
Sydney Local Health District

Fifty Second Meeting of the Board

Date: Monday 21 March 2016

Time: 9.00am – 10.30am
10.30 - 11.30am Board Evaluation Workshop

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
Dr Barry Catchlove, AM, Member (Departed 11.30am)
A/Prof. Christine Giles, Member
Ms Joanna Khoo, Member
Professor Paul Torzillo AM, Member (Departed 10.30am)
Mr David McLean, Member
Ms Susan Anderson, Member

Apologies

Ms Frances O'Brien, Member

In attendance

Ms Nerida Bransby, Secretariat
Ms Rina Ward, GHMT (Departed 10.05 and returned 10.30am)
Ms Kirsten Brighten, GHMT (10.30am - 11.30)
Ms Leanne Wallace, Nous Group Principal (10.30am - 11.30)
Ms Georgia Stern, Nous Group (Scribe) (10.30am - 11.30)

2. Welcome and introductions

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

Board Assessment Workshop - Nous Group 10.30am -11.30

Objectives from this workshop included:

- Board's progress since the October 2013 evaluation
- Discuss what is currently working and what could be done differently
- Identify how the Board can continue to work together effectively
- Discussion on what can be improved

A report on the outcomes of this workshop will be compiled by Nous and forwarded to the Board Members for consideration.

3. Declaration of conflicts of interest

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

Dr Barry Catchlove advised the Board that he has been elected as a Fellow of the Senate, Sydney University for the term of office commencing 24 February 2016 to 31 December 2017. This item is to be included in the Register.

There were no other conflicts of interest to declare.

4. Confirmation of previous minutes

4.1 Minutes 22 February 2016

The minutes of the Board meeting held on Monday 22 February 2016 were moved and seconded with the following amendments prior to publication.

Agenda Item 9. CE Report - Remove second dot point

Agenda Item 12.2. Medical and Dental Appointment Advisory Committee – second sentence to include “at St Vincent’s Hospital”

The Chair then signed the minutes.

4.2 CE Report – February 2016

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

The Chair then declared that the CE Report for February 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 including:

- A brief will be forwarded to the next Finance Risk and Performance Management Committee concerning the restructuring of reports prior to submission to the Board.

- Interdependent needs for Mental Health and Drug and Alcohol is being reviewed. This item can be removed from the action list.
- The “trend arrows” have been removed from the dashboard and requested this to be replaced. This item can be removed from the action list.
- Page 11 of the pack, the summary of major projects should be in \$'000. This item can be removed from the action list.

5.2 Impact on NPA Funding for Oral Health Services

The Board received the information in the brief concerning the National Partnership Agreement funding for Oral Health Services. The Board noted this funding supplementation concludes on 30 June 2016 and will include access to oral health services for Indigenous Australians. This agenda item is to remain on the action sheet until further advice has been received from the Commonwealth.

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

The Chair provided a verbal report to the Board including:

- Future governance for NSW Health.
- The change in governance legislation has been through Parliament and is awaiting sign-off from the Governor.
- Update on the Devolution System including how it has improved the health system and where it is heading.
- From 1 January 2017 the Chief Executive will report directly to the Board.
- Currently Board appointments are for eight years. There is a need to manage the transition of board members to ensure succession planning. Term appointment dates for Board Directors are to be circulated by email.

- A copy of an article in “The Conversation” is to be circulated by email to all Board Members.
- Focus is on performance, both clinical and financial including length of stay and activity based funding.
- No update has been received from the Commonwealth in relation to ABF.
- Dr Mary Foley, Secretary and Dr Les White, Chief Paediatrician, NSW Kids and Families are leaving the Ministry of Health. The new Secretary will be announced in a few days.

9. Chief Executive’s report

The Board received the Chief Executive’s Report for March 2016. In particular the Board noted and discussed:

- Mental Health acute data is currently being analysed to ensure the target setting for 2016/17 is reflective of projected activity.
- The Development of HealthPathways has reached 523 in total. Completed and access of HealthPathways to general practitioners is at 345. Access to the link relating to Cancer Services pathways is to be forwarded to the Board.
- Hindsight funding is due this month.
- January 2016 Total Expenditure was \$3.079M favourable to budget. The result for the month reflected favourable variances for Salaries & Wages (\$1.166M), Goods & Services - Clinical (\$2.731M) and Goods & Services – Support (\$0.595M). These results were offset by unfavourable variances in Annual Leave (\$0.453M), Superannuation (\$0.633M) and Goods & Services – Admin (\$1.361M).
- January 2016 Total Revenue was \$3.307M (2.87%) unfavourable to budget. The result for the month reflects unfavourable budget results in all revenue categories except Grants & Contributions (\$0.309M) and Other Revenue (\$0.238M). The major unfavourable variances were Patient Fees (\$0.863M) and User Charges (\$2.991M).
- New beds will be rolled out in the District which will improve patient care and staff safety.
- The District continues to be at performance level zero.
- A presentation to the Board will be provided from the Public Health Observatory on population growth and trends.
- The transfer of care (TOC) for the District increased by 12.25% for January 2016 compared to January 2015. The TOC target (90%) was met by all three emergency departments in January 2016.
- The first draft Models of Care for Green Square HealthOne has been developed for consultation. Sydney City Council and the Primary Health Network are involved in discussions. It was recommended that this be a regular item for discussion on the Communications Committee agenda.
- The WestConnex tunnel site and the implications for RPAH were discussed including the location of the tunnel near the Cyclotron, threatening development and the future of the hospital. The Board agreed to consider “evidence based” risks to put the case forward and a letter is to be written to the Minister to raise awareness of these risks.
- Following the positive results of the District’s self-assessment against the NSW Audit Office’s Risk Management Survey, a validation session was held with representative of the NSW Audit Office on Monday 7 March 2016. Feedback from the session was very positive and will be noted in the Auditor General’s report.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – January 2016

