

Sydney Local Health District

Fifty Third Meeting of the Board

Date: Monday 18 April 2016

Time: 9.00am – 11.00am
11.00 – 11.30am Tour – Fire Training Simulator

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
Professor Paul Torzillo AM, Member
Ms Frances O'Brien, Member

Apologies

Ms Joanna Khoo, Member
Mr David McLean, Member
A/Prof. Christine Giles, Member
Ms Susan Anderson, Member

In attendance

Ms Deborah Willcox, Director of Operations / GM RPAH (Departed at 10.55am)
Ms Jacquie Ferguson, Director of Finance (Departed at 10.55am)
Ms Joan Coleman, Secretariat
Ms Rina Ward, GHMT (Departed 9.30am)
Ms Kirsten Brighten, GHMT (Departed 9.30am)
Mr Eddy Blaxell, GHMT (Departed 9.30am)

2. Welcome and introductions

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

3. Declaration of conflicts of interest

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

There were no conflicts of interest declared.

4. Confirmation of previous minutes

4.1 Minutes 21 March 2016

The minutes of the Board meeting held on Monday 21 March 2016 were moved and seconded.

The Chair signed the minutes.

4.2 CE Report – March 2016

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

The Chair then declared that the CE Report for March 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.

5.2 Succession Planning for Board Members

The Board discussed how to ensure the smooth transition of corporate knowledge from existing Board Members to the newly elected Board in 2 years’ time. It was noted that a proposal could be formulated for consideration by the Ministry.

5.3 Green Square HealthOne Project

It was requested that a presentation be given to Board on the Green Square HealthOne project.

6. Patient Story

The Chief Executive reported on the event held on 8 April 2016, The Australian National Liver Transplant Unit's *Celebrating 30 years of Liver Transplants*. A video made for the event, and which included the stories of several liver recipients, was played.

The Chief Executive noted:

- That several recipients and a donor family member talked on the day and that they were some of the most moving speeches she has heard.
- There was media interest, including 60 Minutes.
- The SLHD Innovations Symposium will be holding a session on transplants.
- The video on transplantation could be forwarded to Sydney University’s Senate, particularly as this is an area where various organisations come together, including The University of Sydney and The Children’s Hospital.
- The Chief Executive thanked Board Members, Mr Trevor Danos and Mr Barry Catchlove, for taking the time to attend this event.

The Board requested that the Chief Executive congratulate the organisers on the excellence of this event.

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List.

7.2 Financial Classification Codes

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

7.3 Board Calendar 2016

The Board received and noted the Board Calendar for 2016.

8. Chairman's Report

No report was presented to the Board.

9. Chief Executive's report

At 9.29am Mr Trevor Danos left the proceedings of the Committee, returning at 9.32am

On behalf of the Board, the Chair extended condolences to Mr Trevor Danos on the death of his mother.

At 9.30am, the Chair declared the meeting in camera to enable consideration of Item 9.2.

At 10.55am the Chair declared the meeting out of camera.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – February 2016

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

9.1.2 Selected Performance Indicators – February 2016

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

9.1.3 HealthPathways Dashboard Report - February 2016

The Board received and noted this report.

- 9.2 Project updates
(This item was considered earlier on the agenda).

9.2.1 Lifehouse

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

It was noted that a summary report of outcomes following the meeting with Lifehouse is to be provided to the Board; as well as the Bureau of Health Information report.

It was discussed that in camera minutes could be recorded for the Board only.

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 and noted the Capital Works report.

9.4 Clinical Governance Report

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

9.5 Facility Reports – February 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 and noted the Community Health report.

(x) Population Health

The Board received and noted 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

10.1 Mid Term Review of the SLHD Community Health Strategic Plan

The Board approved the content of the mid-term review of the SLHD Community Health Strategic Plan.

The Board requested a regular report on wait lists for Community Health services.

10.2 MSEC Chairs to Attend SLHD Board Meetings

The Board noted the Chief Executive's verbal report that Medical Staff Executive Council Chairs are entitled to attend Board meetings as observers, though not in camera proceedings.

