW Green Square and Mirvac addressing the proposed HealthOne site size and cost. UrbanGrowth is currently assessing the implications for the remainder of the site if the HealthOne achieves a floor plan of 700 square metres per floor. The Town Centre HealthOne site will need to be re-zoned for health services by the City of Sydney.

Further discussions with Health Infrastructure (HI) have been held. The HealthOne Financial Impact Statement has been provided to Health Infrastructure. HI has drafted the key components of the overall Business Case for all HealthOnes across NSW. SLHD is providing comment on these documents.

Principles of Engagement have been developed for the collaboration of the four universities involved, the PHN, the City of Sydney and SLHD.

SLHD has been invited by the City of Sydney to provide a presentation to their Green Square Advisory Committee.

### **Urban Development**

Meetings have been held to discuss the social infrastructure implications of **The Bays** development. A collaborative workshop with UrbanGrowth NSW to discuss health infrastructure, healthy built environment and the linkages with the Medtronic facility at The Bays has been scheduled for 14 November 2016.

Arising from presentations on Urban Development in the inner west to the Sydney Research Council and RPA Clinical Council, a conference/forum on **Healthy Urban Development and the Inner West** is planned for 10 February 2017. The purpose will be to bring together health academics and urban planners, to highlight the growth in the inner west, to enhance partnerships for the Health and Education Super Precinct and to develop the concept of the Biotechnology Hub in Camperdown.

## **RPA Strategy Paper**

In collaboration with RPA, the Planning Unit is organising a visioning and strategy workshop for 16 November 2016. The purpose of this workshop will be to develop a ten and twenty year vision for the hospital based on best evidence and integrating the important education and research capabilities. The active involvement of senior RPA clinicians will be ensured. This information will be integrated with projections and service need data in the RPA Strategic Development Paper.

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

The Planning Unit continues to work with the Oral Health Stream to develop a Clinical Services Plan for Oral Health with an accompanying Oral Health Strategic Plan for the District.

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

An inter-partner consultation workshop will be held on the 15 November 2016 with about 50-60 representatives from SLHD, the Department of Education, the PHN, Family and Community Services; the four partner organisations who are auspicing the plan. The outcomes from the Suicide Prevention Forum will also be incorporated into the Plan. On 5 December 2016, a larger stakeholder workshop is planned to devise strategies based on all the consultations and forums undertaken for the plan.

## **Aboriginal Health Strategic Plan 2017-2022**

The draft Aboriginal Health Strategic Plan has been issued for comment and should be presented at Clinical Council for approval by the end of the year, prior to submission to the Board.

## **Canterbury Renal Dialysis Service**

The Planning Unit has revised the numbers of satellite dialysis chairs required for Canterbury based on the significant additional growth projected for Canterbury.

## **Central and Eastern Sydney PHN Needs Assessments**

A number of documents have been issued from the PHN requiring commentary from the Planning Unit. These will form the basis of future commissioning.

## **Women's Health Position Paper refresh**

The Planning Unit has worked with the Women's Health Clinical Stream to refresh their Position Paper. A draft has been devised.

## **YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE**

### **Yaralla Festival**

The Yaralla Festival Coordinator, Troy Ponting, has compiled the lessons learnt from this event. It was agreed that future events will ensure that there are greater food and beverage options; a large marquee is devoted for the historical society to highlight the heritage of the Estate; and signage should be put up in advance of the event.

The Yaralla Estate Community Advisory Committee met after the event and feedback from members was positive. It was agreed that for future events members will be invited to join the Yaralla Festival Committee so that they can have greater involvement in the planning of the day.

## Hyacinth Cottage

A burns step-down facility was recently opened at the Yaralla Estate in Hyacinth Cottage. This facility enables Concord Hospital to discharge eligible patients into Hyacinth Cottage, enabling them to access multidisciplinary care at the Concord Burns Unit, whilst also beginning the process of self-care management within a home environment. This provides a supportive environment that encourages autonomy and independence for burns patients.

## SYDNEY RESEARCH

### Supportive Care in Cancer

A new supportive care in cancer- cancer nutrition program is being established, supported by the SLHD and University of Sydney. Dr Merran Findlay (NHMRC TRIP Fellowship) is the central lead in this field and will be supported by Prof Jennifer Alison and Prof Kate White. It is anticipated that by end of year, a project plan will be developed under the Cancer Thematic Stream of SHP.

