

Sydney Local Health District

Fifty Seventh Meeting of the Board

Date: Monday 15 August 2016
Time: 9.00am -11.05am
Venue: Croydon Health Centre
Chair: Dr Barry Catchlove, AM, Acting Chair

1. Present and apologies

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

Apologies

The Hon. Ron Phillips, Chair

In attendance

Ms Lou-Anne Blunden, Director Clinical Services Integration, SLHD (9.00am - 9.35am)
Ms Madeleine Kitchener, General Manager, Croydon / Marrickville / Redfern
Community Health Centres (9.00am – 9.35am)
Mr Michael Clark, Manager, Internal Audit (9.40am - 9.50am)
Ms Karla Fedel, GHMP Trainee (9.00am - 9.35am)
Ms Kirsten Brighten, GHMP Trainee (9.00am - 10.30am)
Ms Nerida Bransby, Secretariat

Drug Health Services

Professor Paul Haber, Clinical Director, (9.00am - 9.35am)
Ms Judy Pearson, Acting General Manager (9.00am - 9.35am)
Ms Keren Kiel, Manager, Health Systems, Planning and Performance (9.00am - 9.35am)
Ms Elizabeth Haines, A/Clinical Operations Manager (9.00am - 9.35am)
Ms Brenton Bragg, Finance and Corporate Manager (9.00am - 9.35am)
Ms Maxine Whalen, Operational Nurse Manager (Apology)

2. Welcome and introductions

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

Presentation 1:

Professor Paul Haber, Clinical Director, Drug Health Services presented on Drug Health Services including:

- Overview of drug Health Services
- Snapshot including 26,182 Occasions of Service for the 2015/2016 financial year.
- Service Agreement and Key Performance Indicators all achieved
- National Weighted Activity Unit (NWAU)
- Average Length of Stay (ALOS)
- Alcohol
- Amphetamines (Ice)
- Inpatient Consultations by principal drug
- Harm Minimisation Program – Injecting Equipment Distribution
- Harm Minimisation Program – Vending Machines
- Clinical Toxicology Service
- Innovation Projects
- Clinical Redesign Projects
- New Projects
- Approved clinical enhancements for 2016/17
- Opportunities

Following discussions, the Chair thanked Professor Haber and the Drug Health Services for an informative presentation.

Mr Trevor Danos, AM advised the Board that he will leaving the SLHD to take a position on the Northern Sydney Local Health District Board.

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).
2. A/Professor Christine Giles declared that she works for Cancer Australia, and noted that Cancer Australia has no formal relationship with Lifehouse.
3. Professor Paul Torzillo declared that he is no longer a member of the National Health Performance Authority as it ceased on 30 June 2016.
4. Ms Susan Anderson declared that she is now lecturing at the University of Sydney.

These potential conflicts will be added to the Register.

4. Confirmation of previous minutes

4.1 Minutes 18 July 2016

The minutes of the Board meeting held on Monday 18 July 2016 were moved and seconded with the following amendment:

3. Declaration/Removal of Conflict of Interests should read:

2. A/Professor Christine Giles declared that she works for Cancer Australia, and noted that Cancer Australia has no formal relationship with Lifehouse.

The Chair then signed the minutes.

4.2 CE Report – July 2016

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

5. Matters arising from the previous minutes

5.1 Action sheet

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

5.2 Termination and Ancillary Issues associated with the First Net Access Audit Report

The Board received this briefing note. The Board discussed the risks involved, best practice, priorities, including seeing patients on time and medical staff having access to records and agreed to the recommendations contained in the brief. It will remain a regular item on the agenda for the Audit and Risk Committee until all recommendations are addressed. This agenda item can be removed from the action list.

6. Patient Story

Nil to report

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List.

7.2 Financial Classification Codes

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

7.3 Board Calendar 2016

The Board received and noted the Board Calendar for 2016.

8. Chairman's Report

Nil to report

9. Chief Executive's report

The Board received and noted the Chief Executive's Report including.

- 2016/17 Activity targets are still on-going
- The 2015/16 financial year, Sydney Local Health District (SLHD) General Fund Expenditure was \$6.100M (0.39%) favourable to budget and Revenue was \$5.972M (0.40%) unfavourable to budget. For the financial year the District's NCoS was \$0.128M favourable to budget.
- For the 2015/16 financial year Total Expenditure was \$6.100M (0.139%) favourable to budget, reflecting favourable results for Salaries and Wages (\$5.860M), Overtime (\$2.950M) and Goods and Services – Admin (\$1.947M). These favourable results were offset by unfavourable variances in Annual Leave (\$10.192M), Superannuation (\$2.440M), Goods & Services – Clinical (\$3.464M) and RMR Expenses (\$2.250M).
- RMR Expenditure was \$2.250M unfavourable to budget for the 2015/16 financial year. The full year unfavourable result reflected unfavourable variances in Maintenance (including maintenance contracts) (\$4.338M) and Repairs (\$0.699M). These results were offset by a favourable result in New and Replacement Equipment (\$3.777M).
- Total Revenue is \$5.972M (0.40%) unfavourable to budget for the 2015/16 financial year. The financial year result reflects unfavourable variances in all Revenue categories except Other Revenue (including Doubtful Debts), which was \$7.339M favourable to budget. This favourable result reflects the impact of the achievement of a significant TMF Hindsight Adjustment. The major unfavourable variances are in Patient Fee revenue (\$10.308M), User Charges (\$1.520M) and Grants and Contributions (\$1.483M). The roll-out of the PBRC should improve the revenue results.
- The overall financial budget result is favourable to budget.

The Chair congratulated the Chief Executive and the District Executive for the hard work and time involved to achieve the financial results. A Social Evening is to be held in the coming weeks.

