

## Sydney Local Health District

### Forty Seventh Meeting of the Board

Date: Monday 21 September 2015  
Time: 9.00am - 11.00pm  
Venue: 18 Marsden Street Camperdown  
Chair: The Hon. Ron Phillips, Chair

#### 1. Present and apologies

The Hon. Ron Phillips, Chair  
Dr Teresa Anderson, Chief Executive  
Ms Victoria Weekes, Member (departed 11.30am)  
Mr Trevor Danos, AM, Member  
Dr Thomas Karplus, Member  
Dr Barry Catchlove, Member  
A/Prof. Christine Giles, Member  
Ms Joanna Khoo, Member  
Professor Paul Torzillo AM, Member  
Ms Frances O'Brien, Member  
Mr David McLean, Member  
Ms Susan Anderson, Member

#### Apologies

Nil

#### In attendance

Ms Nerida Bransby, Secretariat  
Mr Barrie Martin, Chair, Audit and Risk Committee (9.05am-9.15am)  
Lou-Anne Blunden, Director, Clinical Services Integration (9.50am-10.25)

#### Population Health: (9.17am-9.50am)

- Debbie Killian, General Manager
- Dr Leena Gupta, Clinical Director
- Barbara Luisi, Manager Multicultural HIV and Hepatitis Service (MHAHS);
- Renee Moreton, Manager HIV and Related Programs (HARP) Unit
- Dr Richard Broome, Director Public Health Observatory
- Karen Bedford, Program Manager, Health Promotion Unit

#### Community Health: (9.50am-10.25)

- Miranda Shaw, General Manager
- Ivanka Komusanac, Director of Nursing
- Paula Caffrey, Director Child & Family Health Services

- Sue Amanatidis, Director Community Health Specialist Services
- Assoc. Professor Catherine O'Connor, Executive Clinical Director, Community & Director, Sexual Health Service,
- Jo Levy, Manager, Quality and Clinical Risk
- Grace Scott, GHMT

## 2. Welcome and introductions

The Chair welcomed Members and Guests to the forty seventh 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 interests to declare.

## 4. Confirmation of previous minutes

### 4.1 Minutes 17 August 2015

The minutes of the Board meeting held on Monday 17 August 2015 were moved and seconded.

### 4.2 CE Report – August 2015

The report of the Chief Executive August 2015 was moved and seconded.

The Chair then declared that the CE Report for August 2015 was ready for publication.

### ***Presentations:***

#### 1. Population Health:

Ms Debbie Killian, General Manager and Dr Leena Gupta, Clinical Director presented on:

- Population Health Executive
- Health Promotion Unit
- Public Health Unit
- Blood Borne Viruses and STI's
- Preventative Health in the SLHD.
- Improving and Protecting Health
- Guidance
- Partnerships
- Activity in 2014
- Immunisation rates
- Health Promotion Programs and Initiatives
- HIV and Related Programs
- Public Health Observatory

- Homelessness in the SLHD
- The Health Equity Research and Development Unit (HERDU)
- Strategic Directions and Priorities
- Tobacco Control
- Urban Development

The Chair thanked Debbie and Leena for the presentation and the Population Health Executive for attending the Board meeting.

## 2. Community Health

Ms Miranda Shaw, General Manager, Community Health presented on:

- Community Health - Context
- Client statistics on a typical day
- Community Health Executive
- Budget and Workforce
- Strategic Planning Framework
- Recent initiatives
- Sydney District Nursing
- Integrated Care funded Program
- “Ending HIV” KPI
- Activity / Performance
- Quality and Accreditation
- Research Activity
- Partnerships
- Use of Technology

The Chair thanked Miranda for the presentation and the Community Health Executive for attending the Board meeting.

## 5. Matters arising from the previous minutes

### 5.1 Action sheet

The Board received and discussed the outstanding agenda items on the action sheet.

### 5.2 Brief re Family Altercation in Ward at RPAH

The Board received this correspondence and noted the actions being taken will include a full review of the incident.

### 5.3 Brief – Management of Workplace Bullying

The Board received this correspondence and noted that workplace bullying will be discussed in depth in the “Your Say” presentation.

### 5.4 Women in Surgery Forum at RPAH

The Board received and noted this correspondence.

## 6. Patient Story (Verbal Report)

This agenda item was deferred to the next meeting.

## 7. Standing Items

### 7.1 Acronyms List

The Board received and noted the revised Acronyms List.

### 7.2 Financial Classification Codes.

The Board received and noted the Financial Classification Codes List.

### 7.3 Board Calendar

The Board received and noted the Board Calendar.

## 8. Chairman's Report

### 8.1 CE Performance Review

The Chair circulated the performance review documents via email and thanked the Board members for their comments relating to this documentation. The Chair congratulated the Chief Executive on maintaining the District's overall performance whilst dealing with other relevant performance matters.

