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## Sydney Local Health District

### Sixty Third Meeting of the Board

Date: Monday 27 March 2017  
Time: 9.00am -11.00am  
Venue: SLHD Boardroom  
Chair: The Hon. Ron Phillips, Chair

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#### 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  
Dr Thomas Karplus, Member  
Ms Frances O'Brien, Member  
Ms Joanna Khoo, Member  
Mr David McLean, Member  
Ms Ronwyn North, Member  
Dr Mary Haines, Member  
Dr Teresa Anderson, Chief Executive

#### Apologies

Ms Susan Anderson, Member

#### In attendance

A/Professor Catherine O'Connor, Chair, Medical Staff Executive Council (Departed 11.45am)  
Ms Nerida Bransby, Secretariat  
Ms Lou-Anne Blunden, Director, Clinical Services Integration, SLHD (9.00am - 10.00am)  
Dr Andrew McDonald, Clinical Director, Mental Health Services, SLHD (9.00am - 10.00am)  
Ms Miranda Shaw, General Manager, Community Health Services, SLHD (9.00am - 10.00am)  
Ms Paula Caffrey, Director, Child and Family Health, Community Health Services (9.00am - 10.00am)  
Ms Erin Miller, Program Manager, Healthy Homes and Neighbourhoods, Community Health (9.00am - 10.00am)  
Ms Cheryl Davenport, Program Manager, Living Well; Living Longer, SLHD (9.00am - 10.00am)  
Ms Lisa Parcsi, Manager Integrated Care, SLHD (9.00am - 10.00am)  
Ms Mariana Sena Board, GHMP Trainee (Departed 11.45am)  
Ms Laine Anderson, GHMP Trainee (Departed 11.45am)  
Ms Imogen Hooper, GHMP Trainee (Departed 11.45am)

## 2. Welcome and introductions

The Chair welcomed members to the sixty third meeting of the Sydney Local Health District (SLHD) Board.

### Presentations:

#### 1. Living Well, Living Longer

Dr McDonald presented on the Living Well, Living Longer Integrated Care Program including:

- Working together for better health in people living with mental illness
- Program components
- Concord Centre for Cardiometabolic Health in Psychosis (ccCHIP)
- Mental Health Shared Care including Training, Oral Health, Lifestyle Program, Smoking intervention and Technology
- Next steps
- Peer workers
- Current resource and scaling up

#### 2. Healthy Homes and Neighbourhoods

Ms Miller presented on the Healthy Homes and Neighbourhoods including:

- Why integrated care for vulnerable families
- Governance structure and processes including District Partnerships
- Inputs - Outputs - Outcomes for innovative ways of working, primary and community care as a HUB, family identification, information sharing and family empowerment
- Care co-ordination
- General Practice
- Realist Evaluation
- Adding Value
- Healthy families and children – current resources
- Innovation and integration in SLHD

The Chair thanked Dr McDonald, Ms Miller and their teams for the presentations and for attending the Board meeting.

## 3. Declaration / Removal of conflicts of interest

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

1. Ms Victoria Weekes declared that she has been appointed as the Chair of the Audit and Risk Committee for NSW Treasury.

2. Dr Mary Haines declared that she is engaged by the MoH to support the Translational Research Grant Scheme.

These potential conflicts are to be added to Register.

3. 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 20 February 2017

The minutes of the Board meeting held on Monday 20 February 2017 were moved and seconded.

The Chair then signed the minutes.

##### 4.2 CE Report – February 2017

The Chair declared that the CE Report for February 2017 was ready for publication

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

##### 5.1 Action sheet

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

- The link to the Bureau of Health Information is to be provided to the Board. This agenda item can be removed from the action list.
- The Link to the HETI video was circulated on 22 February 2017. This agenda item can be removed from the action list.

##### 5.2 Brief - Quality and Safety

The Board received, read and noted this correspondence. The dates for the Clinical Quality Council meetings are to be circulated to the Board. 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 Financial Classification Codes List.

## 7.3 Board Calendar 2017

The Board received and noted the Board Calendar for 2017.

## 8. Chairman's Report

The Chair provided a verbal report to the Board including:

- SLHD Committee Structure
- Board Membership of Committees to ensure sufficient skill mix.
- Individual Board Performance
- Strategic Planning
- Succession Planning
- Newly Appointed Chairs for LHDs
- Aboriginal Representatives on LHDs Boards
- Update on Board capabilities, performance and assessments
- No changes to the Council of Chairs
- Operations of the new Minister
- Visit to Concord Hospital by new Minister

## 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 has had a challenging time over the past 6 months with a significant increase in presentations of acutely unwell patients. Despite this, there has been an improvement in a number of areas of its performance.
- January was a very busy month for the District. There were 13,994 ED attendances in January 2017 an increase of 3.23% FYTD compared to the same month last year. The state average increase was 2%. There was a significant increase in patients being admitted to a ward/ICU or operating suites of 13.2%. The state average was 6.6%. The week commencing 20 March 2017 was the busiest week in seven years with complex patients and no identifying drivers.
- Emergency Department NWAU is 2.2% below target; however, the District predicts that it will end the year above target if the current rate of activity is maintained. Ongoing efforts are in place to reduce the presentation of patients to the Emergency Department through a range of strategies including ambulatory care and the Access Care Triage Services, accuracy of coding and costing.
- Continued efforts are being made across the District to increase the number of patients using their private health insurance. There were 116 more private patients in January 2017 than in January 2016. For the month of January, the result for the LHD was 19.04% (2,323 out of 12,199 total discharges were private patients using their health insurance).
- For the month of January, the LHD had 23% of all single rooms taken up by private patients.