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

9.1.2 Selected Performance Indicators – January 2016

The Board noted the Selected Performance Indicators report for January 2016 was not available.

9.1.3 HealthPathways Dashboard Report January 2016

The Board received and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board received the information on Lifehouse provided in the Chief Executive's confidential report. The Board discussed the report and agreed that reporting received from Lifehouse is not acceptable. The issues log is to be provided as an attachment to the CE Report on a regular basis.

9.2.2 Macquarie International Private Hospital

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

9.3 Capital Works Report

The Board received and noted the Capital Works report.

9.4 Clinical Governance Report

The Board received the Clinical Governance report. The Board discussed the RCAs in the report. Due to the departure of Dr Catchlove from the meeting, it was agreed that further discussion under the leadership of Dr Catchlove will be arranged to inform the Board.

9.5 Facility Reports – January 2016

(i) Balmain Hospital

The Board received and noted the Balmain Hospital facility report.

(ii) Canterbury Hospital

The Board received and noted the Canterbury Hospital facility report.

(iii) Concord Hospital

The Board received and noted the Concord Hospital facility report.

(iv) Royal Prince Alfred Hospital

The Board received the Royal Prince Alfred Hospital facility report.

(v) Oral Health Services and Sydney Dental Hospital

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

(vi) Mental Health Services

The Board received and noted the Mental Health Services report.

(vii) Croydon/Marrickville/Redfern Health Centres

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

(viii) Drug Health Services

The Board received and noted the Drug Health report.

(ix) Community Health

The Board received the Community Health report.

(x) Population Health

The Board received the Population Health report.

(xi) Tresillian

The Board received and noted the Tresillian report.

(xii) Organ Donation for Transplant

The Board noted this report was not available.

(xiii) Lifehouse

The Board received 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 14 March 2016.

11.2 Education and Research Committee

The Board noted the next meeting is to be held on 21 March 2016.

11.3 Communications Committee

The Board noted the next meeting is to be held on 21 March 2016.

11.4 Audit and Risk Committee

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

11.5 Health Care – Clinical Quality Council

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

11.6 Health Care – Clinical Council

The Board received and noted minutes of the meeting held on 24 February 2016.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 6 May 2016.

11.8 Patient and Family Centred Care Steering Committee

The Board received and noted the minutes of the meeting held on 9 March 2016.

12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board received and noted the minutes of the meeting held on 3 February 2016.

12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 10 February 2016.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

12.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 17 February 2016.

12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 24 February 2016.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 9 March 2016.

12.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 24 February 2016.

12.8 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 23 February 2016.

12.9 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 9 February 2016.

13. Matters for noting

Nil to Report

14. Other Business

13.1 Brief - Intellectual Property

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

13.2 Brief - Update on West Connex

The Board received and noted the information contained in the brief. The Board discussed this matter in detail at agenda item 9.

13.3 Letter - Six Monthly Performance Review 2015/16 Quarters one and two

The Board received and noted this correspondence.

13.4 Brief - Superannuation payments for Tresillian staff

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

15. Next Meeting

The next meeting is to be held on Monday 18 April 2016 at 9.00am in the SLHD Boardroom.

The meeting closed at 11.40am.



The Hon. Ron Phillips
Chair

18 APRIL 2016

Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

2016/17 Activity Target

MoH held the Purchasing Model Road-show for SLHD in February 2016 to demonstrate the purchasing principles and proposed changes to the 2016/17 purchasing framework. The road-show included a discussion of the proposed seven adjustors (of which 2-3 will be implemented in 2016/17).

The Road-show was well attended by Clinical Stream Directors and Managers, SLHD Executive and General Managers. There was ample discussion, and feedback was provided to MoH regarding the implications of the proposed adjustors on SLHD. As yet, no advice has been provided as to what adjustors will be used in the final model.

Following the road-show, SLHD again met with MoH regarding anticipated service expansions in 2016/17. The first formal round of negotiations occurred on 2 March, 2015. The meeting was very productive.

Non-Admitted (NAP) Activity

Drug Health Services, Community Health and Concord Hospital have been in focus the past month as the Performance Unit has assisted in clinical reviews and improving patient level data reporting, respectively.