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 11 April 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 noted the next meeting will be held on 27 April 2016.

11.7 Medical Staff Executive Council

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

11.8 Patient and Family Centred Care Steering Committee

The Board noted the next meeting will held on 11 May 2016.

12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board received and noted the minutes of the meeting held on 6 April 2016.

12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 8 March 2016.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

12.4 Surgical Demand Committee

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

12.5 Revenue Enhancement Development Committee

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

12.6 NSW Health / SLHD Performance Review Meeting

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

12.7 SLHD Innovations Group

The Board noted no meeting was held in March 2016.

12.8 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 22 March 2016.

12.9 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 8 March 2016.

13. Matters for noting

13.1 SLHD Senior Management Chart

The Board received and noted the SLHD Senior Management Chart March 2016

13.2 Brief – NSW Port Authority

The Board received and noted the report on the NSW Port Authority “Shore Power Feasibility, Costing and Emission Benefits Study”.

13.3 Audit and Risk Committee Report to the Board – November 2015 – March 2016.

The Board received and noted the Audit and Risk Committee Report to the Board November 2015 to March 2016.

13.4 RPAH Ward 8E Vaccination Storage Report

The Board received and noted the SLHD Ward 8 East Vaccine Storage – PHU Annual Surveillance Report for 2016.

13.4 Visit from Western NSW LHD Board

The Board received and noted this correspondence.

14. Other Business

There was no other business.

15. Next Meeting

The next meeting is to be held on Monday 16 May 2016 at 9.00am.

The meeting closed at 11.05am.

Following the meeting, the Board proceeded to tour the new Fire Training Simulation Centre.



The Hon. Ron Phillips
Chair

16 May 2016
Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

2016/17 Activity Targets

The Ministry of Health (MoH) announced the new adjustors that would make up part of the funding model for 2016/17. Out of eight potential adjustors the following four were selected:

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

SLHD is in the process of actively reviewing these adjustors and ensuring that SLHD is in the best position to have all activity recognised in line with these adjustors. Following the release of the adjustors, SLHD had the first formal round of negotiations with the MoH. The focus of these discussions was the new adjustors and the potential areas for service expansions in 2016/17. The second round of negotiations will occur in mid-April 2016.

Non-Admitted Activity

To support the transition to EDWARD reporting during Phases 1 and 2, a file upload, conversion and transfer tool, the EDWARD mLoad Tool, will be available to upload patient level and summary level data extracts from source systems in the EDWARD extract format. From 1 July 2016, the MoH will decommission WebNAP for Non-Admitted (NAP) reporting. This will be replaced by mLOAD. NAP data will be loaded to EDWARD via mLOAD until EDWARD NAP extracts are developed. SLHD Performance Unit has commenced preparation work on transitioning from WebNAP to mLOAD.

Mental Health

The final version of the AMHCC is yet to be released by IHPA; however, the current advice received from the MoH is that the AMHCC will be finalised and will commence in 2016-17. It is anticipated that the admitted component will commence immediately but in a staged approach with training and change management provided as LHD/SHNs are brought online in groups throughout 2016-17. The non-admitted stream will also commence immediately, spending 2016-17 providing training and change management and bringing all LHD/SHNs online at once on 1 July 2017. The aim is that all LHD/SHNs are to be collecting and reporting data for the AMHCC from 1 July 2017 for both the admitted and non-admitted streams.

Clinical Costing Update

The draft submission period for Round 20.1 costing has commenced with the final submission due on 22 April 2016. The Performance Unit has commenced work on the draft submission. So far the trial General Ledger (GL) has been prepared and reviewed by the ABF taskforce. The Performance Unit is working with facilities and services to finalise the feeder files required for this process.

The Internal Audit of the District Network Return (DNR) has been finalised with the report tabled at the most recent Audit meeting. This meeting was attended by the A/Director of Performance Monitoring, System Improvement and Innovation. The result of the audit was satisfactory with matters to be addressed to ensure greater accuracy as the process matures. A period of five years is envisaged to reach maturity. No risk rating within the report was ranked higher than medium. All recommendations have been accepted and action taken to address these recommendations has commenced.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of February 2016, SLHD had 18.1% of its patients using health insurance as a proportion of overall activity. This drop was experienced across all facilities, and all facilities are focused on rectifying this in March 2016.

