
Sydney Local Health District

Sixty Fourth Meeting of the Board

Date: Monday 24 April 2017
Time: 9.00am
Venue: SLHD Boardroom
Chair: The Hon. Ron Phillips, Chair

1. Present and apologies

The Hon. Ron Phillips, Chair
Dr Barry Catchlove, AM,
Ms Victoria Weekes, Member
A/Prof. Christine Giles, Member
Ms Susan Anderson, Member
Professor Paul Torzillo AM, Member
Dr Thomas Karplus, Member
Ms Joanna Khoo, Member
Mr David McLean, Member
Ms Ronwyn North, Member
Dr Mary Haines, Member
Dr Teresa Anderson, Chief Executive

Apologies

Ms Frances O'Brien, Member

In attendance

A/Professor Catherine O'Connor, Chair, Medical Staff Executive Council (Departed 11.30am)
Ms Gina Finocchiaro, Acting Director Corporate Operations (Departed 11.30am)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

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

The Chief Executive introduced Ms Gina Finocchiaro to the Board as the interim Acting Director Corporate Operations. One member of the District Executive will be invited to attend a Board meeting each month.

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 27 March 2017

The minutes of the Board meeting held on Monday 27 March 2017 were moved and seconded.

The Chair then signed the minutes.

4.2 CE Report – March 2017

The Chair declared that the CE Report for March 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 progress of the Capacity Assessment Survey will be added to the Board Planning Forum to be held in June 2017. This agenda item can be removed from the action list.
- The ACHS recommendations have been received from Lifehouse and the summary report of outcomes have been included in the Chief Executive's Report. This agenda item can be removed from the action.
- Board members are to be invited to all planning forums. This agenda item can be removed from the action.
- Correspondence has been forwarded to the Minister re Westconnex. This agenda item can be removed from the action.
- Clinical Quality Council meeting dates have been forwarded to all Board members. This agenda item can be removed from the action.
- The meeting to discuss revenue is being held today, following the Board Meeting. This agenda item can be removed from the action.
- Expressions of Interests for Board representation on the Audit and Risk Committee are being considered by the Chair of the Audit and Risk Committee and Manager of Internal Audit. This agenda item can be removed from the action list.

5.2 RPAH Staff Car Park

The Board received, read and noted the information pertaining to the RPAH Staff Car Park. This agenda item can be removed from the action list.

5.3 Audit and Risk Management Committee Charter

- The Board received and read the Information pertaining to the Audit and Risk Management Charter. It was noted that this Committee is directly responsible and accountable to the Board and the Chief Executive. The FRAPM committee receives a detailed risk report and escalates to the Board any areas of concern. This agenda item can be removed from the action list.

A briefing to the Board will be provided outside of the Board Meeting on the Risk Framework, Risk and Legal obligations and reporting methods to the Finance, Risk and Performance Management and the Audit and Risk Committees.

5.4 Consultation Process for the SLHD Strategic Plan

The Board received, read and noted this correspondence and agreed:

1. The Planning Forum for District Executive and the Board is to be included in the Board calendar.
2. It would be beneficial to have an “out of hours” consultation process to capture and engage NGOs and other community stakeholders that are not available during business hours.

This agenda item can be removed from the action list.

6. Patient Story

The Chief Executive provided a verbal report to the Board on a patient with complex issues. In the interest of the patient, the Guardianship Board needed to be involved which resulted in a positive resolution and outcome for the patient and the family.

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 Board Sub-Committee re-structure is to be delayed until after the planning forum in

June 2017.

- Annual Leave dates for the Chair and the Deputy Chair were provided to the Board in May 2017. Ms Victoria Weekes is to Chair the Board and the FRAP meetings to be held on 15 May 2017

9. Chief Executive's report

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

- The Chief Executive updated the Board on the audit regarding cancer patients and chemotherapy treatment.
- District continues to remain at performance level zero.
- Mental Health has continued with a significant increase in presentation of acutely unwell patients. Despite this, there continues to be an improvement in its performance. Although Mental Health Readmissions within 28 days continue to be unfavourable to the target of <13% at 16.6% YTD November 2016, readmissions have decreased 1.2% from 17.8% for the same period last year.
- The District has had no incorrect procedures in operating theatres for this or the preceding financial year.
- The Clinical Quality Council continues to meet monthly with excellent attendance and positive feedback.
- Staff usage for Medical in February 2017 was 9.9%, which is a slight increase by 0.8% in comparison to the same period last year. There was a significant increase of 2.2% for Nursing premium staff usage compared to the same period last year, which was at 9.6% for February 2017 due to increase in demand across the District.
- The total number of separations for February 2017 YTD increased across the District by 2.87% from 108,478 separations compared to 111,595 separations for February 2016 FYTD. For the same period, acute separations increased by 2.75% compared to the same period last year.
- Comparing the period October - February 2017 with the same period in 2016, indicates that there has been a 3.3% increase in Emergency Department Presentations over this period. When adjusted for the leap year in February 2016 and using daily averages, the variance increases to 4.02%, increasing from a daily average of 432.24 over the 15/16 period to 449.59 16/17.
- Emergency Treatment Performance (ETP) teleconferences are ongoing everyday with the exception of Christmas Day.
- Surgical activity was slightly down in February 2017 compared to February 2016 which had an extra day due to it being a leap year. Discussions concerning out of District surgical procedures are occurring and ongoing.
- The IHPA have release the National Efficient Price Determination for 2017/18. The State price will be included in the budget.
- The District has received positive feedback in the media on the "BPT OK" pilot program to improve the health and wellbeing of basic physician trainees. The CE forums with junior medical staff went very well.
- 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 28 February 2017 based on the District's budgeted NCoS. For the month of February 2017, Sydney Local Health District (SLHD) General Fund Expenditure was \$1.576M (1.26%) favourable to budget, year to date GF Expenditure was \$9.451M (0.90%) favourable to budget. GF Revenue was \$1.840M (1.59%) unfavourable to budget for the month and \$14.173M (1.35%) unfavourable to budget YTD.