## 9. Chief Executive's report

The Board received the Chief Executive's Report for September 2015. In particular the Board noted:

- For the first month of the financial year the District's General Fund Expenditure was \$1.928M (1.50%) unfavourable to budget and Revenue was \$1.729M (1.32%) favourable to budget. The District's NCoS was \$0.199M unfavourable to budget.
- The District remains at performance level zero.

### 9.1 Finance and Performance Reports

#### 9.1.1 SLHD Board reporting pack – July 2015

The Board received and noted the SLHD Board Reporting Pack for July 2015.

#### 9.1.2 Selected Performance Indicators – June 2015

The Board received and noted the Selected Performance Indicators for June 2015 was not available.

## 9.1.3 HealthPathways Dashboard Report July 2015

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 received and noted the updated information in the documents tabled at the meeting.

### 9.2.2 Macquarie International Private Hospital

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

## 9.3 Capital Works Report

The Board received and noted the Capital Works report.

## 9.4 Clinical Governance Report

The Board received and noted the Clinical Governance report.

## 9.5 Facility Reports – July 2015

### (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

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

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) Lifehouse

The Board received and noted the Lifehouse report.

## 10. Matters for approval / resolution

### 10.1 Financial Statements Year ending June 2015

The Board received the Financial Statements year ending June 2015. Mr Martin, Chair, Audit and Risk Committee advised the Board:

- Finance reporting is well prepared.
- The District's Set of Accounts is clear with no adverse findings.
- The District has received the Independent Auditor's Report and comments have been resolved.
- Risks are dealt with diligently.
- The Committee includes clinician membership for clinical risks.
- All audit findings are accompanied by recommendations that result in areas of improvement.
- The management of trust funds on an accrual basis is to be monitored.

The Board ENDORSED the Financial Statements for the year ending June 2015. The Chair thanked Mr Barrie Martin for his leadership on the Audit and Risk Committee and for attending this meeting.

### 10.2 Inner West Sydney Child Health and Wellbeing Plan 2016-2021

The Board received the Inner West Sydney Child Health and Wellbeing Plan 2016-2021.

The Board ENDORSED the Plan with two minor amendments to be notified to the author.

## 11. Board Committee reports / minutes

### 11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting 14 September 2015.

### 11.2 Education and Research Committee

The Board noted the next meeting is to be held 21 September 2015.

### 11.3 Communications Committee

The Board received and noted the minutes of the meeting held on 17 August 2015.

### 11.4 Audit and Risk Committee

The Board received and noted the minutes of the meeting held on 10 September 2015.

### 11.5 Health Care – Clinical Quality Council

The Board received and noted the minutes of the meeting held on 26 August 2015.

### 11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held 23 September 2015.

### 11.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting held on 11 September 2015.

### 11.8 Patient and Family Centred Care Steering Committee

The Board received and noted the minutes of the meeting held on 12 August 2015.

## 12. Other Committee reports / minutes

### 12.1 Sustainability Committee

No meeting held.

### 12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 12 August 2015.

### 12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received and noted the minutes of the meeting held on 20 August 2015.

## 12.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 19 August 2015.

## 12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 26 August 2015.

## 12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 2 September 2015 were not available.

## 12.7 SLHD Innovations Group

The Board noted a workshop was held on 28 August 2015.

## 12.8 Organ Donation for Transplantation

The Board received and noted the minutes of the meeting held on 28 July 2015.

## 12.9 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 11 August 2015.

## 13. Matters for noting

### 13.1 HealthShare / eHealth Certification Letter for 2014/2015

The Board received and noted the HealthShare / eHealth Certification Letter for 2014/2015

## 14. Other Business

### 14.1 Board Evaluation Report

The Board received and noted the Board Evaluation report.

### 14.2 Letter – CRGH Medical Staff Council

The Board received and noted this correspondence. A meeting is to be arranged with the Minister in the near future.


## 15. Next Meeting

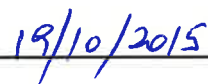
The next meeting is to be held on Monday 19 October 2015 commencing at 9.00am, venue to be advised.



# Minutes

The meeting closed at 11.40am. Due to the late finish of the meeting the tour was postponed.

  
\_\_\_\_\_  
The Hon. Ron Phillips  
Chair

  
\_\_\_\_\_  
Date

## Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board September 2015

### NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

#### Non-Admitted Activity

The Non Admitted Patient (NAP) data for MoH was closed off on the 31 August 2015. All key stakeholders were able to successfully meet their deadlines as set out in the plan supplied by the Performance Unit. Initial figures suggest that SLHD finished above NWAU target- final result to be supplied in next month's report.