Sub and Non Acute (SNAP) Update

SLHD performed very well in the previous month, reporting above the State average in all three KPIs, and placing in the top three Districts in the State for grouped bed days.

The Performance Unit continues to support facilities in improving their sub-acute activity with educational presentations last month for Palliative Care senior nursing staff at Concord and RPAH.

| KPI | State average | SLHD average |
|------------------------|---------------|--------------|
| Grouped Bed days | 97% | 99% |
| Episodes without error | 97% | 98% |
| Error correction rates | 30% | 49% |

Mental Health

Mental Health acute data is currently being analysed to ensure that target setting for 2016/17 is reflective of projected activity.

The Performance Unit has been collaborating with Mental Health services on an ongoing basis to analyse non-admitted mental health activity. Analysis is being conducted to continue to find gaps and develop specific strategies to ensure that all activity is being reported. Strategies are also being developed to ensure that clinicians have a clear understanding of the expectations for, and implications of, accurate and complete data reporting.

It is expected that there will be a continual improvement of reporting and accuracy over the coming months.

Clinical Costing Update

The costing team is currently in the process of obtaining available feeders and allocation statistics for the half yearly round of costing. The financial results for December YTD have been extracted and mapped according to the latest mapping released by the ABF Taskforce.

The iFRAC (Cost Centre Review) template for R20.2 is being finalised. This revised version aims to simplify the process whilst increasing transparency and accountability. The document will be supplied with pre-populated iFRAC data and YTD financial results.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

- For the month of January, SLHD had 19.37% of its patients using health insurance as a proportion of overall activity, which is an improvement on December 2015.
- While further improvement is always an LHD objective, Concord did have its highest percentage result so far with 21.62% of all patients being private using health insurance.

Single Room Utilisation

- In January, despite an increase to 10.7% of all patients being isolated for clinical alert, the LHD managed to have an improved 26% of all single rooms taken up by private patients. 45% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

- More meetings have occurred between senior Executive of SLHD and senior managers of BUPA. Discussions will continue to determine if there is a fit between both organisations in their objective to keep patients healthier and out of hospital. Potential for financial arrangements are yet to be fully investigated. MediBank Private has indicated willingness to assess any options we can develop.
- Concord Cardiac Catheter Services Steering Committee Meeting and associated Working Group have continued to determine feasibility of project. A report will be provided to the April Board meeting.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Staffing

- Acting SLHD Redesign and Performance Program Manager, Elizabeth Bryan, will leave SLHD in early March 2016 to take on a new opportunity as Implementation Manager at the Agency for Clinical Innovation.
- Barbye Castillo, who holds the substantive role of Redesign and Performance Program Manager, will return to SLHD from May 2016.
- Dimitra Kaldelis, SLHD Redesign and Performance Project Manager- Cancer Services, will commence maternity leave in late March 2016. Leisl Duffy has been appointed to act in this role for 12 months, commencing 14 March 2016.

Innovations Group

- The first 2016 Pitch was held at RPA's KPEC on Friday 26 February. Innovations and their presentations were outstanding, resulting in all ideas being funded:
 1. Palliative Care at Concord Hospitals' Customisable, Multilingual Patient Assessment Communication Tool App – \$35,000.
 2. ICU at RPA's ECMO CPR team database – \$20,000.
 3. ICU at RPA's way-finding floor stickers – \$6,835.
 4. Psychologists at RPA for refurbishment of the Level 7 lounge as an interactive space for patients and their families and carers – \$24,000 was allocated by the Chief Executive.
- A report on outcomes achieved from previous Pitch winners is being compiled and will be finalised in March 2016.
- A 'JMO Ideas Forum' was held on 16 December 2015 in partnership with the RPA JMO Innovations Group to discuss and identify Quality Improvement opportunities across RPA. Creation and dissemination of discharge summaries and Not For Resuscitation documentation were identified by JMOs, the RPA Executive and DPET as areas where JMOs could lead quality improvement projects to address existing issues. The RPA JMO Innovations Group will work with the RPA Medical Administration Trainee and A/Director of the Patient Safety and Quality Unit, as well as other key stakeholders, to progress these projects.

Clinical Redesign

- *'It's Time – smoother faster treatment for cancer patients at Concord'* CHR 2015 (third intake) project (previously known as *Coordination of Care – Ground East Concord Cancer Centre*) is currently in the implementation phase. A staggered implementation plan is in place with 11 established working groups. Eight working groups are currently underway.
- *'There's no place like home – improving uptake of home therapies dialysis'* CHR 2015 (third intake) project is undertaking implementation planning. Solution owners have been identified and resources are being negotiated to implement improvements to the way SLHD provides support and educates patients and staff on home dialysis processes.
- An evaluation of SLHD CHR projects from 2013-2015 is underway to assess the impact of program attendance and project outcomes achieved using redesign methodology.
- Two SLHD projects were successful in gaining a place in the CHR 2016 first intake Program. These projects are Harm Minimisation Program from Drug Health and Canterbury Hospital Pre-Admission Clinic. The projects are currently in the 'Initiation Phase' with implementation of identified solutions expected to start in November 2016.
- The LINK project aims to improve the efficiency and capacity of the SLHD ACC&R Access Care Team (ACT referral hub), with funding for the project lead provided by ACI. The project will improve the efficiency of the referral service and increase utilisation of the health coaching service, to enable greater capacity and responsiveness. Solution generation workshops have been conducted with team members and stakeholders from across SLHD. This has created a greater awareness of the role played by the ACT and has engaged SLHD staff in working with the project to improve workflows.
- The Xtend project has commenced to improve the care and experience of Heart Failure patients post-discharge from RPA, with funding for a project lead provided by ACI. This project is a partnership between SLHD and Central Eastern Sydney Primary Health Network. Working groups to progress development of this Model of Care are meeting to clarify policies, protocols, risk stratification tools and evaluation approach.

