
Sydney Local Health District

Forty Ninth Meeting of the Board

Date: Monday 9 November 2015
Time: 8.00am - 10.00pm
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, 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
Ms Deborah Willcox, Director, Operations / GM, RPAH Hospital (8.00am-8.45am)
Ms Jacqueline Ferguson, Acting Director of Finance (8.00am-8.45am)
Mr John O'Connor, Director of Strategic Financial Projects and Education (Teleconference
(8.00am-8.45am)
Mr Edward Benecke, GHMP Trainee (8.50am-9.15am)
Ms Francesca Grace, GHMP Trainee (8.50am-9.15am)
Ms Anna Mactiernan, GHMP Trainee (8.50am-9.15am)
Ms Anna McNarn, GHMP Trainee (8.50am-9.15am)
Mr Walter Towney, Observer, GHMP Trainee (8.50am -10.00am)

2. Welcome and introductions

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

This meeting commenced with agenda item 9.2.

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 19 October 2015

The minutes of the Board meeting held on Monday 19 October 2015 were moved and seconded with the following amendment for inclusion:

At the conclusion of the meeting the Board visited Ward 11, Acute Care, Ward 14, Rehabilitation Ward and the proposed redevelopment site at Concord Hospital.

4.2 CE Report – October 2015

The report of the Chief Executive October 2015 was moved and seconded with minor amendments including:

“Clinical Costing Update, second paragraph to be reworded”.

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

Presentations:

1. **Medicare Ineligibles Project:** (8.50am-9.15am)

Mr Edward Benecke, Ms Francesca Grace, Ms Anna Mactiernan and Ms Anna McNarn Year Two Graduates, GHMP presented:

- Who are Medicare ineligible patients?
- SLHD Revenue Budget 2015/2016
- Medicare ineligible patient revenue
- Medicare ineligible patient invoices
- Revenue by facility
- SLHD Medicare ineligible approach
- Emergency and outpatients Departments
- Medicare ineligible patient journey
- ED outstanding debt by facility for year ending 2014/15
- Patient journey from the ED
- Outpatient outstanding debt by facility for year ending 2014/15
- Outpatient presentations by financial class
- Wireless EFTPOS at the Position of Sale (POS)
- Future Recommendations
- Inpatients and Payment Plans
- Staff Engagement

- Assessment of Forms
- New Forms
- Wireless Eftpos
- Debt Collection
- Reducing Confusion and Patient Centred Approach
- A copy of the “facts sheet” will be distributed to the Board when finalised.

The Chair thanked Edward, Anna, Francesca and Anna for the presentation. Dr Anderson advised the Board that the MoH have requested that they present to the State Revenue Advisory Group at the end of this month.

5. Matters arising from the previous minutes

5.1 Action sheet

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

- A meeting to be set in the new year with District Executive and Board Members to review the reports being produced.

6. Patient Story

This agenda item was deferred.

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 2015

The Board received and noted the Board Calendar for 2015.

8. Chairman's Report

Nil to report

9. Chief Executive's report

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

- The usage of private health insurance has declined due to the high clinical demand.

- The Concord Cath Lab Business Case will be presented to the Finance, Risk and Performance Management Committee in December 2015.
- Interdependent needs for Mental Health and Drug and Alcohol is required to be reviewed in the HealthPathways.
- Total Expenditure was \$1.431M favourable to budget for the month of September 2015. The result for the month reflected favourable budget variances for Employee Related Expenses (\$1.573M) and Goods & Services (\$0.385M). These favourable results were offset by unfavourable results for VMO Expenses (\$0.497M) and RMR (\$0.166M).
- For the month of September 2015 Total Revenue was \$1.718M unfavourable to budget. The result for the month reflects unfavourable budget results in all revenue categories except Other Revenue (\$0.056M). The result for the month was impacted by the correction of a Patient Fee revenue accrual processed in previous months.
- The District remains at performance level zero.
- Correspondence has been forwarded concerning the WestConnex Economic Impact Statement on health.
- Meetings have commenced concerning the purchase of a DaVinci robot to be used for research, teaching and training. A presentation will be provided to the Board in December 2015.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – September 2015

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

9.1.2 Selected Performance Indicators – September 2015

The Board received and noted the Selected Performance Indicators for September 2015.

9.1.3 HealthPathways Dashboard Report October 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 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 tabled at the meeting.

This meeting opened with an "in camera" discussion with the Board and the District Executive from 8.00am - 8.45am concerning these projects. The District Executive then departed the meeting.

9.3 Capital Works Report

The Board received and noted the Capital Works report.

