

Sydney Local Health District

Fifty Fourth Meeting of the Board

Date: Monday 16 May 2016
Time: 8.30am – 10.30am
Venue: SLHD Boardroom
Chair: The Hon. Ron Phillips, Chair

1. Present and apologies

The Hon. Ron Phillips, Chair
Dr Teresa Anderson, Chief Executive
Ms Victoria Weekes, Member
Mr Trevor Danos, AM, Member
Dr Thomas Karplus, Member (arrived 8.45am)
Dr Barry Catchlove, AM, Member
Professor Paul Torzillo AM, Member
Ms Joanna Khoo, Member
Mr David McLean, Member
Ms Susan Anderson, Member

Apologies

A/Prof. Christine Giles, Member
Ms Frances O'Brien, Member

In attendance

Mr Tom Kennedy, Urban Design Director, Sydney Motorway Corporation (8.30am - 9.00am)
Mr Matt Brook, Commercial Director, Sydney Motorway Corporation (8.30am - 9.00am)
Dr Leena Gupta, Clinical Director, Population Health, SLHD (8.30am - 9.00am)
Dr Tim Sinclair, General Manager, CRGH (8.30am - 9.35am)
Professor Len Kritharidis, Department Head, Cardiology, CRGH (8.45am – 9.35am)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

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

Presentations:

8.30 - 9.00am Westconnex Stage 3

An apology was received from the Project Director, Mr Peter Jones who is currently overseas.

Mr Kennedy and Mr Brook presented on the proposed plans for the Westconnex Stage 3 including:

- Urban Design
- Road Design
- Engagement
- Contextual Analysis
- Best Practice
- Strategic Plan

The Board discussed the main concerns for the District and in particular the impact on Royal Prince Alfred Hospital including:

- The location of the Cyclotron was not known by Westconnex
- No alternative options were presented
- Disruption to clinical services
- Future planning and construction on the RPAH campus
- Noise and vibration impacting on buildings structures:
- Circulating dust and dirt on vulnerable patients
- Traffic and congestion, ambulance access
- Other services located on the site including Lifehouse
- Discussions at previous meetings have been inconclusive
- Written correspondence has been submitted with no outcome
- Need a process to ensure all concerns are being heard and addressed

The Board agreed a meeting should be held as soon as possible with the Board Chair, Project Director and Chief Executive to outline the District's concerns. A copy of correspondence is to be forwarded to Mr Brook. Pending the outcome of this meeting, further actions and discussions may proceed to include Capital Insight, an independent Engineer, the Premier's Department, the Minister for Roads and the Minister for Health to ensure our concerns are being heard.

The Chair thanked Mr Kennedy, Mr Brook and Dr Gupta for attending the meeting.

9.00 – 9.30am Concord Cardiac Cath Lab Models of Care Feasibility Study

Dr Sinclair and Professor Kritharidis presented on the Concord Cardiac Cath Lab including:

- Background Project Drivers
- Essential Principles
- Financial Analysis
- Options Analysis
- Summary Financial Analysis
- Lessons Learned and Recommendations
- Questions

The outcome of the study proved, a net loss every year financially, not a viable investment and a disruption to services provided.

The Chair thanked Dr Sinclair and Professor Kritharidis for attending the meeting, for the presentation and the Committee for their time and effort involved in this study.

3. Declaration of conflicts of interest

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

There were no conflicts of interest declared.

4. Confirmation of previous minutes

4.1 Minutes 18 April 2016

The minutes of the Board meeting held on Monday 18 April 2016 were moved and seconded.

The Chair signed the minutes.

4.2 CE Report – April 2016

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

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

5. Matters arising from the previous minutes

5.1 Action sheet

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

- The Board noted the Video on 30 Years of Liver Transplants to be forwarded to Sydney University’s Senate was posted on 22 April 2016. This item can be removed from the action list.
- The Board noted the community health waitlist was included in their monthly report. The Board requested a time frame for each clinical service to be included in this report.
- The Board discussed the pending list of presentations and agreed to review the list to ascertain priority.

6. Patient Story

Nil to report

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List.

7.2 Financial Classification Codes

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

7.3 Board Calendar 2016

The Board received and noted the Board Calendar for 2016.

8. Chairman's Report

No report was presented to the Board.