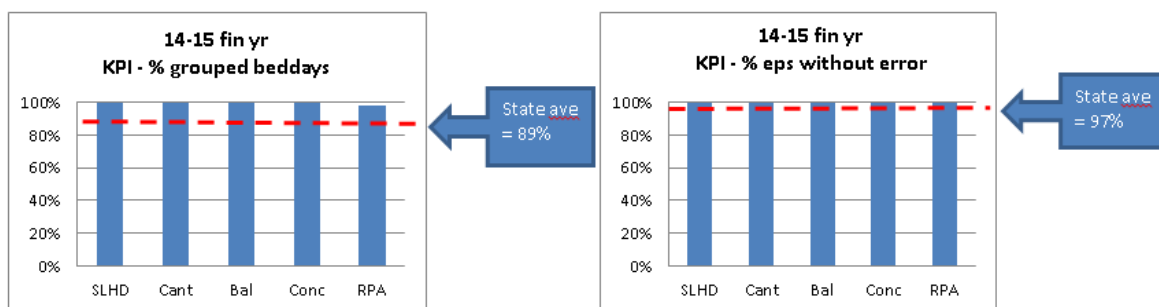
In order to monitor and manage NAP data the Performance Unit has developed a new STARS app which allows visualisation and exploration of the NAP data. This app is has completed the final user acceptance testing stage and having been tested by the Performance Unit and NAP co-ordinators. The app was be demonstrated at the August STARS executive committee and approved by the committee and was moved into production in the first week of September.

#### Sub and Non Acute (SNAP) Update

SLHD has achieved an outstanding result with 100% for both grouped bed days and error free episodes for the 2014/15 financial year. This result puts the LHD in a strong position moving into 2015/16 where only grouped activity will receive NWAU funding.

#### Sub and Non Acute (SNAP) Update

SLHD has achieved an outstanding result with 100% for both grouped bed days and error free episodes for the 2014/15 financial year. This result puts the LHD in a strong position moving into 2015/16 where only grouped activity will receive NWAU funding.



The gains made in the improvement of sub-acute data will continue, with close monitoring of SNAP activity in order to identify any 'ungrouped' episodes with immediate action taken by the facility SNAP coordinators to group the episode to ensure full funding allocation.

#### Mental Health

Collaborative work is continuing between the Performance Unit and Mental Health Service in analysing SLHD non-admitted mental health data. A comprehensive data quality implementation plan has been developed and work has already begun on some of the quality initiatives. IM&TD have completed a mapping update request and will shortly commence re-extraction and upload to the HIE of the 2014/15 mental health non admitted data. We expect that this reload will see a big improvement in the quality of the data.

## **NWAU Activity against Target**

At 99.9% coded activity SLHD is currently sitting at 2.63% for acute admitted activity FYTD May. The overall result FYTD May for the district across all ABF streams including Emergency Department, Acute Admitted, Sub-acute, Mental Health and Non-Admitted was 1% to target.

## **Clinical Costing Update**

Work on the fraction reviews across all facilities and services are still ongoing. The costing team is aiming to complete this body of work by the end of August.

Following the workshop at the MoH to review and receive education on the treatment of the general ledger the costing team are now focusing on preparing the General Ledger. As part of this work there will be a closer look at overhead allocation across the LHD to ensure that the allocation of overheads is appropriately distributed.

In order to meet the new mandatory requirement for an audit of the District Network Return (which is the costing process undertaken at all LHDs) the Performance Unit has met with Internal Audit to give them an overview of the costing process. The Performance Unit and Internal Audit will continue to work together over the coming months in order to complete the audit by the required deadline.

Kiel Harvey has been seconded into a new program as the Director of Health Information Improvement for the next 6 months. He will work closely with the Performance Unit and the Coding team to support the coding workforce, increase efficiency and engagement with clinicians.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage**

For the month of July, SLHD had 19.04% of patients using health insurance as a proportion of overall activity.

- While this is a dip on the % result compared to June, it is an increase compared to July 2014 (18.41%) and July 2013 (16.81%).
- We had 2,620 private discharges in July this year compared to 2,497 in July last year

### **Single Room Utilisation**

In July, 27% of all single rooms were taken up by private patients and 44% of all private patients were accommodated in single rooms. This result was assisted by a small decrease in patients isolated for clinical alert to 10.5%.

### **Revenue Enhancement Committee**

- RPAH's free television offer continues to be received positively, with some patients alerting the hospital that they have insurance because of the offer.
- For the Concord Cath Lab initiative, the local working group at Concord has commenced work and is looking into complexities such as finances, human resources issues and governance. An additional project manager (part time) will be engaged over the coming weeks to assist.
- Opportunities in Mental Health billing have been presented to the committee and are currently being implemented

## **PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT**

### **Innovations Group**

The fifth round of The Pitch was held on 14 August 2015. \$50,000 in prize money was awarded to three pitches:

1. 'Our Community' Waterloo & Redfern Drug and Alcohol Aboriginal Youth Project (\$12,600)
2. Striving For A Rate Of Zero -Bringing Blood stream line infections to zero with simulation (\$12,400)
3. Medicine in 3D: application of 3D printing and 3D Augmented Reality on smart phones to help educate patients and students and assist in preoperative planning of complex procedures (\$25,000. Funding to be matched by Institute for Academic Surgery).