- The District continues to be at Performance level zero.
- ED triage is improving.
- Forty to forty five people attended the successful Multicultural Leaders forum held on 10 August 2016.
- Over forty people attended the RPA HealthOne East community consultation forum held on 11 August 2016.
- The District performed at or above the state average on the majority of items in the BHI patient perspective report on Cancer Outpatient treatments. SLHD was better than state average in:
 - Access and timeliness: the time taken between booking the appointment and attendance at the clinic, and
 - Engagement and Participation: seeking ideas and preferences from the patient when developing the cancer plan

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – June 2016

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

9.1.2 Performance Indicators – May 2016

(i) Selected Performance Indicators

The Board received and noted this report.

(ii) Peak Activity Team

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report – June 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.

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 next Clinical Governance report is due in September 2016.

9.5 Facility Reports – June 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, 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.

(x) Population Health

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

(xi) Tresillian

The Board received, read and noted the Tresillian report.

(xii) Organ Donation for Transplant

The Board noted that the Organ Donation for Transplant dashboard was not available.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

10. Matters for approval / resolution

10.1 SLHD Corporate Governance Attestation Statement.

The Board received the Corporate Governance Attestation Statement and the covering letter to the Secretary for review and approval.

Mr Clark provided a full set of appropriate supporting documentation and records for the Board at this meeting covering all aspects of the Attestation Statement.

With the amendment of minor typographical errors, the Board ratified this request to forward the letter and the Statement to the Ministry of Health.

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 8 August 2016.

11.2 Education and Research Committee

The Board received and noted the minutes of the meeting held on 18 July 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 received and noted the minutes of the meeting held on 14 July 2016.

11.5 Health Care – Clinical Quality Council

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

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 24 August 2016.

11.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting to be held on 5 August 2016.

11.8 Patient and Family Centred Care Steering Committee

The Board noted the meeting to be held on 13 July 2016 was cancelled.

12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board noted the meeting to be held on 3 August 2016 was cancelled.

12.2 Medical and Dental Appointments Advisory Committee

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

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the meeting to be held on 21 July 2016 was cancelled.

12.4 Surgical Demand Committee

The Board noted the next meeting is to be held on 17 August 2016.

12.5 Revenue Enhancement Development Committee

The Board noted the meeting to be held on 27 July 2016 was cancelled.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 30 May 2016 were not available.

12.7 SLHD Innovations Group

The Board noted the meeting to be held on 22 June 2016 was cancelled.

12.8 Organ Donation for Transplantation

The Board noted the meeting to be held 26 July 2016 was cancelled.

12.9 Major Procurement, Assets and Imaging Steering Committee

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

13. Matters for noting

13.1 Internal Audit and Risk Management Attestation Statement

The Board received and noted the Attestation Statement.

13.2 Correspondence – Work Health and Safety Audits

The Board received, read and noted this correspondence. The Board requested and agreed to a presentation at the next meeting on Work Health and Safety and TMF.

13.3 Publication in the Australian Nursing and Midwifery Journal

The Board received, read and noted this correspondence.

13.4 Final Report Off Protocol prescribing for chemotherapy for head and neck cancers

The Board received, read and noted this correspondence.

13.5 ASMOF Senior Doctor Survey

The Board received and read the results of the Senior Doctor Survey From ASMOF. The Board noted the SLHD performed well in this survey. The CE and the Director of Finance will meet with clinicians to identify the relative reasons in the financial under-performing areas.

13.6 Brief – SLHD Response to recent incidents in NSW Public Hospitals

The Board received the information contained in the brief (see attachment 1) concerning the recent incidents at Bankstown and St Vincent’s Hospitals. The Board noted and endorsed the District’s response to these incidents included robust checklists and compliance systems in place, communication strategies, policies and procedures and ensure consistency with the state-wide approach.

13.7 Brief on Open Disclosures

The Board received, read and noted the information contained in the brief. A presentation on Open Disclosures will be provided to the Board.

14. Other Business

Nil to report

15. Next Meeting

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

The meeting closed at 11.05am.

Following the meeting, the Board toured the Croydon Health Centre to look at the new gardens

Chair

Date

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Chair

19/09/16

Date

consultation conducted recently as part of a Clinical Redesign project have not highlighted cost as a concern for patients.

- 'Access and timeliness during the visit, percentage of patients who selected the most positive response category, hospital results relative to NSW': Appointment started 'within 30 minutes of scheduled time'.
 - Performance: CRGH: 70%, compared to NSW: 81%
 - Response: New processes are being implemented to streamline access and reduce waiting times for patients of the infusion service. These include:
Arranging blood tests and medical review the day before treatment so that the infusion can commence within minutes of patients arriving on their day of treatment.
Improved scheduling system to support more accurate allocation of appointment time. Fast-track process to ensure completion of treatment within 30 minutes for patients undergoing a brief procedure, such as an injection. A more structured triage system to support timely and appropriate intervention and management of patients who become unwell during treatment or present to the service with unexpected illness.
- Addressing patient concerns, percentage of patients who selected the most positive response category, hospital results relative to NSW: 'Definitely' had enough time to discuss health issues with health professionals'.
 - Performance: CRGH: 84%, compared to NSW: 92%
 - Response: The patient education delivered by the service is currently being reviewed. The team plan to pilot a multi-disciplinary orientation to the service for new patients, ensuring they are aware of services available and who to contact if they have questions. A range of initiatives are being developed to improve nurse capacity to provide informal and responsive patient education and support. These include:
 - A 0.5FTE Clinical Nurse Educator (CNE) dedicated to the unit
Streamlined allocation of work throughout the day using the new scheduling system, freeing up time to spend delivering chair-side education and support
Education and professional development frameworks to support nurse acquisition of relevant skills.
- Information to support patients, percentage of patients who selected the most positive response category, hospital results relative to NSW: Health professionals 'always' explained things in an understandable way.
 - Performance: CRGH: 84%, compared to NSW: 91%
 - Response: Addressed in response above.