Single Room Utilisation

While there was an overall reduction in the number of private patients in February 2016, there was an improvement in single bed utilisation with 29% of all single rooms taken up by private patients. 10.5% of all patients were isolated for clinical alert and 45% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee

A workshop was held between BUPA and SLHD. Benefits of BUPA's involvement in the community-support space compared to current services offered by SLHD remains unclear; however, BUPA is keen to investigate utilisation of social impact bonds for funding.

Informal discussions with MediBank Private have continued and a value proposition is potentially becoming clearer. No agreements have been established at this point nor any timeframes for deliverables. Currently in concept-development phase.

Concord Cardiac Catheter Services Steering Committee has determined that a public sector mutual would not be more beneficial to Concord Hospital than the current service delivery model and therefore will not be pursued. The Committee has reported that the process has been an invaluable one and will assist not only in continuing to improve the excellent cardiology services at Concord Hospital but that the leanings throughout project will be beneficial in informing opportunities to look at other models for clinical services.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Staff Changes

Barbye Castillo, SLHD Redesign and Performance Program Manager is expected to return from maternity leave in April 2016.

Dimitra Kaldelis, SLHD Redesign and Performance Project Manager, will commence maternity leave on March 23 2016. Liesl Duffy was appointed to this role for 12 months and commenced on March 14 2016.

Innovations Group

The second round of the *Pitch* for 2016 (eighth round overall) will be held at the Annual Sydney Innovation and Research Symposium on June 17, 2016. Two of the February *Pitch* applicants have been confirmed as successful to present in June, including:

1. Sandeep Gupta for his application titled 'The use of activePAL, an accelerometer, to monitor and increase patient activity in rehabilitation'
2. Christine Canty for her application titled 'A bright start for all bubs'

A formative evaluation report on outcomes achieved from previous *Pitch* winners has been compiled and will be delivered to the Chief Executive in March 2016.

The SLHD Innovation Group will meet on 23 March to discuss a work plan for 2016.

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 in the implementation phase. A staggered implementation plan is in place with 11 established working groups to progress 11 solutions. Geraldine Antonio will continue to lead this project until the end of April, when she will be commencing long service leave. Shiraz Abdulla who has returned to her substantive role as a Cancer Systems Innovation Manager, together with Liesl Duffy, Performance and Redesign Program Manager will support this project after April 2016.

'There's no place like home – improving uptake of home therapies dialysis' CHR 2015 (third intake) project is finalising the implementation plan with appropriate timeframes. Six working groups have been established to progress six identified solutions. Three working groups have commenced work. The project lead's backfill started in mid-March and will cover the project lead's substantive role for 2 days per week till August 2016. Another project team member has also been backfilled 1 day per fortnight to allow time to progress implementation.

The Harm Minimisation Program from Drug Health and the Canterbury Hospital Pre-Admission Clinic CHR 2016 (first intake) projects are in the 'Initiation Phase' developing their respective Project Management Plans. Implementation of identified solutions is expected to start in August 2016.

Accelerated Implementation Methodology (AIM)

The next AIM course is scheduled on 26-27 May and is already fully booked.

The following available AIM course will be held on 25-26 August.

HealthPathways

Workgroups

There were no workgroups conducted in March 2016.

Planning for the first quarter of 2016 continues. Workgroups and services are planning for the following events:

- Chronic Pain workgroup scheduled for 13 April 2016
- Adolescent Mental Health workgroup scheduled for 4 May 2016
- Andrology workgroup scheduled for late April (date to be finalised)
- TIA and Stroke Management
- Epilepsy and Balance Disorders
- Urology

Pathways

To date the development of **528** clinical, requesting and information pathways have been initiated. Currently we have:

- | | |
|---|-----|
| • Complete and accessible to GPs | 351 |
| • Completed and being updated or under 2 yr. review | 8 |
| • Localising (from other HP regions) | 158 |
| • New Pathways being developed | 11 |

Eight pathways were released in March 2016. The released pathways were a mixture of non-related pathways including gout and fatigue. Both pathways were identified by GPs (from the November 2015 GP survey and Google analytics review of the website) as being issues yet to be tackled by the HealthPathways Sydney program.