A 'The Pitch Roadshow' is underway involving the Redesign Managers presenting to groups of frontline staff to raise awareness of and engagement with The Pitch to reduce barriers to entry. The Roadshow is targeting Community, Corporate Services and Administrative staff over the next three months and has already presented to over 140 frontline staff.

The 'eLearning portal for child health and developmental surveillance' project, pitched in February 2015, which did not receive the requested funding is being supported by internal resources. The project plan has been endorsed by the cross-organisational Steering Committee, including representation from SLHD, NSW Kids and Families, GP Synergy, Central and Eastern PHN and Australian Practice Nurses Association.

### **Clinical Redesign**

Two projects ('Coordination of care – Ground East Concord's cancer centre' and 'Improving home-based dialysis in SLHD') commenced the third intake of the Centre for Healthcare Redesign (CHR) School are now in their diagnostic phase.

The 2015 CHR Project (first intake) 'Don't Restrict My Ability' is now in implementation phase. There are 11 solutions in total being implemented to reduce the Average Length of Stay of restricted weight bearing acute orthopaedic patients at Concord Hospital and improve patient satisfaction with the experience of care.

The CHR 2014 (third intake) project 'Too Long to Wait' is in the 2nd phase of implementation with a robust governance and evaluation plan in place. The team members graduated from the Program on 21 August 2015.

The SLHD project team of two who attended the 5-day Surgery Redesign Training Program at ACI in June are now commencing a project to reduce the number and extent of theatre over-runs at RPA. The draft Project Management Plan is scheduled to be reviewed and endorsed by the Operating Theatre Management Committee in September.

SLHD's successful EOI to participate in the ACI's Clinical Innovation Program project has commenced to improve the efficiency and capacity of the ACC&R Access Care Team (referral hub). This project involves a range of stakeholders from across the District. A project officer has been appointed on a 1 year part time basis and will link in with the capability development framework offered by the ACI to support project management and implementation.

## Accelerated Implementation Methodology (AIM)

AIM training was attended by 18 participants from across SLHD and SWSLHD on 13-14 August. Feedback was very positive.

Accreditation for AIM training will be attended by 1 SLHD staff member, bringing the total number of accredited trainers to six by December 2015.

## HealthPathways

### Workgroups

Two workgroups were undertaken in August:

- Osteoporosis
- Gastroenterology & Colorectal Surgery

Both workgroups proved to be highly effective in the engagement between primary and secondary care sectors. Osteoporosis was a highly charged meeting that provided some of the most in-depth discussion the program team has witnessed over the course of twenty-five workgroups. There was fierce debate as to the best model for patient management and the evening clearly identified the gulf between GP needs and that of the hospital-based services. There was great input from Osteoporosis Australia who advocated strongly for the needs of the community. We anticipate the development of around twelve separate pathways from this workgroup. The identification of two separate processes/services offering bone mineral density scanning at RPAH is an area that could benefit from a service re-design.

The Gastroenterology workgroup was originally planned as a follow-up to the two previous sets of pathways already developed for this service. With support from the Clinical Director and Service Manager, Colorectal services were included and the development of a large number of pathways, particularly in relation to fecal occult blood testing and colonoscopy services, will be undertaken. This work will tie in with the proposed public access service being planned for Concord hospital.

### Future Workgroups

- Paediatric Surgery
- Stroke

Outside of the workgroup process, the development of pathways for Refugee Health, Sexual Assault, Vulnerable Families and Healthy Homes and Neighbourhoods commenced in August.

### Pathways

To date, the development of **419** clinical, requesting and information pathways has been initiated and presently we have:

Complete and accessible to GPs	253	Live to GPs (but being updated)	4
Localising (from other HP regions)	144	New Pathways being developed	18

A small number of pathways were released in August which included all new developments for Diabetes in Pregnancy. The Program Team also undertook some remedial work to amalgamate some pathways and to also convert specific service information pages to secondary pages and pdfs, instead of named and numbered pathways. This is part of a push to remove and rename pages that have a service name as the identifier i.e. Hospital in the Home is now Acute Care in the Community.

A focus of the team has been the final preparation for pathways for Lung cancer, Heart failure, Podiatry, non-viral liver disease and access to gastroenterology services.

Four pathways for the launch of the expanded Hospital in the Home service have also been completed but are now on hold awaiting the official launch of the service.