Dr Teresa Anderson
Chief Executive

Date: 29.9.16

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

2016/17 Activity Targets

The Performance Unit has continued to work with District Finance and the facilities on finalising the phasing of the activity targets at the speciality level for each month for 2016/17. This process is still underway but is close to finalisation and will be submitted to the Ministry of Health (MoH) shortly.

Mental Health

The Mental Health non-admitted data reporting project has shown fantastic result for June 2016, achieving 100% of target activity volume. Collaboration between IM&TD, the Performance Unit and Mental Health Services continues to generate improvements in data quality and ensure reporting for 2016/17 is complete and accurate.

Sub and non-acute (SNAP)

Communication with the SNAP facility coordinators is ongoing to ensure that 100% of all the District SNAP activity for 2015/16 has been reported correctly and will therefore enable classification and funding allocation. The District has performed strongly against MoH SNAP performance indicators, with 98% of SNAP activity currently grouped for the financial year to date, however this is expected to increase to 100% by mid-August 2016.

Non-Admitted (NAP)

CHOC Allied Health went live on 05 July 2016. The Performance Unit and facility NAP coordinators are reviewing the NAP data from CHOC Allied Health on a weekly basis in July so feedback can be provided to users to ensure the correct capture of the data to meet the ABF requirements.

With the completion of the 2015/16 financial year the facilities are working on reviewing and finalising their 2015/16 NAP data to ensure that the data submitted is accurate as possible to reflect the work undertaken in SLHD in the NAP area. The close off for the submission of the data is 19 August 2016. Facilities have been provided with a timeline of activities to ensure that the deadline is met.

The Performance Unit is working with the facility NAP co-ordinators to prepare for transition of NAP reporting to EDWARD. Testing of the extracts required for this change is underway.

Clinical Costing

SLHD was one of the LHDs selected for the National Health Costing Data Collection (NHCDC) Independent Financial Review for our 2014/15 costing. This review was attended by the SLHD costing team, SLHD Director of Finance and a representative from the ABF Taskforce. Whilst formal feedback from the review has not been received the feedback on the day was very positive about the costing processes in place at SLHD.

Work has commenced in the development of a local costing App for STARS. In its current draft iteration the App has allowed similar analysis to what is available on the ABM portal but with increased flexibility and drill down. Whilst development is still in the early stages we hope to be able to further progress the app to be able to offer additional detail that is relevant to the District including the breakdown of cost by specific areas rather than the generic cost buckets offered in the ABM portal.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

With improvement in the later part of June 2016, SLHD had 19.07% of all patients as private using their health insurance (2,627 out of 13,773).

Single Room Utilisation

For the month of June 2016, SLHD had 29% of all single rooms taken up by private patients. While an increased 9.8% of all patients were isolated for clinical alert, 44% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

Risks and opportunities for revenue are currently being identified and scoped.

PERFORMANCE AND REDESIGN UNIT

Innovations Group

The Pitch has progressed to Stage 2 of the TMF Awards for Excellence, in the Innovation (Design) category. These awards are hosted by iCare Self Insurance, Suncorp Risk Services to provide an opportunity for TMF member agencies to showcase achievements related to risk management. The CE, Dr Teresa Anderson, and two-time Pitch winner and Head of Physiotherapy at Balmain Hospital, Sandeep Gupta, presented about the Pitch to the independent panel. Both highlighted the strong impact The Pitch has had on SLHD's culture, providing employees with a forum to highlight their ideas directly with the CE, and supporting their implementation with funding, coaching and implementation training. While the outcome will not be known until November, progressing to Stage 2 of this process highlights the positive impact of the Pitch.

Applications close August 1 2016 for the next Pitch event, which is scheduled for Friday 23 September 2016 at the Concord Medical Education Centre.

Clinical Redesign: CHR Projects

The *Promoting Palliative Care Efficiencies*, a joint submission by the Palliative Care, Cancer Services and Sydney District Nursing, Community Health, plans to review and improve end-of-life care and symptom management for patients across the District. The project has commenced the CHR Program (third intake) with the ACI, with both Project Sponsors and Redesign Lead attending the first day of the program with the project team. They are currently in the Project Initiation Phase where they will refine the goal and objectives of the project.

Similarly, the *Review of Prosthetics Laboratory Services*, a submission by the Sydney Dental Hospital, has commenced the CHR Program (third intake). The team including Project Sponsors and Redesign Lead have started to refine the goals, objectives and scope of the project to ensure they are achievable.

This review has led to another staff member, Elizabeth Mazzei, from the Orthodontic Department joining the team to provide expertise.

The *Connect & Improve* project from Drug Health (CHR 2016 – first intake) is finalising the solutions phase of their project, with plans to expand their engagement with service users and strengthen the health promotion, including facilitating access to new Hepatitis C treatments.

The *My Check-in for Surgery* project from Canterbury Hospital (CHR 2016 – first intake) project have finalised their Solution Design Report and is currently undergoing implementation planning. The project team have done extensive investigations on the best possible solutions to meet the needs of the department which included a visit to Auburn Hospital and exploration of HealthPathways.

The *It's Time* project (CHR 2015 – third intake), which is improving services at Ground East, Concord Cancer Centre outpatient services, has commenced upgrades to the patient waiting room and courtyard, which will provide patients and their families and visitors with access to a more pleasant outside area once complete. Sydney South West Pathology Service has initiated a trial of a home blood collection service for those living within 5km of Concord Hospital. This service will reduce the cost and time taken for patients to get their blood collection taken on the day before treatment, while still allowing for faster initiation of treatment on the day they attend the centre. This service can also be used by other hospital patients who need to have blood tests for ongoing conditions being treated at Concord Hospital.

