

Sydney Local Health District

Sixty Second Meeting of the Board

Date: Monday 20 February 2017
Time: 9.00am -11.00am
Venue: SLHD Boardroom
Chair: Dr Barry Catchlove, AM, Chair

1. Present and apologies

Dr Barry Catchlove, AM,
Ms Victoria Weekes, Member
A/Prof. Christine Giles, Member
Professor Paul Torzillo AM, Member
Dr Thomas Karplus, Member
Ms Frances O'Brien, Member
Ms Joanna Khoo, Member
Mr David McLean, Member
Ms Ronwyn North, Member
Dr Teresa Anderson, Chief Executive

Apologies

The Hon. Ron Phillips, Chair
Ms Susan Anderson, Member
Dr Mary Haines, Member

In attendance

Ms Maria Kokkinakos, Manager, Planning and Performance, Workforce Services (9.00am - 9.35am)
A/Professor Catherine O'Connor, Chair, Medical Staff Executive Council (Departed 10.55am)
Ms Deborah Willcox, Director, Operations, SLHD and GM, RPAH
Ms Mariana Sena Board, GHMP Trainee (Departed 10.55am)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

The Chair welcomed members to the sixty second meeting of the Sydney Local Health District (SLHD) Board. The Chair introduced and welcomed Ms North, newly appointed member.

Presentation:

Ms Kokkinakos presented to the Board on the results of the 2016 People Matter Employee Survey including:

- Surveys to date include “People Matter”, Public Service Commission and “Your Say”, NSW Health
- Response Rates – Public Sector, NSW Health, SLHD
- Comparison
- Overall Indicators
- SLHD Engagement and Culture
- Highlights
- Lowlights
- The District’s results reflecting the high levels of employee engagements, positive workplace culture and a focus on high performance, values and diversity
- High scores across all domains in the District
- Responses and engagement by category and diversity
- Engagement by demographics
- Top five themed comments and employee comments
- Flexible Working practices where applicable
- Workplace Conduct
- 42% believe action will be taken on the results from this survey by the organisation
- Workplace Culture and Safety Action Plan 2016-2018 improvements
- Posters being placed around the facilities promoting “you said” “we did” actions
- The next survey will occur in May 2017 and the results should be available in October 2017.

The Board discussed the three incidents that occurred out of our District and the common stresses surrounding student studies including financial hardship and housing. A link to a video produced by HETI on “unacceptable behaviour” is to be provided to the Board. Mental Health assistance for staff is available through the Work Disability Network and the District’s Employee Assistance Program (EAP). The Board agreed to re-look at the Workforce Plan to ensure Mental Health issues are covered appropriately.

The Chair thanks Ms Kokkinakis for the presentation.

3. Declaration / Removal of conflicts of interest

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

1. Dr Thomas Karplus declared that he is a Councilor on the Australian Salaried Medical Officers’ Association (ASMOF).

This potential conflict is listed in the Register.

4. Confirmation of previous minutes

4.1 Minutes 19 December 2016

The minutes of the Board meeting held on Monday 19 December 2016 were moved and seconded with the following amendment:

Agenda 9: Chief Executives Report , dot point 7 second sentence should read:
GF Revenue was \$0.106M (0.72%) favourable to budget for the month and \$1.580M (0.30%) unfavourable to budget YTD.

The Chair then signed the minutes.

4.2 CE Report – December 2016

The Chair declared that the CE Report for October 2016 was ready for publication with the amended heading Treasury Managed Funds Awards for Excellence.

5. Matters arising from the previous minutes

5.1 Action sheet

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

- The need to meet and re-visit the reporting and structure of reports to the Board.
- Capacity Assessment Survey is to be amended due to change of Ministers.
- Sydney Dental Hospital profile has been placed on the Communications Committee agenda. This agenda item can be removed from the Action sheet.
- The Clinical Quality Council Meeting is to be held on 22 February 2017. Further advice will be provided following this meeting on the strengthening of our quality and safety systems.

5.2 Letter – Minister Skinner – Implementation of the Health Legislation Amendment Act 2016

The Board received, read and noted this correspondence. This agenda item can be removed from the action list.

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 2017.