## Usage of HealthPathways

Numbers of users remained steady throughout August and are consistent with those of the previous month based on Monday to Friday activity.

### July 2015

Sessions	1,510
Different Users	406
Page Views	7,718
New Visitors	219 sessions (14.5%)
Returning Visitors	1,291 sessions (85.5%)

### August 2015

Sessions	1,395
Different Users	459
Page Views	8,008
New Visitors	282 sessions (20.2%)
Returning Visitors	1,113 sessions (79.8%)

## Promotion

The program undertook six GP practice visits in the early part of August, ahead of the Project Officer's annual leave, a further six visits are allocated upon his return in mid-September.

## FINANCIAL PERFORMANCE

### GENERAL FUND

The 2015/16 Board and Ministry Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS). The following analysis reflects the results for the period ended 31 July 2015 based on the District's budgeted NCoS. For the first month of the financial year Sydney Local Health District (SLHD) General Fund Expenditure was \$1.928M (1.50%) unfavourable to budget and Revenue was \$1.729M (1.32%) favourable to budget. The District's NCoS was \$0.199M unfavourable to budget.

**The Chief Executive and the A/Director of Finance are confident that the District will have an on budget end of financial year (2015/16) result 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 YTD were:

### Expenditure

- Total Expenditure was \$1.928M unfavourable to budget for the month of July 2015. This result reflected unfavourable budget variances for Employee Related Expenses (\$1.272M) and Goods & Services (\$0.863M). These unfavourable results were offset by favourable results in RMR (\$0.248M).
- Employee Related Expenses were \$1.272M unfavourable to budget for the month, principally related to unfavourable variances in Annual Leave (\$3.242M). This variance reflected the impact of annual award increases and subsequent revaluation of the Annual Leave provision. This unfavourable result was offset by a favourable variance in Salaries & Wages (\$2.030M).

### Revenue

- For July 2015 Total Revenue was (\$1.729M) favourable to budget. The result for the month reflects unfavourable budget results in all revenue categories except Grants and Contributions (\$2.674M) and Other Revenue (\$0.121M).



## **SPECIAL PURPOSE AND TRUST (SP&T)**

SP&T NCoS was \$0.624M unfavourable to budget for July 2015. This reflects an unfavourable budget variance for Expenditure of (\$0.021M) and an unfavourable Revenue variance of \$0.603M.

## **CONSOLIDATED RESULT**

The consolidated NCoS result for July 2015 for the General Fund and SP&T was \$0.823M unfavourable to budget. The result comprises an unfavourable variance in Expenditure of (\$1.949M) and a favourable budget variance for Revenue of \$1.126M.

## **FINANCIAL PERFORMANCE** *(based on new Ministry of Health Reporting Format)*

For July 2015 reporting purposes the District is not required to submit the Narrative in the revised format to the Ministry of Health.

The spread of the budget across the financial year was being finalised at the time of preparing this report hence the graphs reflecting the budget by month will be included in the August 2015 report.

### **Liquidity**

The District had nil creditors over 45 days as at 30 June 2015.

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 July 2015.

The cash balance at 31 July 2015 for the Operating bank account was \$7.405M, SLHD – \$7.405M and repointing of HRTO-SSW \$0 and Operating Cash book balance was \$7.393M, SLHD – \$7.393M and repointing of HRTO-SSW \$0.

### **Capital Works – CAPDOHRS PROJECTS**

The District's Full Year Capital works budget as at July 2015 is \$5.488M comprising \$2.000M of MoH funded and \$3.488M of locally funded projects. Actual expenditure for the month of July 2015 funded by MoH was \$0.025M which is \$0.025M above projected expenditure. There was no expenditure on the locally funded project.

## **PERFORMANCE**

The District continues to be at Performance Level 0.

### **Activity**

In July 2015 the District saw a 5.77% decrease in separations. This is primarily due to a 12.02% reduction in same day separations. The reduction in same day separations can largely be attributed to 25 renal medicine patients admitted to overnight care, these patients normally account for same day separations three times per week.

Emergency department activity increased by 1.13% for July 2015 compared to the same time last year with 12,584 attendances. There was a 2.6% increase in the volume of patients discharged from Emergency without admission to a ward, lowering demand for inpatient bed and decreasing the occupancy rate.

The District occupancy rate for July 2015 was 88.32% compared to 95.09% for the same month last year. Canterbury Hospital's occupancy rate for July 2015 FYTD increased by 5.00% compared to the same time last year.

There was an increase from 94 to 100 Hospital in the Home (HiTH) separations from June 2015 to July 2015.

The overnight average length of stay (ALOS) for July 2015 FYTD was 4.83 days, down by 1.41 compared to July 2014 FYTD length of stay. Balmain, Concord, Canterbury and RPA's overnight ALOS decreased for July FYTD 2015.