Final reviews are in progress for a number of pathways including benign gynaecology, colorectal conditions and tuberculosis. In line with the recent PBS changes, allowing access to the new antiviral drugs for Hepatitis C, the program has been assisting the SLHD Gastroenterology service re-design for GP prescribing authority. The pathways for chronic Hepatitis C and liver service referrals have undergone full review and redrafting.

Usage of Health Pathways

Use of the website continues to grow with increases across all data sets from February 2016.

	February 2016	March 2016	Variance
Sessions of use	2,245	2,843	26.6
Page views	12,562	15,304	21.8
Different users	632	745	17.8

National Health Service Directory Integration

The program team has supported the SLHD Performance Monitoring and Business Unit to update and expanding the information sets within the LHD's HERO portal. Once complete this information will be integrated into the National Health Service Directory (NHSD) which is accessible through HealthPathways. This is part of the State wide integration of HERO data into the NHSD.

Evaluation

Notification has been received of the appointment of the evaluation led by the Menzies Centre for Health Policy. It is anticipated that Sarah Norris will be onsite with the team in early April 2016.

FINANCIAL PERFORMANCE

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

The 2015/16 Board and Ministry Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS) result. The following analysis reflects the result for the period ended 29 February 2016 based on the District's budgeted NCoS. For the period ending 29 February 2016, Sydney Local Health District (SLHD) General Fund (GF) Expenditure was \$8.584M (0.85%) favourable to budget and Revenue was \$9.588M (0.97%) unfavourable to budget. For the financial year the District's NCoS is \$1.004M 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 February 2016 Total Expenditure was \$3.214M favourable to budget. The result for the month reflected favourable variances for Salaries & Wages (\$1.595M), RMR (\$0.820M), Overtime (\$0.386M) and Goods & Services – Corporate (\$1.288M). These results were offset by unfavourable variances in Annual Leave (\$0.220M) and Goods & Services – Clinical (\$1.639M).
- Year to date (YTD) Total Expenditure is \$8.584M (0.85%) favourable to budget, reflecting favourable results for Salaries and Wages (\$8.916M), Overtime (\$1.289M) and Goods and Services – Clinical (\$3.726M). These favourable results were offset by unfavourable variances in Annual Leave (\$1.732M), Superannuation (\$2.877M), VMO Expenses (\$0.306M), Goods & Services – Admin (\$1.544M) and RMR Expenses (\$2.957M).
- RMR Expenditure was \$0.820M favourable to budget for the month. Year to Date RMR Expenditure is \$2.957M unfavourable to budget. The YTD unfavourable result reflects unfavourable variances in Maintenance (including maintenance contracts) (\$3.564M) and Repairs (\$0.763M). These results were offset by a favourable result New & Replacement Equipment (\$1.030M).

Revenue

- For the month of February 2016 Total Revenue was \$2.340M (1.99%) unfavourable to budget. The result for the month reflects unfavourable budget results in all revenue categories except Patient Fees (\$0.008M). The major unfavourable variances were User Charges (\$1.379M) and Grants & Contributions (\$0.921M).
- Year to date Total Revenue is \$9.588M (0.93%) unfavourable to budget. The YTD result reflects unfavourable variances in all Revenue categories. The major unfavourable variances are in Patient Fee revenue (\$5.456M), User Charges (\$2.618M) and Grants & Contributions (\$0.903M). 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 \$0.024M unfavourable to budget for the month of February 2016. This result reflects an unfavourable budget variance for Revenue of \$0.310M offset by a favourable result for Expenditure of \$0.286M. Year to Date SP&T NCoS was \$2.419M favourable to budget; this result reflects a favourable budget variance for Revenue of \$1.196M and a favourable result for Expenditure of \$1.223M.