8. Chairman's Report

Nil to report

9. Chief Executive's report

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

- The District continues to remain at performance level zero.
- Mental Health Readmissions within 28 days continue to be unfavourable to the target of <13% and have increased from the same period last year by 0.1% to 17.4%. Discussions have occurred at the SLHD Performance Meeting.
- SLHD met the target for Staphylococcus Aureas Bloodstream (SABSI) and Central Line Associated Bloodstream (CLAB) infections for November 2016. CLABs are up for December due to two large difficult procedures. Standard procedures were observed.
- There were no incorrect procedures performed in SLHD operating theatres in December 2016.
- There was an increase for Nursing premium staff (casuals, agency and overtime) usage in December 2016 compared to the same period last year, by 1.2% which reflected the high levels of activity over the Christmas period.
- Emergency department attendances increased by 2.19% for December 2016 FYTD compared to the same month last year. There were 13,862 ED attendances in December 2016.
- The Emergency Treatment Performance (ETP) performance for the District increased by 1.33% in December 2016 to 72.74% compared to December 2015. Concord's ETP performance increased by 3.07% for December 2016 compared to the same month last year. These results demonstrate the success of the coordinated approach undertaken by all SLHD facilities and services to improve their ETP performance. Daily ETP teleconferences continued throughout the period with the exception of Christmas day.
- Canterbury and Concord Hospital achieved all ED triage categories for December 2016. RPA met triage category targets 1, 4 and 5 in December 2016. RPA performance in triage category 2 improved on the previous year result for December 2015, by 7.16%. The Board discussed the report from the Australian Medical Association Public Hospital Report Card.
- Board members are to be invited to a STARS Committee meeting.
- For the month of December, the LHD had 19.2% of all patients as private using their health insurance (2,513 out of 13,090 total discharges). This is the highest percentage result since May 2016. Significant focus is being given by all facilities and clinical streams to revenue generation. A meeting is being held tomorrow evening with clinicians.
- The next Pitch is to be held on Friday 10 March 2017.
- Clinical Redesign Projects are progressing well.
- The evaluation process for Health Pathways is ongoing.
- For the month of December 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$1.076M (0.82%) favourable to budget, year to date GF Expenditure was \$5.332M (0.67%) favourable to budget. GF Revenue was \$1.214M (0.88%) unfavourable to budget for the month and \$7.687M (0.96%) unfavourable to budget YTD. For the financial year ended 31 December 2016 the District's GF NCoS was \$2.355M unfavourable to budget.
- The District is currently preparing a proposal for the Board on the process for the development of the 2018 - 2023 Strategic Plan. This will be presented to the next Board meeting.

- RPA HealthOne East (Green Square) discussions are progressing well. Gateway interview is being held this week.
- The Better Health in the Inner West Forum held on 10 February 2017 was a huge success.
- The picnic on 26 January 2017 at the Yaralla Estate went well with over 1,000 people in attendance. A calendar of events is being developed.
- Professor Garry Jennings has been appointed as the Executive Director, Sydney Health Partners.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – December 2016

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

9.1.2 Performance Indicators – December 2016

(i) Selected Performance Indicators

The Board received, read and noted this report.

(ii) Peak Activity Team

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report – December 2016

The Board received and noted this report. An e-referral system is being developed through HealthPathways.

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 March 2017.

9.5 Facility Reports – December 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. The Chief Executive updated the Board on the Concord Hospital redevelopment and funding.

(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 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 received, read and noted the report.

- (xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

10. Matters for approval / resolution

- 10.1 SLHD Aboriginal Health Strategic Plan 2017 -2022.

The Board endorsed the Aboriginal Health Strategic Plan 2017 – 2022 with the following amendments

- Ensure the latest National “Closing the Gap” report is the most recent.
- Figure 7 shows the top five not ten admitting specialty units for 2015/16.
- Cancers incidents and mortality in Aboriginal People is increasing. The Board discussed strategies to communicate, emphasise and strengthen the importance of the plan. A matrix is to be developed to monitor performance.

11. Board Committee reports / minutes

- 11.1 Finance, Risk and Performance Management Committee

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

- 11.2 Education and Research Committee

The Board noted the next meeting is to be held on 20 March 2017.

- 11.3 Communications Committee

The Board noted the next meeting is to be held on 20 February 2017.

- 11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 23 March 2017.

- 11.5 Health Care – Clinical Quality Council

The Board noted the next meeting is to be held on 22 February 2017.

- 11.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting held on 21 December 2016.

- 11.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting held on 3 February 2017.

- 11.8 Patient and Family Centred Care Steering Committee

The Board noted the minutes of the meeting held on 8 February 2017 were not available.

12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board noted the meeting to be held on 7 December 2016 was cancelled.

12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 25 January 2017.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the next meeting is to be held on 20 February 2017.

12.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 21 December 2016.

12.5 Revenue Enhancement Development Committee

The Board noted the next meeting is to be held on 22 February 2017.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 29 November 2016 were not available.

12.7 SLHD Innovations Group

The Board noted the next meeting is to be held on 22 February 2017.

12.8 Organ Donation for Transplantation

The Board noted the next meeting is to be held 28 February 2017.

12.9 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting was held on 14 February 2017.

13. Matters for noting

13.1 Brief – Westconnex Project – Health Impact

The Board received and noted the information contained in the brief concerning the health impacts related to this project within the SLHD.

14. Other Business

Nil to report.

15. Next Meeting

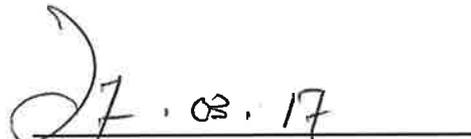
The next meeting is to be held on Monday 20 March 2017 at 9.00am.

A tour of the Robotic Centre will follow the next meeting.

The meeting closed at 10.55am.