## **NEAT**

The NEAT performance for the District decreased by 0.10% in July 2015 FYTD, compared to July 2014 FYTD to 68.91%. Concord Hospital admitted, referred or discharged 3.46% more patients within 4 hours of presentation for July 2015 compared to the same period last year.

## **ED Triage**

Canterbury Hospital achieved all emergency department triage categories for July 2015. RPA met triage category targets 1, 4 and 5 in July 2015. RPA performance in triage category 2 improved on the previous FYTD result, increasing by 1.60%. Concord met triage targets 1, 2, 4 and 5 in July 2015.

## **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 July 2015 FYTD for all categories.

There were 2,090 surgical admissions for July 2015.

## **Transfer of Care**

The target of 90% for transfer of care was not met in July 2015. The percentages for Canterbury, RPA and Concord respectively were 84.75%, 67.44% and 87.32%. SLHD has decreased on its FYTD percentage by 1.12% from 2014 and currently is 76.66% FYTD July 2015.

## **Quality and Safety**

In terms of quality and safety measures, the District continues to achieve root cause analysis targets for July 2015. 89% of complaints management resolved within 35 days in June 2015.

Mental Health Readmissions within 28 Days continues to not meet the target of <13% for April YTD 2015 and has increased from the same period last year from 15.2% to 15.8%. Community follow up within 7 days for Mental Health patients is not meeting the target of >70% at 62.1% for April 2015 compared to the same period last year. These statistics are provided by the Mental Health And Drug and Alcohol (MDAAO) at the MOH.

SLHD met the target for Staphylococcus Aureas Bloodstream (SABSI) infections for June 2015 YTD. There was no Central Line Associated Bloodstream (CLAB) infection in June 2015. These statistics are provided by the Clinical Excellence Commission.

There were no incorrect procedures in SLHD operating theatres in July 2015.

## **Workforce**

Medical Premium staff usage decreased compared to the same period last year by -1.4%. Nursing and Allied Health premium staff usage increased by 0.3% and 0.1% respectively in July 2015 compared to the same period last year.



## **CAPITAL WORKS**

### **Concord Translational Research Facility**

Site establishment has been completed. Asbestos removal for clearance to demolish is currently underway. Demolition will commence mid-September. Detailed design has been finalised.

### **RPAH Stonework repair main facade**

Work continues to the stone facade at RPAH. 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 & RPA Transplant Institute**

Internal works are underway. The Project is partially funded through philanthropic donation. Health Infrastructure will be providing some funds through the state government Capital Research Program funds. The Business Case for this funding has been submitted to HI for consideration.

### **SLHD Aged Care Network**

This project is cash flowed by the Ministry over 3 years and over 3 sites: Canterbury, Concord & Balmain. Each project has been tailored to meet the cash flow demand.

Work on the refurbishment of Telopia ward at Canterbury has commenced.

Detailed design for the Balmain component will commence in October. Project Manager has been appointed.

### **Medical Imaging Equipment Purchases**

Purchase of the following units is now complete:

- 3T MRI Concord
- Hybrid Interventional Suite Concord
- SPEC CT Scanner RPAH

Business cases for the purchase of the following have been submitted to the Ministry for approval:

- CT scanners x 2 RPAH
- Angiography Suites x 3 RPAH
- SPECT CT Scanner CRGH

### **Concord Radiology**

Stage 3 works are now complete

### **RPAH Radiology**

Design meetings have commenced to provide accommodation for the 3<sup>rd</sup> Angiography Suite at RPAH. The new Bi plane unit will be primarily used for INR services.

### **Tresillian Services**

SLHD is currently assisting Tresillian to develop a business case for construction of a new unit to replace the Willoughby Service. The infrastructure at Willoughby has reached the end of its useful life for this service.

## **PLANNING**

### **Urban Development and Renewal Projects:**

#### **Parramatta Road Urban Transformation Strategy**

The confidential draft Parramatta Road Urban Transformation Strategy, the accompanying Parramatta Road Transport Strategy and the Parramatta Road Urban Improvement Strategy were released to the District for comment. The strategy strongly supports increased cycling and walkability in the corridor. Key issues raised by SLHD include:

- The need to further reference Concord Hospital as a major centre of employment, knowledge generation and community facilities.
- The opportunity and need to increase access to open space.
- The need to assess the health impacts associated with increased housing density
- The importance of ensuring that population increases that exceed the Department of Planning and Environment population projections are factored into the NSW Ministry of Health and Sydney Local Health District planning for hospital and health facilities.
- The need to plan for adequate and accessible primary and community health care services.

### **Westconnex Project**

Comments on the draft confidential Social and Health Impacts of the Westconnex Project were prepared by the Planning Unit. The Westconnex Economic Impact Statement (ES) is due to be released in September, along with the Parramatta Road Urban Transformation Strategy.