Although there was an increase to 11.1% of all patients isolated for clinical alert, 39% of all private patients were accommodated in single rooms.

- Revenue was \$4.645M (3.39%) unfavourable to budget for the month of January 2017. The result for the month reflects unfavourable variances in all major Revenue categories except Other Revenue. This revenue category was \$1.260M favourable to budget for the month. Revenue continues to be challenging:
  - A meeting was held with the MoH Revenue Branch to ascertain and resolve some data inaccuracies including HITH beds
  - Current areas of focus include billing opportunities in the Prof Marie Bashir Centre Eating Disorder Service and the Thomas Walker adolescent service at Rivendell.
  - Benchmarking with peer facilities across NSW being investigated.
  - All clinical streams are reviewing their Private Patient activity and developing a plan for increasing the number of patients utilising their private health insurance.
  - Monies owed to the District
  - A meeting is to be held with the Chair, Deputy Chair, SLHD Board and the Chief Executive.
- January 2017 GF Total Expenditure was \$2.543M (1.97%) favourable to budget, reflecting favourable results for Annual Leave Provision (\$0.202M), Goods & Services – Clinical (\$2.092M) and Goods & Services – Admin (\$2.941M). These favourable results were offset by unfavourable variances in Repairs & Maintenance (\$0.943M), Overtime (\$0.616M) and Salaries & Wages (\$0.938M).

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – January 2017

The Board received, read and noted the SLHD Board Reporting Pack for January 2017.

### 9.1.2 Performance Indicators – January 2017

#### (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 – January 2017

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 received, read and noted the Clinical Governance Report for the period November 2016 – January 2017.

## 9.5 Facility Reports – January 2017

### (i) Balmain Hospital

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

### (ii) Canterbury Hospital

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

### (iii) Concord Hospital

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

### (iv) Royal Prince Alfred Hospital

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

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

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

### (vi) Mental Health Services

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

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

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

### (viii) Drug Health Services

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

(ix) Community Health

The Board received, read and noted the 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 this report was not available for the period January 2017 – March 2017.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

## 10. Matters for approval / resolution

10.1 SLHD Influenza Pandemic Plan

The Board endorsed the SLHD Influenza Pandemic Plan. Audits will be conducted to ensure compliance.

## 11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 13 February 2017.

11.2 Education and Research Committee

The Board noted the meeting was held on 20 March 2017.

11.3 Communications Committee

The Board received and noted the minutes of the meeting held on 20 February 2017.

11.4 Audit and Risk Committee

The Board noted the meeting was held on 23 March 2017.

11.5 Health Care – Clinical Quality Council

The Board received and noted the minutes of the meeting held on 22 February 2017.

## 11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 25 April 2017.

## 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 received and noted the minutes of the meeting held on 8 February 2017.

## 12. Other Committee reports / minutes

### 12.1 Sustainability Committee

The Board received and noted the minutes of the meeting held on 1 February 2017.

### 12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 8 February 2017.

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

The Board received and noted the minutes of the meeting 20 February 2017.

### 12.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 15 February 2017.

### 12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 22 February 2017.

### 12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 16 February 2017 were not available.

### 12.7 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 17 February 2017.

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

The Board received and noted the minutes of the meeting held on 14 February 2017.

## 13. Matters for noting

### 13.1 Brief - SLHD Strategic Plan 2018 – 2022 - Development and Consultation Process

The Board received and noted this brief. The Board requested further information that

outlines the timeframe for the development of the Strategic Plan.

13.2 Letter - Integrated Care Strategy Progress Report 2015/16 Report – attachment 2

The Board received, read and noted this report.

13.3 Brief - ICT Transition Project

The Board received, read and noted this report.

13.4 Brief - Implementation of the Health Legislation Amendment Act 2016

The Board received and noted this report. The Board requested an invitation be extended to a speaker to provide an overview of the amendments to the Act.

13.5 Brief - Interim Arrangements in the SLHD and RPAH Executive

The Board received, read and noted the information contained in the brief.

13.6 Brief - Robotic Surgery

The Board received, read and noted the information contained in the brief.

13.7 GIPA Reporting on Websites

The Board received, read and noted the information contained in the correspondence.

13.8 Correspondence – CEO Asylum Seekers Centre

The Board received, read and noted the information contained in the correspondence.

13.9 Changed to NSW Internal Audit Policy and Charter

The Board received and noted the information contained in the correspondence. The Board noted amendments to the document were recommended at the Audit and Risk Committee held on 23 March 2017. A copy of the amended document is to be forwarded to the Board for resolution at the April Board Meeting following approval at the Audit and Risk Committee to be held on 13 April 2017. Mr Jim Mitchell has been appointed to be on the SLHD Audit and Risk Committee. Dr Anderson advised the Committee that external Board members are eligible to apply for inclusion on the prequalified list. Interested applicants should apply in writing to the Chief Executive.

## 14. Other Business

Nil to report.

## 15. Next Meeting

The next meeting is to be held on Monday 24 April 2017 at 9.00am.

The Board proceeded on a tour of the Robotic Centre following the meeting.

The meeting closed at 11.50am.

  
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Chair

  
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Date

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

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### **PERFORMANCE**

The District continues to be at Performance Level 0.

#### **Safety and Quality**

SLHD continues to perform well on Quality and safety Indicators.

Mental Health has had a challenging time over the past 6 months with a significant increase in presentation of acutely unwell patients. Despite this, there has been an improvement a number of areas of its performance. Although Mental Health Readmissions within 28 days continue to be unfavourable to the target of <13% there has been a slight improvement compared to the same period last year of 0.8% to 16.9%.