Chair



Date

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the **SLHD Board February 2017.**

PERFORMANCE

The District continues to be at Performance Level 0.

Safety and Quality

As indicated at previous Board meetings, NSW Health is progressing the next stage of reform – Value driven care. The Chief Executive, SLHD has been invited to be a member of the newly formed NSW Health Quality and safety Clinical Council, Chaired by Professor Bruce Dowton, Vice President and Principal of Macquarie University and Ms Elizabeth Koff, Secretary NSW Health. Strategies to strengthen the District's quality and Safety Systems and processes were discussed at the District's Clinical Council meeting on 21 December, 2016. It was agreed that the Clinical Quality Council will now be held every month with the Clinical Council following the Clinical Quality Council every fourth meeting. The Terms of Reference for the Clinical Quality Council and Clinical Council are also being amended to better reflect the quality agenda of the District. The Chief Executive SLHD will provide a brief to the next Board meeting for discussion.

The District continues to achieve the root cause analysis (RCA) target for December 2016 with none outstanding completion. Mental Health Readmissions within 28 days continue to be unfavourable to the target of <13% and have increased from the same period last year by 0.1% to 17.4%.

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

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

Workforce

Premium staff usage for Medical in December 2016 showed no variance in comparison to the same period last year at a figure of 10.9%. There was an increase for Nursing premium staff usage in December 2016 compared to the same period last year, by 1.2% which reflected the high levels of activity over the Christmas period. There was a decrease in premium staff usage for Allied Health in December 2016 compared to the same period last year, by 0.4%.

Activity

December 2016 FYTD total number of separations increased across the District by 3.10% compared to December 2015 FYTD. For the same period, acute separations increased by 2.98% compared to the same period last year.

Emergency department attendances increased by 2.19% for December 2016 FYTD compared to the same month last year. There were 13,862 ED attendances in December 2016.

The District occupancy rate for December 2016 increased by 4.61% compared to the same month last year.

Emergency Treatment Performance

The Emergency Treatment Performance (ETP) performance for the District increased by 1.33% in December 2016 to 72.74% compared to December 2015. Concord's ETP performance increased by 3.07% for December 2016 compared to the same month last year. These results demonstrate the success of the coordinated approach undertaken by all SLHD facilities and services to improve their ETP performance. Daily ETP teleconferences continued throughout the period with the exception of Christmas day.

Transfer of Care

The Transfer of Care (TOC) for the District was 95.9% for December 2016. The TOC target (90%) was met by all three EDs in December 2016. These results highlight the success of the TOC Program in operation within SLHD EDs.

ED Triage

Canterbury and Concord Hospital achieved all ED triage categories for December 2016. RPA met triage category targets 1, 4 and 5 in December 2016. RPA performance in triage category 2 improved on the previous year result for December 2015, by 7.16%.

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 December 2016 in all categories. All facilities remain focused on achieving the surgery targets.

NATIONAL FUNDING REFORM/ ACTIVITY BASED FUNDING

Acute Admitted and ED Activity

There have been some technical issues with the HIE system late December 2016 which have recently been resolved. These issues affected Admitted Patient, and Emergency Department data. This has caused a delay in producing updated data quality reports to the sites. Fortunately facilities have been vigilant with the error correction hence there is not a backlog in Admitted and ED administrative data quality assurance tasks. The Performance Unit will be analysing and coordinating data quality exercises shortly to prepare for the next costing round.

Ongoing work is required from the facilities to keep data errors to a minimal level. This exercise will contribute and improve the accuracy and timeliness of reporting and costing.

Mental Health

Australian Mental Health Care Classification (AMHCC) implementation update: IM&TD have had to delay the implementation of eMR and Patient Administration System (PAS) changes by a month until 27 February 2017; however, the clinician training schedule commenced smoothly as planned on 30 January 2017 and will run through to 10 February 2017. There has been excellent engagement, cooperation and collaboration in the implementation project from all mental health clinicians, team leaders, managers and executive.

MH Activity to Targets: The YTD non-admitted NWAU is within 3% of the target, with the monthly NWAU now consistently within 2% of target. This is a great achievement and a significant improvement from the same reporting period for last financial year where we were 32% below target.

The YTD admitted NWAU data is now closer to target than previous months; SLHD is within 6% and RPAH within 1%. There is a possibility that the new DRG version is having an impact in bringing the overall NWAU down. Work has commenced to complete a coding audit and education to identify and address any coding issues that may impact on the DRG allocation.

Sub and non-acute (SNAP)

The MoH SNAP portal has not been refreshed since the end of last year, so we are unable to determine our activity to target data with accuracy. The MoH has increased the frequency of data refreshes for 2017 with 2 per month. This will improve the relevance and timeliness of SNAP data in STARS.

Non-Admitted (NAP)

Facilities are in the process with finalising their July – December 2016 NAP data. However, there is still continuous problems with the processing of NAP data in EDW which hopefully will be resolved by MoH within the next two weeks.