Representatives of the Westconnex Delivery Strategy presented at an SLHD Urban Growth meeting.

### **Central to Eveleigh Project**

The Director of Planning attended a half day workshop to update government authorities on the Central to Eveleigh urban renewal project. The update outlined the proposed revitalised social infrastructure, a “green grid” approach to connecting the community and a strong arts and culture flavour, reflecting the importance of the Aboriginal community.

### **Biotechnology Hub**

A meeting has been planned for 27 November to meet with the University and UrbanGrowth NSW to discuss opportunities to develop a biotechnology industry hub close to the University and RPA.

### **Aboriginal Health Plan**

The Planning Unit is working with the Aboriginal Health Unit to develop a new SLHD Plan for Aboriginal Health. A Scoping Paper has been developed which outlines the key parameters, policy directions and timeframes for the plan. To date, workshops have been held with Aboriginal Health Workers and the Chairpersons of the Key Strategic Groups from the last plan to assess the achievements, barriers and enablers related to the existing Aboriginal Health Plan (2009-2014). A further workshop is planned with the Aboriginal Health Workers and representatives of the Key Strategy Groups to begin to frame the future directions and strategies prior to a period of consultation and discussion with the Aboriginal Medical Service, the community, clinicians, clinical streams and NGOs.

### **Neurosciences Think Tank**

The Planning Unit is working with the Neurosciences clinical stream and Operations to develop the Neurosciences Think Tank: a two hour program of presentations showcasing clinical care and research in Neurosciences in SLHD. This will be held on the 16 September from 3-5pm at KPEC, followed by a cocktail party.

## **Medical Imaging Strategic Plan and SLHD Imaging Think Tank**

An Obstetrics and Gynaecology Imaging Think Tank has been arranged for the 15 September at 8am at the Charles Perkins Centre. This will inform the O & G section of the Medical Imaging Strategic Plan. The session will be filmed and components will be shown at the SLHD Imaging Think Tank, planned for October, 2015.

## **Child Health and Wellbeing Plan**

This Plan is now finalised and will be provided to the September Board meeting. It is intended that this be launched by the end of the year.

## **Drug Health Plan**

The draft Drug Health Plan will be presented at the October meeting of Clinical Council for consideration.

## **Primary Health Network (PHN)**

The Director of Planning facilitated a planning session for the PHN Board to assess strategic priorities for the network. The Planning Unit met with Directors of Planning from each of the PHN, SESLHD, St Vincent's and the Children's' Hospital Network to discuss the PHN's Community Needs Assessment which will inform the strategic and future commissioning functions of the PHN. .

## **Community Health Action Plan**

The Planning Unit is working with the General Manager, Community Health to develop a refreshed action plan for Community Health.

## **Role Delineation**

Considerable work and consultation has occurred with clinicians throughout the District to comment on the draft NSW Ministry of Health Role delineation update which has been released in "tranches" or clinical groups.

## **Local Government Area (LGA) Health Profiles**

It is intended that the updated Local Government Health Profiles, developed by the Planning Unit, will be launched, with invited guests including local government representatives.

## **Domestic Violence Strategy**

The Planning Unit has worked with the Women's Health Co-ordinator to develop an operational plan for Domestic Violence.

## **Revision of Plans**

The planning unit has revised the Radiotherapy Business Case and the IRO Business Case prior to their submission to the Ministry of Health.

The Planning unit is undertaking a review of each of the Clinical Stream Position Papers to assess their implementation status and to highlight barriers to the achievement of the priorities in these plans.

## **YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)**

The annual Yaralla Open Day will be held on Sunday the 13 September from 10am – 2pm. We anticipate that this year will be bigger and better than ever with celebrities, sports stars and plenty of activities for all the family including pets.

The Yaralla Estate Community Advisory Committee meeting was held on the 18 August. Mr Lachlan Prentice attended his first committee meeting. A proposal from the Macquarie University Environmental Planning Students was received. The students will produce a report containing a plan to replace the cyclone fence, conservation strategies for remnant salt marsh, mangroves and paddocks on the estate, community engagement plan and partnership opportunities. The students will also look at drafting a submission for grant funding.

We have requested that the Minister for Health officially launch Hyacinth cottage at the Yaralla Open Day. However due to her availability the launch date may change.

The Great Australian Bake Off has just finished filming. The series will be shown in October. The BBC were very impressed with the Estate and were very complimentary about the support of the District during filming.

There were questions from the NSW Office of Environment and Heritage (OEH) in regards to the pathways and driveway bollards. These have been responded to and resubmitted to the OEH to seek approval.

## **SYDNEY RESEARCH**

### **Senior appointment at NHMRC**

A senior member of Sydney Research, Prof Bruce Robinson, Medical Dean USyd was appointed Chair of the NHMRC Research Council. Sydney Research congratulates Prof Robinson on this prestigious appointment.