9. Chief Executive's report

The Board received the Chief Executive and in particular noted:

- Out of eight potential adjustors, the following four were selected as new adjustors for the 2016/17 purchasing framework:
 - Stroke Patients treated in Stroke Centre
 - Service Access (Telehealth)
 - Mental Health 7 day Follow Up
 - Emergency Treatment Performance (ETP)
- Increased average of activity reported for Mental Health against target of 81%, up from 65% prior to the quality improvement work beginning undertaken in November 2015.
- 30% of all single rooms were used by private patients. 10.3% of all patients were isolated for clinical alert, 46% of all private patients were accommodated in single rooms. It was noted that improvement in the use of single rooms is restricted due to infrastructure and infection control guidelines.
- Ms Sarah Norris, Menzies Centre for Health Policy has commenced the preliminary six month evaluation scoping project. Ms Norris is already interacting with the HealthPathways Program Team and has participated in our workgroup and committee processes.
- The period ending 31 March 2016, General Fund Expenditure was \$8.918M (0.78%) favourable to budget and Revenue was \$9.625M (0.85%) unfavourable to budget. For the financial year the District's NCoS is \$0.707M unfavourable to budget.
- March 2016 Total Expenditure was \$0.334M favourable to budget. The result for the month reflected favourable variances for Salaries & Wages (\$1.322M), Overtime (\$0.405M) and Goods & Services – Corporate (\$0.662M). These results were offset by unfavourable variances in Annual Leave (\$1.480M), RMR (\$0.678M) and Goods & Services – Clinical (\$0.031M).
- The District continues to be at Performance Level zero.
- Mental Health readmissions within 28 days continues to be above the target of <13% for December YTD 2015 and has increased from the same period last year from 17.1% to 17.6%. Strategies for improvement include suicide prevention and meetings with other agencies including Housing.
- Planning is progressing well for the Sydney Innovation and Research Symposium in June 2016. It is estimated one thousand people will attend.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – March 2016

The Board received and noted the SLHD Board Reporting Pack for March 2016

9.1.2 Selected Performance Indicators – March 2016

The Board received and noted the Selected Performance Indicators report for March 2016.

9.1.3 HealthPathways Dashboard Report – March 2016

The Board received and noted this report.

9.2 Project updates

9.2.1 Lifehouse

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

9.2.2 Macquarie International Private Hospital

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

9.3 Capital Works Report

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

9.4 Clinical Governance Report

The Board noted the Clinical Governance report was due to be reported in June 2016.

9.5 Facility Reports – March 2016

(i) Balmain Hospital

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

(ii) Canterbury Hospital

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

(iii) Concord Hospital

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

(iv) Royal Prince Alfred Hospital

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

(v) Oral Health Services and Sydney Dental Hospital

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

- The Board noted the “drop off point” will be moved to the back of the hospital.
- The Board noted that no correspondence has been received as yet confirming the NPA funding for the future.

(vi) Mental Health Services

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

(vii) Croydon/Marrickville/Redfern Health Centres

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

(viii) Drug Health Services

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

(ix) Community Health

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

(x) Population Health

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

(xi) Tresillian

The Board received, read and noted the Tresillian report.

(xii) Organ Donation for Transplant

The Board received this report. The Board noted the positive increase in numbers re organ donation.

(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 on 9 May 2016.

11.2 Education and Research Committee

The Board noted the next meeting is to be held on 16 May 2016.

11.3 Communications Committee

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

11.4 Audit and Risk Committee

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

11.5 Health Care – Clinical Quality Council

The Board noted the next meeting is to be held on 25 May 2016.

11.6 Health Care – Clinical Council

The Board noted the minutes of the meeting held on 27 April 2016.

11.7 Medical Staff Executive Council

The Board noted the next meeting will be held on 20 May 2016.

11.8 Patient and Family Centred Care Steering Committee

The Board noted the meeting was held on 11 May 2016.

12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board noted the next meeting is to be held on 1 June 2016.

12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 13 April 2016.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

12.4 Surgical Demand Committee

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

12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 27 April 2016.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 30 May 2016.

12.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting was held on 7 April 2016.

12.8 Organ Donation for Transplantation

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

12.9 Major Procurement, Assets and Imaging Steering Committee

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

13. Matters for noting

13.1 Brief and Attachments - Inquiry into off protocol prescribing of chemotherapy for head and neck cancers, St Vincent's Hospital

The Board received and discussed this report. Dr Anderson advised the Board that our District has strategies in place to manage these incidents early, including, peer reviews, IIMs, investigation processes, performance management, contracts for clinicians and cultural matters are included in the staff surveys.