Facilities are currently working on the NAP Reporting Project which involves reviewing the classification of their NAP Services to NSW Establishment Types (and Tier 2 Classification) which is due to be finalised and submitted to MoH by 22 February 2017. This review will ensure that all our clinics are correctly classified and receiving the most appropriate level of funding within the current structure.

Facilities are also working on their implementation plan for the NAP Patient Level Data Project which will be presented at the next STARS Committee meeting in February.

Clinical Costing

The 2015/16 DNR audit has been running through November with the draft report released in January. The overall report is extremely positive with many areas of improvement identified. The areas where further improvement could be made are already being acted on with another review of iFRACs to be led by Finance and the Performance Unit throughout Feb/March.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of December, the LHD had 19.2% of all patients as private using their health insurance (2,513 out of 13,090 total discharges). This is the highest percentage result since May 2016. Significant focus is being given by all facilities and clinical streams to revenue generation. A new Revenue Plan is being developed.

Single Room Utilisation

For the month of December, there has been a significant increase in the use of single rooms by private patients. The LHD had 24% of all single rooms utilised by private patients, up from 22% in December 2015. With 10.4% of all patients isolated for clinical alert, 37% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

Current areas of focus include billing opportunities in the Professor Marie Bashir Centre Eating Disorder Service and the Thomas Walker Adolescent Service at Rivendell. The Committee is looking forward to generating new opportunities in 2017.

PERFORMANCE AND REDESIGN UNIT

Innovations Group

The first Pitch event for 2017 will be held March 10 at the KPEC Auditorium, Camperdown. Judges confirmed are: Dr Teresa Anderson, CE; Rachael Knoblanche, Director, Performance Unit; Prof. Geoff McCaughan, Head of Department, Gastroenterology; Michael Morris, Deputy Director Corporate and Clinical Support and Dr Katherine Moore, Director of Clinical Governance and Risk.

Clinical Redesign: CHR Projects

- For the first round of Centre for Healthcare Redesign in 2017 SLHD put forward one submission which was successful in gaining entry into the program:
 - Titled '**Preoperative patient optimisation prior to elective surgery**', the project focuses on the identification and management of iron deficiency in patients preparing for elective surgery across SLHD.
 - This project aims to ensure the highest standard of perioperative care for patients across SLHD and is in line with the Australian Commission on Safety and Quality in Healthcare National Standard 7: Blood and Blood Products and to meet the National Blood Authority recommendations.
 - Objectives include decreased cancellations for elective surgeries; decreased Red Blood Cell transfusions with elective surgical procedures; improved patient satisfaction with perioperative services; and strengthened links with General Practitioners in the SLHD catchment.
 - Participants include Nathaniel Alexander, SLHD Haemovigilance Clinical Nurse Consultant; SLHD Patient Blood Management Project Leader (recruitment for this position is in the final stages); and Weller Zheng, Performance and Redesign Program Manager.

- One entry for the second round of the CHR program has been submitted:
 - '*A Collaborative Care Outreach in Residential Aged Care Facilities (RACFs) across the SLHD (ACCORD)*'. If accepted to the program, this redesign will build on work undertaken as part of the LINK project, which identified opportunities to work more closely with RACFs to improve uptake of SLHD specialist and outreach services that have been developed to meet the needs of aged care facility residents.
 - The project team will comprise Lara Leibbrandt, Project Officer and Jacque Tracey, Acting Team Leader, Access Care Team.
 - The ACCORD project aims to improve health outcomes by delivering the right care in the right place and this includes managing health needs of residents in their home facility whenever clinically appropriate.

- The *Palliative Care: Access, Care, Equity (PC-ACE)* project (CHR 2016 – third intake) solutions report is currently under review. The team are exploring solutions to improve continuity of care and access to after-hours palliative care services across the SLHD, ensure consistent and criteria-driven triage and streamline patient access to supportive equipment, such as hospital beds and oxygen, to make the transition from hospital to home easier.

- The *Review of the Department of Orthodontics at the Sydney Dental Hospital* (CHR 2016 – third intake) team is currently undertaking solutions work after their diagnostics phase identified the following opportunities to improve the service:
 - Better engagement strategies are needed to improve patient knowledge and skills in oral hygiene self-care. This is important as around half of patients have some degree of poor oral hygiene during treatment, which can impact on health and treatment outcomes.
 - Improving coordination with other departments and community clinics may reduce delays that can arise when patients require extractions or other treatments outside of the Orthodontics Department.
 - Transfers of patients with long treatments and complex conditions to a new treating orthodontics trainee can be difficult for both the patients and the clinicians.

- Claudia Kefalas from the *Connect & Improve* project, Drug Health and Judy McGlynn from the *My Check-in for Surgery* project, Canterbury Pre-Admission Clinic (CHR 2016 – first intake) have both been successful in gaining six months of independent coaching funded by the ACI to support the implementation of their project.

Accelerating Implementation Methodology

- The next AIM training is scheduled for 16-17 February 2017.
- Participants for the 4-5 May AIM training will include staff undertaking the Diploma of Project Management with CEWD, to support students with implementing their projects.