For the financial year ended 28 February 2017 the District's GF NCoS was \$4.722M unfavourable to budget.

A briefing on "Financials" is to be provided to the new Board Members outside of the Board meetings.

- February 2017 GF Total Expenditure was \$1.576M (1.97%) favourable to budget, reflecting favourable results for Salaries & Wages (\$0.470M), Annual Leave Provision (\$2.596M), Goods & Services – Clinical (\$0.281M) and Goods & Services – Admin (\$0.195M).
- Some Capital Works projects have been delayed due to the amount of rain in March 2017.
- A new community member has commenced on the Yaralla Community Advisory Committee.
- The letters to patients found in a bin mentioned in the media recently were not associated with this District, and the Transcription Service is not used by our District.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – February 2017

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

9.1.2 Performance Indicators – February 2017

(i) Selected Performance Indicators

The Board noted this report was not available.

(ii) Peak Activity Team

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report – February 2017

The Board received, read and noted this report. The data provided in this report represents the activity of the SLHD and Central Eastern Sydney Primary Health Network and website only.

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 June 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. The Chief Executive reported on a bomb threat on Friday 21 April at Canterbury Hospital. All policies and procedures were followed and the MoH is aware.

(iii) Concord Hospital

The Board received, read and noted the Concord Hospital facility report. The Board agreed that Concord Hospital should be commended on the moving Anzac Day Service Ceremony held on 22 April 2017. The Chief Executive advised the Board that Concord Hospital is the designated hospital for the Invictus Games.

(iv) Royal Prince Alfred Hospital

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

(v) Oral Health Services and Sydney Dental Hospital

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

(vi) Mental Health Services

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

(vii) Croydon/Marrickville/Redfern Health Centres

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

(viii) Drug Health Services

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

(ix) Community Health

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

The Chief Executive advised the Board that the District is presenting seven papers at the International Integrated Care Conference in Dublin next month.

(x) Population Health

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

(xi) Tresillian

The Board received, read and noted the Tresillian report. Tresillian recently underwent the ACHS Survey receiving seventeen merits, no recommendations and were commended on the strong relationship with the District.

(xii) Organ Donation for Transplant

The Board received, read and noted the this report.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

10. Matters for approval / resolution

Nil to report.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held 27 March 2017.

11.2 Education and Research Committee

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

11.3 Communications Committee

The Board noted the next meeting is to be held on 19 June 2017.

11.4 Audit and Risk Committee

The Board received and noted the minutes of the meeting held on 23 March 2017 and 13 April 2017.

11.5 Health Care – Clinical Quality Council

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

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 26 April 2017.

11.7 Medical Staff Executive Council

The Board noted the next meeting is on 5 May 2017.

11.8 Patient and Family Centred Care Steering Committee

The Board noted the meeting to be held on 5 April 2017 was cancelled.

12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board received and noted the minutes of the meeting held on 5 April 2017.

12.2 Medical and Dental Appointments Advisory Committee

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

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

12.4 Surgical Demand Committee

The Board noted the minutes of the meeting held on 19 April 2017 were not available.

12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 22 March 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 noted the minutes of the meeting held on 28 March 2017 were not available.

12.9 Major Procurement, Assets and Imaging Steering Committee

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

13. Matters for noting

13.1 Appointment – Member, Audit and Risk Committee

The Board received, read and noted this correspondence.

13.2 Australian Institute of Health and Welfare (AIHW) report - Immunisation rates for HPV vaccination

The Board received, read and noted this report.

13.3 Junior Medical Officer Support

The Board received, read and noted this correspondence.

13.4 Proposal to change the SLHD Boundaries

The Board received, read and noted this correspondence.

13.5 SLHD Submission to the Greater Sydney Commission

The Board received, read and noted this correspondence.

13.6 Audit and Risk Committee Report to the Board

The Board received, read and noted this correspondence. The Board requested that this item be a routine “stand alone” item on the agenda.