13.2 Redevelopment of the Emergency Department at Concord Hospital

The Board received, read and noted this report.

13.3 Revaluation of the SLHD's Land and Buildings/Infrastructure

The Board received, read and noted this report.

14. Other Business

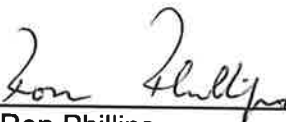
There was no other business.

15. Next Meeting

The next meeting is to be held on Monday 20 June 2016 at 7.30am in the Novotel Hotel at Olympic Park.

The meeting closed at 10.34am.

Following the meeting, the Board proceeded to the opening of the new Institute of Academic Surgery and the Robotic Launch.



The Hon. Ron Phillips
Chair

20 JUNE 2016
Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

2016/17 Activity Targets

The second round of negotiations with the Ministry of Health for proposed activity targets and service expansions was conducted on 12 April 2016. Discussion focussed on service expansion requests for the District, with no final offer made by the Ministry to meet the requested NWAU. Negotiations will continue with the Ministry, with a third round scheduled for 18 May 2016.

Activity adjustors within the 2016/17 purchasing framework

Activity adjustors are instruments embedded in activity targets that increase or decrease NWAU allocation based on specific criteria. Each activity adjustor relates to health care principles defined by the Ministry that look to improve utilisation of services, enhance equity of access, and support the delivery of high quality care. Examples of activity adjustors include mechanisms such as an NWAU increase for population growth, NWAU penalties for potentially preventable hospitalisations, and NWAU penalties for readmissions within 28 days.

Out of eight potential adjustors, the following four were selected as new adjustors for the 2016/17 purchasing framework:

1. Stroke Patients treated in Stroke Centre
 - Objective: Reducing disability and length-of-stay following stroke by ensuring that patients are appropriately transferred to a stroke centre.
2. Service Access (Telehealth)
 - Objective: Improve service access for patients (particularly rural) through expanding telehealth.
3. Mental Health 7 day Follow Up
 - Objective: Improve outcomes for discharged patients through timely follow-up.
4. Emergency Treatment Performance (ETP)
 - Objective: Improving service levels in Hospitals – timely access to care in emergency departments

Mental Health

Services within the District are continually working collaboratively to ensure ongoing improvements in the levels of reported activity, particularly in the Mental Health Non-admitted activity streams. The latest three month average reflects the continued hard work in this area, with an increased average of activity reported against target of 81%, up from 65% prior to the quality improvement work beginning undertaken in November 2015. The District expects that these figures will increase as work continues in this area.

Sub and non-acute (SNAP)

A new SNAP classification will be implemented from 1 July 2016. Key changes include a mandatory 'dementia and delirium' flag for patients who have a Geriatric Evaluation and Management (GEM) care type. The presence or absence of the new GEM flag will influence how patients are classified and funded under this care type. Balmain Hospital currently reports the largest amount of GEM activity in the District.

Mental Health SNAP activity will continue to receive a per diem payment and will continue to be reported under the current classification until the new Australian Mental Health Care Classification (AMHCC) is implemented in the District. The District is currently awaiting advice from the Ministry of Health for the start date of the new Mental Health classification.

Clinical Costing

Two draft costing submissions were submitted to the Activity Based Funding Taskforce (ABFT) on 14 April and 18 April 2016, respectively for round 20.1 (draft round). The draft submissions will be used by the ABFT to compare results from previous costing results in the District and across NSW. The final costing submission is expected to be submitted to the ABFT by late April 2016, once the results have been compared, and all data errors have been corrected. The iFRACS process for Round 20.2 (final round) has commenced in the District, with preparation meetings having been arranged for facilities and services across the District.

An ABFT-led peer audit of the DNR round 19 for SLHD was completed in April. The audit went well with constructive feedback to both the SLHD audit team and the ABFT on the process and areas for improvement next year. No official feedback from the review has yet been received but no areas of significant concern were raised during the day.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of March, SLHD had 19.46% of its patients using health insurance as a proportion of overall activity. The result of this was 2,710 private discharges. This is the most the LHD has had in any month so far.