### Urban Growth

Dr Anderson and Dr Michael Spence, VC and Principal of the University of Sydney met with the Greater Sydney Commission regarding plans for the Sydney precinct. A Green Square consultation forum was held during late September. With a projected growth of up to 66,000, Green Square will form a significant community of the Sydney Local Health District. Important consideration is being given to integrated health care models including the primary health network and telemedicine opportunities. An Urban Growth conference relating to biotechnology and knowledge centres is planned in February 2017.

### Sydney Health Partners

Following consultation with key stakeholders, Prof Don Nutbeam has released updated objectives of SHP, these are to:

- *Deliver patient and public benefit:* by accelerating the transfer of research innovations into health care improvements in our local health districts
- *Achieve operational effectiveness:* by supporting a culture that cuts through the barriers to collaborative, efficient working among researchers and clinicians
- *Manage at scale:* by demonstrating that a collaborative translational research model can be successfully applied in a large health system in Sydney
- *Enhance international competitiveness:* by supporting the University, affiliated research institutions and the health system in competing effectively for research resources and talent.

The Musculoskeletal Stream (MSK) is the newest discipline specific stream to be accepted by SHP. The stream is led by Dr David Hunter (Northern) and Prof Chris Maher (The George Institute).

The SHP workshop held on the 19 October 2016 at the CMRI Westmead was a great success with over 120 people in attendance. The event provided an opportunity for thematic streams to showcase developments; engage with SHP Executives; motivate and explore opportunities for collaborations; and provide feedback to the SHP support team about organisational priorities going forward.



Dr Antonio Penna, Director of OHMR, and Prof Bruce Robinson, NHMRC Chair, provided perspectives on the context in which SHP exists at both a state and national level. Each of the 13 thematic stream leaders provided updates on their progress, helping the SHP Executive and staff to gain a clearer idea of the support each stream might need. Workshop participants also provided extensive feedback that will inform SHP's operations and strategy in both the short and medium term.

The winners of SHP's Enabler Funds were also announced at the workshop, recognising and supporting the development of translational research projects. The aim of the funds is to support and accelerate the delivery of tangible health research outcomes within a 12 month period.

The three fund winners were:

- Accelerator Funds \$90,000 – Musculoskeletal Thematic Stream –for the acute lower back pain project – Submitted by Chris Maher and partners. This project aims to improve the management of acute low back pain in emergency departments by implementing and testing an evidence-based model of care in 4 participating hospitals – Royal Prince Alfred, Westmead, Concord and Canterbury.
- Launch Pad Funds \$40,000 – Education Thematic Stream – for the Turning Point project – Submitted by Tim Shaw and partners. This study uses electronic medical records data to provide personalised clinician education, linked directly to recent clinical encounters. The program will initially focus on two high-profile areas of practice: the management of the deteriorating patient, and infectious disease management.
- Launch Pad Funds \$40,000 – Clinical Trials Thematic Stream – for the ClinTrial Refer project – Submitted by Judith Trotman and partners. This project aims to develop a smart phone app that links clinicians, patients and researchers across SHP clinical trials.

## **OHMR – TRGS 2**

The call for applications to TRGS 2 is open with a closing date of 9 November 2016. Mr Nobby Alcala is the SLHD central point of contact. LHDs are capped at 30 applications each (including AOD submissions).

Applicants are encouraged to use the TRGS 2 Sax Institute Guidelines available on the OHMR website. An SLHD online application system has been created (redcap) which includes all relevant guidelines and supporting documents. The cut off for SLHD application is the 27 October 2016 and an internal review panel is helping to strengthen applications and inform recommendations for CE sign off. The panel consists, Prof Carol Armour, Prof Laurent Rivory, Prof Jennifer Alison and Prof Dona Waters.

## **HMR Exchange Forum**

Minister Goward has called for a HMR exchange forum to be held on 7 November 2016. The forum complements the work to date by the Embedding Quality Research in LHDs working group, who will reschedule a previously planned workshop in November to early 2017.

## Westconnex

Sydney Local Health District is pleased that discussions with WestConnex have resulted in a decision to relocate tunnels originally planned for the Royal Prince Alfred Hospital campus.

The Minister for Transport announced this week that the final part of the WestConnex motorway project linking the M4 and M5 motorways will be widened from three to four lanes in each direction, and the exit and entry ramps at Camperdown in Sydney's inner west removed. The tunnels' alignment will be moved about a half a kilometre to the West, so it is no longer under RPA. The ventilation stack at Camperdown has also been removed. This change aims to remove the impact WestConnex on RPA. The District's appreciates the support of the NSW Minister for Health and the Secretary of Health in these discussions.