13.7 Robot Launch

The Board received, read and noted this correspondence.

13.8 Brief - Pressure Ulcers

The Board received, read and noted this correspondence.

13.9 Brief – Pelvic Exenteration

The Board received, read and noted this correspondence.

13.10 Brief - Summary - BHI 30 day mortality

The Board received, read and noted this correspondence. The District will work with the BHI on the Stroke data.

14. Other Business

Nil to report.

15. Next Meeting

The next meeting is to be held on Monday 15 May 2017 at 9.00am.

The meeting closed at 11.45am.



Chair
VICTORIA WEEKS

15.5.2017

Date

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

PERFORMANCE

The District continues to be at Performance Level 0.

Safety and Quality

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

As noted last month, Mental Health has continued to have a challenging time over the past 6 months with a significant increase in presentation of acutely unwell patients. Despite this, there continues to be an improvement in its performance. Although Mental Health Readmissions within 28 days continue to be unfavourable to the target of <13% at 16.6% YTD November 2016, readmissions have decreased 1.2% from 17.8% for the same period last year (last month it had improved by 0.8%).

SLHD continues to achieve under the benchmark (<2/10,000 bed days) for Staphylococcus Aureas Bloodstream (SABSI) at 0.2 and there were no Central Line Associated Bloodstream (CLAB) infections for January 2017.

The District continued to have no incorrect procedures in Operating theatres. The District has had no incorrect procedures in operating theatres for this or the preceding financial year.

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

Unplanned readmissions for February 2017 were 4.82%, which is significantly under the state average and below target.

The Clinical Quality Council continues to meet monthly with excellent attendance. The additional reports and revised structure have been met with positive feedback.

Workforce

Premium staff usage for Medical in February 2017 was 9.9%, which is a slight increase by 0.8% in comparison to the same period last year. There was a significant increase of 2.2% for Nursing premium staff usage compared to the same period last year, which was at 9.6% for February 2017. The increase in nursing and medical premium staffing was due to the increase in demand experienced across the District. There was a 0.4% decrease in premium staff usage for Allied Health compared to the same period last year, which was at 1.4% for February 2017.

Activity

February continued to be a very busy month across the District but slightly down on February 2016 by 2.06%. The total number of separations however, for February 2017 YTD increased across the District by 2.87% from 108,478 separations compared to 111,595 separations for February 2016 FYTD. For the same period, acute separations increased by 2.75% compared to the same period last year.

Emergency department attendances increased by 2.53% FYTD from 104,104 in February 2016 YTD to 106,734 attendances in February 2017 YTD. There were 12,637 ED attendances in February 2017, a decrease 2.39% on the month of February 2016.

A detailed analysis of activity comparing the period October- February 2017 with the same period in 2016, indicates that there has been a 3.3% increase in Emergency Department Presentations over this period. When adjusted for the leap year in Feb 2016 and using daily averages, the variance increases to 4.02%, increasing from a daily average of 432.24 over the 15/16 period to 449.59 16/17.

Across the same period, Triage 1 patients have increased by 8.58%. When adjusted for the leap year this increases to 9.31%. This increase is entirely in RPA which had a 21.38% increase in T1. Concord saw a 6.49% decrease in T1 and Canterbury saw a 6.52% decrease (unadjusted). February 2017 was a particularly busy month in terms of T1 presentations with all 3 facilities seeing a significant increase in T1 presentations.

The District occupancy rate for January 2017 increased by 5.01% compared to the same month last year, indicating that the acuity of patients in our hospitals has increased significantly. Balmain Hospital's occupancy rate for February 2017 increased by 6.06%. This is consistent with the increase in Triage categories of patients presenting to the Emergency Departments.

Emergency Treatment Performance

The Emergency Treatment Performance (ETP) performance for the District increased by 2.18% in February 2017 to 69.29% compared to February 2016 result of 68.97%. Concord and Royal Prince Alfred's ETP performance increased by 5.09% and 2.08% respectively for February 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 to coordinate management of care across the District. The District has written to the Ministry to adjust the Ambulance Matrix to re-aligning ambulance presentations between RPA and Concord. RPA receives significantly more walk-in patients than Concord due to its location. Therefore the Ministry has been requested to increase the threshold for ambulance presentations at Concord by 2 and decrease the threshold for ambulance presentations to RPA by 2. This makes sense from both a patient safety and demand management perspective.

Transfer of Care

The Transfer of Care (TOC) for the District was 94.19% for February 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 Emergency Departments.

ED Triage

SLHD achieved target for all ED Categories for February 2017 (Triage 1:100%; Triage 2: 86.07%; Triage 3:75.02; Triage 4: 80.74; Triage 5:93.95). Canterbury and Concord Hospital achieved all ED triage categories for February 2017. RPA met triage category targets 1, 2, 4 and 5 in February 2017. RPA performance in triage category 3 improved by 1.78% on February 2016 FYTD to 69.24% in February 2017 FYTD.