HEALTH PATHWAYS

One Workgroup undertaken in December:

- Gynae-Oncology – 8 December 2016

A small number of pathways were identified for adaption and new development. Particular areas identified were endometrial cancers, pap smears and access to service and follow up. There was agreement to increase awareness of patient management with GPs through a number of GP targeted CPD events in conjunction with the CESPAN and Lifehouse.

GP Education Priorities identified

- Assessment & Management of abnormal pathology
- Access to service within the Inner West of Sydney

Pathways

Over December 2016 and January 2017, **28** Clinical pathways, **10** Referral Information pages and **6** resource pages were released. This took the overall completed content to over **500** pathways, making the Sydney program the first Australian HealthPathways region to do so.

December 2016 – January 2017	
New Completes (Live)	44
Completed Periodic Review Cycle	3
Total Completed pathways on website	528
CURRENT WORK IN PROGRESS	
Currently Localising (from other HP regions)	101
New Pathways being developed	9

Report

Live pathways currently being updated	9
Completed pathways undergoing Periodic Review	123

Usage of HealthPathways

As seen over previous years usage of the website dropped over December and January in line with lower General Practice activity over the peak summer period.

	January 2017	December 2016	November 2016	October 2016
Sessions of use	2,569	2,342	3,141	2,620
Unique page views	8,339	7,337	10,909	9,051
Different users	594	585	694	591

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 31 December 2016 based on the District's budgeted NCoS. For the month of December 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$1.076M (0.82%) favourable to budget, year to date GF Expenditure was \$5.332M (0.67%) favourable to budget. GF Revenue was \$1.214M (0.88%) unfavourable to budget for the month and \$7.687M (0.96%) unfavourable to budget YTD. For the financial year ended 31 December 2016 the District's GF NCoS was \$2.355M unfavourable to budget.

To achieve the 2016/17 NCoS target the District will continue to maintain the good controls that it has in place and monitors performance on a daily basis. This is consistent with previous years where the District has been able to achieve its budget target. The District remains concerned about its revenue target as previously communicated to the Ministry of Health.

The Chief Executive and the Director of Finance are confident that the District will have an on budget result for the 2016/17 financial year despite the challenges that are facing the District.

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

Expenditure

For the month of December 2016 GF Total Expenditure was \$1.076M (0.82%) favourable to budget, reflecting favourable results for Salaries & Wages (\$0.516M), Goods & Services – Clinical (\$3.187M) and Goods & Services – Admin (\$0.079M). These favourable results were offset by unfavourable variances in Repairs & Maintenance (\$1.007M), Overtime (\$1.356M) and Annual Leave (\$0.823M).

Year to date GF Total Expenditure was \$5.332M (0.52%) favourable to budget. This result reflects favourable results for Superannuation (\$0.306M), Other Employee Expenses (\$1.257M), Goods & Services – Admin (\$5.715M) and Goods & Services – Clinical (\$5.349M). These results were offset by unfavourable variances in Salaries & Wages (\$1.161M), Overtime (\$3.151M) and Repairs & Maintenance (\$2.136M).

Revenue

GF Total Revenue was \$1.214M (0.88%) unfavourable to budget for the month of December 2016. The result for the month reflects unfavourable variances in all major Revenue categories except Other Revenue. This revenue category was \$0.309M or 62.42% favourable to budget for the month.

Year to date GF Total Revenue was \$7.687M unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in all major OSR categories, i.e. Patient Fees (\$3.721M), User Charges (\$3.188M) Grants & Contributions (\$0.376M) and Other Revenue (\$0.402M). A meeting is being held with all Clinical Directors and General Managers on Tuesday 14 February to review and enhance the District's Revenue Strategies.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.991M unfavourable to budget for the month of December 2016 and \$0.875M unfavourable to budget for the first six months of the financial year. The YTD result reflects a favourable budget variance for Expenditure of \$1.067M offset by an unfavourable result for Revenue of \$1.942M.

CONSOLIDATED RESULT

For the period ended 31 December 2016 the consolidated year to date NCoS result for the General Fund and SP&T was \$3.230M unfavourable to budget. The result comprises a favourable Expenditure variance of \$6.399M offset by an unfavourable Revenue budget variance of \$9.629M.

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 31 December 2016, SLHD recorded a Total Net Result of \$19.066M which was \$3.043M (13.76%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 31 December 2016 was \$0.459M favourable to budget. The YTD Net Direct Operating Result reflects a favourable Expenditure variance of \$9.384M offset by an unfavourable Revenue variance of \$8.925M.