## Awards

The NSW Premier's Awards for Public Service was held on Tuesday, 25 October where a number of innovative health programs and talented NSW Health staff were recognised. Sydney Local Health District and NSW Ambulance Service co-received the *Improving Service Levels in Hospitals Award* for its Transfer of Care Pilot at RPA. This Award was shared with John Hunter Hospital's Emergency Department Transfer of Care team and South Western Sydney Local Health District for transforming ambulance and patient flow in Liverpool Hospital's Emergency Department.

At the NSW Health Innovation Awards, RPA New Born Care Unit won the Harry Collins Awards for their program Central line infection prevention in newborns. Prevention of central line-associated blood stream infection (CLABSI) is a key objective for improvement of patient safety and reduction of mortality, morbidity, hospital stay and costs. The Team introduced a bundle of evidence-based interventions into our Newborn Care Unit to reduce the number of CLABSI in our vulnerable newborn patients. A coordinated program was designed, and focused on training, education and audit with feedback. Results showed significantly reduced central line use and dwell time, and sustained reduced CLABSI rates up to the most recent available data. The project highlights the substantial impact on clinical practice that can be made within one nursery, and that this translated into significant reductions in CLABSI. The Aged Health Service, Royal Prince Alfred Hospital SLHD also won the Pitch at the NSW Health Awards for its project "Blurred Minds, Idle Hands – It's Time for Change" which aims to transform Aged Health at RPA into a dementia friendly space. The aim is to improve socialisation and healthy cognitive stimulation for these patients and minimise their distress from being in an unfamiliar environment.

Sydney Local Health District was honoured in the Prime Minister's Awards for Excellence in Public Sector Management in Canberra on 9 November 2016. It is another well-deserved award for our electronic medication management system at Concord Hospital, the first of its kind in NSW. The judges said it was a "highly innovative and successful initiative, with a number of other NSW hospitals now following the path that Concord has pioneered".

The District took out three of six awards at the TMF Awards for Excellence on 8 November 2016, which recognise workforce risk management. Our Fire simulation Centre took the innovative process award, while our Targeted Activity and Reporting System (STARS) was recognised with the innovative reporting and risk intelligence award for driving a culture of better decision making and increased efficiencies. We were also named joint winners of the innovative design award for The Pitch – the first of its kind in NSW Health - which encourages staff to develop better ways to deliver excellence patient care.

Congratulations to all of the wonderful staff involved in these programs. They show the innovative and collaborative spirit of our staff and our continued strive for excellence.

### **Dentist identified with tuberculosis**

Sydney Local Health District was notified on October 19, 2016 that a dentist at Sydney Dental Hospital was positive to tuberculosis. The dentist has been on sick leave since October 11, 2016.

Sydney Local Health District's Tuberculosis Service liaised with TB experts to conduct a thorough risk assessment in accordance with national guidelines. Twenty-seven staff who worked closely with the dentist were screened and there was no indication of spread of TB infection.

As a precaution, 47 children were also screened. Of that group, one child had a reaction to a Mantoux test, which indicated they had exposure to tuberculosis. Investigations are underway into the source of that exposure.

As a precautionary measure, we are now screening a small number of additional patients who saw the dentist between April and October 2016.

Screening for tuberculosis involves a test called a Mantoux test. In some circumstances, a chest X-ray is required. In managing the contacts of people with tuberculosis, it is the usual practice to first screen people who have had the most contact with the person with TB.

Extra TB screening clinics will be held at Sydney Dental Hospital over the next two weeks staffed by expert tuberculosis clinicians. The next clinic will be held on Saturday 19 November, 2016.

It is important to note in this case, the risk of acquiring tuberculosis is very low. Most people with tuberculosis acquire the infection from someone they spend a lot of time with, such as someone they live with. It is very unusual to become infected with tuberculosis after brief contact.

Tuberculosis is a disease caused by infection with the bacteria *Mycobacterium tuberculosis*. Symptoms of tuberculosis can include a cough that lasts for more than three weeks, fevers, unexplained weight loss, night sweats, always feeling tired, loss of appetite, blood stained sputum, or pain and/or swelling in the affected area when tuberculosis is outside the lungs.

### **Incident at Professor Marie Bashir Centre**

An incident at the Professor Marie Bashir Centre on Saturday 29 October 2016 required us to relocate mental health patients to Royal Prince Alfred Hospital and Concord Hospital's Mental Health Unit. SLHD and RPA staff worked closely with NSW Police, NSW Ambulance and Fire and Rescue to ensure all affected patients were safely relocated. The teamwork displayed by all involved, and dedication to the needs of the patients, was exceptional.

Repairs are being undertaken and the ward is expected to re-open within a fortnight.



Dr Teresa Anderson  
Chief Executive

Date: 28.12.16