Accelerated Implementation Methodology (AIM)

- There will be at least four AIM training courses held in 2016 at Concord Medical Education Centre. The February AIM course was attended by 18 SLHD staff and was well received. The next AIM course, to be held in May, is already fully booked. Discussions are underway with the Performance and Redesign team regarding provision of extra AIM courses for SLHD staff.

HealthPathways

Workgroups

No workgroups were conducted in February 2016.

Planning for the first quarter of 2016 continues and workgroups and services are for the following are currently being mapped:

- Chronic Pain workgroup planned for 13 April 2016
- TIA and Stroke Management
- Epilepsy and Balance Disorders
- Urology
- Andrology workgroup scheduled for late April (date being finalised).

Pathways

To date the development of 523 clinical, requesting and information pathways has been initiated and presently we have:

| | |
|---|-----|
| • Complete and accessible to GPs | 345 |
| • Completed & being updated or under 2 yr. review | 7 |
| • Localising (from other HP regions) | 159 |
| • New Pathways being developed | 12 |

Twenty pathways were released in February with the focus on Asthma, COPD and Paediatric conditions that lead to paediatric surgical referrals and Zika Virus. These pathways now mean that the Sydney program is the lead region in NSW having completed/localised the most pathways out the eight NSW Pathway regions (For more information see this month's dashboard). We remain on track to achieve 500 clinical pathways and referral pages by the end of 2016, approximately 2.5 years ahead of the original timeframe for pathway development.

Usage of HealthPathways

Analysis of the website usage data reveals that the downturn in recent use was an aberration of the extended festive/holiday period. As anticipated, usage and content views rose to those seen before December 2015 and despite being a short month February 2016 has proven to be our most successful in terms of website usage. We experienced record numbers of different users, high numbers of sessions and page views.

Evaluation

An agreement has been reached with the Menzies Centre for Health Policy to commence an evaluation of HealthPathways. The appointment of the evaluation lead is being undertaken by the Menzies Centre for Health Policy. We anticipate the appointee to be working with the program team in March 2016.

FINANCIAL PERFORMANCE

General Fund (GF) (Based on 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 January 2016 based on the District's budgeted NCoS. For the period ended 31 January 2016, Sydney Local Health District (SLHD) General Fund Expenditure was \$5.370M (0.61%) favourable to budget and Revenue was \$7.248M (0.83%) unfavourable to budget. For the financial year the District's NCoS is \$1.878M 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 January 2016 Total Expenditure was \$3.079M favourable to budget. The result for the month reflected favourable variances for Salaries & Wages (\$1.166M), Goods & Services – Clinical (\$2.731M) and Goods & Services – Support (\$0.595M). These results were offset by unfavourable variances in Annual Leave (\$0.453M), Superannuation (\$0.633M) and Goods & Services – Admin (\$1.361M).
- Year to date (YTD) Total Expenditure is \$5.370M (0.61%) favourable to budget, reflecting unfavourable variances in Annual Leave (\$1.512M), Superannuation (\$2.904M), VMO Expenses (\$1.117M), Goods & Services – Admin (\$2.832M) and RMR Expenses (\$3.777M). These unfavourable results were offset by favourable results for Salaries and Wages (\$7.321M), Overtime (\$0.903M) and Goods and Services – Clinical (\$5.365M).
- RMR Expenditure was \$0.317M favourable to budget for the month. Year to Date RMR Expenditure is \$3.777M unfavourable to budget. The YTD unfavourable result reflects unfavourable variances in Maintenance (including maintenance contracts) (\$3.617M) and Repairs (\$0.349M). These results were offset by a favourable result New & Replacement Equipment (\$0.851M). The District is continuing to negotiate with the Ministry to reallocate the expense budget to enable an increase the RMR budget.