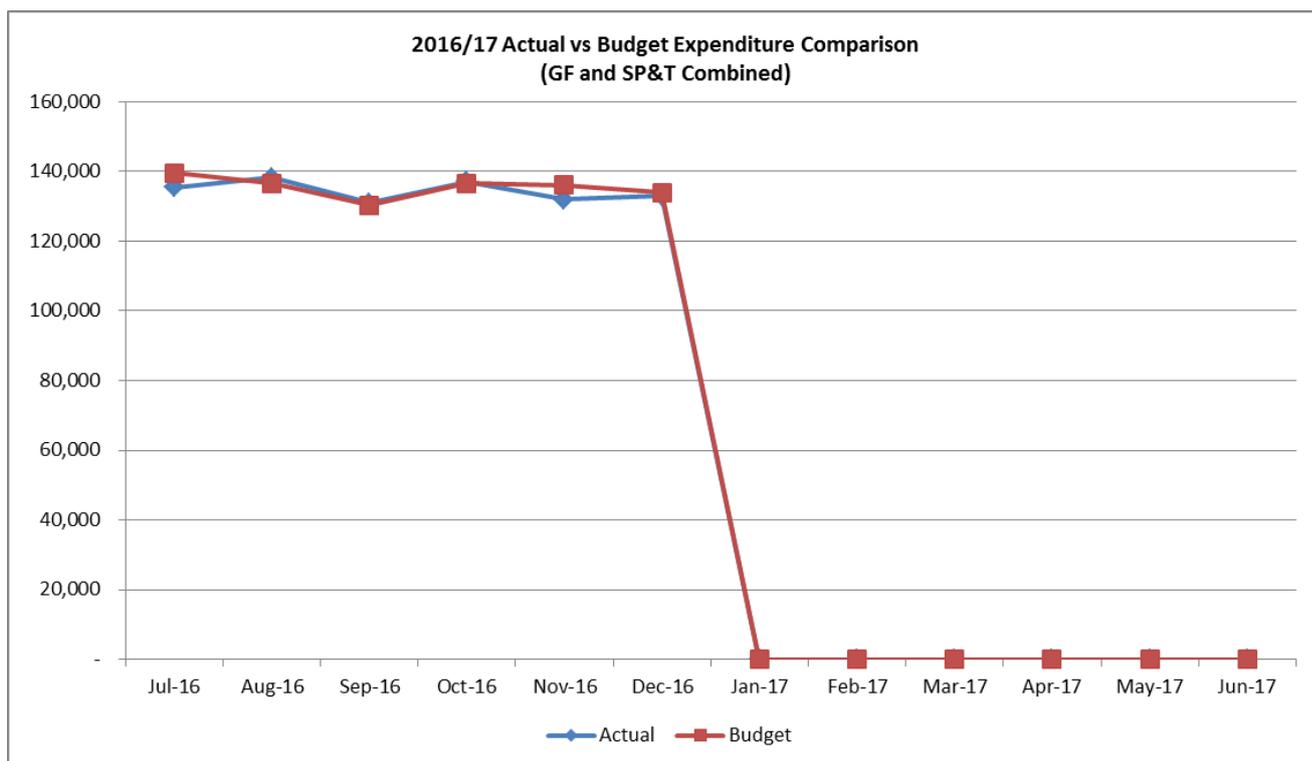
For the month of December 2016 Total Direct Revenue was \$2.093M unfavourable to budget, comprising \$1.206M unfavourable variance for the General Fund and a \$0.887M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$8.925M unfavourable to budget, comprising \$7.178M unfavourable for the General Fund and a \$1.746M unfavourable variance for the SP&T Fund. The YTD result for the GF reflects unfavourable variances in all major own source revenue categories.

Total Direct Expenditure was \$2.068M favourable to budget for the month of December 2016, comprising a \$2.083M favourable variance for the General Fund and \$0.015M unfavourable for the Special Purpose & Trust Fund. The GF result reflects favourable variances in Goods & Services – Clinical (\$3.187M), Goods & Services – Admin (\$0.079M) and Salaries & Wages (\$0.516M). These results were offset by unfavourable results for VMOs (\$0.199M) and Overtime (\$1.356M).

For the financial year ended 31 December 2016 Total Direct Expenditure was \$9.384M favourable to budget. This result comprised favourable variances for Salaries & Wages Oncosts (\$1.320M), G&S – Clinical (\$5.349M) and G&S – Admin (\$5.715M). These results were offset by unfavourable results for Salaries & Wages (\$1.161M), Overtime (\$3.151M) and G&S – Support (\$0.353M).

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 31 December 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 December 2016.

The cash balance at 31 December 2016 for the SLHD Operating bank account was \$13.072M and the Operating Cash book balance was \$12.851M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget as at the end of December 2016 was \$38.470M comprising \$16.768M of MoH funded projects and \$21.702M of locally funded projects. Actual expenditure at the end of December 2016 was \$2.482M which was \$3.620M below target.

PLANNING

SLHD District Strategic Plan

The District's 2012-2017 Strategic Plan comes to an end this year. The District is currently preparing a proposal for the Board on the process for the development of the 2018-2023 Strategic Plan. This will be presented to the next Board meeting. A Report of the progress against the 2012-2017 SLHD Strategic Plan is being prepared. Similarly the Research Strategic Plan also comes to an end this year and a paper will be prepared on the process for the development of that Plan and a progress report prepared.