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 February 2017 in all categories. Surgical activity was slightly down in February 2017 compared to February 2016 which had an extra day due to it being a leap year.

NATIONAL FUNDING REFORM/ ACTIVITY BASED FUNDING

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

As part of the purchasing process, SLHD has continued to meet with senior representatives from the MoH to negotiate the activity targets and Service Level Agreement for 2017/18. SLHD met with MoH in March to discuss areas of service expansion identified by SLHD where enhancements will be required for new service delivery or anticipated expansion of services beyond growth. Some of the key areas for expansion in SLHD in 2017/18 will include peritonectomy, liver and renal transplant, the bed base expansion at Balmain Hospital and the PrEP HIV service in Community Health. SLHD and MoH have also met with the senior executive of Lifehouse to commence the negotiations for SLA and Activity purchasing of public services from Lifehouse for 2017/18.

Independent Hospital Pricing Authority (IHPA), National Efficient Price Determination 2017-18

The IHPA has released the National Efficient Price (NEP) Determination for 2017/18. The NEP has been set at \$4,910 per NWAU17. This is an increase from NEP of \$4,883 per NWAU16 in 2017/18. The other major change to the NEP is that sentinel events will not be funded and assigned a 0 NWAU as of 1 July 2017. The eight nationally agreed sentinel events include:

1. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.
2. Suicide of a patient in an inpatient unit.
3. Retained instruments or other material after surgery requiring re-operation or further surgical procedure.
4. Intravascular gas embolism resulting in death or neurological damage.
5. Haemolytic blood transfusion reaction resulting from ABO (blood type) incompatibility.
6. Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.
7. Maternal death associated with pregnancy, birth and the puerperium
8. Infant discharge to the wrong family.

Adjustments based on Hospital Acquired Complications (HAC) have not been included in the 2017/18 NEP funding model. IHPA will reduce the funding level for all HAC across every hospital to reflect the extra cost of a hospital admission with a complication by 1 July 2018, subject to the result of a shadow year from 1 July 2017. The current proposal includes both funding reductions and positive funding incentives as part of this process.

The NSW State NWAU17 price will not be released until after the State Budget has handed down.

Mental Health

Australian Mental Health Care Classification (AMHCC) implementation update: The Ministry have advised that they will provide financial reimbursement for additional coding resources (required to code the 230 mental health acute episodes) that required an adjustment to the care type for the new Mental Health coding care type on 28 Feb 2017. This statistical discharge and the subsequent coding will show a spike in NWAU for the month of February for admitted Mental Health services. This is an expected outcome that will affect all Districts after implementation. Allowances and adjustments will therefore need to be made to account for this in the setting of targets for the next financial year.

Sub and non-acute (SNAP)

Last month there was a slight improvement in our ungrouped SNAP KPI's, but we are still 1% less than the state average. As a District we are 7.91% under target for Feb YTD; however, once the backlog of SNAP forms have been entered SLHD is confident that we will be on target. The temporary closure of Wakefield ward at Balmain and opening at RPAH have seen an anticipated drop in Balmain's sub-acute activity for the months of January and February, which will be offset by an increase in RPAH's SNAP activity by the same amount. This movement of activity between the facilities is being monitored and will be adjusted for in the setting of the 2017/18 activity targets for RPA and Balmain.

Non-Admitted (NAP)

The majority of facilities have submitted their February data. The NAP Datamart is now refreshing three times a week. 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.

The Ministry is in the process of reviewing the Impact Analysis for the NAP Reporting Project, and have sought clarification on a few of the proposed changes, this advice has been provided back to MoH by SLHD. The Ministry will give final approval on the requested changes these changes will then be implemented by IMTD and the facilities.

Clinical Costing

The iFRAC cost centre review process is now coming to a close with all facilities and services on track to complete the annual process by 31 March with the exception of RPA who are aiming to complete this process by mid-April. Both Clinicians and cost centre managers have been actively involved in this process. These reviewed iFRACs will be used in the full year costing round 21.2 which will commence in October 2017.

Work has commenced for R21.1 half year draft round. The feeder files were provided by MoH in the last week of March with the final draft submission due 20 Apr 2017. Stakeholders across SLHD have been engaged to assist with the provision of the required local data feeds as well as assistance in the review and improvement in data quality. The costing team has commenced loading of patient & service files.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of February, the result for the LHD was 18.05% (2,312 out of 12,809 total discharges were private patients using their health insurance). This is a similar result to February 2016 (18.10%), but significantly below where the LHD is aiming. All Clinical streams are aiming for a target of 25% of their patients using their private health insurance. Strategies are in place to support this.

Single Room Utilisation

For the month of February, the LHD had 27% of all single rooms taken up by private patients (up from 23% in January). While 10.1% of all were patients isolated for clinical alert, 46% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

- Opportunities for billing in Mental Health continuing to be scoped
- Data being reported by the NSW Revenue Portal not consistent with local systems and is currently under review. Concern being raised with the MoH that SLHD's revenue targets could be set using this data.