Revenue

- For the month of January 2016 Total Revenue was \$3.307M (2.87%) unfavourable to budget. The result for the month reflects unfavourable budget results in all revenue categories except Grants & Contributions (\$0.309M) and Other Revenue (\$0.238M). The major unfavourable variances were Patient Fees (\$0.863M) and User Charges (\$2.991M).
- Year to date Total Revenue is \$7.248M (0.83%) unfavourable to budget. The YTD result reflects favourable variances in Grants & Contributions (\$0.018M) offset by unfavourable results for Patient Fee revenue (\$5.464M), User Charges (\$1.238M) and Other Revenue (\$0.564M). 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

Special purpose and trust (SP&T) NCoS was \$2.232M favourable to budget for the month of January 2016. This result reflects a favourable budget variance for Revenue of \$2.983M offset by an unfavourable result for Expenditure of \$0.751M. Year to Date SP&T NCoS was \$2.445M favourable to budget; Revenue was \$1.507M favourable and Expenditure was \$0.936M favourable to budget.

Consolidated Result

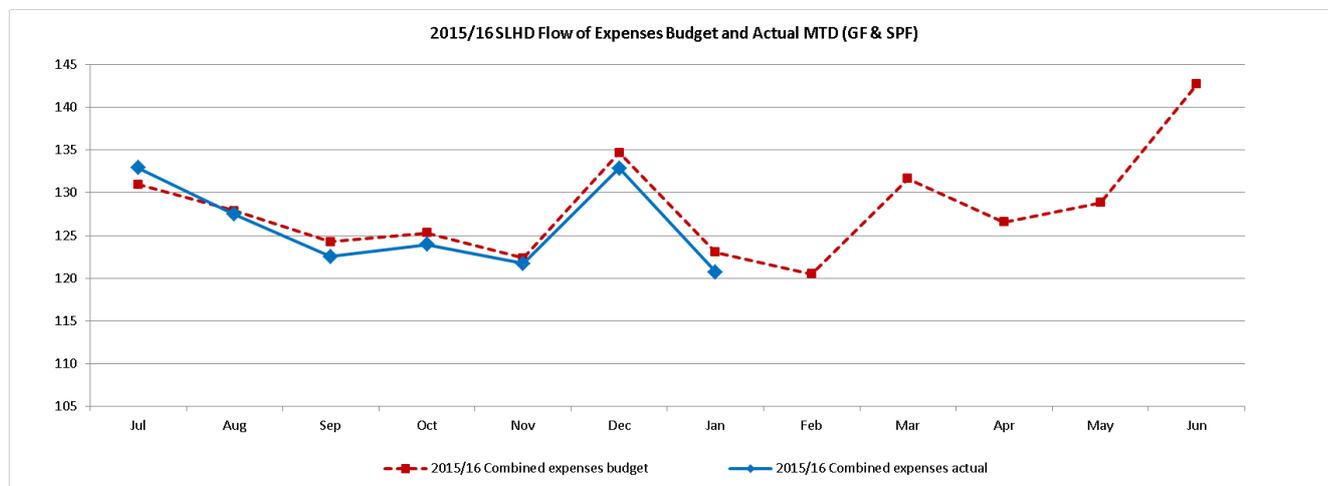
The consolidated year to date NCoS result for January 2016 for the General Fund and SP&T was \$0.565M favourable to budget. The result comprises a favourable Expenditure variance of \$6.306M offset by an unfavourable Revenue budget variance of \$5.741M.

Financial Performance (Based on Ministry of Health Reporting Format)

For the period ended 31 January 2016, SLHD recorded a Total Net Result of \$28.227M which was \$0.674M (2%) favourable to budget. The Net Direct Operating Result (GF and SP&T) at the end of January 2016 was \$3.484M favourable to budget. The YTD result reflects lower than budgeted Revenue, \$5.772M unfavourable, offset by favourable Expenditure variances of \$9.256M.

YTD Total Direct Revenue is \$5.772M unfavourable to budget, comprising \$7.415M unfavourable for the General Fund offset by a favourable variance in SP&T Fund of \$1.643M. The GF result reflects unfavourable variances in all revenue categories except Grant Income.

Total Direct Expenditure is \$9.256M favourable to budget for the year, comprising \$9.130M favourable for the General Fund and a favourable variance of \$0.126M for Special Purpose & Trust funds. The GF result reflects favourable variances in Salaries & Wages (\$7.321M), G&S – Clinical (\$5.365M) and G&S – Support (\$3.149M). These results were offset by unfavourable results for Salaries & Wages Oncosts (\$3.893M), VMOs (\$1.117M) and G&S – Admin (\$2.832M).



| | 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 | 120,522 | 131,645 | 126,552 | 128,837 | 142,681 | 1,538,726 |
| 2015/16 Combined expenses actual | 132,916 | 127,468 | 122,557 | 123,955 | 121,713 | 132,864 | 120,711 | | | | | | 882,184 |
| Variance (+ Fav, - Unfav) | -1,949 | 415 | 1,714 | 1,332 | 663 | 1,804 | 2,327 | 120,522 | 131,645 | 126,552 | 128,837 | 142,681 | 656,542 |
| % of Budget | 8.64% | 8.28% | 7.96% | 8.06% | 7.91% | 8.63% | 7.84% | | | | | | |
| YTD Budget expended | 8.64% | 16.92% | 24.89% | 32.94% | 40.85% | 49.49% | 57.33% | | | | | | |

Liquidity

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

The cash balance at 31 January 2016 for the Operating bank account was \$7.616M, SLHD \$7.616M and repointing of HRTO-SSW \$0. The Operating Cash book balance was \$7.447M, comprised of SLHD \$7.447M and repointing of HRTO-SSW \$0.