Single Room Utilisation

For the month of March, the LHD had 30% of all single rooms taken up by private patients. While 10.3% of all patients were isolated for clinical alert, 46% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

Concord Cardiac Catheter Services Steering Committee has wound its project up. Committee views leanings throughout project, however, have been invaluable and may be useful in the future.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

- A formative evaluation report on outcomes achieved from previous *Pitch* winners has been delivered and is currently under consideration by the Chief Executive.

- The SLHD Innovation Group are currently reviewing how this group can strengthen identification, uptake and reach of innovation in the District. Ideas include:
 1. Establishing relationships with cutting edge organisations e.g. Apple
 2. Approaching targeted staff to identify projects and ideas across the District
 3. Seeking feedback from staff who have completed other innovation and redesign projects, such as through the Diploma of Project Management.
- The second round of the *Pitch* for 2016 (eighth round overall) will be held at the Annual Sydney Innovation and Research Symposium on 17 June 2016. Applications are now open for this round.
- Redesign Leaders are partnering with Strategic Relations and Communication to finalise The Pitch Communication Strategy. This will ensure we share the outcomes and improvements made by the winning Pitches across the District.
- The JMO Innovations Group are considering several projects to progress and support during 2016, including:
 1. Discharge Summary Project – developing guidelines/resources to enhance the quality of discharge summary content.
 2. On-boarding resource to enhance new-starters' understanding of RPA hospital's clinical processes.

Clinical Redesign: CHR Projects

- An evaluation of the Clinical Healthcare Redesign (CHR) program across the SLHD is underway, to identify progress, outcomes and impact of projects using the CHR framework.
- Applications for the third intake of the Clinical Healthcare Redesign program are now open, closing on 25 May 2016.
- *'It's Time – smoother faster treatment for cancer patients at Concord'* CHR 2015 (third intake) project is in the implementation phase. The merge of the two units (HACU and MODU) is progressing well. Cancer Services staff, together with Liesl Duffy, Performance & Redesign Program Manager, will support this project from May 2016.
- *'There's no place like home – improving uptake of home therapies dialysis'* CHR 2015 (third intake) project is finalising the implementation plan with appropriate timeframes. Six working groups have been established to progress six identified solutions.
- The *Connect & Improve (previously Harm Minimisation Program)* from Drug Health and the *Canterbury Hospital Pre-Admission Clinic* CHR 2016 (first intake) projects are progressing through the 'Diagnostics Phase' to identify the current state and explore issues with their respective services. Implementation of identified solutions is expected to start in August 2016. These teams are the first to go through the updated CHR program, which leads to a Diploma of Clinical Redesign.

Clinical Redesign: Other Projects

- The *General Practice Casualty (GPC) Fracture Clinic* project led by Dr Owen Hutchings is developing a clinic to provide local follow-up for uncomplicated fractures presenting to the Balmain GPC. Currently, all fractures presenting and managed at the GPC are referred to the RPA Fracture Clinic for follow-up care. The new GPC Fracture Clinic will provide local follow-up and ongoing management for a defined set of uncomplicated fractures, using clinical guidelines, inclusion/exclusion criteria and escalation pathways developed together with Orthopaedics Services at RPA Hospital. Implementation of a pilot is expected from August 2016. Potential benefits include reduced patient waiting and travelling times, enhanced connections with local General Practitioners and reduced burden on RPA Fracture Clinics.

- The *LINK* project is working to improve intake and referral processes associated with the Access Care Team and connections to My Aged Care to improve health outcomes and support hospital avoidance. A baseline data report is being finalised. The team are currently seeking input from the PHN and GPs as well as residential aged care facilities.
- The *Xtend* project, which is using a new workforce model to enhance care for patients with heart failure, is working to finalise the model of care before implementation can be planned.

HealthPathways

Workgroups

A Chronic Pain Management workgroup was held on 13 April 2016 with representatives of the RPA and Concord pain services and local providers and GPs. As part of the process about 10 areas for pathway development were identified. No areas for service re-design identified but the issues of post appointment communication back to GPs was raised as being inconsistent across the LHD.