Consolidated Result

The consolidated year to date NCoS result for February 2016 for the General Fund and SP&T was \$1.415M favourable to budget. The result comprises a favourable Expenditure variance of \$9.807M offset by an unfavourable Revenue budget variance of \$8.392M.

Financial Performance *(based on MoH Reporting Format)*

For the period ended 29 February 2016, SLHD recorded a Total Net Result of \$19.028M which was \$1.538M (8.79%) favourable to budget. The Net Direct Operating Result (GF and SP&T) at the end of February 2016 was \$3.634M favourable to budget. The YTD result reflects lower than budgeted Revenue, \$8.457M unfavourable, offset by favourable Expenditure variances of \$12.091M.

YTD Total Direct Revenue is \$8.457M unfavourable to budget, comprising \$9.804M unfavourable for the General Fund offset by a favourable variance in SP&T Fund of \$1.346M. The GF result reflects unfavourable variances in all revenue categories.

Total Direct Expenditure is \$12.091M favourable to budget for the year, comprising \$11.526M favourable for the General Fund and a favourable variance of \$0.566M for Special Purpose & Trust funds. The GF result reflects favourable variances in Salaries & Wages (\$8.916M), G&S – Clinical (\$3.726M) and G&S – Support (\$3.135M). These results were offset by unfavourable results for Salaries & Wages Oncosts (\$4.052M), VMOs (\$0.306M) and G&S – Admin (\$1.544M).

Liquidity

The District had **NIL** creditors over 45 days as at 29 February 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 February 2016

The cash balance at 29 February 2016 for the Operating bank account was \$7.749M, SLHD \$7.749M and repointing of HRTO-SSW \$0. The Operating Cash book balance was \$7.908M, comprised of SLHD \$7.908M and repointing of HRTO-SSW \$0. The district's cash remains challenged due to external factors.

Capital Works – SMRS Projects *(formerly CAPDOHRS)*

The District's Full Year Capital works budget as at the end of February 2016 is \$19.160M comprising \$2.000M of MoH funded and \$17.160M of locally funded projects. Actual expenditure as at the end of February 2016 was \$10.746M which is \$2.290M below the projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

February 2016 FYTD total number of separations increased across the District by 2.19% compared to February 2015 FYTD. For the same period acute separations are up 2.02% compared to the same period last year. Canterbury Hospital's acute same day separations for February 2016 FYTD increased by 38.37% compared to the same period last year.

Emergency department attendances increased by 2.80% for February 2016 FYTD compared to the same month last year. There were 12,946 ED attendances in February 2016. Canterbury ED attendance increased by 5.18% for February 2016 FYTD.

The District occupancy rate for February 2016 decreased by 3.69% compared to the same month last year. Canterbury Hospital's occupancy rate for January 2016 FYTD increased by 6.80%.

Emergency Treatment Performance (formerly NEAT)

The Emergency Treatment Performance (ETP) performance for the District increased by 1.70% in February 2016 to 67.38% compared to February 2015. Canterbury Hospital's ETP increased by 6.05% for January 2016 compared to the same month last year.

ED Triage

Canterbury Hospital achieved all emergency department triage categories for February 2016. RPA met triage category targets 1, 4 and 5 in February 2016. RPA performance in triage category 2 and 3 improved on the previous result for February 2015, increasing by 15.47% and 9.72%, respectively. Concord Hospital met triage targets 1, 2, 4 and 5 in February 2016. Concord Hospital's performance in triage category 3 improved on the previous result for February 2015, increasing by 3.66%.

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 16.19% for February 2016 compared to February 2015. The TOC target (90%) was met by all three emergency departments in February 2016. RPA increased by 24.55% to 94.82% for February 2016. Canterbury Hospital increased by 87.10% to 95.18% for February 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 February 2016. Mental Health Readmissions within 28 Days continues to be above the target of <13% for November YTD 2015 and has increased from the same period last year from 16.7% to 18.6%.