PERFORMANCE AND REDESIGN UNIT

Innovations

The first Pitch event for 2017 was held on Friday March 10 at the KPEC Auditorium, RPA. The event was well attended with over 80 staff enjoying the 5 Pitches on the day.

There were three outstanding teams who all received Pitch funding:

- **BPT OK** - Pilot Program: Improving the health and wellbeing of basic physician trainees, led by Dr Louise Ward, Basic Physician Trainee, RPA Hospital. Awarded \$48,400. This innovation received coverage in SLHD Health Matters Newsletter and staff intranet.
- **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. Awarded \$7,300.
- **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. Awarded \$48,046.

Whilst the overall funding allocated during this Pitch was above the allotted \$50,000 we were still able to do this within the allocated funding set aside for this project as there were only 3 Pitches held in 2016.

Two runner ups are to receive funding from the Mental Health budget:

- **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. Requested \$6096.
- **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. Requested \$2,594.

Clinical Redesign: CHR Projects

- The *'Preoperative patient optimisation prior to elective surgery'* (CHR 2017 - first intake) project has submitted its approved Initiation Project Plan to the ACI, and is currently undergoing Diagnostics. It will be conducting focus groups and gathering data on iron deficiency screening and treatment with Anaesthetics, Orthopaedics, Colorectal and Upper Gastro Intestinal staff across Canterbury, Concord and RPA hospitals.
- *'A Collaborative Care Outreach in Residential Aged Care Facilities (RACFs) across the SLHD (ACCORD)'* (CHR 2017 - second intake) is undergoing Initiation, to scope and better define the project. This project arose from the previous LINK project, and will facilitate responsive, comprehensive and collaborative approaches to support RACFs across SLHD.
- The *Palliative Care: Access, Care, Equity (PC-ACE)* project (CHR 2016 – third intake) solutions report has been approved and submitted to the ACI. Their solutions will improve continuity of care and access to after-hours palliative care services across the SLHD. They are currently piloting a new triage process and triage coordinator role (within existing staffing levels) to ensure consistent and criteria-driven triage.
- The *Review of the Department of Orthodontics at the Sydney Dental Hospital* (CHR 2016 – third intake) solutions report has been approved and submitted to the ACI. The solutions being implemented will 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. The outcomes of the solutions will be monitored over the coming six months.
- Renovations to the Ambulatory Haematology and Oncology Infusion Centre, on Ground East in Concord Hospital, have completed, which merges the two teams 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 brought the two nursing desks into a single desk.

Other Projects:

The GPC fracture clinic has approved and commenced phase 2, with a weekly clinic now operating on Tuesdays treating 12 patients at Balmain Hospital. A Health Pathways page on fractures is now live, with PHN circulars and meetings advertising this pathway. The project will move to phase 3 of the project, which is the inclusion of direct referrals from RPA ED.

CAPITAL PLANNING

Concord EMU

Services (gases etc) have been completed in the new EMU. The Project is on target for its April completion.

SLHD Aged Care Network

Rain delays are having a significant effect on the program. Relocation of aged care beds back to Balmain from RPA is now scheduled for mid to late August 2017. This is putting significant pressure on RPA.

Medical Imaging Equipment Purchases RPAH

The first single plane Angiography unit is being commissioned. The final single plane angiography unit will commence once Angiography 2 is operational. The Project will be completed by June 2017.

Sydney Dental Additional Chairs

Gross completion has been achieved. Defects rectification is underway.

CRGH Cardiac Catheter Lab & 64 slice CT Scanner

The order has been placed for the CT Scanner and Catheter Lab. Both projects will be completed by 30 June 2017.

CRGH Replacement Endoscopy Equipment

The Order has been placed for the new endoscopy equipment.

RPAH da Vinci Robot theatre

Building works for the clinical robotic theatre is progressing well. It is on target for completion by April/May 2017.

RPA Replacement Fluoroscopy Unit

The RFQ for the replacement Fluoroscopy Unit is complete. Building works to accommodate the new machine is underway. The Project will be completed by 30 June, 2017.

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 is well advanced. The project will be completed by the end of June 2017 and will be commissioned in July/August 2017.

CRGH Neurosurgical Microscope replacement

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

Asset Replacement & Repair Program (ARRP)

SLHD has received funding through the ARR 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. Energy savings will be used to offset the loan repayment. The RFQ process is nearing completion.

HEALTH PATHWAYS

Workgroups

Breast Cancer – 30 March 2017

A Workgroup was undertaken to identify pathway priority areas for Breast Cancer and other breast conditions. A number of pathways were identified along with the need to improve General Practice knowledge of general breast cancer management.

Board Report

Pathways

7 Clinical pathways and 2 referral resource pages were released. Live content total now **550**. With the appointment of a Project Officer the Program's Periodic Review process was recommenced in March. Priorities will include completion of the current cohort of pathways in review and the commencement of a further 188 pathways entering review in 2017.

March 2017	
New Completes (Live)	9
Completed Periodic Review Cycle	8
Total Completed pathways on website	550
CURRENT WORK IN PROGRESS	
Currently Localising (from other HP regions)	99
New Pathways being developed	10
Live pathways currently being updated	7
Completed pathways undergoing Periodic Review	127

Usage of HealthPathways

Live site usage rose across all measurements in March 2017, making it the highest accessed month on record. This reflects the likely activity of new GP Registrars entering practice in February and from the number of HealthPathways Sydney promotional activities across the CESP HN region and NSW.

	March 2017	February 2017	January 2017	March 2016
Sessions of use	4,382	3,168	2,569	2,753
Unique page views	14,683	10,512	8,339	10,446
Different users	992	780	594	736

FINANCIAL PERFORMANCE (NET COST OF SERVICE BASIS)

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 28 February 2017 based on the District's budgeted NCoS. For the month of February 2017, Sydney Local Health District (SLHD) General Fund Expenditure was \$1.576M (1.26%) favourable to budget, year to date GF Expenditure was \$9.451M (0.90%) favourable to budget. GF Revenue was \$1.840M (1.59%) unfavourable to budget for the month and \$14.173M (1.35%) unfavourable to budget YTD. For the financial year ended 28 February 2017 the District's GF NCoS was \$4.722M unfavourable to budget.

The Chief Executive and the Director of Finance are confident that the District will have an on budget NCoS 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 February 2017 GF Total Expenditure was \$1.576M (1.97%) favourable to budget, reflecting favourable results for Salaries & Wages (\$0.470M), Annual Leave Provision (\$2.596M), Goods & Services – Clinical (\$0.281M) and Goods & Services – Admin (\$0.195M).

These favourable results were offset by unfavourable variances in Repairs & Maintenance (\$1.684M) and Overtime (\$0.780M).

Year to date GF Total Expenditure was \$9.451M (0.90%) favourable to budget. This result reflects favourable results for Other Employee Expenses (\$1.804M), Annual Leave Provision (\$2.556M), Goods & Services – Admin (\$8.852M) and Goods & Services – Clinical (\$7.723M). These results were offset by unfavourable variances in Salaries & Wages (\$1.630M), Overtime (\$4.547M), Repairs & Maintenance (\$4.763M) and Superannuation (\$0.378M).

Revenue

GF Total Revenue was \$1.840M (1.59%) unfavourable to budget for the month of February 2017. The result for the month reflects unfavourable variances in all major Revenue categories except Grants & Contributions. This revenue category was slightly favourable to budget for the month (\$0.043M).

Year to date GF Total Revenue was \$14.173M unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in the majority of OSR categories, i.e. Patient Fees (\$5.049M), User Charges (\$9.162M) and Grants & Contributions (\$0.504M).

The District is working closely with the Clinical Directors on their strategies to increase their patients using their private health insurance and to ensure that all clinical trial funds have been invoiced.

The District Chief Executive and senior SLHD staff and the Chair of the SLHD Board met with the Deputy CFO senior officer of the MoH to discuss the challenges faced by the District in terms of its revenue target. This meeting was very productive and helped to clarify a number of issues. An action plan as a result of this meeting is being developed to improve data collection etc. Correspondence is being prepared for the MoH as a result of the meeting which will be discussed with the Chair and Deputy Chair of the SLHD Board.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.838M unfavourable to budget for the month of February 2017 and \$2.372M unfavourable to budget for the first eight months of the financial year. The YTD result reflects a favourable budget variance for Expenditure of \$1.566M offset by an unfavourable result for Revenue of \$3.938M.

CONSOLIDATED RESULT

For the period ended 28 February 2017 the consolidated year to date NCoS result for the General Fund and SP&T was \$7.094M unfavourable to budget. The result comprises a favourable Expenditure variance of \$11.017M offset by an unfavourable Revenue budget variance of \$18.111M.

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

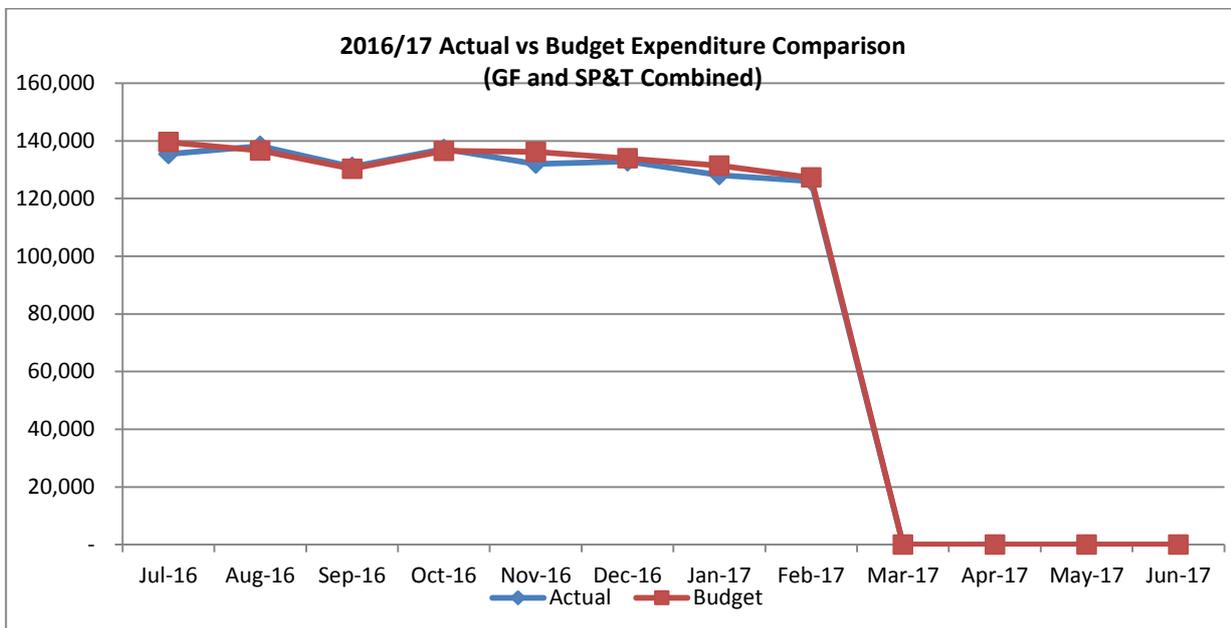
For the period ended 28 February 2017, SLHD recorded a Total Net Result of \$27.860M which was \$6.869M (32.73%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 28 February 2017 was \$0.907M unfavourable to budget. The YTD Net Direct Operating Result reflects a favourable Expenditure variance of \$16.454M offset by an unfavourable Revenue variance of \$17.361M.

For the month of February 2017 Total Direct Revenue was \$2.352M unfavourable to budget, comprising \$1.840M unfavourable variance for the General Fund and a \$0.512M unfavourable variance for the SP&T Fund. YTD Total Direct Revenue was \$18.111M unfavourable to budget, comprising \$14.173M unfavourable for the General Fund and a \$3.938M 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.

For the financial year ended 28 February 2017 Total Direct Expenditure was \$16.454M favourable to budget. This result comprised favourable variances for Salaries & Wages Oncosts (\$3.982M), G&S – Clinical (\$7.723M) and G&S – Admin (\$8.852M). These results were offset by unfavourable results for Salaries & Wages (\$1.631M), Overtime (\$4.547M) and G&S – Support (\$0.209M).

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 28 February 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 February 2017.

The cash balance at 28 February 2017 for the SLHD Operating bank account was \$12.057M and the Operating Cash book balance was \$11.791M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget as at the end of February 2017 was \$38.470M comprising \$16.768M of MoH funded projects and \$21.702M of locally funded projects. Actual expenditure at the end of February 2017 was \$3.898M which was \$4.458M below target.

PLANNING

Urban Development

The SLHD took part in a major Governance Forum on the Camperdown-Ultimo Collaboration area, on Friday, 31 March, 2017 organised by the Committee for Sydney and the Sydney Chamber of Commerce. The purpose of the Forum was to discuss challenges and opportunities, agree on guiding principles and canvass governance options for the proposed collaboration called the Camperdown-Ultimo area. The Forum included the SLHD, University of Sydney, University of Technology, Notre Dame, Ultimo TAFE, the City of Sydney, business leaders, government agencies and other key stakeholders. Importantly, this Forum agreed that the partners would collaborate to establish a shared vision and later develop a governance strategy. This forum provided the opportunity that SLHD has been advocating to purposefully grow the economic, social and cultural capacity of this important precinct, to support globally relevant research and development and to attract globally competitive leaders.

This important follow-up forum from our *Building Better Health* conference will aim to grow the global knowledge hub from RPA to the Bays and Central to Eveleigh.

The SLHD also held a successful EquityFest which was attended by over 250 people from the community, NGOs and other government agencies in addition to SLHD staff. A report on the outcome is being prepared and will feed into the Districts Strategic Planning process.

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

The Planning Unit has developed the SLHD response to the GSC District plans. The major recommendations in the submission are:

- That the Camperdown-Ultimo precinct be identified as a Strategic Centre, as per the Randwick Health and Education Centre, with the associated infrastructure planning and development.
- That the principal referral centre, Concord Repatriation General Hospital, together with its associated Medical Research Institutes, the Concord Centre for Mental Health and the Yaralla Estate, be recognised as an integral part of the Rhodes Strategic Centre.
- That it be noted over the life of these plans (2016-2036) that the RPA, Concord, Canterbury and Balmain Hospitals will need to be upgraded.
- That SLHD would support extending value capture to assist state government departments such as Health.
- That Health be included as a key partner in priority recommendations of the plans related to healthy urban developments. This includes in relation to water quality, public transport, planning for positive child development, open space etc.
- That further upgraded transport infrastructure be planned to improve access to RPA, Concord and Canterbury Hospitals.

- That a dedicated measure for the ratio of social and affordable housing within any new urban and high-density development be agreed and indicated as part of new development proposals.
- That that there are measurable health and equity related indicators that support and encourage improved health and wellbeing for the districts' population.

Canterbury Clinical Services Plan

Consultations continue in respect of the first draft of Canterbury Hospital Clinical Services Plan and associated Canterbury HealthOne Clinical Services Plan. This planning study will include a major face-to-face consultation with Canterbury staff, consumer, the clinical directors and managers. The plan will be presented to the SLHD Clinical Council in April and the Board in May.

The highest priority for the plan is the redevelopment of the Emergency Department and the Ambulatory Care precinct and the development of a major HealthOne facility in central Canterbury.

Canterbury-Bankstown Local Government Area (LGA)

With the recent amalgamations of the Canterbury and Bankstown LGAs into the Canterbury-Bankstown LGA, the Planning Unit has developed a brief for the Board providing a rationale for the extension of the SLHD boundaries to incorporate the whole of this newly created LGA.

RPA HealthOne East (Green Square)

A positive outcome was achieved from the Gateway interviews held on 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.

A major presentation was provided to the City of Sydney Green Square Advisory Committee on the RPA HealthOne East, Green Square.

Formal meetings with Mirvac, UrbanGrowth and the City of Sydney will commence in mid-May.

SLHD Strategic Plan (2018-2022)

The SLHD Planning Unit has commenced the process of reviewing the current plan and the enabling plans.

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.

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

Ongoing discussions 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 proof read for publication and launch.

Oral Health Clinical Stream and SDH Clinical Service Planning

The Planning Unit has completed the draft Clinical Services Plan for Oral Health. Consultations are occurring with key stakeholders.

Multicultural Health Plan

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

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE

The Yaralla Estate Community Advisory Committee welcomes its newest community member representative, Ms Alice Mantel. The committee received several Expressions of Interest and agreed Ms Mantel was the best candidate. Ms Mantel is a local resident of Concord West and brings a wealth of knowledge from her 30 years of experience as a lawyer in the public, private and NFP sectors. Ms Mantel is currently a board member of Homebush Financial Services Ltd., and has held previous positions with the Business & Professional Women's Association of Strathfield and local Strata Executive Committee.

SYDNEY RESEARCH

OHMR - TRGS

The Sydney Research team met with each SLHD TRGS round two applicants to review OHMR EOI feedback and link to statistician and health economist support. A member of Sydney Research also reviewed the applications. Submission of TRGS round two full applications closed 27 March 2017. Three SLHD applications were submitted:

- Richard Broome, "Evaluation of the SLHD Ambulatory Cardiac Chronic Care Service".
- Michael Dinh, "The Sydney Triage to Admission Risk Tool (START) Trial" (co-signed by The George Institute for Global Health and the Emergency Care Institute).
- Tim Wand, "Management of mental health, drug health and acute severe behavioural disturbance (ASBD) in Emergency Departments" (co-signed by HNELHD, WSLHD and WNSWLHD).

SLHD also co-signed on an application from SCHN: Louise Baur, "Secondary level child weight management services: the appropriateness, impact and effectiveness of new service models" (hosted by SCHN and co-signed by HNELHD, NBMLHD, NSLHD, SWSLHD and WSLHD).

All applicants will be notified of the outcome in June 2017.

OHMR has confirmed there will be a third round of TRGS. However, no details have been confirmed.

OHMR - Biobanking

Representatives from OHMR and NSW Pathology have confirmed attendance to the Sydney Research Council meeting being held 2 May 2017.

SLHD has also met with representatives from OHMR and NSW Pathology to discuss local implementation of the NSW BioBank Registry and engagement with end-users.

Board Report

This has led SLHD to host an information/Q&A session in April between OHMR, NSW Pathology and key local stakeholders. This will allow presentation of information, facilitate engagement and assist defining in defining local priorities to be addressed.

Sydney Health Partners

Prof Garry Jennings, Executive Director, Sydney Health Partners (SHP) now attends the Sydney Research Council meetings and is able to directly update the Council. SHP continues to work with the national AHRTC alliance in preparing for potential MRFF opportunities. This proceeds with the anticipated formal announcement of additional recognised AHRTCs.

On 6 March, a consumer engagement workshop was hosted at RPA, attended by Sydney Research. This will lead to development of a report, which will assist in SHP's ongoing communication strategy.

A SHP planning workshop was facilitated by Prof Garry Jennings, to identify and guide short term operational priorities, and assist in the later development of the SHP strategic plan. Sydney Research attended the workshop and will continue to have input and provide assistance to SHP.

Urban Growth

The Sydney Business Chamber and Committee for Sydney hosted a half-day forum exploring the future of Sydney's collaboration areas as described in the Greater Sydney Commission's Draft Central District Plan. This event was well attended by the members of Sydney Research and an update on the outcomes of the day will be developed.



Dr Teresa Anderson
Chief Executive

Date: 29.4.17