Mental Health Community Follow-up within 7 days has improved significantly from 56.6% in October 2016 to 72.3% on October 2017. An improvement of 27% and better than the State average of 58.7%

Mental Health has undertaken considerable work on reducing seclusion rates. For Oct-Dec 2016 the seclusion rate had decreased from 7.6 in the previous quarter to 6.9 episodes of seclusion per 1,000 bed days. This is lower than the state average of 7. The frequency of seclusion has also decreased from 5.3% to 4.8%

Mental Health Patients staying in ED greater than 24 hours has reduced from 10 in December to 3 in January. The increase over the last 6 months was due decreased bed capacity due to the fire in Professor Marie Bashir Centre last year and the subsequent refurbishments that were required.

Hospital Acquired Infections remain low. SLHD remained below the target for Staphylococcus Aureus Bloodstream (SABSI) and Central Line Associated Bloodstream (CLAB) infections for December 2016.

The District continued to have no incorrect procedures in Operating theatres. There have been no incorrect procedures in this on the preceding financial year.

The District continues to achieve the root cause analysis (RCA) target for January 2017 with none outstanding completion.

As previously indicated the District has restructured the Clinical Quality Council which is now being held Monthly and the Clinical Council will follow it, every third meeting. Excellent discussion occurred at the last Clinical Quality Council on additional reports and data that the Council should receive at each meeting. Each meeting will also include a deep dive into one RCA or incident.

#### **Workforce**

Premium staff usage for Medical in January 2017 decreased by -0.3% in comparison to the same period last year at a figure of 9.3%. There was an increase for Nursing Premium staff usage in January 2017 by 4.7% compared to the same period last year, to 9.7% due to activity over the Christmas period and encouraging permanent staff to take annual leave. There was a decrease in premium staff usage for Allied Health in January 2017 compared to the same period last year, by 0.1%.

## Activity

January was a very busy month for the District. There were 13,994 ED attendances in January 2017 an increase of 3.23% FYTD compared to the same month last year.. The state average increase was 2%. There was a significant increase in patients being admitted to a ward/ICU or operating suites of 13.2%. The state average was 6.6%.

The total number of separations for January 2017 FYTD increased across the District by 3.58% compared to January 2016 FYTD. For the same period, acute separations increased by 3.48% compared to the same period last year.

The District occupancy rate for January 2017 increased by 6.72% compared to the same month last year. Average length of stay was 5.7 days a decrease of 0.2% on the same period last year.

There were 1,026 elective surgery admissions, an increase of 32.6% on the same period last year. Year to date there were 12,867 admissions, 159 above target (1.3%).

For Acute admitted NWAU, the District is 3.4% ahead of target for the month of January and year to date (uncoded) only 1.6% below target.

Emergency Department NWAU is 2.2% below target; however, the District predicts that it will end the year above target if the current rate of activity is maintained. Ongoing efforts are in place to reduce the presentation of patients to the Emergency Department through a range of strategies including ambulatory care and the Access Care Triage Services

## Emergency Treatment Performance

Despite the significant increase in presentation, the Emergency Treatment Performance (ETP) performance for the District increased by 1.44% in January 2017 to 73.88% compared to January 2016. Concord and Royal Prince Alfred's ETP performance increased by 3.77% and 1.67% respectively for January 2017 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 meetings continue with the District and all facilities including Mental Health, Community Nursing and HITH.

## Transfer of Care

The District has continued to maintain its excellent Transfer of Care (TOC) performance. TOC for the District was 96.11% for January 2017. The TOC target (90%) was exceeded by all three EDs in January 2017. 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 January 2017. RPA met triage category targets 1, 2, 4 and 5 in January 2017. RPA performance in triage category 3 improved on the previous year result for January 2016, by 3.16%.

## Elective Surgery

SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery. All patients continued to be seen within the clinically appropriate time. Performance is at 100% for January 2017 in all categories.

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

### **Acute Admitted and ED Activity**

There has 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 30/1/2017 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 also 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 ministry have 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 are 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 continuing to work on their implementation plans for the NAP Patient Level Data Project which will be presented at the next STARS Committee meeting.

### **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**

Continued efforts are being made across the District to increase the number of patients using their private health insurance. There were 116 more private patients in January 2017 than in January 2016. For the month of January, the result for the LHD was 19.04% (2,323 out of 12,199 total discharges were private patients using their health insurance).

### **Single Room Utilisation**

For the month of January, the LHD had 23% of all single rooms taken up by private patients. Although there was an increase to 11.1% of all patients isolated for clinical alert, 39% of all private patients were accommodated in single rooms.

### **Revenue Enhancement Committee**

- Current areas of focus include billing opportunities in the Prof Marie Bashir Centre Eating Disorder Service and the Thomas Walker adolescent service at Rivendell.
- Benchmarking with peer facilities across NSW being investigated.
- All clinical streams are reviewing their Private Patient activity and developing a plan for increasing the number of patients utilising their private health insurance.

## **PERFORMANCE AND REDESIGN UNIT**

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

#### **2017/18 Service Level Agreement (SLA) and Activity Purchasing**

Senior representatives from the MoH held a Purchasing Model Roadshow at SLHD on Tuesday 7 February to begin the discussion and negotiation of the 2017/18 purchasing model. The focus of the meeting was on delivering health services that are needs-based, safe, high quality and achieve value for our patients and our system. Proposed activity adjusters and better value care initiatives were discussed with robust feedback from senior executive and clinicians of SLHD. The next meeting is scheduled for March with discussion to focus on LHD specific issues (service expansion for 2017/18) and the SLA document as the key agenda items.

#### **Acute Admitted and ED Activity**

Evaluation of the Admitted Patient and Emergency Department data errors reconfirms the requirements for constant monitoring and checking of the data quality. The Performance unit have been working in collaboration with both Coding Managers and facilities HIE coordinators to complete the best data quality standards. HIE errors and HIE coding error batches are now available for distribution fortnightly.

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 successfully completed the changes in the eMR and PAS to enable collection and reporting of the new AMHCC variables. The Mental Health Information Management Unit (MHIMU) have had an integral part to play in making this such a smooth transition. 70% of all mental health clinicians have already received training in the new classification and a timetable for further training sessions has been organised and implemented by the MHIMU. We are now moving into the quality, review and sustain stages of the project.

## Sub and non-acute (SNAP)

Currently our ungrouped SNAP KPIs have some room for improvement. There has been communication with Palliative Care at RPAH to try and identify barriers to data completion and ways to improve the current data collection process. Canterbury has recently had staff changes, these have been addressed and training of new staff in the SNAP data collection platform completed. Work is now underway at Canterbury to complete the backlog which will have a positive impact on their SNAP NWAU. The technical issues in the MoH SNAP portal have now been rectified and the data has been refreshed and uploaded into STARS. Overall our variance to target for the District is within an acceptable variation of + 1.35% for December YTD and we anticipate that this positive variance will increase with the completion of the aforementioned work.

## Non-Admitted (NAP)

Facilities have submitted their July – December data, and most have submitted their January data. The NAP Datamart is now up-to-date and all technical issues rectified as confirmed by the Ministry at the Non-Admitted Coordinator's meeting. With data accuracy now confirmed additional work is underway with the facilities and services to review where negative variances for activity exist compared to the previous year and improve performance where under reporting is an issue. This work will assist in improving the position of the LHD within the NWAU NAP target.

As part of the Non-Admitted Reporting Project SLHD has now submitted the Implementation Plan Tables to the Ministry. These tables have 73 clinics across SLHD that are being recommended for a change in their establishment type to improve the accuracy of the clinic categorisation. These changes are now being reviewed by the Ministry and they will contact LHDs to organise a teleconference to discuss the analysis and requested changes prior to approving the changes.

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

## Clinical Costing

Preparation for R21.1 half year draft round is underway with draft submission due 24 Mar 2017 and final submission due 20 Apr 2017.

Additionally preparation has also commenced for the full year costing round 21.2 with the iFRAC cost centre review process commencing earlier than usual to ensure that facilities and services have the time, capacity and support to ensure robust reviews of all cost centres. This work is being undertaken as collaborative venture between Finance and the Performance Unit.

## Innovations

The first Pitch event for 2017 was held March 10 at the KPEC Auditorium, Camperdown. Attendance was excellent with around 250 staff in attendance to watch the Pitch. Colleagues from other Districts and Housing NSW also attended.

Five teams were short-listed to present. Three received funding and two were highly commended and will receive funding through the Pitch. Two were highly commended and will receive funding through mental health and assistance with evaluation.

- **Hear to teach, see to learn!** Using portable audio-visual devices to supervise and teach multiple students in a clinical setting, led by Gillian Taylor, Speech Pathologist, Child and Family Clinical Services. – Third Place
- **On Your Bike & Row Your Boat:** Providing exercise equipment for patient use in an involuntary acute psychiatric unit, led by Mary Evatt, McKay Unit, Concord Centre for Mental Health. – Highly commended and to be funded through Mental Health. Assistance will be provided with evaluation.
- **BPT OK - Pilot Program:** Improving the health and wellbeing of basic physician trainees, led by Dr Louise Ward, Basic Physician Trainee, RPA Hospital. – First Place

- **Same Same, NOT Different:** – Streamlining the approach to home modifications in partnership with the Department of Family & Community Services in the City of Sydney, led by Melissa Cain, Team Leader, Occupational Therapist, Home Based Therapy - Aged, Chronic Care & Rehab Service. Second Place
- **Swipe Me Happy:** Using high-tech equipment and e-mental health applications with the aim to improve Mental Health inpatient groups/activities/care, led by Nyssa Malouf and Qi Zhao, Registered Nurse, Short Stay Unit, Professor Marie Bashir Centre. - Highly commended and to be funded through Mental Health. Assistance will be provided with evaluation.

## Clinical Redesign: CHR Projects

- The *'Preoperative patient optimisation prior to elective surgery'* (CHR 2017 - first intake) project has commenced 'Project Initiation & Start Up' at the ACI. Ms Pinaka Rakkar has been recruited to the project team as the SLHD Patient Blood Management Project Lead.
- The *'A Collaborative Care Outreach in Residential Aged Care Facilities (RACFs) across the SLHD (ACCORD)'* (CHR 2017 - second intake) was accepted to the ACI Centre for Healthcare Redesign Program. The project team, Ms Lara Leibbrandt, Project Officer, Aged Care, Chronic Disease and Rehabilitation Clinical Stream and Jacque Tracey, Acting Team Leader, Access Care Team will commence the program in April 2017.
- The *Palliative Care: Access, Care, Equity (PC-ACE)* project (CHR 2016 – third intake) solutions report has been approved. The team are finalising implementation planning for four key solutions to improve continuity of care and access to after-hours palliative care services across the SLHD. These include:
  - Piloting a new triage process and triage coordinator role (within existing staffing levels) to ensure consistent and criteria-driven triage.
  - Reviewing the model of care for Community Palliative Care services to promote better access to specialist nursing expertise.
  - Developing an education program to enhance the skills and confidence of the broader SLHD workforce in providing care during end of life.
  - Establishing an Equipment Loan Pool committee to streamline patient access to supportive equipment, such as hospital beds and oxygen, to facilitate the transition from hospital to home.
- The *Review of the Department of Orthodontics at the Sydney Dental Hospital* (CHR 2016 – third intake) team has submitted their solutions report for approval and has identified six solutions to avoid delays during the course of treatment, improve patient engagement in maintaining oral hygiene, and support postgraduate students to maintain continuity of care during their patients' treatment.
- Renovations to the Ambulatory Haematology and Oncology Infusion Centre, on Ground East in Concord Hospital, have been undertaken to finalise the merge of this centre into a single unit as part of the *It's Time* project (CHR 2015 – third intake). The unit moved to 5 East for a 4-week period to allow these works to be undertaken, which included bringing the two nursing desks into a single central desk.
- Following successful completion of its first phase, which focused on managing patients with a defined set of uncomplicated patients who presented to the General Practice Casualty (GPC), the GPC Fracture Clinic is now moving to Phase 2, which includes managing patients with in-scope fractures who are referred directly from GPs in the Balmain area.