### **Sydney Health Partners (SHP)**

Draft papers on governance/management structures and a strategic framework have been widely disseminated. A SHP Governing Council functioning as the peak body is planned. A group consisting LHD Board Chairs and the Chancellor, USyd will provide strategic direction and leadership to SHP. A Director of Operations position will oversee operations and management. The strategic framework includes clinical themes and cross cutting enabler themes. Early meetings have commenced amongst program groups (Cancer, Renal, Clinical Trials, Operational Enablers, Informatics, Cardiovascular, Infectious Diseases, Mental Health/Neurosciences, Genomics, and Liver) to determine five year objectives, projects, milestones and indicators.

Community representation on Council is desirable. Dr Alan McPhil, Community Representative Sydney Research will consult with community groups on how best SHP can engage the community and recruit to these positions on his return from leave early Sept 2015.

### **Research Operations**

Services from SLHD, USyd and Sydney Catalyst have commenced meeting to improve communication and coordination between operational units. The group has agreed to meet bi monthly for the rest of 2015 with focus areas including governance, research activity/ data, risk assessment/ procedures, Clinical Trials policies, insurance and process mapping, for example in preparation of ethics applications. The next meeting is scheduled in September and it is anticipated that additional research governance officers from Sydney Research member organisations will be invited to join the group as it evolves.

### **Infrastructure Planning**

A Sydney Research facility meeting with NSW Health Infrastructure (HI) was held in July. The meeting involved MRI representatives and Dr Anderson. In-depth discussion was held in relation to the option of two buildings (wet and dry), function and space requirements. General advice received is

that the federal government is not currently focused on funding capital projects. Forward plans include a review of building space including innovative designs that may involve private public partnership options. A rework of the facility proposal will be developed over the coming weeks and a follow up meeting with NSW HI is planned before end of year.

## **LIFEHOUSE**

SLHD Executive and Staff continue to work closely with Lifehouse to support the management of inpatients at Lifehouse. Weekly operational meetings are continuing between both organisations. Work is continuing on determining a solution for the interface of the SLHD and LH Information and Technology Systems. AS we have entered into a new stage of the relationship with Lifehouse, the Director of Operations SLHD has been delegated the responsibility for the day to day operational issues associated with Lifehouse and the weekly meetings with them. The Chief Executive SLHD will continue to chair the monthly Performance Meetings with Lifehouse.

## **YourSay Survey Results (Action from FR&PM)**

### *Engagement and Culture*

The recent YourSay employee survey results indicate that employee engagement (73%) and workplace culture (59%) within Sydney LHD have improved significantly since 2013 (+9% and +8% respectively) and are considerably above the NSW Health Overall engagement score of 68% and the average workplace culture index (54%).

### *Areas of Greatest Improvement*

In comparison to 2013, 98% of the questions have seen improved scores. *The biggest improvements are associated with the quality of service, the workplace culture and employees living the CORE values.* Employee opinions in Sydney LHD are largely more positive than the NSW Health average; there are better relationships with senior managers, employees feel more informed and they are generally more positive about the culture.

### *Unacceptable Behaviour*

In terms of unacceptable behaviour, there has been an overall improvement of 5%. Importantly, there has been a 7% increase in confidence that reported behaviours will be responded to appropriately.

## Workers Compensation (Action from FR&PM)

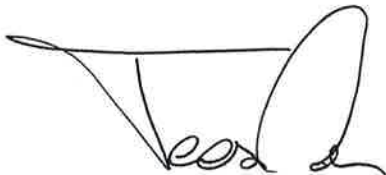
### Performance

The recent 2015/2016 Treasury Managed Fund Workers Compensation Renewal for SLHD showed a strong surplus position of \$3.6M (funding \$10.6M and deposit premium required to be paid \$7.0M). This excellent result reflects claims experience in 2013 and 2014 with data at March 2015 showing decreased new claims (21.5% decrease since previous year) and a decrease number of open claims (decreased 34.9% since last year) as a result of sustained return to work of injured employees and claim closures.

### Workers Compensation Results July 2015

There has been an increase in the number of new workers compensation claims in July 2015. Many of these are associated with the management of aggressive patients, particularly in Mental Health. The Director of Mental Health Services has established a specific working group to examine the issues.

In addition, the workers compensation claims targets have been updated from 1/7/2015. They are based on an annual decrease of 3% from a baseline average of 2012/2013- 2014/2015 results (previously 2005/2006- 2007/2008). While these targets are harder to meet they better reflect the State-wide decrease in claims following the workers compensation legislative changes in October 2012 and the need for continuous improvement in order to achieve favourable results.



Dr Teresa Anderson  
**Chief Executive**

18.9.15