9.4 Clinical Governance Report

The Board noted the next report is due in December 2015.

9.5 Facility Reports – September 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 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 received and noted this report.

(xiii) Lifehouse

The Board received and noted the Lifehouse report.

10. Matters for approval / resolution

10.1 Annual Board Calendar Reports 2016

This agenda item was deferred to the meeting in December 2015.

10.2 Meeting Schedule for 2016

This agenda item was deferred to the meeting in December 2015.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board noted the meeting was held on 9 November 2015.

11.2 Education and Research Committee

The Board noted the next meeting is to be held on 16 November 2015.

11.3 Communications Committee

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

11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 26 November 2015.

11.5 Health Care – Clinical Quality Council

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

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 25 November 2015.

11.7 Medical Staff Executive Council

The Board noted the next meeting was held on 6 November 2015.

11.8 Patient and Family Centred Care Steering Committee

The Board received and noted the minutes of the meeting held on 14 October 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 14 October 2015.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received and noted the minutes of the meeting held on 15 October 2015.

12.4 Surgical Demand Committee

The Board received and noted the minutes of the meeting held on 21 October 2015.

12.5 Revenue Enhancement Development Committee

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

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 26 November 2015.

12.7 SLHD Innovations Group

The Board noted the Minutes of the meeting held on 22 October 2015 were not available.

12.8 Organ Donation for Transplantation

The Board noted the next meeting is to be held on 10 November 2015.

12.9 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 13 October 2015 was cancelled due to the Imaging Think Tank being held.

13. Matters for noting

13.1 Ministry of Health Awards

The Chair advised the Board the District was successful at the Seventeenth Annual NSW Health Awards being the recipient of three awards including:

- *Electronic medication management system* - State's top honour for innovation at Concord Hospital.
- *Catheter-associated urinary tract infections* - joint winners of the Harry Collins Award at Canterbury Hospital.
- *Introduction of the Missenden Short Stay Unit* – Mental Health and Drug and Alcohol Services.

13.2 Annual General Meeting

The Board discussed the proceedings of the SLHD Annual General Meeting to be held Thursday 12 November 2015.

13.3 Christmas Dinner

The Board discussed the options for the Christmas celebration for this year.

14. Other Business

Nil to report

15. Next Meeting

The next meeting is to be held on Monday 21 December 2015 commencing at 9.00am – Venue to be confirmed.

The meeting closed at 10.00am.



The Hon. Ron Phillips
Chair

21/12/2015

Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Non-Admitted Activity

In October the Ministry of Health released a new set of Guidelines on the "Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting". The Performance Unit is working towards constructing a district wide project plan to conduct another review of patient level reporting and develop strategies to improve the capture of patient level data and ensure all services meet the requirements of the new guidelines.

Sub and Non Acute (SNAP) Update

The most recent SNAP KPI's indicate continued great performance across the District.

KPI - Sept15 YTD	STATE	SLHD	RPAH	CONC	CANT	BAL
% Grouped Bed Days	94%	99%	96%	99%	100%	99%
% Episodes without Error	93%	95%	99%	94%	96%	93%
% Error correction Rate	39%	49%	100%	25%	-	69%

A standardised process is being developed across the District to ensure there is no ungrouped SNAP activity at the end of the 15-16 financial year. Ungrouped SNAP activity does not receive an NWAU allocation in this financial year. The District SNAP Coordinators working group met in October to develop a quality / auditing plan for the SNAP data collection.

NWAU Activity against Target

SLHD is currently 9.60% below target for the month of July. The coding for this period is at 98.79%. However, the Performance Unit is using the IHPA calculator to estimate the NWAU15 values for our activity as NWAU15 have not been available in the Health Information Exchange (HIE). The Ministry of Health (MoH) HIE upgrade was completed in late October. Subsequent local upgrades, reliant on the MoH upgrade, have been completed by SLHD IMTD. The local upgrade ensured the proper regrouping occurred in the system. The data from the upgrade will be available in the first week of November. The upgrades may impact on the final NWAU result as compared to the IHPA calculator result currently being used.

It should be noted that the MoH Health System Performance Report for September for SLHD does not treat Lifehouse as a separate facility/entity. Currently the Lifehouse targets are recorded under RPA. This issue was raised with the Health System Information and Performance Reporting Branch in the Ministry and work is underway to resolve the issue and separate out the data.

Mental Health

Work is underway reviewing the acute admitted mental health activity following two months of high activity to target. Recent analysis of acute mental health data has highlighted the difficulty in accurately forecasting NWAU targets where there is a small cohort of very long stay patients, which skews the data. Different methodologies are being considered.

The MH non-admitted data quality improvement implementation plan has been approved by the stakeholders and has commenced. A review of the structure of the current MH teams is underway which will lead to an improvement in data quality and assist with costing and funding allocation.

Clinical Costing Update

Extensive work continues on the Clinical Costing as we approach the final month of the costing process. SLHD has successfully loaded its first District Network Return (DNR). The first DNR has been reviewed by Finance, Performance and the Executive to identify areas to review and update. SLHD Performance Unit will continue to work on the DNR to ensure the costing is as accurate and robust as possible. The final DNR is due mid-November.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of September, SLHD had 18.81% of patients using health insurance as a proportion of overall activity. This drop in our percentage result was felt across all facilities except IRO. Our facilities are working to reverse this in October.

Single Room Utilisation

In September, 25% of all single rooms were taken up by private patients and 40% of all private patients were accommodated in single rooms. This result was assisted by a small decrease in patients isolated for clinical alert to 9.5%. Also, while there were fewer private patients in our hospitals, the fact that the percentage of single rooms taken up by private patients remained the same as it was in August demonstrated commitment on behalf of staff to seek opportunities to accommodate private patients in single rooms.

Revenue Enhancement Committee

Further discussions have occurred with BUPA and some work has commenced in modelling potential mutually beneficial objectives

A project manager has been engaged to assist in refining the business case to determine whether Cath Lab project at Concord will be financially sustainable.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

The sixth round of *The Pitch* will be held at CRGH Medical Education Centre from 4-6pm Friday, 6 November 2015. Seven applications were received and four ideas will be pitched. A report on outcomes achieved from previous pitch winners is being compiled.

Clinical Redesign

'*PACE- Patient Access & Capacity Enhancement*' CHR 2015 (third intake) project (previously known as *Coordination of Care – Ground East Concord Cancer Centre*) has successfully completed its diagnostic phase. Information sought from patients, staff and data highlighted issues mainly around waiting times, variable skill level of nursing staff and insufficient scheduling system. The project team has commenced planning for the solution design phase with workshops scheduled in the first two weeks of November.

'*There's no place like home – improving uptake of home therapies dialysis*' CHR 2015 (third intake) project is nearing the end of the diagnostic phase. Staff and patients from across the Concord and RPA services have been consulted to identify a broad range of issues with pre-dialysis referrals, home dialysis training and in home support. Solution design workshops have been scheduled for early November to share findings with staff and gather their input on how improvements can be introduced and sustained.

The 2015 CHR Project (first intake) '*Don't Restrict My Ability*' is now in implementation phase. A launch of the new Restricted Weight Bearing Model of Care at CRGH is being organised for late November.

The LINK project has commenced to improve the efficiency and capacity of the SLHD ACC&R Access Care Team (referral hub), with funding for the project lead provided by ACI. The Steering Committee composed of Chronic Care, Aged Care and Community Nursing staff from across primary and acute care met in October 2015 to endorse the implementation Plan to ensure referrals are managed in an effective and timely manner. This will allow greater utilisation of the RACF triage and health coaching service that has been shown to reduce ED presentations. A diagnostic process mapping workshop was held on 26 October to ensure staff take a leading position in identifying and driving improvements to their workflow.

The Xtend project has commenced to improve the care and experience of Heart Failure patients post-discharge from RPA, with funding for a project lead provided by ACI. The project lead commenced in the role in mid-October and has recently attended Implementation training with the project team at ACI. This project is a partnership between SLHD and Central Eastern Sydney Primary Health Network. Implementation of the model of care defined by this project will commence early in 2016.

Accelerated Implementation Methodology (AIM)

AIM training is scheduled for 12-13 November at CRGH and is fully booked. Staff are now able to enrol themselves in 2016 AIM courses via the LMS.

Greater links between winners of *The Pitch* and AIM training access are being developed to facilitate rapid implementation of winning Pitch ideas.

The Redesign Project Manager for Cancer Services will gain AIM accreditation at the upcoming annual Accreditation Program on 2-5 November 2015.

HealthPathways

Workgroups

A workgroup was held on 22 October to identify Paediatric Surgical services across the District. The workgroup identified the need to develop a number of clinical pathways for minor/common Paediatric conditions and identified areas of service provision and referral in relation to services hosted by the Children's Network.

Scoping and Planning activity continues for the following areas and services:

- TIA & Stroke Management
- Epilepsy and Balance Disorders
- Urology
- Andrology

Outside of the workgroup process the development of pathways for Refugee Health, Sexual Assault, Vulnerable Families and Healthy Homes and Neighborhoods continues and we are developing State wide pathways with Genetics NSW for Familial Cancer screening the first pathway for Ovarian and Breast cancers is nearing completion.

Pathways

To date the development of 446 clinical, requesting and information pathways has been initiated and presently we have:

Complete and accessible to GPs	299
Live to GPs (but being updated)	4
Localising (from other HP regions)	133
New Pathways being developed	10

Twenty eight pathways have been released so far this month and include pathways for the new approach to initial Lung cancer diagnosis and referral. These pathways are the result of the collaboration between SLHD Respiratory and Oncology services, Sydney catalyst and the NSW Cancer Institute and HealthPathways Sydney and provide GPs with the most up to date referral information and the support the state-wide aim of all newly diagnosed lung cancer patients only being referred to Specific Respiratory Specialists who are members of the District's two lung cancer MDTs.

Also released are the four clinical condition pathways that support direct GP referral to the LHD's four Hospital in the Home services. The four pathways: Cellulitis, Mastitis,

Pyelonephritis and Community Acquired Pneumonia are result of HITH service re-design supported by the HealthPathways Sydney program. Other pathways released include pathways for Heart failure and liver cancer.

Usage of HealthPathways

Usage remains steady for the period covered in the usage report and sees an increase when compared to the same time period in September (1st – 27th).

- Session numbers increased to 1,180 a 4.7% increase
- Different users/devices increased to 399, up 3.6%
- Unique Page views rose to 5240 an increase of 20.9%
- Average time spent on a pathway also increased 53 seconds.

FINANCIAL PERFORMANCE

GENERAL FUND (GF)

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 30 September 2015 based on the District's budgeted NCoS. For the first quarter of the financial year, Sydney Local Health District (SLHD) General Fund Expenditure was \$0.163M (0.04%) unfavourable to budget and Revenue was \$0.681M (0.17%) unfavourable to budget. The District's NCoS was \$0.844M 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

- Total Expenditure was \$1.431M favourable to budget for the month of September 2015. The result for the month reflected favourable budget variances for Employee Related Expenses (\$1.573M) and Goods & Services (\$0.385M). These favourable results were offset by unfavourable results for VMO Expenses (\$0.497M) and RMR (\$0.166M).
- For the three months to the end of September 2015 Total Expenditure was \$0.163M (0.04%) unfavourable to budget, reflecting unfavourable variances in Annual Leave (\$3.524M), Superannuation (\$0.698M), VMO Expenses (\$1.719M) and RMR Expenses (\$0.838M). These unfavourable results were offset by favourable results for Salaries and Wages (\$4.275M), Overtime (\$0.051M) and Goods and Services (\$1.832M).
- Goods and Services Expenditure was \$0.385M favourable to budget for the month, principally related to G&S Support (\$0.413M) and G&S Administration (\$1.537M), offset by unfavourable variances in G&S Clinical (\$1.565M).

- Year to Date Goods and Services Expenditure is \$1.832M favourable to budget. The YTD favourable result reflects favourable variances in Medical & Surgical Supplies (\$1.586M), Clinical Support Services (\$0.695M) and Fuel, Light & Power (\$1.079M). These results were offset by unfavourable results for Drugs (\$2.053M), Prosthesis (\$0.544M) and Pathology Expenses (\$0.799M).

Revenue

- For the month of September 2015 Total Revenue was \$1.718M unfavourable to budget. The result for the month reflects unfavourable budget results in all revenue categories except Other Revenue (\$0.056M). The result for the month was impacted by the correction of a Patient Fee revenue accrual processed in previous months.
- Year to date Total Revenue is \$0.681M unfavourable to budget. The YTD result reflects favourable variances in Grants and Contributions (\$1.174M), offset by unfavourable results for Patient Fee revenue (\$1.589M) and Other Revenue (\$0.275M). The unfavourable result for Patient Fee revenue reflects the impact of the adjustment referred to above and the impact of the growth in the revenue target for the 2015-16 financial year.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.113M unfavourable to budget for the month of September 2015. This result reflects an unfavourable budget variance for Revenue of \$0.396M offset by a favourable Expenditure variance of \$0.283M. Year to Date SP&T NCoS was \$0.585M unfavourable to budget; Revenue was \$0.928M unfavourable offset by a favourable variance for Expenditure of \$0.343M.

CONSOLIDATED RESULT

The consolidated year to date NCoS result for September 2015 for the General Fund and SP&T was \$1.429M unfavourable to budget. The result comprises a favourable variance in Expenditure of \$0.180M and an unfavourable budget variance for Revenue of \$1.609M.

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

For the period ended 30 September 2015, SLHD recorded a Total Net Result of \$31.498M which was \$1.380M (4.19%) unfavourable to budget. The Net Direct Operating Result at the end of September 2015 (GF and SP&T) was \$0.727M unfavourable to budget. The YTD result reflects lower than budgeted Revenue (\$1.704M unfavourable) offset by favourable Expenditure variances of \$0.977M.

YTD Total Direct Revenue is \$1.704M unfavourable to budget, comprising \$0.825M unfavourable for the General Fund and an unfavourable variance of \$0.879M for Special Purpose & Trust funds. The GF result reflects unfavourable variances in all revenue categories except Grant Income.

Total Direct Expenditure is \$0.977M favourable to budget for the year, comprising \$0.656M favourable for the General Fund and a favourable variance of \$0.321M for Special Purpose & Trust funds. The GF result reflects favourable variances in Salaries & Wages (\$4.275M),

G&S – Admin (\$1.052M) and G&S – Support (\$1.098M). These results were offset by unfavourable results for Salaries & Wages Oncosts (\$3.871M), VMOs (\$1.719M) and G&S – Clinical (\$0.318M).

Liquidity

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

The cash balance at 30 September 2015 for the Operating bank account was \$8.543M, SLHD \$8.543M and repointing of HRTO-SSW \$0. The Operating Cash book balance was \$8.674M, comprised of SLHD \$8.674M and repointing of HRTO-SSW \$0.

Capital Works – CAPDOHRS PROJECTS

The District's Full Year Capital works budget as at 30 September 2015 is \$5.488M comprising \$2.000M of MoH funded and \$3.488M of locally funded projects. Actual expenditure as at the end of September 2015 funded by MoH was \$0.025M which is \$0.153M below the projected expenditure. At the end of September 2015 expenditure on locally funded projects totalled \$0.219M.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

September 2015 FYTD total number of separations increased across the District by 1.36% compared to September 2014 FYTD. For the same period acute same day separations are up 1.33% compared to the same period last year. Canterbury Hospital's acute same day separations for September 2015 FYTD increased by 32.29% compared to the same period last year. The increase at Canterbury can largely be attributed to the new Emergency Department Short Stay Unit (EDSSU).

Emergency department attendances increased by 3.5% for September 2015 compared to the same time last year with 12,616 attendances.

The District occupancy rate for September 2015 decreased -1.71% compared to the same month last year. Canterbury Hospital's occupancy rate for September 2015 FYTD increased by 9.47% as Telopia ward remains closed for refurbishment.

Emergency Treatment Performance (ETP) (formerly known as NEAT)

The ETP performance for the District improved by 1.4% in September 2015 FYTD, compared to September 2014 FYTD to 67.5%. Concord Hospital's ETP increased by 4.4% September 2015 FYTD compared to the same period last year.

ED Triage

Canterbury Hospital achieved all emergency department triage categories for September 2015. RPA met triage category targets 1, 4 and 5 in September 2015. RPA performance in triage category 2 and 3 improved on the previous FYTD result, increasing by 2.53% and 10.40%, respectively. Concord met triage targets 1, 2, 4 and 5 in September 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 September 2015 FYTD for all categories.

Transfer of Care

The nursing Transfer of Care pilot in partnership with the NSW Ambulance Service continued through the month of September. This month the District ToC was consistently above 90%. RPA averaged 90 % (compared to 65% in September 2014). Canterbury and Concord Hospitals were between 95 and 100% ToC. This improved performance returned approximately 712 hours to paramedics.

Quality and Safety

The District continues to achieve the root cause analysis (RCA) target for September 2015. Mental Health Readmissions within 28 Days continues to be above the target of <13% for June FYTD 2015 and has increased from the same period last year from 14.8% to 16.1%. Community follow up within 7 days for Mental Health patients for May 2015 increased by 8.8% to at 61.8% compared to the same period last year.

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

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

Workforce

The SLHD total number of FTE staff has increased by 1.3% (or 121.6 FTE) in September 2015 from August 2015. The FTE is remains relatively steady and is 26 FTE below the YTD average.

Premium staff usage for Medical and Allied Health decreased in September 2015 compared to the same period last year by -0.6% and -0.1%, respectively. Nursing premium staff usage increased by 0.6% in September 2015 compared to the same period last year.

September YTD 2015 sick leave is above the 50 hour/FTE target by 2.5 hours/FTE.

CAPITAL WORKS

Concord Translational Research Facility

Asbestos removal has been completed. The site has been cleared ready for construction. Services relocation is underway.

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 donations. Health Infrastructure are yet to provide the allocation of funds from the state government Capital Research Program. The project on target for February 2016 completion.

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 November. Project Manager has been appointed.

Medical Imaging Equipment Purchases

Approval received from the Ministry for the purchase of the following:

- CT scanners x 2 RPAH
- Angiography Suites x 3 RPAH

Procurement for this equipment has commenced.

The District is awaiting approval of for the SPECT CT Scanner at CRGH.

RPAH Radiology

Design for new angiography suite has been completed and signed off. Cost estimates for the building work will be sourced through Engineering Services Design meetings for the remainder of the department are continuing.

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.

The Business Case is complete and under review prior to submission to the Ministry for consideration.

PLANNING

Child Health and Wellbeing Plan

The Planning Unit has coordinated the completion of the cross-agency Child Health and Wellbeing Plan. This plan, the first of its kind in NSW, will be launched by the Minister for Health on 9 November, 2015 at the Victoria Ave Public School.

SLHD Imaging Think Tank

The second SLHD Imaging Think Tank, co-ordinated by the Planning Unit and the Medical Imaging stream, was held on the 13th October, 2015. A very broad range of issues in relation to both access to equipment/machines and changing models of care was canvassed. Common themes included the broader applications of MRI, the need for PET-MR at RPA and the emergent interest in PET-CT at Concord Hospital. In relation to models of care, it was clear that medical specialties are increasingly using MRI, particularly cardiovascular and neurology services, also surgical subspecialties such as Breast, Upper GI and Neurosurgery and increasingly in diagnosis, for example of molecular anomalies.

The Obstetrics and Gynaecology Imaging Think Tank, organised by the Planning Unit in collaboration with the Women's and Babies Clinical stream, was held on the 15th September, 2015. Key issues raised included increasing use of imaging in the first trimester of pregnancy to identify at risk pregnancies, universal provision of ultrasound at RPA, the need for added ultrasound machines and the developing use of MRI, spectroscopy and trachography to diagnose neuro anomalies, CNS and Gynaecological issues. The importance of supporting imaging-related research developments was canvassed. The film documenting the O & G Imaging Think Tank was shown at the SLHD Imaging Think Tank.

The outcomes from these consultation and showcase processes will provide the basis for the Medical Imaging Strategic Plan.

Paediatric and Women Health Planning

A series of meetings and discussions have been held by the 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.

Urban Development and Renewal Projects

In October, the NSW Department of Planning and Environment launched the Greater Sydney Commission, a body with legislative responsibilities which will implement the metropolitan strategy for Sydney, *A Plan for Growing Sydney*, and also the District (regional) plans. SLHD is part of the Central Region and the Planning Unit has been actively involved in developing the District plan.

Parramatta Road Urban Transformation Strategy

The Parramatta Road Urban Transformation Strategy was released for community comment in September by UrbanGrowth NSW. The plan essentially provides an agreed set of principles guiding planning decisions on Parramatta Rd. The corridor will house up to 70,000 people in 40,000 new homes over the next 30 years in the 8 identified precincts along the Corridor, six of which are in SLHD. Almost \$200 million in urban amenity upgrade will be

provided as a stimulus to the transformation. Walking, cycling and public transport will be supported as 85% of road trips in the corridor are less than 5 kilometres. The transformation of Parramatta Rd is predicated on the road having less traffic as a result of the implementation of the Westconnex motorway.

A key issue identified in the strategy is the importance of recognising RPA/University of Sydney as a Strategic Centre in metropolitan planning, *A Plan for Growing Sydney* and reinforcing the Camperdown precinct's role as a place to support health and research related industries. A meeting has been planned for 27th November with the University and UrbanGrowth NSW and the City of Sydney to discuss opportunities to develop a biotechnology industry hub close to the University and RPA.

The strategy further notes that the SLHD will need to undertake further planning to understand the additional facilities that may be required to support the population growth, with an emphasis on collocational options. The Strategy also suggests a system of developer contributions to state projects in to contribute to required state infrastructure.

Green Square

Green Square development in the final stages with the town centre now in construction. The area is now the most densely populated in Australia (22,000 per square km). The community facility is currently being developed. The City Council will discuss with the SLHD our interest in securing facilities in the area.

The Bays Precinct Transformation Plan

In October, the Bays Transformation Plan was released. Some actions shaping The 80 hectare Bays Precinct Transformation Program include:

- Recovering the White Bay Power Station to create a hub for knowledge intensive industries. NSWHealth has submitted an innovative idea for a MedTech City designed to leverage NSW expertise in health and medical research, digital health, medical technology and devices, and tertiary education to create the southern hemisphere's first dynamic knowledge and innovation hub.
- Providing a Waterfront Promenade
- Creating a Market District incorporating a rejuvenated Sydney Fish Market
- Including Wentworth Park in the Program area
- Repurposing Glebe Island Bridge

Westconnex Project

Planning provided extensive comments on the Westconnex Economic Impact Statement (ES), released in September. Key comments included the correction of population figures used in the EIS. This is significant as it may affect the traffic modelling. It was gratifying to note that comments previously provided on the draft EIS had been incorporated, leading to a whole new section in the released EIS on health impacts.

Sydney Metro

A meeting was held between Transport NSW and the SLHD to discuss the new Sydney Metro rail line from Central to Sydenham. A train station could either pass through Waterloo as an enhancement to the Central to Eveleigh urban transformation site or a Sydney University/RPA station.

Aboriginal Health Plan

The Planning Unit is working with the Aboriginal Health Unit to develop a new SLHD Plan for Aboriginal Health. To date, a series of workshops have been held with key stakeholders to review achievements, barriers and enablers related to the existing Aboriginal Health Plan (2009-2014). A further workshop attended by about 40 stakeholders established the framework for future directions and strategies prior to a period of consultation with the community and major NGOs.

Neurosciences Think Tank

The Planning Unit, in collaboration with the Neurosciences Clinical stream, coordinated the Neurosciences Think Tank: a three hour program of presentations showcasing clinical care and research in Neurosciences in SLHD on 16 September. A range of priorities for future developments were highlighted. Examples include: establishing a memory and cognitive disorders clinic, establishing a state-wide Stereotactic Electroencephalography Thalamic Deep Brain Stimulation (DBS) capacity, developing Excimer Laser Non Occlusive Anastomosis (ELANA), using new and novel devices to support endovascular treatment for stroke patients i.e. SOLITAIRE, and expanding the uptake of thrombectomy for ischaemic stroke.

The Planning Unit is working with the Neurosciences Clinical Stream to develop a prioritised set of proposals for the consideration of the District.

Clinical Stream Position Papers

The Planning Unit is undertaking a review of each of the Clinical Stream Position Papers to assess their mid-term implementation status, to highlight barriers to the achievement of the priorities and to establish priorities for the rest of the life of the position papers.

Primary Health Network (PHN)

The Planning Unit is meeting regularly with the PHN and 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 final draft NSW Ministry of Health Guide to the Delineation of Clinical Services.

The Picture of Health and Local Government Area (LGA) Health Profiles

The SLHD Picture of Health has now been updated as has the eight Local Government Health Profiles. These profiles, developed by the Planning Unit, will be launched, in an event focused on expanding our relationship and collaboration with local government.

Drug Health Plan

The draft Drug Health Plan will be presented at the November meeting of Clinical Council with a launch planned for early 2016.

Workforce Strategic Plan

The Planning Unit has supported Workforce in developing the draft SLHD Workforce Strategic Plan. Workforce organised a half day forum to consult key stakeholders about the plan.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

The Yaralla Estate Community Advisory Committee met on 20 October 2015. The committee was very pleased with the success of the SLHD Yaralla Open Day. They would like to pass on their thanks to the staff and Board and look forward to next year.

There were two proposals received from community groups to use the Estate this month. One was from North Sydney institute of TAFE, its students will visit the Estate next month and do an environmental assessment. The second was from the Yaralla Cub Sea Scouts who hope to visit Yaralla in the new year to earn their photography badge.

A date is being arranged to launch Hyacinth cottage now all the works are complete for the step down burns unit. Approval has been granted by the NSW Office of Environment and Heritage and Heritage Council to enhance the walkways around the Estate. This has gone to tender and will be completed in a staged process. The submission for the community gardens was reviewed and will require archaeologists present as some excavation for the restroom and pathway is required.

Soldier On are now occupying the Woodbine cottage. A formal launch will be organised for this partnership which will highlight the linkages between service delivery ensuring returning veterans receive holistic and appropriate care that they need.

SYDNEY RESEARCH

The University of Sydney Organisational Structures

The University of Sydney is undergoing a Faculty restructure. The Provost Prof Stephen Garton, presented options under consideration for health and medical faculties at the September Council meeting. Key points include:

- The University has long standing and complex organisational structures.

- The 5 Faculties relevant to health and medicine (Medicine, Health Sciences, Nursing, Dentistry and Pharmacy) are multifaceted and contribute significantly to USyd performance in partnership with the health sector.
- The process of realigning these structures aims to simplify and optimise performance so that savings made can be reinvested into research and education.
- The Provost outlined the organisational structure of the University and provided four models under consideration for the reshaping of its five health and medicine Faculties. Members were invited to provide feedback directly to the Provost.
- Consultation will be undertaken over the next two months.

Office of Health & Medical Research

The state-wide biobanking project will be led by Western Sydney LHD with representatives from each state hub forming a steering committee. Prof Paul Young (Woolcock Institute) will represent Sydney Research. A local Sydney Research working group will also be established to work synergistically with the state group. Membership will include representatives from the Woolcock, ADRI, ANZAC, Lifehouse, RPA and USyd.

NSW Health Pathology is leading the NSW Material Transfer Agreement (MTA) project. The project aims to standardise and streamline the process of MTA's across NSW. Nominations from each hub have been called for and Dr Roy Donnelly, Legal Director, SLHD will be representing Sydney Research.

Appointments



























Prof Philip Hogg has been appointed the Chair in Translational Cancer Research for Sydney Catalyst and the NHMRC Clinical Trials Centre, University of Sydney.

Prof Bruce Robinson will retire as Dean of Medicine USyd in February 2016. The USyd will review the Dean position in tandem with their organisational restructure.

Sydney Health Partners

The NHMRC AHRTC workshop will be held in Adelaide on 5 November 2015. Workshop objectives are to showcase achievements, share ideas on how to make the greatest possible contribution to healthcare and to present translational projects. The NHMRC has indicated funds will be made available to the four AHRTC's to progress translational research projects (\$100,000 each). Dr Teresa Anderson, Prof Bruce Robinson and Prof Jonathan Morris will be representing Sydney Health Partners at the workshop.

The 12 thematic project groups continue to meet and formulate work plans. To date, nearly all teams have been formed and baseline project plans developed. A visual representation of progress to date is provided below.

Work Plans			
1	Teams formed, plans agreed, documentation completed; implementation commenced	2	Teams formed, plans being formulated; documentation advanced
3	Teams being formed and objectives determined	4	Very early
Thematic Streams – Discipline Specific		16/09/15	19/10/15
Cancer	Four projects agreed; Discussion commenced between leads. Documentation updated		
Cardio-metabolic	Team formed, project plan outlined, pilot commenced. No update on documentation. Early initiation but no documentation from diabetes group		
Infectious diseases	Collaboration commenced; strategic goals (projects) being formulated; implementation not commenced yet.		
Liver	Good translational project outlined; discussions with team members; Have prepared brief for proposal for NHMRC partnership grant.		
HH/Neurosciences	Mental Health: Living well project progressing. No progress with autism project (IH) Neurosciences: Some planning work commenced but collaborative teams not yet formed; strategic goals outlined.	 	 
Renal	Initial discussions proceeding, No further documentation		
Thematic Stream – Cross Cutting		16/09/15	19/10/15
Biobanking:	Project based on OHMRA/MM proposal outlined. Has not progressed to SHP collaboration. Suggestion that cellular therapies could be included with this group as a cluster		
Clinical Trials:	Collaborative team formed; Practical projects suggested; several meetings; initial plan completed.		
Education:	Team members suggested; Workshop undertaken; initial plan completed.		
Genomics:	Meeting being organised for late October; remains conceptual		
Informatics:	Three projects identified and teams formed. Plans still being determined. Several meetings		
Operational Enablers	Collaborative team identified; steering committee formed; strategic goals (projects) determined; implementation not commenced yet.		

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. Regular Performance Meetings continue on a monthly basis.

MACQUARIE

Sydney Local Health District is working on options for staff parking on the RPA campus following changes to car parking arrangements.

The multi-storey and adjacent on grade car park (gravel pit) currently utilised by staff are part of a lease to Macquarie International Health Clinic.

Macquarie International Health Clinic took back possession, and operation, of the multi-storey car park and on grade car park at 9am on Monday, 2 November, 2015.

All other car parking on the RPA campus continues to be operated by Sydney Local Health District.

Sydney Local Health District has had discussions with staff, the NSW Nurses and Midwives Association and other unions about this matter, and is working with Macquarie International Health Clinic to minimise disruption to staff on campus.

The District values the excellent health care delivered by our dedicated staff and will continue to work with them on this matter, including by providing further information when it becomes available.

A handwritten signature in black ink, appearing to read "Teresa Anderson".

Dr Teresa Anderson
Chief Executive