## Accelerating Implementation Methodology (AIM)

The first AIM workshop for 2017 was held on February 16<sup>th</sup> & 17<sup>th</sup> and was attended by 11 staff. Evaluations of the course were overall very positive. The next AIM training is scheduled on 4 & 5 May and 10 places have been reserved for students undertaking the CEWD Diploma of Project Management.

## **CAPITAL PLANNING**

### **Concord EMU**

Renovations to Ground floor offices have been completed. Emergency Department offices have been relocated to the former Executive unit. Demolition to new EMU is complete. The project is on target for completion in April 2017 prior to winter.

### **SLHD Aged Care Network**

Despite some minor rain delays to the program, construction of the Balmain redevelopment is progressing well.

### **Medical Imaging Equipment Purchases RPAH**

The first single plane Angiography unit will be complete by the end of April with the final single plane angiography unit to follow. The Project will be completed by June 2017.

### **Sydney Dental Additional Chairs**

Gross completion has been achieved. Defects rectification is currently underway.

### **CRGH Cardiac Catheter Lab & 64 slice CT Scanner**

An Order has been placed for CT Scanner. RFQ Committee recommendations are pending for the Cardiac Cath Lab.

### **CRGH Replacement Endoscopy Equipment**

Procurement will be undertaken through a period contract through Healthshare in partnership with 3 other state facilities. Partnering has achieved a \$40,000 reduction in price.

### **RPAH Clinical da Vinci Robot theatre**

Building works are progressing well in theatre 14 JL Theatres. When complete this will enable the Robot to have a permanent purpose build home.

### **RPA Replacement Fluoroscopy Unit**

Procurement RFQ is nearing completion. The Department has requested significant building works with the installation. Rationalisation of works is currently underway.

### **NSW State Biobank**

SLHD has received \$10 million capital funding to construct the first state Biobank on the RPA campus on behalf of NSW Pathology. Construction tender has been awarded and works commenced in February. The project will complete in June 2017.

### **CRGH Neurosurgical Microscope replacement**

Procurement of the microscope is well advanced. This will be completed by June 2017.

### **RPA Robotic & Surgical Training Institute**

Work is nearing completion on the Southern Hemispheres first Surgical Robotic Training Centre. Commissioning commenced on 6 March with the first training session held on 11 March 2017.

### **Asset Replacement & Repair Program (ARRP)**

SLHD has received funding through the ARRP Program managed by Health Infrastructure. Projects funded include: QE11 Roof membrane replacement, RPAH Generator Replacement and upgrade of CRGH lifts.

### **RPA Energy Efficiency Program**

Funding in the form of a treasury loan has been received to replace all light fittings across RPA with energy efficient LED fittings. Elogy savings will be used to offset the loan repayment.

RFQ process is nearing completion.

## HEALTH PATHWAYS

### Workgroups

No workgroups were held in February 2017.

Discussions commenced and date options provided to undertake a region wide Breast cancer/care collaborative workgroup in late March.

### Pathways

In February 2017 **9** Clinical pathways and **3** resource pages were released. This took the overall completed content to **540** pathways. Not reflected in the tally for February was the launch of the Simple Fractures – GP Management pathway which has been released in support of the Balmain GP Fracture management service. Along with the pathway we have updated the relevant referral information page highlighting service provision and access.

<b>February 2017</b>	
New Completes (Live)	12
Completed Periodic Review Cycle	1
Total Completed pathways on website	540
<b>CURRENT WORK IN PROGRESS</b>	
Currently Localising (from other HP regions)	101
New Pathways being developed	9
Live pathways currently being updated	9
Completed pathways undergoing Periodic Review	123

### Usage of HealthPathways

Use of the website increased following the last Public Holiday at the end of January and the return to normalised working hours, school terms etc. February saw our highest recorded sessions of use since go live in March 2014. Page views and user numbers were also increased from the previous periods. This increase can also be attributed to the term of General Practitioner Registrars commencing clinical placements in February.

	<b>February 2017</b>	<b>January 2017</b>	<b>December 2016</b>	<b>November 2016</b>
<b>Sessions of use</b>	3,168	2,569	2,342	3,141
<b>Unique page views</b>	10,512	8,339	7,337	10,909
<b>Different users</b>	780	594	585	694

### HealthPathways Community

In late February the Sydney Team spent two days supporting the launch of the Nepean Blue Mountains HealthPathways program. As well as a number of presentations and Q&A sessions the Team participated in demonstration workgroup and issue identification sessions with local GP's, Clinicians and the new NBM HealthPathways Team. Members of the NBM HP Team will also be undertaking site visits to the Sydney Program in the coming weeks.