Canterbury Clinical Services Plan

The Canterbury Hospital Clinical Services Plan and an associated Canterbury HealthOne Clinical Services Plan are progressing with the first draft presented to the Executive last week.

- A series of meetings and workshops were held to address the key challenges and issues.
- Extensive consultation meetings have been undertaken with 26 departments to discuss their challenges and future requirements.
- Further meetings have been held between the General Manager/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 incorporated.
- The plan will address current “pinch points” and the implications of the redevelopment of the Canterbury Hospital.

RPA Clinical Strategy

As discussed last Board meeting, a productive half day strategy workshop with the aim of consulting with staff and clinicians to develop a ten and twenty year vision for the hospital based on best evidence and integrating the important education and research capabilities. This information is being integrated with projections and service need data in the forthcoming RPA Strategic Development Paper, to inform plans for the redevelopment of the RPA Hospital.

RPA HealthOne East (Green Square)

- Ongoing discussions are being held with Health Infrastructure, UrbanGrowth NSW and Mirvac in respect of the procurement of the Health One building. These discussions are progressing well.
- Principles of Engagement have been developed by the Planning Unit for the collaboration of the the four universities engaged in this program (University of Sydney, University of NSW, University of Technology Sydney and University of Notre Dame), 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 in early March 2017.

Urban Development

- A major half-day conference/forum **Better Health in the Inner West** was held on 10 February, 2017 at the Charles Perkins Centre Auditorium. The purpose of the forum was to bring together health academics, community and urban planners, to:
 - provide cross-sector leadership in discussing the link between good health and the built urban environment,
 - highlight issues associated with the inner west social and health infrastructure and urban development, and
 - explore the emerging concept of the Greater Sydney Commission’s Health and Education Super Precinct as it applies to the Camperdown context.
- The District was very pleased with the attendance with around 300 people attending throughout the forum. Speakers included the NSW Minister for Health and Minister for Medical Research, the Commissioner for the Greater Sydney Commission, the Vice chancellor and President of the University of Sydney, international speakers including Ms Henrietta Vamberg, a world reknown expert on urban design from Copenhagen, local government General Managers, University of Sydney Academics, and senior SLHD clinicians. Feedback has been very positive about the forum. A paper will be prepared on the outcomes of the forum by the District’s multiagency Urban Growth Committee. This will inform future planning for our District.

- **Parramatta Road Urban Transformation Project** was also launched in November. It outlines the upgrading of the Parramatta Road and the development of 8 new precincts along the corridor with \$200m of urban amenity improvement. The strategy recognises the nationally and internationally recognised Royal prince Alfred Hospital, Sydney Research and the Education corridor through to Sydney Dental Hospital. This is recognised as a specialist economic hub. The RPA/USyd Biotechnology Hub is outlined in the strategy in some detail. The anticipated growth and changes in the hospitals on the corridor has been identified as “needing to be planned for”. Green Square HealthOne is mentioned as an innovative approach for the corridor.
- A paper is being prepared on the collaborative workshop on **The Bays Urban Transformation Project** that was held on 14 November 2016, with UrbanGrowth NSW to discuss health infrastructure, healthy built environment and the linkages with the proposed Medtronic facility at Rozelle. Options for a community services and health co-located facility were discussed and will be included in the paper. This will come to the Board for consideration. The Bays precinct has submitted to government to be considered as a State Significant Site.
- The **Central to Eveleigh (C2E) Urban Transformation Strategy** which was launched in November, covers 50 hectares of government owned land split into three projects. The key priorities in the strategy are the upgrading and expansion of public housing in Waterloo, the upgrade of the Central Station and potential improvements to the Redfern Station. The key work areas that will be progressed include:
 1. **South and North Eveleigh**, which has approximately 1,000 to 1,400 new dwellings, and includes the redevelopment of Redfern Station redevelopment (Feasibility Study is currently underway). The redevelopment would better connect USyd/RPA and Australian Technology Park.
 2. **Central Station Redevelopment** (feasibility to be explored 2017), to create it as a major activity centre-this will be undertaken by Transport for NSW. The District is meeting with Transport NSW to be included on the planning committee.
 3. **Waterloo Redevelopment** which is being led by Land and Housing Corporation (FACS). This redevelopment is being driven by the agreement to site the North-South Metro at Waterloo and the release of the Strategy for Social Housing, which outlines clear guidelines for how social housing is to be integrated into affordable and private housing.
 4. A further priority for the **Central to Everleigh redevelopment** is to see co-location of relevant community services – education, health, and police.
 5. Connections across the railway will be developed for walking and cycling.
 6. Diverse housing, economic, arts, culture and heritage are integral to the strategy.
 7. Mentions an integrated primary care centre or comprehensive community health centre in collaboration with SLHD and working with SLHD to provide spaces in multipurpose centres for primary health nurses and community health staff and to ensure demand for health services is managed.
- The Greater Sydney Commission draft District Plans were launched on 21 November. The overall plan provides for 3 major cities, the Eastern CBD (current CBD), the Central CBD (Parramatta) and the Western Aeropolis CBD (Badgerys Creek). The Central District Plan emphasises the creation of Health and Education Super Precincts at Randwick and a further one from the Australian Technology Park through to the Bays, encompassing North Eveleigh, Chippendale, Camperdown, Ultimo and Pyrmont. Of concern to the District is the lack of mention of Camperdown with RPA and the University of Sydney as a major Health and Education Precinct. This is being discussed with the University and the MoH and a submission will be provided to the Greater Sydney

Commission to address this major omission. The Commissioner of the GSC advised on Friday at the Better Health in the Inner West Forum that the Camperdown Education and Health Precinct is recognised by the Commission as a super Education and Health Precinct.