Other Projects

Sydney Local Health District has been invited to participate in the MoH system wide discharge improvement initiative called the 90 Day Challenge (90DC). The 90DC is a joint initiative between the MoH, Agency for Clinical Innovation, Clinical Excellence Commission, eHealth, and Health Education and Training Institute, which is designed to drive improvements in Emergency Treatment Performance and to discharge patients in a timely manner. RPAH has put forward a nomination to be part of this initiative with a respiratory and cardiac focus. The Clinical Redesign Leads will provide the team with implementation support. The 90DC was launched at RPA on 25 July 2016 and an orientation for this initiative will be held on 28 July 2016 at the MoH.

Accelerating Implementation Methodology

The next AIM course to be held on 25-26 August 2016 is nearing enrolment capacity.

HealthPathways Workgroups

No workgroups were undertaken in July 2016. Presently the Clinical Writing team are operating at full capacity with finishing the large amount of 'in development' pathways. The next workgroup is for Medical Imaging and Nuclear Medicine, scheduled for 11 August 2016.

Pathways

14 new pathways and referral pages have been issued in July 2016 and to date the development of 595 clinical, requesting and information pathways have been initiated and presently we have:

- | | |
|--------------------------------------|-----|
| • Complete and accessible to GPs | 436 |
| • Localising (from other HP regions) | 121 |
| • New Pathways being developed | 13 |

Of the 436 completed pathways 20 are currently undergoing periodic review and 5 are in major update status. The main focus of released pathways has been referral information/service description pages for ENT, Gastroenterology and clinical pathways for Tuberculosis.

Sydney remain the lead Australian (there are now 20) HealthPathways region in terms of locally relevant and developed content, we anticipate becoming the fourth most productive site (after the three original NZ sites) next week.

Usage of HealthPathways

Usage of the website remains high in comparison to other NSW pathway sites. Whilst the July data is slightly lower than May and June, this is contributed to the school holidays that fell in the July reporting period. Since the inception of HealthPathways there has been a consistent drop activity in all school holidays.

	July 2016	June 2016	May 2016
Sessions of use	2,690	2828	2731
Unique page views	9,404	9894	9221
Different users	720	805	711

NPS

To enable better connectivity to medication and diagnostic advice for users we have begun preliminary discussions with the NPS to integrate elements of their resources into HealthPathways. The NPS is keen increase the direct use of their patient resources by GPs, and HealthPathways can be a supportive conduit to these resources. If these measures prove successful we will be advocating that Streamliners and the other Australian sites adopt our approach.

NDIS

We have begun preparatory development of pathways that will support GPs and other clinicians provide guidance for clients eligible for the NDIS. We are engaged with the LHD and PHN NDIS leads as well as key NGO and university stakeholders.

FINANCIAL PERFORMANCE

FINANCIAL PERFORMANCE (*Net Cost of Service Basis*)

GENERAL FUND (*GF*)

The 2015/16 Board and MoH Service Level Agreement financial performance targets was based on an expected Net Cost of Service (**NCoS**) result. The following analysis reflects the result for the financial year ended 30 June 2016 based on the District's budgeted NCoS. For the 2015/16 financial year, Sydney Local Health District (SLHD) General Fund Expenditure was \$6.100M (0.39%) favourable to budget and Revenue was \$5.972M (0.40%) unfavourable to budget. For the financial year the District's NCoS was \$0.128M favourable to budget.

This favourable NCoS result was achieved by controlling expenditure levels to offset the shortfall in Own Source Revenue.

The major variances for the financial year were:

Expenditure

For the 2015/16 financial year Total Expenditure was \$6.100M (0.139%) favourable to budget, reflecting favourable results for Salaries and Wages (\$5.860M), Overtime (\$2.950M) and Goods and Services – Admin (\$1.947M). These favourable results were offset by unfavourable variances in Annual Leave (\$10.192M), Superannuation (\$2.440M), Goods & Services – Clinical (\$3.464M) and RMR Expenses (\$2.250M).

RMR Expenditure was \$2.250M unfavourable to budget for the 2015/16 financial year. The full year unfavourable result reflected unfavourable variances in Maintenance (including maintenance contracts) (\$4.338M) and Repairs (\$0.699M). These results were offset by a favourable result in New & Replacement Equipment (\$3.777M).

Revenue

Total Revenue is \$5.972M (0.40%) unfavourable to budget for the 2015/16 financial year. The financial year result reflects unfavourable variances in all Revenue categories except Other Revenue (including Doubtful Debts), which was \$7.339M favourable to budget. This favourable result reflects the impact of the achievement of a significant TMF Hindsight Adjustment. The major unfavourable variances are in Patient Fee revenue (\$10.308M), User Charges (\$1.520M) and Grants & Contributions (\$1.483M). The unfavourable result for Patient Fee revenue reflects the impact of the growth in the District' revenue target for the 2015-16 financial year and an end of year reduction in DVA Revenue processed in June 2016 associated with the MoHs final calculation of actual DVA activity for the year.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$7.861M favourable to budget for the 2015/16 financial year. This result was achieved due a favourable budget variance for Revenue of \$9.493M offset by an unfavourable result for Expenditure of \$1.632M.