South Eastern Sydney HealthPathways is a step closer with the signing of an agreement paper by CESP, SESLHD, SCHN and St. Vincent's to undertake HealthPathways.

Sydney North became the ninth 'live' NSW HealthPathways region on 23 February with a soft launch to a select number of GPs.

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

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 January 2017 based on the District's budgeted NCoS.

For the month of January 2017, Sydney Local Health District (SLHD) General Fund Expenditure was \$2.543M (1.97%) favourable to budget, year to date GF Expenditure was \$7.874M (0.85%) favourable to budget.

GF Revenue was \$4.645M (3.39%) unfavourable to budget for the month and \$12.332M (1.32%) unfavourable to budget YTD. For the financial year ended 31 January 2017 the District's GF NCoS was \$4.127M unfavourable to budget.

Note the revenue and expenditure results for the month and year to date were impacted by a revenue and expense budget adjustment processed during the month (approximately \$4M) related to High Cost Drugs, specifically Hepatitis C vaccines. This adjustment had the effect offsetting a previous favourable revenue variance and an unfavourable expenditure variance.

**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. 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.**

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

### **Expenditure**

For the month of January 2017 GF Total Expenditure was \$2.543M (1.97%) favourable to budget, reflecting favourable results for Annual Leave Provision (\$0.202M), Goods & Services – Clinical (\$2.092M) and Goods & Services – Admin (\$2.941M). These favourable results were offset by unfavourable variances in Repairs & Maintenance (\$0.943M), Overtime (\$0.616M) and Salaries & Wages (\$0.938M).

Year to date GF Total Expenditure was \$7.874M (0.78%) favourable to budget. This result reflects favourable results for Other Employee Expenses (\$1.475M), Goods & Services – Admin (\$8.656M) and Goods & Services – Clinical (\$7.442M). These results were offset by unfavourable variances in Salaries & Wages (\$2.099M), Overtime (\$3.767M), Repairs & Maintenance (\$3.079M) and Superannuation (\$0.426M).

### **Revenue**

GF Total Revenue was \$4.645M (3.39%) unfavourable to budget for the month of January 2017. The result for the month reflects unfavourable variances in all major Revenue categories except Other Revenue. This revenue category was \$1.260M favourable to budget for the month. The MTD result was also impacted by the budget adjustment of \$4M referred to above.

Year to date GF Total Revenue was \$12.332M unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in the majority of OSR categories, i.e. Patient Fees (\$4.127M), User Charges (\$8.517M) and Grants & Contributions (\$0.547M). The YTD result also reflects the impact of the \$4M budget adjustment referred to above.

### **Special Purpose & Trust**

SP&T NCoS was \$0.659M unfavourable to budget for the month of January 2017 and \$1.534M unfavourable to budget for the first seven months of the financial year. The YTD result reflects a favourable budget variance for Expenditure of \$1.893M offset by an unfavourable result for Revenue of \$3.427M.

## **Consolidated result**

For the period ended 31 January 2017 the consolidated year to date NCoS result for the General Fund and SP&T was \$5.992M unfavourable to budget. The result comprises a favourable Expenditure variance of \$9.768M offset by an unfavourable Revenue budget variance of \$15.757M.

## **Financial Performance – Based on new MoH reporting format**

For the period ended 31 January 2017, SLHD recorded a Total Net Result of \$27.487M which was \$5.785M (17.39%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 31 January 2017 was \$1.380M unfavourable to budget. The YTD Net Direct Operating Result reflects a favourable Expenditure variance of \$13.651M offset by an unfavourable Revenue variance of \$15.031M.

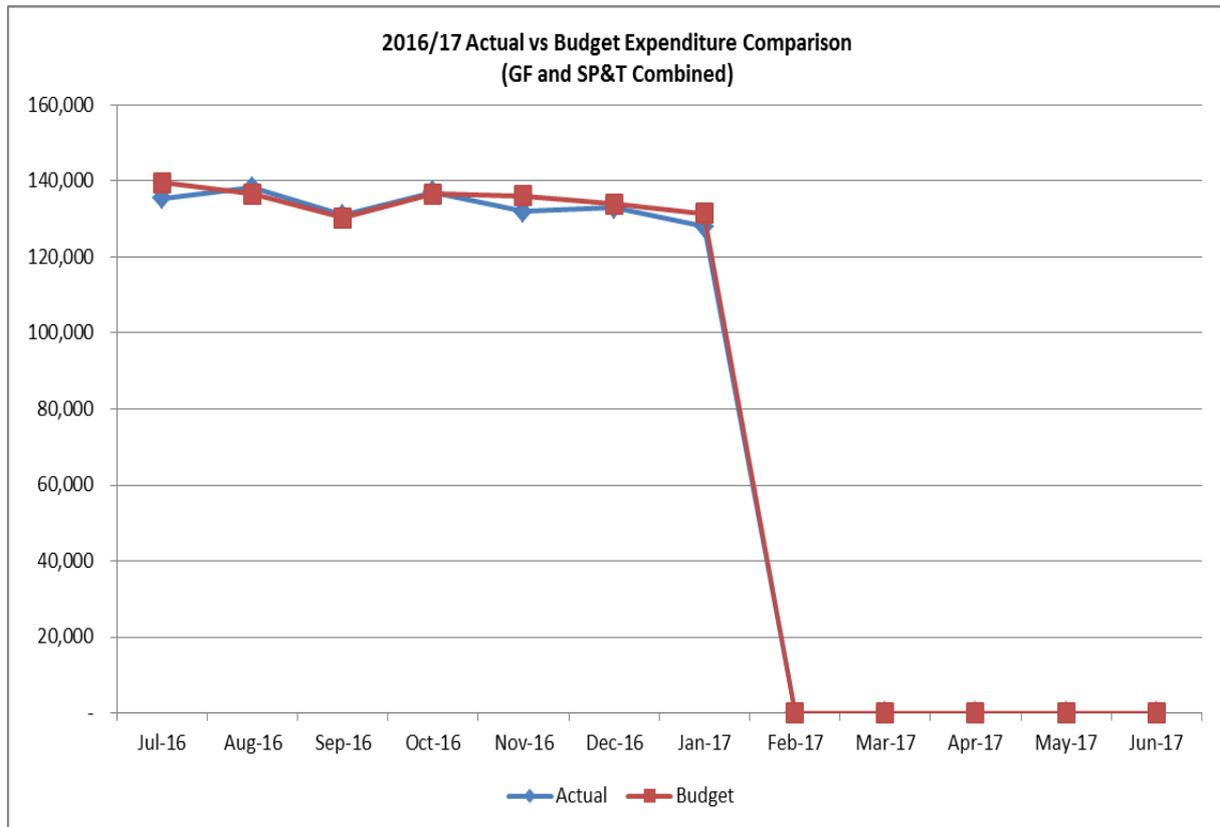
For the month of January 2017 Total Direct Revenue was \$6.106M unfavourable to budget, comprising \$4.640M unfavourable variance for the General Fund and a \$1.466M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$15.031M unfavourable to budget, comprising \$11.819M unfavourable for the General Fund and a \$3.212M unfavourable variance for the SP&T Fund. The YTD result for the GF reflects unfavourable variances in all major own source revenue categories except Other Income.

Total Direct Expenditure was \$4.267M favourable to budget for the month of January 2017, comprising a \$3.486M favourable variance for the General Fund and \$0.781M favourable for the Special Purpose & Trust Fund. The GF result reflects favourable variances in Goods & Services – Clinical (\$2.092M), Goods & Services – Admin (\$2.941M) and VMO Expenses (\$0.103M). These results were offset by unfavourable results for Salaries & Wages (\$0.938M) and Overtime (\$0.616M).

For the financial year ended 31 January 2017 Total Direct Expenditure was \$13.651M favourable to budget. This result comprised favourable variances for Salaries & Wages Oncosts (\$1.008M), G&S – Clinical (\$7.442M) and G&S – Admin (\$8.656M). These results were offset by unfavourable results for Salaries & Wages (\$2.099M), Overtime (\$3.767M) and G&S – Support (\$0.272M).

## **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 January 2017.

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 January 2017.

The cash balance at 31 January 2017 for the SLHD Operating bank account was \$11.222M and the Operating Cash book balance was \$10.994M.

## Capital Works – SMRS Project

The District's Full Year Capital works budget as at the end of January 2017 was \$38.470M comprising \$16.768M of MoH funded projects and \$21.702M of locally funded projects. Actual expenditure at the end of January 2017 was \$2.749M which was \$2.695M below target.

## PLANNING

### Urban Development- Building Better Health in the Growing Inner West

This major half day conference co-hosted with the University of Sydney was held on 10 February, 2017 at the Charles Perkins Centre Auditorium. The conference had several key strategic goals.

The stated aim of the conference was:

1. To establish and explore the **link between good health and the built urban environment** and its importance to the growing inner west
2. To **highlight the urban growth that is occurring in the inner west of Sydney** and the social and health services and required for this expanded population
3. To explore the emerging **concept of the Greater Sydney Commission's Health and Education Super Precinct** as applied to Sydney's global health and education corridor extending from RPA in the west via our major partner, the University of Sydney, through UTS,

the University of Notre Dame, Ultimo TAFE and the Sydney Dental Hospital. The knowledge precinct also links to the Australian Technology Park and the Central to Eveleigh precinct and the emerging developments in The Bays.

The forum brought together about 300 health academics, community and urban planners in the first such conference hosted by a health district. Speakers included the Minister for Health, the Hon. Brad Hazzard, Ms Henriette Vamberg from Gehl, Ms Lucy Turnbull, Chief Commissioner of the Greater Sydney Commission, Dr Michael Spence, Vice Chancellor of the University of Sydney, Ms Monica Barone, Chief Executive of the City of Sydney, Dr Tim Williams of the Committee for Sydney and a number of other senior clinicians and academics.

Arising from the Conference, the Committee for Sydney and the Sydney Business Council are auspicing a University of Sydney arranged Governance Forum, for the stakeholders of the **“Health and Education Super-Precinct”** and the **“Collaboration Area”** (as identified in the Greater Sydney Commissions Draft Central District Plan) on the 31<sup>st</sup> March. This important follow-up conference will aim to grow the global knowledge hub from RPA to the Bays and Central to Eveleigh and to establish a governance structure for this hub.

### **Comments on the Greater Sydney Commission (GSC) plan and District Plans**

The Planning Unit is developing a SLHD response to the GSC plans. Opportunity also exists to co-ordinate some responses with the City of Sydney and the University of Sydney.

### **Canterbury Clinical Services Plan**

Consultations continue in respect of the first draft of Canterbury Hospital Clinical Services Plan and an associated Canterbury HealthOne Clinical Services Plan.

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

Gateway interviews have been held for the Business Case for the RPA HealthOne East, Green Square. The Academic Committee has been expanded to incorporate more SLHD senior personnel and the corresponding terms of reference amended.

The future directions for this year include:

- Building from the Green Square community consultation to establish community involvement in all aspects of the project.
- Better establishing the health and medical “neighbourhood” through strong liaison with Green Square local private health providers, including providing early support for these providers through the SLHD, the CESPHN and the academic partners.
- Establishing an NGO/other government agency group.
- Further establishing the academic education and research purpose and consolidating this collaboration.
- Establishing some baseline community health and wellbeing services in the town centre. This is likely to include early childhood services and possibly mental health services.
- Applying the results of the HERDU conducted Health Impact Assessment (HIA) to the HealthOne strategic directions.
- Accessing funding for the building program from NSW Health.
- Finalising the site, costings, procurement approach and opportunities for the creation of a health and wellbeing precinct in collaboration with UrbanGrowth NSW, the City of Sydney and Mirvac.

### **SLHD Strategic Plan (2018-2022)**

The SLHD Strategic Plan (revised in 2014) ceases at the end of 2017. The SLHD Planning Unit will lead the development and consultation process of the SLHD Strategic Plan 2018-2022 as outlined below:

- **Stage One:** A comprehensive review of the current District Strategic Plan, and Enabling Plans.
- **Stage Two:** SLHD Board, Senior Executive, Clinical Directors and Managers Half Day Workshop.
- **Stage Three:** Community, staff and external stakeholder consultations to further inform and validate the Districts strategic intent for the next 5 years.
- **Stage Four:** Draft SLHD Strategic Plan 2018-2022 for consideration by the SLHD Board meeting.

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

These plans are currently being proof read and prepared for publication.

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

Meetings are being held to derive priority issues and strategies from the evidence, and the many consultations held to develop this intersectoral plan.

### **RPA Clinical Strategy**

The Planning Unit is developing a draft RPA Clinical Strategy initially for consultation with the RPA and District Executive.

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

The SLHD Aboriginal Health Strategic Plan is currently being prepared for publication.

### **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.

### **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. A Scoping Paper has been prepared. This will articulate with the ACI initiative Leading Better Value Care. The key approach is a forum mid-year on diabetes.

## **YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE**

The SLHD has put out a call for Expressions of Interest to join the Yaralla Estate Advisory Committee Membership in the Inner West Courier and on the SLHD website. The next committee meeting will be held on 21 March and will focus on planning for the 2017 Yaralla Festival. There have been two open day dates confirmed for the Yaralla Estate in 2017 in April and October.

## **SYDNEY RESEARCH**

### **OHRM**

The NSW Health PhD Scholarships Program opened in December 2016 (with applications closing in February 2017), to support PhD candidates to build capacity across the NSW Health system in identified areas of need. Funding will be provided to host universities, limited to ten applications per university, with applicants also working within or closely with LHDs, NSW Ambulance and SHNs. SLHD will provide in kind support as well as \$10,000 towards a stipend co-contribution for successful applicants from SLHD.

Sydney Research worked SLHD and universities to coordinate applications. Three applications were submitted. Successful applicants will be announced in April 2017 and funding will commence with the first semester commencing after 30 June 2017.

## **OHMR - Biobanking**

OHMR also released for consultation a draft Policy Directive on Consent for Research Biobanking (draft Policy Directive) that outlines requirements for participant consent when collecting human tissue for storage prior to use in research (i.e. biobanking) in NSW Health facilities. Submissions closed 20 February 2017. Sydney Research distributed the link and email for submission to members.

This draft Policy Directive generated great discussed at the February 2017 Sydney Research Council meeting, leading to Sydney Research to invite representatives from OHMR and NSW Pathology should be invited to present at a Sydney Research Council meeting.

## **OHMR - TRGS round two**

172 Expressions of Interest were received by OHMR, with approximated 15% being invited to progress to full application. Three SLHD EOs have been invited to submit full applications for TRGS round two funding:

- Richard Broome "Evaluation of the SLHD Ambulatory Cardiac Chronic Care Service"
- Michael Dinh "The Sydney Triage to Admission Risk Tool (START) Trial"
- Tim Wand "Management of mental health, drug health and acute severe behavioural disturbance (ASBD) in Emergency Departments"

The Sydney Research team will meet with each applicant and members of the Sydney Research TRGS review panel will assist applicants in developing their full application. Additionally, a Sydney Research Working Group has been able to identify additional statistician and health economist support, which will be provided by NHMRC Clinical Trials Centre for these projects, to strengthen these applications.

## **Sydney Health Partners:**

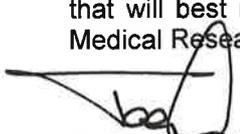
Professor Garry Jennings has commenced as the Executive Director of Sydney Health Partners, with Professor Don Nutbeam's appointment being extended to provide adequate handover and continuing support to SHP. Prof Jennings is meeting with key SHP stakeholders and focusing on priority areas including collaboration with the National AHRTC Alliance, MRFF opportunities, SHP communications and programs.

The national AHRTC alliance, bringing together SHP, Monash Partners, Melbourne Partners and the South Australian Academic Health Science and Translation Centre, has agreed to share strategic platforms that strengthen and optimise capabilities across the alliance.

These include:

1. Consumer research engagement
2. Data and infrastructure
3. Health services and systems
4. Collaboration and capacity building
5. Clinical research infrastructure

The national alliance continues to work with government to explore MRFF opportunities, identifying programs and projects across the alliance and within AHRTCs. This aims to pool a number of projects that will best meet and enhance the government and national health agenda under the Australian Medical Research and Innovation Priorities 2016 – 2018.



Dr Teresa Anderson  
Chief Executive

Date: 29.9.17