SLHD met the target for Staphylococcus Aureas Bloodstream (SABSI) infections for January 2016. SLHD was above the target of 0 for Central Line Associated Bloodstream (CLAB) infections for January 2016 and has increased from the same period last year from 1.0 to 1.5

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

Workforce

Premium staff usage for Medical and Nursing decreased for February 2016 compared to the same period last year by -1.0% and -0.6% respectively. There was nil variance for Allied Health premium staff usage in February 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 on 25 April 2016.

RPA Stonework Repair Main Façade

Work continues to the stone facade at RPA. This is being funded in 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. The cost plan is currently under review.

RPA Institute of Academic Surgery and RPA Transplant Institute

Construction work is progressing well; the murals on the external walls are complete. This project is partially funded through philanthropic donation and the project is on target for completion in April 2016.

SLHD Aged Care Network

This project is cash flowed by the MoH over 3 years and over 3 sites, including: Canterbury Hospital, Concord Repatriation General Hospital (CRGH) and Balmain Hospital. Each project has been tailored to meet the cash flow demand.

Detailed design for the Balmain Hospital component has commenced. Health Infrastructure has confirmed SLHD delegation to self-determine this project. Information sessions were held with Leichhardt Council which received positive feedback. Public information session will be held in March 2016.

Medical Imaging Equipment

As previously indicated approval was received from the MoH for the purchase of the following from local funds:

- 2 CT scanners at RPA
- 3 Angiography Suites at RPA.

Procurement for this equipment is progressing well. In addition, approval has been received for the purchase of a SPECT CT Scanner at CRGH. Procurement for this equipment has commenced.

RPA Radiology

Design for a new angiography suite at RPA has been completed and signed off. Cost estimates for the building are approved. Building works to Angio 3 have been completed and will be finalised

pending machine selection. Pre-installation building works will commence once the vendor has been selected and site requirements are confirmed.

Sydney Dental Hospital – Additional Chairs

Detail design continues on the Level 4 additional chairs. Demolition commenced in early March 2016. Funding source for this equipment has been confirmed by the MoH.

SLHD Bed Replacement Program

SLHD received funding of \$3.460 million from the MoH to replace beds across the District in recognition of the excellent work of staff in Work Place Health and Safety. An order has been placed for 634 beds. Delivery is expected on 10 June 2016. This is a wonderful investment which will not only provide better care for our patients but also reduce manual handling injuries to staff.

PLANNING

Green Square HealthOne

Significant work has progressed in relation to the Green Square HealthOne Clinical Services Plan (CSP). The draft model of care has been developed and work is underway to notionally develop functional and staffing requirements.

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

- Community based health services.
- Population health services.
- The 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.

Planning is underway for a consultation with the community of Green Square with a view to developing ongoing communication and consultation mechanisms.

A meeting was held on 1 April 2016 with the University of Sydney (USyd) medical and health sciences Deans, the Director of the Centre of Primary Health Care and Equity of the University of NSW and the Chief Executive and Chair and Chief Executive of the Board of the Central and Eastern Sydney PHN to discuss a collaborative approach to the development of a conjoint Academic Primary Health Care Unit at the Green Square HealthOne. This is an exciting opportunity to build education and research capacity in the primary health sector in SLHD across our university partners and develop long term strategies for rapid translation of research into clinical practice.

A City of Sydney Breakfast Briefing was attended by the Director of Planning, SLHD and the Director of Clinical Services Integration, SLHD. The Green Square HealthOne planning was welcomed as a collaborative approach.

Parramatta Road Urban Transformation Strategy and Biotechnology Industry Strategy

Ongoing quarterly meetings are being held with UrbanGrowth NSW, the USyd and City of Sydney and Leichhardt Council to progress issues related to the Parramatta Road strategy. The Parramatta Road strategy is scheduled for completion mid-year 2016. These are proving to be very productive.

An economic case is being developed for a biotechnology hub in the Camperdown precinct in collaboration with the USyd, the City of Sydney and Leichhardt Council. This has the potential to grow jobs in the knowledge and health industries. It will link with the Bays Medtronics proposal.

In its submission to the Parramatta Road strategy, the District has raised issues related to Concord Hospital transport access as well as the RPA/ USyd access and transport-related issues. The District has supported the University in discussions with Transport NSW. The University is advocating for a range of upgrades to its access, including:

- Upgrading Redfern Station, including a bridge between ATP and Wilson St Redfern.
- Connecting Waterloo Station and the USyd, piloting driverless shuttles.
- Light Rail along Parramatta Rd.
- Assessing the impacts and strategies to mitigate the effects of a major Westconnex portal close to the USyd.

The District also supported using value sharing along Parramatta Road for much needed state infrastructure including hospitals and education facilities.

Central to Eveleigh

- A meeting has been scheduled between the Chief Executive and the Project Director of the Waterloo upgrade to discuss opportunities for primary health care delivery.
- The North Eveleigh plan has been released, with 700 new apartments, a new open space area and a community clothing store.
- A workshop is being scheduled to discuss health, safety and connectedness to develop a design that reflects these ideals.

Aboriginal Health Plan

The Planning Unit has developed, in collaboration with the Aboriginal Health Unit, an initial draft SLHD Aboriginal Health Plan.

The Planning Unit and Aboriginal Health Unit conducted a half day workshop with Aboriginal Health Workers and key SLHD community services to consider the initial draft of the Aboriginal Health Plan. The workshop was attended by 50 participants and provided valuable feedback on the initial draft of the plan. Once amended, the plan will be circulated for comment more widely.

Multicultural Health Plan for SLHD

The inaugural SLHD Multicultural Leaders Forum was held on the 3 March 2016 from 5:00 – 7:00 pm. The Forum, entitled a *“Conversation with the SLHD Chief Executive”* attracted approximately 20 community leaders. A number of important short-term actions and longer term strategies were agreed upon. This included having a regular multicultural Forum, building the knowledge of private medical specialists about interpreter services, improving translated material and integrating with the health-related services and strategies of community organisations such as the Lebanese Muslim Association.

The Planning Unit also organised a successful half day Forum to discuss the SLHD preparedness for the expected intake of 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. Recommendations from this Forum included establishing a refugee Paediatric clinic in Canterbury, improving access to sustained home visiting for refugees, up skilling GPs working with the multiple health and wellbeing issues of refugees and regularly consulting with refugee communities.

SLHD Imaging Strategic Plan

The Planning Unit is continuing to work with Clinical Directors and General Managers to develop the Medical Imaging Strategic Plan and the Medical Imaging Position Paper in collaboration with the Clinical Director Medical Imaging.

Paediatric and Women Health Planning

A further 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.

Inner West Youth Health and Wellbeing Plan

The Unit has finalised the 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. The collaboration of agencies has agreed to contribute funding towards the planning processes and write-up of the plan under the management of the SLHD Planning Unit.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE

The Yaralla Estate Community Advisory Committee has been invited by Soldier On to host all future meetings at the Woodbine Cottage. This Cottage was built in the 1830s by the Nichols' family in the grounds of the Yaralla Estate. Soldier On has settled well into the Cottage and is continuing to work with the District on the Defence Force Centre of Excellence.

The Committee received a proposal from the NSW Disc Golf Club requesting the use of the Yaralla Estate ground for recreational purposes. This proposal is currently being reviewed by Committee members to determine its suitability and impact on current residents of the Yaralla Estate.

Preparation continues for this year's Spring Fair and the management plan continues to guide work and actions.

SYDNEY RESEARCH

Translational Research Grant Scheme

The Translational Research Grant Scheme (TRGS) is a new funding program of NSW Health. Funding is provided for research and evaluation projects that will translate into better patient outcomes, health service delivery, and population health and wellbeing. A total of \$9.1 million is available during this funding round, allocated over a two year period. Basic science research and pharmaceutical-sponsored clinical trials are considered out of scope for this grant scheme.

The scheme is designed to accelerate the development of research capabilities and evidence translation within the NSW health system and research project must be led by an employee of a host organisation within the health system. Applicants are encouraged to partner with other research organisations such as universities and medical research institutes.

The application process includes three stages: expressions of interest; proposal development; and full applications. The call for expressions of interest closed on 15 February 2016. SLHD submitted 62 applications with 58 of these listing the SLHD as the lead agency. Clinical, public and population health applications were well represented. Applications from the SLHD included well integrated vertical and horizontal organisational relationships and partnership with LHD's, MRI's and or Universities.

The OHMR has advised that over 340 applications were received and that approximately 10% of these will be eligible for proposal development (stage two) between 18 March and 26 April 2016. Notification of stage one results is anticipated before mid-March 2016.

Sydney Research Centre

In March 2015 a preliminary business case for a Sydney Research Centre was finalised. This will be presented to the May Board meeting. 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 approximately \$310M. Federal and State government contributions are sought to help fund the proposal and estimated at 50% Commonwealth, 30% State and the 20% 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 focus on operational matters and work closely with 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.

Key themes include governance and operational models, standards, quality (bio specimen and collection), economies of scale and data base linkage. The working group is scheduled to meet in April 2016 following developments with the Sydney Health Partners biobanking group and the OHMR report resulting from the NSW Biobanking paper.

Research and Innovation Symposium 2016

The Research and Innovation Symposium is scheduled on 16, 17 and 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 Prof Kathryn Refshauge, University of Sydney (USyd) with Dr Michael Moore, Chief Executive, PHN Central and Eastern Sydney.

Sydney Health Partners

The inaugural Forum held at the Charles Perkins Centre on 25 and 26 February 2016 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, Zoran Bolevich, Chief Executive eHealth and Dr Mary Foley, Secretary, MoH. The USyd, Sydney Health Partners (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.

Security in Emergency Departments

A previously indicated, following the NSW Health Security Round Table held on 8 February 2016, the District reviewed its governance structure for Security with Security now under the portfolio of the Director of Clinical Governance and Risk. This has provided very successful in raising the profile of Security and emphasising the importance of security staff in the care of our patients. The safety of our staff, patients and families is paramount. Weekly meetings are continuing with all relevant staff and Executive to monitor progress against the action plan that has been developed. The District Security Committee chaired by the Director of Clinical Governance and Risk is also continuing to address operational issues.

We are still awaiting feedback from the NSW Health External Audit of Security at RPA that was held on 8 March 2016; although preliminary feedback was very positive. A further meeting of the NSW Health Security Working Group will be held in April 2016. The Chief executive of SLHD will attend.

Concord Repatriation General Hospital Redevelopment

Concord Hospital has featured in numerous news stories over the past couple of weeks regarding the current state of our infrastructure. The District and the Executive of Concord Hospital have been working very hard to ensure that the redevelopment of the Hospital occurs and it is certainly our major strategic priority for the Hospital. As the Board is aware, SLHD has made a significant investment for the Hospital to complete the Phase 1 planning of the redevelopment. We are aiming to complete this process by the middle of the year.

Concord Hospital continues to be one of the best performing Hospitals in the state making us one of the safest and efficient hospitals in the country. This is something that we can all be immensely proud of. Whilst a major upgrade is critical to our future, the quality of the services that the Hospital provides is a result of the wonderfully talented staff that work at the hospital every day.

We are continuing to work hard to progress the redevelopment of the Hospital. A presentation on the redevelopment will occur at the Staff Forum next Tuesday 12 April at 11am in the Medical Education Centre where the architects will present on our progress to date.

The Hospital and District are also progressing a number of early works including the relocation of the Executive Unit to Building 75 to enable the relocation of the Emergency Department Offices and the establishment of an Emergency Short Stay Unit. Investments over the last 2 years include:

- Hybrid theatre and theatres 3 and 4
- Angiography Suite in Radiology
- 3T MRI

- Replacement of 3 ultrasound units in Radiology
- Radiology refurbishment
- Burns Cottage \$300K
- Translational Research Facility (TRF)

Capital expenditure planned for the next 12 months include:

- Emergency Department and Executive Unit Refurbishment
- 3 digital x-ray rooms
- CT
- Spect-CT (Gamma Camera)
- Cath Lab



Dr Teresa Anderson
Chief Executive