Next workgroups:

- | | |
|-----------------------------|--------------------------|
| ▪ Adolescent Mental Health | 04/05/2016 |
| ▪ Nutrition and Dietetics | 02/06/2016 |
| ▪ TIA and Stroke Management | Early June 2016 |
| ▪ Andrology | Pushed back to late June |
| ▪ Urology | Planning |

Pathways

To date, the development of 533 clinical, requesting and information pathways have been initiated and presently we have:

- | | |
|---|-----|
| ▪ Complete and accessible to GPs | 366 |
| ▪ Completed and being updated or under 2 yr. review | 6 |
| ▪ Localising (from other HP regions) | 150 |
| ▪ New Pathways being developed | 11 |

Thirteen pathways were released in April, the focus of pathways released were:

1. Eating Disorders and management
2. Juvenile Idiopathic arthritis and management
3. Osteoporosis.

The Juvenile arthritis pathways were developed through direct collaboration with the Western Sydney Pathways team and the Sydney Children's Hospital Network.

Final reviews are currently occurring to a number of pathways for benign gynaecology, colorectal conditions and tuberculosis

Usage of HealthPathways

Usage of the website remains high in comparison to other NSW pathway sites, with April 2016 set to be another high volume month. As part of our monitoring process we changed the criteria for usage data systems in March and now only record 'normalised data' which excludes the interactions of the Streamliners development team with the live website. We have also adjusted the definition of page views, to Unique page views, to only capture single instances of a page being opened within a session of use.

	March 2016	April 2016 to date
Sessions of use	2,753	2,417
Unique page views	10,446	8,394
Different users	736	623

National Health Service Directory Integration

The process of data collection is now complete with all the additional data sets being added to the SLHD HERO server. The collected data is now ready for transfer to the National Health Service Directory.

Evaluation

Sarah Norris, Menzies Centre for Health Policy, has commenced the preliminary six month evaluation scoping project. Ms Norris is already interacting with the Program Team and has participated in our workgroup and committee processes.

South Eastern Sydney Clinical Pathways

The Program Team continues to support the Central and Eastern Sydney PHN in developing a pathway model.

Electronic Referrals

The Program Team, with the support of the Chief Executive, is currently developing a project plan to establish a proof of concept for electronic referrals between General Practice and the SLHD CERNER system. The proof of concept would initially interface with referrals for liver disease from a select number of local GPs. The linkage between the GP software and CERNER will be provided by Canadian software provider Strata Health and HealthPathways would be the access point for the referral request.

FINANCIAL PERFORMANCE

General Fund (GF) *(based on new Net Cost of Service Basis)*

The 2015/16 Board and Ministry Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS) result. The following analysis reflects the result for the period ended 31 March 2016 based on the District's budgeted NCoS. For the period ended 31 March 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$8.918M (0.78%) favourable to budget and Revenue was \$9.625M (0.85%) unfavourable to budget. For the financial year the District's NCoS is \$0.707M unfavourable to budget.

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

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

Expenditure

For the month of March 2016 Total Expenditure was \$0.334M favourable to budget. The result for the month reflected favourable variances for Salaries & Wages (\$1.322M), Overtime (\$0.405M) and Goods & Services – Corporate (\$0.662M). These results were offset by unfavourable variances in Annual Leave (\$1.480M), RMR (\$0.678M) and Goods & Services – Clinical (\$0.031M).

Year to date (YTD) Total Expenditure is \$8.918M (0.78%) favourable to budget, reflecting favourable results for Salaries and Wages (\$10.238M), Overtime (\$1.694M) and Goods and Services – Clinical (\$3.695M). These favourable results were offset by unfavourable variances in Annual Leave (\$3.212M), Superannuation (\$3.135M), Goods & Services – Admin (\$0.882M) and RMR Expenses (\$3.636M).

RMR Expenditure was \$0.678M unfavourable to budget for the month. Year to Date RMR Expenditure is \$3.636M unfavourable to budget. The YTD unfavourable result reflects unfavourable variances in Maintenance (including maintenance contracts) (\$3.568M) and Repairs (\$0.908M). These results were offset by a favourable result New & Replacement Equipment (\$1.689M).

Revenue

For the month of March 2016 Total Revenue was \$0.037M (0.03%) unfavourable to budget. The result for the month reflects unfavourable budget results in all revenue categories except User Charges (\$1.958M) and Grants and Contributions (\$0.037M). The major unfavourable variances were Other Revenue (\$2.016M), which includes the impact of the increase in the Doubtful Debt provision that was processed in March 2016 as part of the early End of Year close. Doubtful Debts are \$1.706M unfavourable to budget at the end of March 2016.

Year to date Total Revenue is \$9.625M (0.85%) unfavourable to budget. The YTD result reflects unfavourable variances in all Revenue categories. The major unfavourable variances are in Patient Fee revenue (\$5.471M), Other Revenue (\$2.629M) and Grants & Contributions (\$0.865M). The unfavourable result for Patient Fee revenue reflects the impact of the growth in the District' revenue target for the 2015-16 financial year.

Special Purpose and Trust (SP&T)

SP&T NCoS was \$0.426M unfavourable to budget for the month of March 2016. This result reflects an unfavourable budget variance for Revenue of \$0.571M offset by a favourable result for Expenditure of \$0.144M. Year to Date SP&T NCoS was \$1.992M favourable to budget; this result reflects a favourable budget variance for Revenue of \$0.626M and a favourable result for Expenditure of \$1.366M.

Consolidated Result

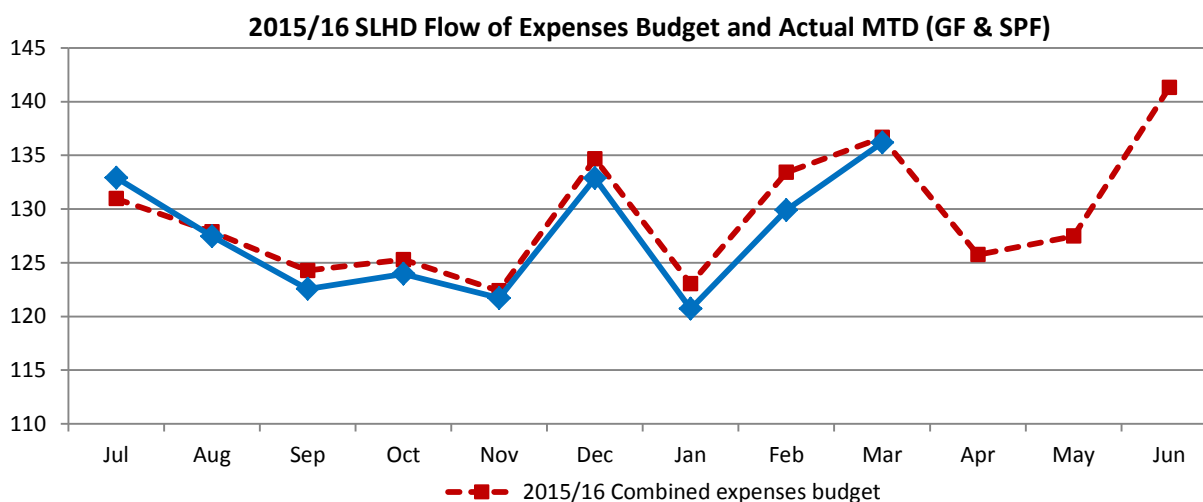
For the nine months to the end of March 2016 the consolidated year to date NCoS result for the General Fund and SP&T was \$1.285M favourable to budget. The result comprises a favourable Expenditure variance of \$10.284M offset by an unfavourable Revenue budget variance of \$8.999M.

Financial Performance *(based on MoH Reporting Format)*

For the period ended 31 March 2016, SLHD recorded a Total Net Result of \$26.859M which was \$1.433M (5.64%) favourable to budget. The Net Direct Operating Result (GF and SP&T) at the end of March 2016 was \$5.617M favourable to budget. The YTD result reflects lower than budgeted Revenue, \$7.197M unfavourable, offset by favourable Expenditure variances of \$12.814M.

YTD Total Direct Revenue is \$7.197M unfavourable to budget, comprising \$7.952M unfavourable for the General Fund offset by a favourable variance in SP&T Fund of \$0.755M. The GF result reflects unfavourable variances in all revenue categories.

Total Direct Expenditure is \$12.814M favourable to budget for the year, comprising \$12.538M favourable for the General Fund and a favourable variance of \$0.276M for Special Purpose & Trust funds. The GF result reflects favourable variances in Salaries & Wages (\$10.238M), G&S – Clinical (\$3.695M) and G&S – Support (\$3.294M). These results were offset by unfavourable results for Salaries & Wages Oncosts (\$5.752M) and G&S – Admin (\$0.882M).



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Jun
2015/16 Combined expenses budget	130,967	127,883	124,271	125,287	122,376	134,668	123,038	133,410	136,659	125,755	127,483	141,310	1,553,106
2015/16 Combined expenses actual	132,916	127,468	122,557	123,955	121,713	132,864	120,711	129,910	136,181				1,148,275
Variance (+ Fav, - Unfav)	-1,949	415	1,714	1,332	663	1,804	2,327	3,500	478				404,831
% of Budget	8.43%	8.23%	8.00%	8.07%	7.88%	8.67%	7.92%						
YTD Budget expended	8.43%	16.66%	24.66%	32.73%	40.61%	49.28%	57.20%						

Liquidity

The District had **NIL** creditors over 45 days as at 31 March 2016.

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

The cash balance at 31 March 2016 for the SLHD Operating bank account was \$7.281M and the Operating Cash book balance was \$7.047M.

Capital Works – SMRS PROJECTS (formerly CAPDOHRS)

The District's Full Year Capital works budget as at the end of March 2016 is \$26.168M comprising \$4.500M of MoH funded and \$21.668M of locally funded projects. Actual expenditure as at the end of March 2016 was \$12.983M which is \$1.950M below the projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

March 2016 FYTD total number of separations increased across the District by 2.28% compared to March 2015 FYTD. For the same period acute separations are up 2.05% compared to the same period last year. Canterbury Hospital's acute same day separations for March 2016 FYTD increased by 37.83% compared to the same period last year.

Emergency department attendances increased by 3.10% for March 2016 FYTD compared to the same month last year. There were 13,893 ED attendances in March 2016. Canterbury ED attendance increased by 5.22% for March 2016 FYTD.

The District occupancy rate for March 2016 decreased by 1.10% compared to the same month last year.

Emergency Treatment Performance (*formerly NEAT*)

The Emergency Treatment Performance (ETP) performance for the District decreased by 0.59% in March 2016 to 69.99% compared to March 2015. Canterbury Hospital's ETP increased by 4.96% for March 2016 compared to the same month last year.

ED Triage

Canterbury Hospital achieved all emergency department triage categories for March 2016. RPA met triage category targets 1, 2, 4 and 5 in March 2016. RPA performance in triage category 3 improved on the previous result for March 2015, increasing by 8.20%. Concord Hospital met triage targets 1, 2, 4 and 5 in March 2016.

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 March 2016 for all categories.

Transfer of Care

The Transfer of Care (TOC) for the District increased by 12.52% for March 2016 compared to March 2015. The TOC target (90%) was met by all three emergency departments in March 2016. RPA increased by 19.22% to 91.35% for March 2016. Canterbury Hospital increased by 7.83% to 97.14% for March 2016. This result again highlights the success of the RPA TOC Program in operation in SLHD Emergency Departments.

Safety and Quality

The District continues to achieve the root cause analysis (RCA) target for March 2016. Mental Health Readmissions within 28 days continues to be above the target of <13% for December YTD 2015 and has increased from the same period last year from 17.1% to 17.6%.

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

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

Workforce

Premium staff usage for Allied Health, Medical and Nursing decreased for March 2016 compared to the same period last year by 0.3, 1.0% and 0.7% respectively.

CAPITAL WORKS

Concord Translational Research Facility

Gross completion of the project is anticipated by 5 May 2016.

RPA Stonework Repair Main Facade

Capital works for this project are nearing completion. Sheds and hording are to be removed by the end of June 2016.

RPA Institute of Academic Surgery and RPA Transplant Institute

Project will be complete by early May, with the official opening scheduled for 16 May 2016 from 11:00 am – 12:00 pm.

SLHD Aged Care Network

This project is cash flowed by the MoH over 3 years and over 3 sites: Canterbury Hospital, CRGH and Balmain Hospital. Each project has been tailored to meet the cash flow demand. Detailed design for the Balmain Hospital component has commenced.

Medical Imaging Equipment Purchases

- CT scanners x 2 RPA – order placed.
- Angiography Suites x 3 RPA – order to be placed early May 2016.

Approval received for the purchase of a SPECT CT Scanner at CRGH. Order is to be placed in early May 2016.

RPA Radiology

Design for new angiography suite completed and signed off. Cost estimates for the building approved. Building works to Angio 3 completed and on hold pending machine selection. Pre-installation building works will commence once the vendor is selected and site requirements are confirmed.

Sydney Dental Additional Chairs

Detail design continues on the Level 4 additional chairs. Demolition continues. Funding source to be confirmed by the MoH for this work.

SLHD Bed Replacement Program

Funding by the MoH totalling \$3.460 million has been confirmed to replace beds across the District. An order has been placed for 634 beds with delivery commencing in April 2016 at Canterbury Hospital.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE

The next Yaralla Day Newsletter is currently being drafted and it is anticipated that it will be ready for circulation in May 2016. The newsletter will announce the Yaralla Estate as the host for this year's *Great Australian Bake Off* series, following the success of the first season which was filmed entirely on location at Yaralla. The set and locations have been approved by Sydney Local Health District and the NSW Office of Environment and Heritage and funds received from filming will be used to maintain the Estate.

SYDNEY RESEARCH

Translational Research Grant Scheme

Results of the Translational Research Grant Scheme (TRGS) expression of interest were announced this month with 36 (of the 340 in NSW) applications invited to submit for stage two of the TRGS. The SLHD received four invitations to apply for stage two with 15 other applications considered as near misses.

SLHD applications invited to submit to stage two TRGS include:

- Dr Lauren Troy, Respiratory medicine Novel use of transbronchial cryobiopsies in the diagnosis of interstitial lung disease.
- Vanessa Nube, Diabetes Translational randomised controlled trial addressing wound debridement frequency and healing outcomes in diabetic foot ulcers (The Diabetes debridement study).
- A/Prof Li Ming Wen, Childhood overweight & obesity Translating research evidence from the Healthy Beginnings Trial to prevent childhood obesity at the beginning of life: a four-arm randomised controlled trial.
- Prof. Paul Haber, Drug & alcohol Improving management of comorbid substance use and mental illness with an integrated stepped care (ISC) approach.

It is noted that one application from each NSW LHD/network was automatically invited to submit to stage two thereby providing only 18 remaining places across the State. Within this context the SLHD performed better than the statewide 10% success rate average. Stage two applications are to be submitted by the 2 May 2016.

Sydney Research Awards 2016

The Sydney Research Awards program was opened in late March with advertisement at <http://sydneyresearchhub.com.au/> and dissemination across member networks.

Recognition Awards are based on activity over the last 12 months and are to highlight research excellence, early career researchers and research supervisors. These include,

- Research Excellence Award: Overall best publication in a high impact journal
- Young Researcher Award: Outstanding performance as an Early Career Researcher (up to 7 years post PhD)

- Supervisor Award: Outstanding effort as a postgraduate research supervisor
- The Basic Science Award: the *Annual Health Research Infrastructure Award (AHRIA)* is a \$10,000 one off, early researcher award, recognising an individual with high research potential undertaking basic science research.

Scholarships offering \$40,000 per annum include the Clinician Researcher Scholarship (CRS) and the Health Informatics Research Scholarship (HIRS). These are designed to encourage and support clinicians seeking to pursue a clinical research career. Applications close 13 May 2016.

Sydney Innovation and Research Symposium, 2016

Planning is well advanced for the symposium which will be held on 16, 17 and 18 of June. The 16 of June will focus on the Medical Research Institutes and will be held in the Charles Perkins Centre. At 5 pm on the Thursday night, the District will host a cocktail party at the Australian Technology Park for sponsors following the setup of displays/stands. Members of the Executive, Board, and Clinical Directors have been invited to mingle with the sponsors. Key staff have also been invited as recognition of the excellent work they have been undertaking. Friday 17 June will be the main part of the Symposium. Julie McCrossin will be MC the day, including the Great Debate. The Research Awards will then be held at 5.30 following the Symposium. Saturday 18 June will be the public lecture which is being arranged in partnership with the University of Sydney and the EISPHN.

Security in Emergency Departments

Preliminary feedback has been received from the NSW Health External Audit of Security at RPA held on 8 March 2016 has been very positive. We await formal feedback. The NSW Health Security Working Group met again on 12 April 2016. The Chief Executive of SLHD is a member of the working group. Additional actions from this working group have been included on the SLHD Security action plan.

Weekly meetings are continuing with all relevant staff and Executive to monitor progress against the Security action plan. The District Security Committee chaired by the Director of Clinical Governance and Risk is also continuing to meet regularly to address operational issues. The Ministry has given support to trialling the new uniforms for security staff.



Dr Teresa Anderson