Capital Works – SMRS Projects (formerly CAPDOHRS)

The District's Full Year Capital works budget as at 31 January 2016 is \$19.160M comprising \$2.000M of MoH funded and \$17.160M of locally funded projects. Actual expenditure as at the end of January 2016 was \$8.407M which is \$0.080M below the projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

January 2016 FYTD total number of separations increased across the District by 1.96% compared to January 2015 FYTD. For the same period acute separations are up 1.77% compared to the same period last year. Canterbury Hospital's acute same day separations for January 2016 FYTD increased by 38.16% compared to the same period last year.

Emergency department attendances increased by 1.96% for January 2016 FYTD compared to the same month last year. There were 13,213 ED attendances in January 2016. Canterbury ED attendance increased by 4.61% for January 2016 FYTD.

The District occupancy rate for January 2016 decreased by 2.88% compared to the same month last year. Canterbury Hospital's occupancy rate for January 2016 FYTD increased by 8.55%.

Emergency Treatment Performance (ETP) (formerly NEAT)

The ETP performance for the District increased by 1.19% in January 2016 to 72.60% compared to January 2015. Concord Hospital's ETP increased by 4.90% for January 2016 compared to the same month last year.

ED Triage

Canterbury Hospital achieved all emergency department triage categories for January 2016. RPA met triage category targets 1, 4 and 5 in January 2016. RPA performance in triage category 2 and 3 improved on the previous result for January 2015, increasing by 10.37% and 9.17%, respectively reflecting the change in the Chest Pain Guidelines. Concord Hospital met triage targets 1, 2, 4 and 5 in January 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 January 2016 for all categories.

Transfer of Care

The transfer of care (TOC) for the District increased by 12.25% for January 2016 compared to January 2015. The TOC target (90%) was met by all three emergency departments in January 2016. RPA increased by 17.56% to 92.49% for January 2016. Concord Hospital increased by 87.08% to 96.33% for January 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 January 2016. Mental Health Readmissions within 28 Days continues to be above the target of <13% for October YTD 2015 and has increased from the same period last year from 16.6% to 17.8%.

SLHD met the targets for Staphylococcus Aureas Bloodstream (SABSI) and Central Line Associated Bloodstream (CLAB) infections for December 2015.

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

Workforce

Premium staff usage for Medical and Nursing decreased for January 2016 compared to the same period last year by -0.5% and -1.2 % respectively. Allied Health premium staff usage increased by 0.2% in January 2016 compared to the same period last year.

CAPITAL WORKS

Concord translational research facility

Construction is currently underway. Despite minor weather delays, the project remains on target for completion in April / May 2016.

RPA stonework repair main facade

Work continues to the stone facade at RPA. Work is a funding partnership with the NSW Public Works Centenary Stone Program. Public Works have identified additional works that are required to complete the project. Public Works will provide a cost plan for consideration which will include another 50 / 50 cost sharing arrangement.

RPA Institute of Academic Surgery and RPA Transplant Institute

Internal works are progressing well.

The project is partially funded through philanthropic donation.

Funds from the state government Capital Program have been confirmed and will be received at the end of March 2015.

The project is on target for April 2016 completion. The launch is planned for mid May 2016.

SLHD Aged Care Network

This project is cash flowed by the MoH over a three year period for three sites: Canterbury Hospital, CRGH and Balmain Hospital. Each project has been tailored to meet the cash flow demand.

Work on the refurbishment of Telopia ward at Canterbury Hospital was completed in December 2015. The Telopia ward is now operational. Feedback from staff and patients is very positive.

Detailed design for the Balmain component commenced. Health Infrastructure have confirmed SLHD's delegation to self-determine the project. Information sessions have been held with Leichhardt Council with positive feedback. A public information session will be held in March 2016.

Medical imaging equipment purchases

Procurement for imaging equipment is progressing well:

- CT scanners x 2 RPA
- Angiography Suites x 2 RPA
- RPA Bi Plane angiography unit
- SPECT CT Scanner at CRGH.

RPA radiology

Design for the new angiography suite has been completed and signed off. Cost estimates for the building have been approved. Works commenced in December 2015. Procurement of replacement machines is nearing completion. Building works have progressed to enable installation in time with placement of order. The Project is on track.

Sydney Dental Hospital – additional chairs

Detail design continues on the L 4 additional chairs.

PLANNING

Green Square HealthOne

A series of meetings have been held to develop the service linkages and collaborations for the HealthOne Model of Care and to work toward the Clinical Services Plan, which is required by April/May 2016. A first draft of the Model of Care has been developed for consultation.