CONSOLIDATED RESULT

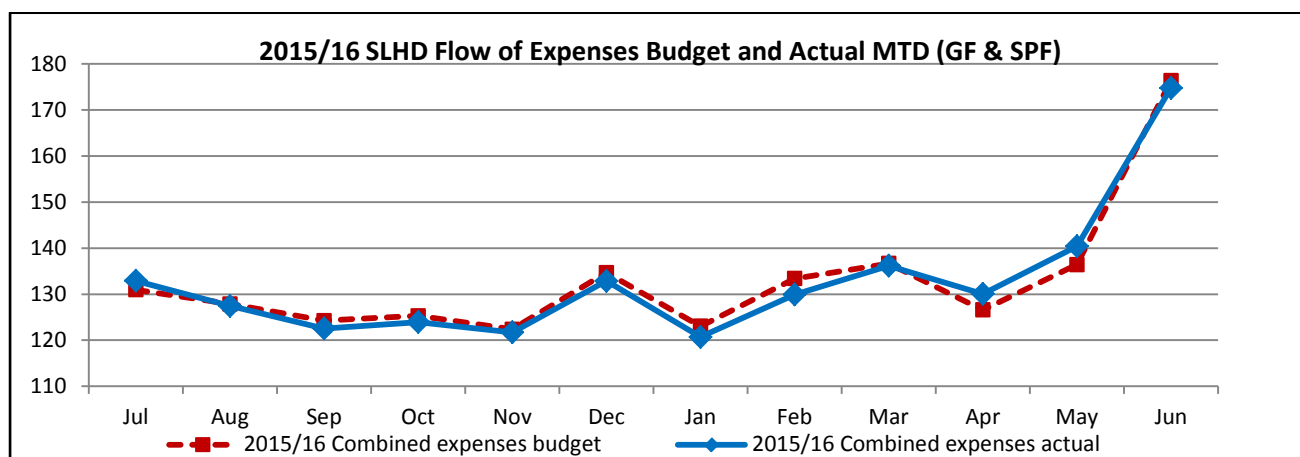
For the period financial year ended 30 June 2016 the consolidated year to date NCoS result for the General Fund and SP&T was \$7.989M favourable to budget. The result comprises a favourable Expenditure variance of \$4.468M offset by an unfavourable Revenue budget variance of \$3.521M.

FINANCIAL PERFORMANCE *(Based on new MoH Reporting Format)*

For the year ended 30 June 2016, SLHD recorded a Total Net Result of \$10.513M, which was \$8.194M (43.80%) favourable to budget. The Net Direct Operating Result (GF and SP&T) for the period ended 30 June 2016 was \$9.442M favourable to budget. The result for the year reflects Revenue, \$4.863M favourable to budget and a favourable Expenditure variance of \$4.579M.

For 2016 financial year Total Direct Revenue was \$4.863M favourable to budget, comprising \$4.930M unfavourable for the General Fund offset by a favourable variance in SP&T Fund of \$9.792M. The GF result reflects unfavourable variances in all revenue categories except Other Income.

Total Direct Expenditure is \$4.579M favourable to budget for the year, comprising \$8.149M favourable for the General Fund offset by an unfavourable result for Special Purpose & Trust funds of \$3.570M. The GF result reflects favourable variances in Salaries & Wages (\$5.860M), G&S – Admin (\$1.947M), G&S – Clinical (\$3.464M) and G&S – Support (\$4.993M). These results were offset by unfavourable results for Salaries & Wages Oncosts (\$11.579M).



	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	126,598	136,431	176,384	1,597,971
2015/16 Combined expenses actual	132,916	127,468	122,557	123,955	121,713	132,864	120,711	129,910	136,181	130,054	140,405	174,771	1,593,505
Variance (+ Fav, - Unfav)	-1,949	415	1,714	1,332	663	1,804	2,327	3,500	478	-3,456	-3,974	1,613	4,466
% of Budget	8.20%	8.00%	7.78%	7.84%	7.66%	8.43%	7.70%	8.35%	8.55%	7.92%	8.54%	11.03%	
YTD Budget expended	8.20%	16.20%	23.98%	31.82%	39.48%	47.91%	55.61%	63.96%	72.51%	80.43%	88.97%	100.00%	

Liquidity

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

The cash balance at 30 June 2016 for the SLHD Operating bank account was \$6.517M and the Operating Cash book balance was \$6.234M.

Capital Works (SMRS PROJECTS)

The District's Full Year Capital works budget as at the end of June 2016 was \$26.121M comprising \$3.995M of MoH funded projects and \$22.126M of locally funded projects. The full year budget increased in June 2016 by \$2.183M due to the transfer of NPA General Fund budget to the Capital Program for the refurbishment of Level of the Sydney Dental Hospital. Actual expenditure for the 2016 financial was \$25.843M which is \$0.278M below the projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

June 2016 FYTD total number of separations increased across the District by 2.84% compared to June 2015 FYTD. For the same period acute separations are up 2.61% compared to the same period last year. Canterbury Hospital's acute same day separations for June 2016 FYTD increased by 26.92% compared to the same period last year.

Emergency department attendances increased by 2.87% for June 2016 FYTD compared to the same month last year. There were 12,126 ED attendances in June 2016. Canterbury ED attendance increased by 4.29% for June 2016 FYTD. RPA ED attendance increased by 3.26% for June 2016 FYTD.

The District occupancy rate for June 2016 decreased by 0.28% compared to the same month last year.

Emergency Treatment Performance

The Emergency Treatment Performance (ETP) performance for the District decreased by 0.03% in June 2016 to 68.98% compared to June 2015. A number of initiatives have been implemented across the District to improve ETP performance. Concord Hospital's ETP increased by 7.85% for June 2016 compared to the same month last year.

ED Triage

Canterbury and Concord Hospital achieved all ED triage categories for June 2016. RPA met triage category targets 1, 4 and 5 in June 2016. RPA performance in triage category 2 improved on the previous result for June 2015, increasing by 15.08%. RPA performance in triage category 3 improved on the previous result for June 2015, increasing by 6.15%.

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 June 2016 for all categories.

Transfer of Care

The Transfer of Care (TOC) for the District increased by 16.93% for June 2016 compared to June 2015. The TOC target (90%) was met by all three EDs in June 2016. RPA increased by 25.22% to 92.27% for June 2016. Canterbury Hospital increased by 10.95% to 97.05% for June 2016. This result again highlights the success of the TOC Program in operation in SLHD EDs.