Inner West Youth Health and Wellbeing Plan

Work is continuing on the Inner West Youth Health and Wellbeing Plan following the inter-partner consultation workshop, held on the 15 November 2016 and a larger stakeholder workshop held on 5 December 5th to devise the core strategies based on the many consultations and forums undertaken for the plan.

Aboriginal Health Strategic Plan 2017-2022

The draft Aboriginal Health Strategic Plan draft, undertaken in collaboration with the Aboriginal Health Unit, is completed and will be presented at the March Clinical Council Meeting.

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. The focus of the plan is to broaden the role of Sydney Dental Hospitals with a stronger primary and integrated care approach.

Multicultural Health Plan

The Planning Unit is continuing to work with stakeholders in SLHD to develop the Multicultural Health Plan.

Diabetes Strategy

The Planning Unit will work with the SLHD Diabetes services to develop a District plan for Diabetes.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE

Australia Day Celebrations

The SLHD celebrated Australia Day on 26 January 2017 at the Yaralla Estate. The event marked the 200th anniversary since Sir Isaac Nichols originally celebrated Australia Day on 01 February 1817. The event drew a crowd of over 1000 community members who enjoyed live music by the Cockroaches, a beautiful space to picnic in and the iconic movie, 'The Sapphires'.

SYDNEY RESEARCH

OHMR

In December 2016, the OHMR opened the NSW Health PhD Scholarships Program. The program provides funding to host universities to support PhD candidates to gain skills and undertake projects that will build capacity in the NSW Health system in areas of identified need.

Grants are available to host universities to support staff who are PhD candidates and who work within, or closely with, NSW local health districts, Ambulance Service of NSW and specialty health networks (SHNs). Applications must be submitted by the host university on behalf of the applicant. Host universities are limited to a maximum of ten (10) applications each.

Successful applicants will receive:

- stipend of \$40,000 per annum for three (3) years (\$20,000 from NSW Health and \$20,000 from the partner organisations and/or host university)
- a one-off 'Accelerator Grant' of up to \$10,000 to assist in the completion of the PhD project.

Sydney Research is working closely with the University of Sydney and other Universities to assist with the coordination of applications. As a partner organisation the SLHD will provide in kind support as well as \$10,000 towards a stipend co-contribution for successful applicants from the SLHD.

Sydney Health Partners:

Professor Garry Jennings will join Sydney Health Partners in early 2017 as the Executive Director, SHP.

Professor Jennings has extensive experience in health and medical research, specialising in cardiology. He served as the Director of the Baker Heart and Diabetes Institute in Melbourne for 14 years and most recently as the Interim CEO of the National Heart Foundation. He has had a long association with the National Heart Foundation as a former Board Member and Chair of its Cardiovascular Health Advisory Committee. He will also remain active in his clinical and research activities. Sydney Research welcomes Professor Jennings and looks forward to working closely with him as SHP endeavours are progressed through 2017.

The four NHMRC designated AHRTC's have established a national alliance. The AHRTC Alliance has provided a joint high level briefing to the Department which sets out the principles, through which the AHRTC's could be supported to fulfil the published MRFF strategic priorities including,

- **Clinical pathways and care transition:** by building collaboration across the care continuum, enhancing data integration and strengthening health services, implementation, and public and preventive research capacity and activity.
- **Clinical variation:** by driving data linkage and integration as key to understanding and reducing unwarranted variation in clinical care and outcome.
- **Improving the health of vulnerable groups** including those with chronic comorbidities, those towards the end of life and disadvantaged ethnic and Indigenous groups.

Currently discussions are limited to one year of support. This support would be shared across the 4 accredited AHRTC's equally with each AHRTC developing and submitting prioritised initiatives in the form of:

- **Exemplar projects** that align with MRFF priorities and are in the advanced stages of development, can begin immediately, and can increase in pace and scale to deliver tangible patient and public benefit.
- **Prioritised systems level activities** agreed across the AHRTC Alliance that align with MRFF priorities.

Report



The Department has requested continuation of a co-ordinated approach to AHRTC submissions through the Alliance to optimise reach and impact, avoid duplication and maximise shared learnings. The AHRTC directors will continue to engage their partners through their respective governance structures and leadership over the coming weeks as these possibilities take shape.

A handwritten signature in black ink, appearing to read 'T Anderson', written over a horizontal line.

Dr Teresa Anderson
Chief Executive
Date: 10.9.17