The model will include:

- Integrated clinical service delivery, including chronic disease management, through multidisciplinary teamwork which includes general practice;
- A population health approach to illness prevention and health improvement, including a focus on vulnerable populations;
- Research and research translation informing the delivery of clinical services;
- Teaching and Education; and
- Dissemination of clinical evidence and service delivery models to other practices and services.

Three key service components will be integral to the HealthOne model of care at Green Square, including:

- Community based health services
- An Academic General Practice and Primary Care Unit that will provide clinical supervision, leadership, research, education and training and will actively translate models of care to other primary care practices and services.
- Out-Of- Hospital Clinics and services that would normally be found in a teaching hospital.

The Green Square HealthOne will be located in the Green Square Town Centre, close to the central town plaza, library, proposed retail centre, food outlets and cafes. This is a rather unique opportunity to plan and develop purpose designed health and wellbeing services centrally. The geographical collocation of a broad range of health, wellbeing and diagnostic services will create a distinct, visible and identifiable health and wellbeing precinct and a collocated “medical neighbourhood”. The health and wellbeing precinct can obviate those well documented problems of that consumers experience related to service navigation and negotiation that typically relate to geographical separation. The unique opportunity provided by Green Square is to provide an incredibly accessible, coherent set of health services in the centre of the residential area where people live.

A wide range of planning activities have been undertaken in relation to this project.

Aside from SLHD senior staff, meetings have been held, or are being organised, with the following stakeholders:

- UrbanGrowth NSW, Green Square Project Director, Kieran Wallington and the Community Engagement Manager and Mirvac to discuss the concept and site options within Green Square;
- Senior staff from the City of Sydney to discuss site and development options within the agreed Green square development program;
- Community development staff to discuss the community engagement and needs assessment strategy related to the HealthOne. This will include a town hall style consultation as well as an on-line and postal survey;
- CESP HN to organise a consultation with private GP and Allied Health practices near to Green Square to discuss the Model of Care;
- The University of Sydney and University of NSW Medical Faculty deans and the PHN (meeting to be organised);
- Health Infrastructure NSW to discuss the parameters of the program; and
- Site visit to a newly constructed HealthOne at Mona Vale.

Parramatta Road Urban Transformation Strategy and Biotechnology Industry Strategy

An economic case is being developed for a biotechnology hub in the Camperdown precinct in collaboration with UrbanGrowth NSW, The University of Sydney, the City of Sydney and Leichhardt Council.

Multicultural Health Plan for SLHD

A number of consultations have been developed by the Planning Unit to inform the SLHD Multicultural Health Plan which Community Health is leading.

- **Multicultural Leaders Forum**
A very successful Multicultural Leaders Forum was held on 3 March from 5-7pm. The Forum, entitled a “Conversation with the SLHD Chief Executive” aimed to start a process for developing the engagement with ethnic communities and encouraging a better understanding of community needs and issues. Approximately 30 community leaders attended. Feedback from the sessions was very positive with all present indicating that further sessions should be held on a regular basis to explore opportunities to work together.
- **Syrian Refugee Health Forum**
The Planning Unit organised a successful half day forum to discuss the SLHD preparedness for the expected intake of Syrian refugees. As Canterbury LGA has the second highest Syrian population in NSW, (after Bankstown), it is expected that the new refugees will settle where existing communities live. NSW is expected to accept about 4,000 Syrian refugees. It is important that SLHD services and facilities are well prepared for this group who are expected to have torture and trauma-related issues as well as chronic diseases related to poor conditions in refugee camps.

SLHD Board/Executive Planning Day

The Planning Unit worked with the CE to organise, scribe and write-up the 2016-17 Board/Executive Planning Day held on 4 February 2016. The Board reviewed the Report from the planning day. This

is being finalised and will be published on the District's website and disseminated throughout the District.

Primary Health Network (PHN)

The Planning Unit continues has collaboratively worked with the PHN and SESLHD, St Vincent's and the Children's' Hospital Network to undertake three community consultations in early February which will be co-facilitated by the SLHD Planning Unit. The Unit will develop a report for the CE on the outcomes of these consultations.

SLHD Imaging Strategic Plan

The Planning Unit is working closely with all Clinical Directors and GMs to develop the Medical Imaging Strategic Plan. The Unit is also drafting a Medical imaging Position Paper in collaboration with the Clinical Director Medical Imaging.

Aboriginal Health Plan

The Planning Unit is working closely with the Aboriginal Health Unit in drafting the SLHD Aboriginal Health Plan. The plan is now drafted for a round of consultations with key stakeholders.

Paediatric and Women's Health Planning

A series of meetings and discussions have been held by the Women's Health Clinical Stream assisted by the Planning Unit to develop a paediatric strategy for SLHD and to update the neonatal, gynaecology and maternity components and priorities in the Clinical Stream Position Paper.

A Briefing Paper was produced by the Planning Unit on Paediatric Surgery and the recommended SLHD strategy to address and meet agreed performance targets.

Masters of Health Service Management – Master Class

The Director of Planning has been involved in planning and delivering the two day Master Class, Introduction to Graduate Research. Presentations were prepared on the following topics:

- The importance of research in Health Service Management; and
- How to do Qualitative Research.

Inner West Youth Health and Wellbeing Plan

The Unit has developed an initial draft of a scoping paper to outline the key processes, role and responsibilities of government agencies and groups involved in the Inner West Youth Health and Wellbeing Plan, which will mirror the Child Health and Wellbeing Plan produced in 2015. This draft has been revised and will be presented to the Partnership Committee in early March 2016.

Drug Health Plan

The draft Drug Health Plan was launched on the 3 March 2016.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

The Yaralla Estate Community Advisory Committee did not meet in February as the committee now meets bimonthly.

Maintenance and repair works still continue on the buildings and surrounds and the pathways project is progressing. The community garden project has been deferred as the capital costs have increased with the need to have heritage archaeologists on site as instructed by the NSW Heritage Council. The trust cannot support this project at this time and will be reviewed later in the year.

A working party was convened for the Yaralla Spring Fair which will be held in September again this year. The group is again looking to improve on last year's event.

SYDNEY RESEARCH

Sydney Research Centre

A preliminary business case for a Sydney Research Centre has been finalised. The business case seeks funding for a new research centre on Missenden Road, Camperdown, to enable key members of the Sydney Research Hub to be collocated on the RPA campus. The building will also provide shared facilities and hot spaces for all other members of Sydney Research.

Initial plans included a two stage project and this has since evolved into a single large multifunction building, costed at approx. \$310M. Federal and State government contributions are sought to help fund the proposal and estimated at 50% Commonwealth, 30% State and the remaining 20% from local. Consultation with the MOH is planned during March 2016.

Formation of Biobanking Working Group

A biobanking working group has been established with representatives from SLHD, Lifehouse, NHMRC Clinical Trials Centre, ADRI, RPA Institute of Academic Surgery and the Woolcock Institute. The group will work closely with lead organisations including the OHMR (Biobanking NSW Paper), NSW Health Pathology (given \$1.5 million over the next three years) in developing a state-wide strategy for biobanking and the Westmead Hub of Sydney Health Partners.

The objectives of the group are to work synergistically with these agencies to ensure strategies support the creation of sustainable Biobanks locally and in NSW. Key themes include governance and operational models, standards, quality (biospecimen and collection), economies of scale and data base linkage. The working group is scheduled to meet in April following developments with the Sydney Health Partners biobanking group and the OHMR report resulting from the NSW Biobanking paper.

SLHD Innovation and Research Symposium 2016

The SLHD Innovation and Research Symposium 2016 will be held on Thursday 16 June to Saturday 18 June 2016. The three day program includes MRI open day tours (16 June), main program and Sydney Research Awards event on 17 June and community event on 18 June. This will be the fourth Symposium since commencement in 2013 and already there has been an increase in registered sponsors compared to last year. A Saturday community event including allied health professionals and community GP's is being planned by Professor Kathryn Refshauge, Dean, Faculty of Health Sciences and Professor of Physiotherapy, University of Sydney with Dr Michael Moore, Chief Executive, Central and Eastern Sydney Primary Health Network.

Sydney Health Partners – Annual Forum

The inaugural Sydney Health Partners (SHP) Annual Forum held on 25 to 26 February 2016 at the Charles Perkins Centre was a huge success. Over 230 people attended the forum which included presentations from thematic stream leads, project group breakout sessions and guest speakers including Sir Cyril Chantler former Chair and founder UCL Partners, Dr Zoran Bolevich, A/CE e Health and Dr Mary Foley, Secretary, MOH. The USyd, SHP logo competition resulted in two finalists being selected. These were displayed at the event and participants were asked to provide comment and vote on their preference. Outcomes of the forum will be presented to the SHP Governing Council and

this will assist development of future strategic directions as well as support for short term and local initiatives, for example evaluation of acute coronary syndrome rapid access clinics at Westmead and Central are to be rolled out in Northern.

Recruitment

The SHP Executive Director Position was advertised during February 2016 and interviews are anticipated in mid-March 2016.

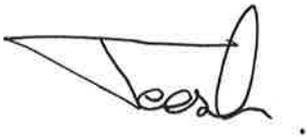
SECURITY IN EMERGENCY DEPARTMENTS

Following the NSW Health Security Round Table held on 8 February 2016, the District has reviewed its governance structure for Security. Security is now under the portfolio of the Director of Clinical Governance and Risk to emphasise the importance of security staff in the care of our patients. The safety of our staff, patients and families is paramount. A weekly meeting is being held with all relevant staff and Executive to monitor progress against the action plan that has been developed. A District Security Committee chaired by the Director of Clinical Governance and Risk has also been established to address operational issues.

The NSW Health External Audit of Security at RPA was held on 8 March 2016. Preliminary feedback was very positive

ENTERPRISE RISK MANAGEMENT

Following the positive results of the District's self-assessment against the NSW Audit Office's Risk Management Survey, a validation session was held with representative of the NSW Audit Office on Monday 7 March 2016. Feedback from the session was very positive.



Dr Teresa Anderson
Chief Executive