Safety and Quality

The District continues to achieve the root cause analysis (RCA) target for June 2016. Mental Health Readmissions within 28 days continues to be above the target of <13% for March YTD 2016 and has increased from the same period last year from 15.9% to 18.6%.

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

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

Workforce

Premium staff usage for medical and nursing decreased for June 2016 compared to the same period last year by 0.3% and 0.2% respectively. There was a small increase for allied health premium staff usage for June 2016 compared to the same period last year, by 0.3%.

CAPITAL WORKS

Concord EMU

Refurbishment of B75 commenced to house the Executive Unit. Demolition for internal stair well has commenced in July 2016. Works will be undertaken in a staged program to allow the ED to operate throughout the works.

A further review of the ED has been undertaken to ascertain if construction of a safe room can be brought forward in the program. The construction of the safe room is the final Stage of the redevelopment of the Concord ED and cannot be built out of sequence. The future stages of the planned redevelopment will require capital funding and approval from the MoH.

SLHD Aged Care Network

Detailed design continues with planning for the construction phase underway. Tenders are currently being reviewed.

Medical Imaging Equipment Purchases

- CT scanners at RPAH – One is operational and the second unit's installation is nearing completion.
- Angiography Suites at RPAH – One is in place and installation has commenced. Subsequent installations will be completed by September 2016.
- SPECT CT Scanner CRGH – on site installation is nearing completion

Sydney Dental Additional Chairs

Construction work is underway and is approximately 50% complete.

Medical Gases Testing

Urgent testing of all medical gases outlets across the LHD was undertaken as a priority in the week commencing 25 July 2016. All outlets installed in the past 60 months along with obstetric, paediatric and critical care areas were retested and found compliant with the specifications and Aust. Standards. Testing of all medical gas outlets across the LHD was completed by 3 August 2016.

SLHD has a robust commissioning program that ensures all facilities comply with the relevant standards and all testing is witnessed by the appropriate SLHD staff. To ensure a continued culture of excellence these policies and procedures will be reviewed and modified to increase vigilance within this space. An enhanced audit process has also been implemented.

PLANNING

RPA HealthOne East (Green Square)

- Significant work has progressed in relation to the RPA HealthOne East, Green Square.
- Discussions have been held with UrbanGrowth NSW Green Square looking at land and site options for the HealthOne. Four options have now been identified for UrbanGrowth to assess. SLHD is currently re-assessing the Schedule of Accommodation and costing this schedule.
- Procurement options for the building have been discussed with Health Infrastructure (HI). It is been agreed in principle that the SLHD will manage the project within the defined capital budget.
- Planning is well underway for a consultation with the community of Green Square. The Community Forum is planned for 11 August at the Green Square Community Centre, Zetland. A letterbox drop will invite people to attend and an on-line survey is available for completion. This has been translated into Chinese.
- A third meeting of the Green Square HealthOne Academic Primary Care and General Practice group has been held. This involves the health deans and senior academics from University of Sydney, University of NSW, Notre Dame University and UTS. Faculties include Medicine, Nursing, and Allied Health (Health Sciences).

The City of Sydney and the Primary Health Network are also involved as partners. Principles of engagement have been agreed. A HealthOne Forum is planned for 16 and 17 September in collaboration with the partners.

- The City of Sydney has invited the CE to present at the Lord Mayor's Green Square Planning Committee in October, 2016.

Urban Development

The draft plan for Parramatta Road has been circulated with SLHD making several significant comments, especially in respect of the proposed Biotechnology Hub in the Camperdown precinct.

The Planning Unit, together with the Director of Contracts and Capital provided a presentation on the impact of urban development on the RPA site at a transport forum with the University of Sydney.

A presentation was provided by the Director of Planning to *Sydney Research* outlining the urban and infrastructure development in the SLHD. Arising from this meeting, a major Inner West Sydney Health and Wellbeing Forum on Urban Development is planned for early 2017.

Aboriginal Health Plan

The final draft of the Aboriginal Health Plan is almost ready to be circulated. The plan has been developed in close consultation with the community and with our Aboriginal Health staff and leadership group.

Multicultural Leaders Forum

The second Multicultural Leaders Forum will be held on 10 August at Canterbury Hospital. The Planning Unit is incorporating the information from these forums into the plans for Multicultural Health.

Oral Health Clinical Stream and SDH Clinical Service Planning

The Planning Unit is working with the Oral Health Stream to develop a Clinical Services Plan for Oral Health. Focus groups have been held throughout the service.

A paper outlining the tertiary services of the Sydney Dental Hospital will be developed and will contribute to the State-wide Tertiary Oral health Strategy.

SLHD Imaging Strategic Plan

The Planning Unit, in collaboration with the Medical Imaging stream has drafted a Position Paper, which is now being circulated for comment. The Unit is working across the clinical streams and in collaboration with the Clinical Director Medical Imaging to develop the Strategic Plan, which covers not just the Imaging Clinical Stream, but also the other clinical streams.

Paediatric and Women's Health Planning

A further series of meetings and discussions have been held to develop a paediatric strategy for SLHD and to update the neonatal, gynaecology and maternity components and priorities in the Clinical Stream Position Paper.

Inner West Youth Health and Wellbeing Plan

Planning for the Youth Health and Wellbeing plan is underway with a series of consultations being held across the District with youth inter-agencies and groups.

BreastScreen Campsie

The Planning Unit facilitated a community and NGO agency consultation looking at ensuring and improving community access to the new Campsie BreastScreen Clinic.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE

Yaralla Festival will be held on 11 September 2016 from 10:00 am to 02:00 pm. The event has been renamed from Yaralla Spring Fair to Yaralla Festival to adequately reflect the scope of the event. The aim is to attract a large number of attendees and create a carnival-like atmosphere. The Festival will be in the same location as per previous years, with parking on the left and the stalls and stage on the right.

Sponsors are currently being approached to support the Festival. Communications and marketing for the event will include large banners, a letter box drop and local media outlets and politicians will be approached to promote the event via their channels. Activities on the day will include a jumping castle, face painting, reptiles, rock climbing wall and sporting organisations including NRL, AFL and Netball NSW.

Committee members were informed that the current Graduate Health Management Trainees will be heavily involved in the coordination of this year's Yaralla Festival, with three teams working on developing activities/stalls in the categories of Environment, Heritage and Health.

SYDNEY RESEARCH

Cancer Research Funding

The Sydney Research precinct has recently been awarded \$6.5 million in Cancer research funding. Council congratulated the successful recipients including Prof. John Simes, NHMRC Clinical Trials Centre; Dr Phillip Fromm, ANZAC Institute; Prof Wolfgang Weninger, Centenary Institute and Dr Steven Kao, ADRI.

Publications

Sydney Research Council congratulated A/Prof. Judith Trotman and Prof. Michael Fulham and Prof. Chris Semsarian for their recent publications in the New England Journal of Medicine.

A/Prof Judith Trotman's and Prof. Fulham's research involves an international clinical trial on Response Adapted Therapy in Hodgkin's Lymphoma (RATHL). The RATHL study enrolled 1200 patients in the UK, Europe, Australia and New Zealand, including 12 at Concord and Royal Prince Alfred Hospitals, and used Positron Emission Tomography (PET) scans to measure the initial effects of chemotherapy to determine the ongoing treatment for each patient. The study demonstrated that individual treatments can be tailored to spare most patients lung damage and other serious side effects of intensive chemotherapy whilst achieving good survival rates.

Prof Samarian's research involves genetic testing for sudden cardiac deaths. His research showed that 72 per cent of deaths occurred in males, and 65 per cent of cases occurred when the person was asleep or resting. Identify the risks through genetic testing allows better management for at risk persons such as insertion of defibrillators for at-risk individuals.

Sydney Health Partners

Sydney Health Partners welcomes Professor Nutbeam, a well know public health researcher and former Vice Chancellor as the interim Executive Director, SHP whilst recruitment to the Executive Director position continues (approx. six months). A Search Agency has been engaged to assist with the recruitment process.

Prof. Nutbeam recently returned to the University of Sydney following a six-year term of office as Vice-Chancellor (President) of the University of Southampton. He is currently the Professor of Public Health at the University of Sydney, and a Senior Advisor at the Sax Institute.

Prof. Nutbeam's career has spanned positions in universities, government, health services and an independent health research institute including Academic Provost (2006-9) and Pro-Vice-Chancellor (Health Sciences) at the University of Sydney from 2003. He has substantial international experience in both developing and developed countries, working as an advisor and consultant on public health issues for the World Health Organisation over a 25 year period, and as consultant and team leader in health system capacity development projects for the World Bank.

Advertisement of the Media and Communications Officer SHP (0.6FTE) has commenced and other support roles including a project officer, 0.2 FTE medical and administration officer are being explored.

A joint Council meeting of SHP and the Sydney Alliance for Healthcare Research and Training (SAHRT) was held on the 22 July 2016. Professor Sir Malcolm Grant provided a talk on "Optimising the university-healthcare interface: the role of AHSPs". Attendees explored opportunities for collaboration and ongoing dialogue will occur through respective Directors.

OHMR

Embedding Quality Research in LHDs: Interviews by Prof. Stephen Leeder with LHDs across NSW, have now concluded. A draft report has been prepared and forwarded to LHD CE's seeking input and nominations to participate in a workshop planned towards the end of year. Core themes include support structures, communication, knowledge and implementation science and building the research workforce.

THE BHI PATIENT PERSPECTIVES REPORT ON CANCER OUTPATIENT TREATMENT

The BHI released its latest report on patient perspectives on cancer outpatient treatment. It should be noted that the report relates to survey data captured during February and March 2015. Lifehouse (COBL) commenced ambulatory cancer services for public patients in November 2013.

It should be noted that the sampling and response rates for SLHD and COBL were as follows:

<i>Mailings</i>	<i>Responses</i>	<i>Response Rate</i>
o Sydney Local Health District	432	222 51%
o Concord Hospital	272	158 58%
o Royal Prince Alfred Hospital	160	64 40%
o Chris O'Brien Lifehouse	334	176 53%

Overall SLHD performed at or better the state average on the majority of items.

SLHD was better state average in

- Access and timeliness: the time taken between booking the appointment and attendance at the clinic, and

- Engagement and Participation: seeking ideas and preferences from the patient when developing the cancer plan

Royal Prince Alfred Hospital (RPA)

- Under the comments section “things to improve” in the BHI report, comments refer to Medical Oncology Treatment and consultation. RPA has not provided medical oncology consults and treatment since November 2013, when Cancer Ambulatory Care transferred to COBL.

Survey Results – RPA performance below NSW average:

- ‘Access and timeliness before the visit, percentage of patients who selected the most positive response category, hospital results relative to NSW’: Had no out-of-pocket expenses in relation to visit.
 - Performance: RPA: 33%, compared to NSW: 54%
 - Response: RPA currently provides a number of ambulatory care clinics within Gloucester House, however it should be noted that these are not specific to cancer patients only (for example, dermatology clinics, infusion centre treatment, and urology clinics). Patients at these clinics are bulk billed and RPA does not charge patients out-of-pocket expenses to attend these clinics. These out of pocket expenses related to car parking etc not payment for clinical services.
- ‘Respect and dignity, percentage of patients who selected the most positive response category, hospital results relative to NSW’: ‘Definitely’ given enough privacy when being examined or treated.
 - Performance: RPA: 84%, compared to NSW: 93%
 - Response: All patients who attend the ambulatory care clinics within Gloucester House are examined and /or treated in single room clinics. All clinical staff who review patients within Gloucester House aim to provide the outmost in privacy for patient during consultation, treatment and when discussing care and/or treatment.
- ‘Respect and dignity, percentage of patients who selected the most positive response category, hospital results relative to NSW’: ‘Definitely’ given enough privacy when discussing condition or treatment.
 - Performance: RPA: 81%, compared to NSW: 93%
 - Response: All patients who attend the ambulatory care clinics within Gloucester House are examined and /or treated in single room clinics. All clinical staff who review patients within Gloucester House aim to provide the outmost in privacy for patient during consultation, treatment and when discussing care and/or treatment.

Concord Repatriation General Hospital (CRGH)

- The Concord Cancer Centre, Ground East – Oncology and Haematology Day Unit is undertaking a Clinical Redesign project and is currently implementing and developing a range of strategies to improve services. As part of this project, the unit has undertaken extensive consultation with patients and their families to ensure the efforts to improve the service meet our patients’ needs. This is reflected in the BHI survey, which highlighted that 64% of respondents noted that they were asked for their ideas and preferences when developing their cancer care plan, significantly greater than the NSW average of 47%.

- The Hospital continues to plan for the campus redevelopment of Stage 1A & B and further into the future, Stage 2. The NSW State budget included additional funding to complete the planning of the redevelopment which is already well advanced. The schematic design and user group meetings have now concluded. The final plans for Stage 1 are being finalised for submission to Government. Stage 1 includes the construction of a Concord Cancer Centre which will address all of the current infrastructure deficiencies.
- Specific strategies addressing the concerns highlighted in the BHI Survey are further outlined below.

Survey Results – CRGH performance below NSW average:

- ‘Physical environment and comfort, percentage of patients who selected the most positive response category, hospital results relative to NSW’: Waiting area was very comfortable.
 - Performance: CRGH: 24%, compared to NSW: 48%
 - Response: The waiting room is being refurbished to include more comfortable seating, a mural or other wall feature, and a review of the television to include subtitles rather than volume to minimise the noise. The patio is being refurbished to include comfortable seating, AstroTurf and plants in a child-friendly environment. The patio will feature seating nooks to allow multiple patient and family groups to use the area with a sense of privacy. The new scheduling system will support better patient flow and reduce the number of patients in the waiting room at any one time. An updated kitchenette will allow patients access to refreshments.
- ‘Hygiene and cleanliness, percentage of patients who selected the most positive response category, hospital results relative to NSW’: Clinic was ‘very clean’.
 - Performance: CRGH: 67%, compared to NSW: 83%
 - Response: An additional patient bathroom will be added, improving these facilities. Unfortunately, due to infrastructure limitations, there are only two unisex toilets servicing the Unit. However, cleaning of bathrooms takes place three times a day and as required. The Hospital encourages positive and negative feedback from patients, and respond to any issues of cleanliness as they arise. There is currently a cancer waiting room project underway and a clinical redesign project being implemented in the Oncology Department in the interim whilst planning is underway for the redevelopment of the Hospital.
- Access and timeliness before the visit, percentage of patients who selected the most positive response category, hospital results relative to NSW’: Had no out-of-pocket expenses in relation to visit.
 - Performance: CRGH: 41%, compared to NSW: 54%
 - Response: Out-of-pocket expenses for treatments are rare. Where possible, patients are given the opportunity to participate in clinical trials, which typically support the full cost of treatment. Free parking for blood collection is being provided to reduce the out-of-pocket expenses for patients. Home visiting blood collection service will also reduce the burden on patients. Parking costs at Concord Hospital are below state approved rates. The Concord Cancer Centre Patient Transport service supports patient transport, reducing their costs. The Leukaemia Foundation also provides transport, and patients are advised of this service as relevant. It is notable that other avenues of patient feedback and

consultation conducted recently as part of a Clinical Redesign project have not highlighted cost as a concern for patients.

- 'Access and timeliness during the visit, percentage of patients who selected the most positive response category, hospital results relative to NSW': Appointment started 'within 30 minutes of scheduled time'.
 - Performance: CRGH: 70%, compared to NSW: 81%
 - Response: New processes are being implemented to streamline access and reduce waiting times for patients of the infusion service. These include:
Arranging blood tests and medical review the day before treatment so that the infusion can commence within minutes of patients arriving on their day of treatment.
Improved scheduling system to support more accurate allocation of appointment time. Fast-track process to ensure completion of treatment within 30 minutes for patients undergoing a brief procedure, such as an injection. A more structured triage system to support timely and appropriate intervention and management of patients who become unwell during treatment or present to the service with unexpected illness.
- Addressing patient concerns, percentage of patients who selected the most positive response category, hospital results relative to NSW': 'Definitely' had enough time to discuss health issues with health professionals'.
 - Performance: CRGH: 84%, compared to NSW: 92%
 - Response: The patient education delivered by the service is currently being reviewed. The team plan to pilot a multi-disciplinary orientation to the service for new patients, ensuring they are aware of services available and who to contact if they have questions. A range of initiatives are being developed to improve nurse capacity to provide informal and responsive patient education and support. These include:
 - A 0.5FTE Clinical Nurse Educator (CNE) dedicated to the unit
Streamlined allocation of work throughout the day using the new scheduling system, freeing up time to spend delivering chair-side education and support
Education and professional development frameworks to support nurse acquisition of relevant skills.
- Information to support patients, percentage of patients who selected the most positive response category, hospital results relative to NSW': Health professionals 'always' explained things in an understandable way.
 - Performance: CRGH: 84%, compared to NSW: 91%
 - Response: Addressed in response above.

Dr Teresa Anderson
Chief Executive

Date: