

Sydney Local Health District

Fiftieth Meeting of the Board

Date: Monday 21 December 2015

Time: 8.30am – 11.30pm

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

Professor Phil Harris, Clinical Director, Cardiovascular Services (8.30am - 9.00am)

Dr Michael Wilson, VMO, Cardiothoracic Surgery (8.30am - 9.00am)

Dr Genevieve Wallace, General Manager, Balmain Hospital (8.30am - 9.00am)

Aged Health, Chronic Care, Rehabilitation, General Medicine, Endocrinology, Metabolism and Andrology Clinical Stream

Dr John Cullen, Clinical Director (8.30 – 9.40am)

Professor Ian Caterson, Deputy Clinical Director (8.30 – 9.40am)

Ms Julie-Ann O'Keeffe, Operational Manager (8.30 – 9.40am)

Prof David Le Couteur, Director, Centre for Education and Research on Aging (8.30 – 9.40am)

Dr Ann-Marie Crozier, Director, Hospital in the Home (8.30 – 9.40am)

Ms Julie Finch, Chronic Care Program Manager (8.30 – 9.40am)

Ms Mandy Burgess, Program Manager, HITH (8.30 – 9.40am)

Ms Anne-Louise Allan-Georgas, Executive Assistant, (8.30 – 9.40am)

Dr Tim Sinclair, General Manager, CRGH (9.20am - 10.15am)

2. Welcome and introductions

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

Presentations:

1. **Robotic Surgery Program**

Dr Wilson's presentation included:

- Minimally Invasive Cardiothoracic Surgery (MICS) including aortic surgery, mitral surgery, coronary bypass, lung resection and mediastinal tumours.

Dr Anderson advised the Board that the robot will be used for patient care, research and teaching and the processes for moving forward.

The Chair thanked Dr Wilson and Professor Harris for attending the meeting and for the presentation.

2. **Aged Health, Chronic Care, Rehabilitation, General Medicine, Endocrinology, Metabolism and Andrology Clinical Stream**

Dr Cullen's presentation included:

- Outline of the Clinical Stream
- Aged chronic care and rehabilitation services
- On any day in winter (March – November in any year)
- Inpatient Services
- Ambulatory Care Services
- Hospital in the Home (HITH)
- Endocrinology, Metabolism and Andrology
- Chronic Care
- Aged Care Assessment Team
- Home Based Therapy
- Outreach programs including Residential Aged Care Facilities, Geriatric Medicine and Oral Health
- Centre for Education and Research on Aging
- Risks and challenges
- Planning processes
- Commonwealth and State funding

The Chair thanked Dr Cullen and the team for attending the meeting and for the presentation

3. **Concord Catheterisation Lab Models of Care Feasibility Study**

Dr Tim Sinclair presented including:

- Concord Cardiology
- Cardiac Catheterisation Lab
- Project Drivers
- What success will look like
- Essential Principles
- Stakeholder engagement
- Option Development
- Public Service Mutual
- Project Progress
- Financial Analysis including risk and issue management
- Next steps
- Structure and Governance of Cath Lab PSM

The Chair thanked Dr Sinclair for attending the meeting and for the presentation.

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 9 November 2015

The minutes of the Board meeting held on Monday 9 November 2015 were moved and seconded.

The Chair signed the minutes.

4.2 CE Report – November 2015

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

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

5. Matters arising from the previous minutes

5.1 Action sheet

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

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 December 2015. In particular the Board noted:

- The usage of private health insurance has declined due to the clinical alerts.
- For the month of October 2015 Total Expenditure was \$1.729M (1.40%) favourable to budget. The result for the month reflected favourable budget variances for Employee Related Expenses (\$2.178M) and VMO Expenses (\$0.226M). These favourable results were offset by unfavourable results for Goods & Services (\$0.283M) and RMR (\$0.412M).
- For the month of October 2015, Total Revenue was \$2.202M (1.93%) unfavourable to budget. The result for the month reflects unfavourable budget results in all major revenue categories, particularly Patient Fees (\$0.967M) and User Charges (\$0.530M).
- Management of penalty rates for registrars was discussed. Further information is to be provided.
- The District remains at performance level zero.
- The Board discussed the staff changes within the Organ Donation for Transplantation Service and agreed a letter of thanks to be written to Outcomes Australia.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – October 2015

The Board received the SLHD Board Reporting Pack for October 2015. The Board noted the "trend arrows" have been removed from the dashboard.

9.1.2 Selected Performance Indicators – October 2015

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

9.1.3 HealthPathways Dashboard Report November 2015

The Board received and noted this report.

9.2 Project updates

9.2.1 Lifehouse

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

9.2.2 Macquarie International Private Hospital

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

9.3 Capital Works Report

The Board received and noted the Capital Works report.

9.4 Clinical Governance Report

The Board received and noted the Clinical Governance report.

9.5 Facility Reports – October 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 and noted 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

The Board approved the Annual Board calendar of reports for 2016.

10.2 Meeting Schedule for 2016

The Board approved the meeting schedule for 2016.

10.3 Clinical Stream Position Paper

The Board received and supported the information concerning the implementation status of the Clinical Stream Position Paper. In particular the Board noted the District Healthcare Services plan requires updating because there have been major changes in bed and service demand resulting from the release of the 2014 Department of Planning and Environment (DPE) population projections; the current District Healthcare Services Plan is based on the 2009 DPE population projections.

10.4 Education and Training Strategic Plan Refresh

The Board received and noted the Plan. The Board agreed that a version with “track changes” of this plan be provided to the next meeting.

10.5 Drug Health Strategic Plan

The Board received and endorsed the Drug Health Plan with the inclusion of the newly revised Sexual Transmissible Infections Strategy.

10.6 Workforce Plan

The Board received and endorsed the Workforce Plan. Minor amendments including typographical errors were noted and are to be emailed to Ms Bransby.

The Board discussed the District plans in general including:

- Emphasis on outcomes for all plans
- Where we are with the plans and where we want to be

The Board agreed to consider these items in the Board / District Executive Planning Session to be held in the new year. Available dates are to be forwarded via email.

10.7 Renewal CE Contract (circulated via email 4.12.15)

At 11.25am, Dr Teresa Anderson and Ms Nerida Bransby exited the meeting for an “in camera” discussion concerning the contract renewal for the Chief Executive.

At 11.30am, Dr Teresa Anderson and Ms Nerida Bransby returned to the meeting.

The Chair advised the Chief Executive, the Board endorsed the contract renewal for the Chief Executive for a period of five years.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received and noted the minutes of the meeting held on 9 November 2015 and 14 December 2015.

11.2 Education and Research Committee

The Board received and noted the minutes of the meeting held on 16 November 2015.

11.3 Communications Committee

The Board noted the next meeting is to be held in February 2016.

11.4 Audit and Risk Committee

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

11.5 Health Care – Clinical Quality Council

The Board noted the meeting was held on 16 December 2015.

11.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting held on 25 November 2015.

11.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting 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 9 December 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 11 November 2015.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

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

12.4 Surgical Demand Committee

The Board noted the meeting was held on 16 December 2015.

12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 25 November 2015.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 26 November 2015.

12.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 25 November 2015.

12.8 Organ Donation for Transplantation

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

12.9 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 9 November 2015.

13. Matters for noting

13.1 Summary of 2014-2015 NGO Annual and Quarterly Reports

The Board received and noted this report and agreed to monitor the smaller NGOs.

13.2 Brief - Update on SLHD Disability Action Plan

The Board received and noted this report.

13.3 Internal Audit Charter

The Board received and noted this report.

13.4 Brief - Impact of the Urban Growth NSW Projects on SLHD Population Projections

The Board received and noted this report.

13.5 Audit and Risk Committee Report – September-November 2015

The Board received this report and agreed that a “footnote” be included in this report explaining the meaning of “unsatisfactory”. Dr Karplus agreed to raise this matter with the Manager of Internal Audit.

13.6 Brief – Clinical Redesign Project Achievements

The Board received and noted this report.

14. Other Business

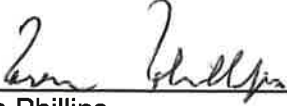
Nil to report

15. Next Meeting

The next meeting is to be held on Monday 8 February 2016 at 9.00am in the SLHD Boardroom (following the FR&PM at 8.00am)

Minutes

The meeting closed at 11.45am.



The Hon. Ron Phillips
Chair



Date

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

2016/17 Activity Target

The 2016/17 Service Agreements - Activity Target Development Workshop was held on 13 November. The workshop looked at strategic priorities for the system as well as purchasing principles and proposed changes to the 2016/17 activity target model. Seven adjustments were put to the group for consideration and feedback. Of the proposed seven adjustments only 2 or 3 adjustments will be implemented in 2016/17 and once these have been finalised by Ministry of Health (MoH) they will be shared with the Board.

Sub and Non Acute (SNAP) Update

SLHD performed well against the MoH SNAP KPIs last month with 94% of all episodes grouped (as at the extraction date) and 97% of episodes without error. This is an improvement on last month (91% and 95% respectively).

An education session was held at Canterbury Hospital this month on improving identification of SNAP activity. The session was well attended.

Work on electronic forms in the eMR for collection of SNAP data has been revitalised with IM&TD, it is believed this will enhance and facilitate the current data collection process. An additional advantage of converting to an electronic form will be that the SNAP data will then be available in the eMR.

Mental Health

A review of the current set up of Mental Health Teams is underway in consultation with Performance unit, Mental Health Service, CHOC build representatives, IM&TD and InforMH (from HSIPR). Changes will be implemented to better reflect the business process and activity of the teams as well as ensure compliance with requirements for the new CHOC build.

A process is being investigated to better reflect the counting and process of predicting Mental Health admitted activity. It is hoped that this will enable more accurate forecasting of activity targets.

Clinical Costing Update

SLHD has completed round 19 Costing. The final costing for the 2014/15 financial year was completed and signed off by the required deadline of 27 November 2015. SLHD has made significant improvements in the fraction reviews and costing process this year. However, it is acknowledged that the costing process is an ongoing process and work will continue with the facilities and key stakeholders to further refine and improve the fraction review and costing practice across the District.

The ABF Taskforce hosted the ABM Portal in Action Workshop on 19 November with good representation from SLHD. The workshop was aimed at improved understanding and greater confidence in using the data within the ABM Portal for benchmarking and clinical costing variation. The round 19- 2014/15 costing result is due to be uploaded into the ABM Portal in mid-December along with the costing results of the other NSW LHDs.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of October, SLHD had an improved 19.3% of patients using health insurance as a proportion of overall activity. While RPAH, IRO and Balmain's results dipped, Canterbury and Concord both improved with Concord having the most private patients it has ever had in a month (1,013).

Single Room Utilisation

In October 2015, 28% of all single rooms were taken up by private patients and 45% of all private patients were accommodated in single rooms. This improved result was achieved despite an increase in patients isolated for clinical alert to 10.3%.

Revenue Enhancement Committee

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

Concord Cardiac Catheter Services Steering Committee Meeting and associated Working Group have continued to determine feasibility of project. Engagement with the NSW MoH ABF Taskforce is also being conducted to manage implications for funding of public work. The CE and Board member Trevor Danos met with representatives of the Department of Premier and Cabinet on 23 November 2015 regarding the work being undertaken by the District to understand the implications of the Public Service Mutual model within the District. Feedback from the meeting was very positive in relation to the systematic approach being taken by the District.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

The sixth round of The Pitch was held at CRGH on Friday 6th November. The first winner was "Putting fun back into waiting!" - \$10,000 to create an inviting, visually stimulating play space which encourages speech and language, gross and fine motor skills, and a positive socio-emotional learning experience for children at Croydon Health Centre. The second winner was "Building a Spatial Portal for Access to Community, Health and Social Services Data" - \$36,290 to develop a secure spatial data portal to provide SLHD and partner organisations access to community, health and social service data by small geographic areas to help identify problem areas and plan for targeted preventative measures and solutions.

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) is currently in the solutions design phase. 38 highly engaged and motivated staff attended the first solutions design workshop and generated numerous solutions which were well-received by the PACE Steering Committee. An additional workshop is planned for next week marking the end of this phase.

'There's no place like home – improving uptake of home therapies dialysis' CHR 2015 (third intake) project is nearing the end of the solution design phase. Over 30 staff and patients from across the Concord and RPA services have attended multiple solution design workshops to generate ideas to address the root causes of problems identified in the current service model. Implementation planning with Heads of Department, Clinicians, Stream Managers and the SLHD Director of Operations will commence in December.

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 was held on 2nd December. This Model of Care has successfully reduced the average Length of Stay for this patient cohort from 37 days to 25 days. Solutions are still being implemented to further reduce Length of Stay. The project team will present their project to the Minister for Health on 3rd December at the Centre for Healthcare Redesign graduation ceremony.

The LINK project aims 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 will meet in early December 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 which has been shown to reduce ED presentations. Diagnostic process mapping workshops and time in motion studies have been conducted to identify areas for improvement and ensure staff take a leading role 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. 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.

Applications for the first CHR of 2016 are now open and close on December 4th. There will be three rounds in 2016. The second round (commencing in April 2016) will have an Activity Based Management/Activity Based Funding focus.

Accelerated Implementation Methodology (AIM)

AIM training was attended by 18 staff members from across the District on November 12th & 13th at CRGH and was well received. There will be four AIM training courses held in 2016.

HealthPathways

Workgroups

No workgroups conducted in November 2015.

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

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

An analysis is currently underway of the un-localised pathways (NZ content) contained on the HealthPathways Sydney website. Of the 497 non-Sydney pages on the website, we have provisionally determined that approximately 15% will be covered by similar Sydney pages or have no relevance to the local environment and therefore will not be placed on the workflow for the program.

Pathways

To date the development of 472 clinical, requesting and information pathways has been initiated and presently we have:

Complete and accessible to GPs	305
Live to GPs (but being updated)	6
Localising (from other HP regions)	153
New Pathways being developed	8

Eight pathways were released in November with the focus of those released being simple Child Health conditions. These mark the first of a number of Paediatric services pages which include the development of service information pages for Paediatric surgical services at Canterbury and RPAH. Information and services pages are also being released to support GPs with Migrant and Refugee Health assessments and entitlements.

Usage of HealthPathways

Use of the website continues to grow, with November being our best performing month in terms of visits and content viewed. In early November we recorded our 100,000 page view since the website opened up on 31 March 2014 and on 17 of November we recorded our highest different sessions in a day with 118.

In comparison with October 2015:

- New users increased to 20.5%, an increase of 4.3%
- Session numbers increased to 1,705 a 24.09 % increase
- Different users/devices increased to 574, up 31.05%
- Unique page views rose to 7,089 an increase of 17.50%
- The number of pages viewed per session dropped slightly to 5.96, a 7.3% decrease.

FINANCIAL PERFORMANCE

GENERAL FUND (GF) (based on new Net Cost of Service Basis)

The 2015/16 Board and Ministry Service Level Agreement financial performance targets are based on an expected Net Cost of Service (NCoS). The following analysis reflects the results for the period ended 31 October 2015 based on the District's budgeted NCoS. For the four months ended 31 October 2015, Sydney Local Health District (SLHD) General Fund Expenditure was \$1.564M (0.31%) favourable to budget and Revenue was \$2.882M (0.57%) unfavourable to budget. For the financial year the District's NCoS is \$1.318M unfavourable to budget.

The Chief Executive and the Director of Finance are confident that the District will have an on budget result for the 2015/16 financial year despite the challenges that are facing the District. The District has good controls in place and monitors performance on a daily basis.

The major variances for the month and year to date were:

Expenditure

- For the month of October 2015 Total Expenditure was \$1.729M (1.40%) favourable to budget. The result for the month reflected favourable budget variances for Employee Related

Expenses (\$2.178M) and VMO Expenses (\$0.226M). These favourable results were offset by unfavourable results for Goods & Services (\$0.283M) and RMR (\$0.412M).

- Year to date (YTD) Total Expenditure was \$1.564M (0.31%) favourable to budget, reflecting unfavourable variances in Annual Leave (\$0.881M), Superannuation (\$1.460M), VMO Expenses (\$1.493M), Goods & Services – Admin (\$1.016M) and RMR Expenses (\$1.249M). These unfavourable results were offset by favourable results for Salaries and Wages (\$4.307M), Overtime (\$0.201M) and Goods and Services – Clinical (\$0.989M).
- Goods and Services Expenditure was \$0.283M unfavourable to budget for the month, principally related to Legal Fees (\$0.451M) and Prosthesis (\$0.853M), offset by favourable variances in Medical Supplies (\$0.356M) and Drugs (\$1.810M).
- Year to Date Goods and Services Expenditure is \$1.548M favourable to budget. The YTD favourable result reflects favourable variances in Medical & Surgical Supplies (\$1.943M), Clinical Support Services (\$0.688M) and Fuel, Light & Power (\$1.626M). These results were offset by unfavourable results for Drugs (\$0.243M), Prosthesis (\$1.398M) and Pathology Expenses (\$1.170M).

Revenue

- For the month of October 2015, Total Revenue was \$2.202M (1.93%) unfavourable to budget. The result for the month reflects unfavourable budget results in all major revenue categories, particularly Patient Fees (\$0.967M) and User Charges (\$0.530M).
- Year to date Total Revenue is \$2.882M (0.57%) unfavourable to budget. The YTD result reflects favourable variances in Grants and Contributions (\$0.676M), offset by unfavourable results for Patient Fee revenue (\$2.556M) and User Charges (\$0.530M). The unfavourable result for Patient Fee revenue reflects the impact of the growth in the District's revenue target for the 2015-16 financial year.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.829M unfavourable to budget for the month of October 2015. This result reflects an unfavourable budget variance for Revenue of \$0.433M and an unfavourable expenditure variance of \$0.396M. Year to Date SP&T NCoS was \$1.414M unfavourable to budget; Revenue was \$1.361M unfavourable and Expenditure was \$0.053M unfavourable to budget.

CONSOLIDATED RESULT

The consolidated year to date NCoS result for October 2015 for the General Fund and SP&T was \$2.732M unfavourable to budget. The result comprises a favourable Expenditure variance of \$1.511M offset by an unfavourable Revenue budget variance of \$4.243M.

FINANCIAL PERFORMANCE (based on Ministry of Health Reporting Format)

For the period ended 31 October 2015, SLHD recorded a Total Net Result of \$23.989M which was \$2.674M (10%) unfavourable to budget. The Net Direct Operating Result at the end of October 2015 (GF and SP&T) was \$1.406M unfavourable to budget. The YTD result reflects lower than budgeted Revenue, \$4.298M unfavourable, offset by favourable Expenditure variances of \$2.892M.

YTD Total Direct Revenue is \$4.298M unfavourable to budget, comprising \$3.022M unfavourable for the General Fund and an unfavourable variance of \$1.276M for Special Purpose & Trust funds. The GF result reflects unfavourable variances in all revenue categories except Grant Income.

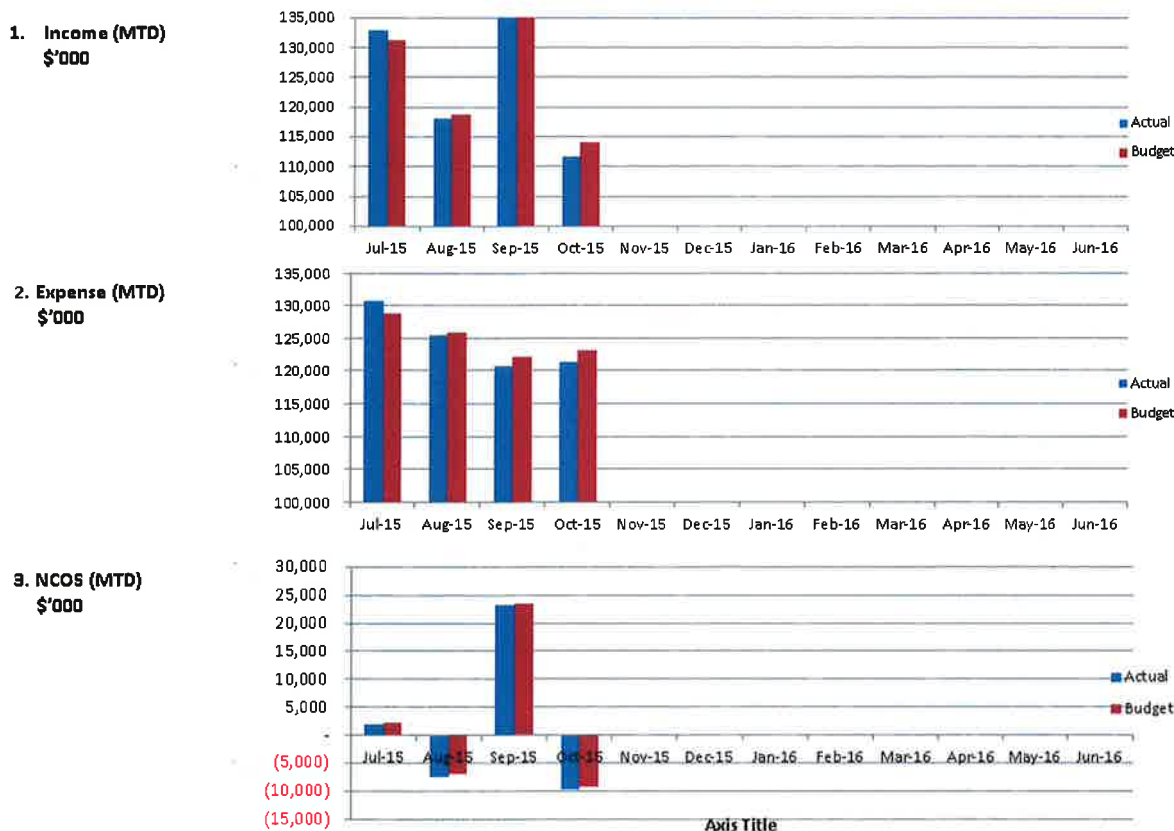
Total Direct Expenditure is \$2.892M favourable to budget for the year, comprising \$2.796M favourable for the General Fund and a favourable variance of \$0.096M for Special Purpose & Trust funds. The GF result reflects favourable variances in Salaries & Wages (\$4.307M), G&S – Clinical

(\$0.989M) and G&S – Support (\$1.576M). These results were offset by unfavourable results for Salaries & Wages Oncosts (\$1.875M), VMOs (\$1.493M) and G&S – Admin (\$1.016M).

Liquidity

The District had NIL creditors over 45 days as at 31 October 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 October 2015. It should be noted that HealthShare reported the District had only achieved 97% compliance with this KPI. HealthShare has subsequently confirmed that they had made an error and that the KPI was fully met. This will be amended.



The cash balance at 31 October 2015 for the Operating bank account was \$7.664M, SLHD \$7.664M and reporting of HRTO-SSW \$0. The Operating Cash book balance was \$7.526M, comprised of SLHD \$7.526M and reporting of HRTO-SSW \$0.

Capital Works – SMRS PROJECTS (formerly CAPDOHRS)

The District's Full Year Capital works budget as at 31 October 2015 is \$17.906M comprising \$2.000M of MoH funded and \$15.906M of locally funded projects. Actual expenditure as at the end of October 2015 was \$2.090M which is \$0.109M below the projected expenditure.

PERFORMANCE

The District continued to be at Performance Level 0. The District's last Performance meeting with the MoH was held on 26 November 2015. There were no major issues of concern raised. The District was congratulated for its ongoing excellent performance.

Activity

October 2015 FYTD total number of separations increased across the District by 2.15% compared to October 2014 FYTD. For the same period acute same day separations are up 1.11% compared to the same period last year. Canterbury Hospital's acute same day separations for October 2015 FYTD increased by 30.20% compared to the same period last year, largely attributed to the new Emergency Department Short Stay Unit (EDSSU).

Emergency department attendances increased by 1.97% for October 2015 compared to the same month last year. There were 13,065 ED attendances in October 2015.

The District occupancy rate for October 2015 increased 1.09% compared to the same month last year. Canterbury Hospital's occupancy rate for October 2015 FYTD increased by 10.95% as Telopia ward remains closed for refurbishment.

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

The ETP performance for the District decreased by 1.07% in October 2015, compared to October 2014 to 70.58%. Concord & Canterbury Hospital's ETP both increased by 2.84% and 3.22% respectively for October 2015 compared to the same period last year.

ED Triage

Canterbury Hospital achieved all emergency department triage categories for October 2015. RPA met triage category targets 1, 4 and 5 in October 2015. RPA performance in triage category 2 and 3 improved on the previous result, increasing by 3.10% and 9.54%, respectively. Concord met triage targets 1, 2, 4 and 5 in October 2015.

Transfer of Care

The target of 90% for transfer of care (TOC) for the District increased by 11.75% for October 2015 compared to October 2014. The TOC target (90%) was met by all three emergency departments in October 2015. RPA increased by 16.62% to 90.84% for October 2015. This result again highlights the success of the RPA TOC Pilot Program in operation at the RPA Emergency Department. Evaluation of the TOC program continues and will be complete by the end of the year.

Elective Surgery

SLHD continued to perform at the top of the State for patient treatment timeframe targets for elective surgery. Performance is at 100% for October 2015 for all categories.

Quality and Safety

The District continued to achieve the root cause analysis (RCA) target for October 2015. Mental Health Readmissions within 28 Days continues to be above the target of <13% for July YTD 2015 and has decreased from the same period last year from 18.9% to 18.7%.

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

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

Workforce

Premium staff usage for Medical and Allied Health decreased for October 2015 compared to the same period last year by -0.3% and -0.2%, respectively. Nursing premium staff usage increased by 0.5% in October 2015 compared to the same period last year.

CAPITAL WORKS

Concord Translational Research Facility

Construction is underway. There have been minor weather delays; however, the project remains on target for completion in April/May 2016.

RPAH Stonework repair main facade

Work continues to the stone facade at RPAH. Work is being undertaken as part of 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. This would include another 50/50 cost sharing arrangement.

RPA Institute of Academic Surgery & RPA Transplant Institute

Internal works are progressing well. The Project is partially funded through philanthropic donation.

Health Infrastructure are yet to release funds from the State Government Capital Research Program. The Project is 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 is scheduled for completion in December 2015.

Detailed design for the Balmain component has commenced. Development application approval remains unresolved.

Medical Imaging Equipment Purchases

Approval has been 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.

Approval received for the purchase of a SPECT CT Scanner at CRGH. Procurement will commence in early 2016.

RPAH Radiology

Design for new angiography suite completed & signed off. Cost estimates for the building approved. Demolition will commence in December 2015.

Surgical Equipment

The Di Vinci Robot has arrived and is currently being commissioned. Minor works are being undertaken in operating theatres to accommodate the robot.

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

PLANNING

Health One in Green Square

SLHD was successful in being selected as a site for a HealthOne, an integrated GP and primary health care service. This will involve capital funding. The key objectives of a HealthOne are to:

1. Prevent illness and reduce the risk and impact of disease and disability
2. Improve chronic disease management in the community
3. Reduce avoidable admissions (and unnecessary demand for hospital care)
4. Improve service access and health outcomes for disadvantaged and vulnerable groups
5. Build a sustainable model of health care delivery.

HealthOne services can be provided from one structure or location, provided using a hub and spoke model or can be virtually integrated. SLHD has instigated a planning process to recommend a preferred approach for the District.

To date this has included:

1. A meeting was held between the City of Sydney senior planners and the CE to discuss the Green Square development and the opportunities for the HealthOne service there. This area is now the most densely populated in Australia (22,000 per square km). It is timely as the community facilities are currently being developed.
2. An SLHD workshop was held with the UNSW Centre for Primary Health Care and Equity (Professor Terry Findlay and Dr Julie McDonald). In attendance were senior managers from SLHD community-based services and the PHN CE and senior manager.
3. A second SLHD workshop is planned for the 14 December. This will review the current facilities, location, approach to patient, family and community centre care and capacity for integrated care.

These three strategies will result in an interim report for the CE on options for HealthOne development.

Parramatta Road Urban Transformation Strategy and Biotechnology Industry Strategy

The Parramatta Road Urban Transformation Strategy was released for community comment in September by UrbanGrowth NSW.

A meeting was held on 26 November with the University, UrbanGrowth NSW, the City of Sydney, Leichhardt Council, representatives of the Ministry of Health and selected MRIs to discuss opportunities to develop a biotechnology industry hub close to the University and RPA. The intention is for this group to develop an economic case for the zoning of this area for commercial/business and the establishment of strategies to realise this development. It is intended that such industries be integrated with the University and hospital research and education.

The Parramatta Road strategy will require the SLHD to identify the additional facilities that may be required to support the population growth, with an emphasis on collocational options and with potential for realising value sharing.

SLHD will develop a submission to the Parramatta Rd project outlining SLHD issues and focussing on healthy urban development and liveability issues.

SLHD Imaging Strategic Plan

The outcomes from the SLHD Imaging Think Tank have been circulated to key clinical directors, clinicians and senior managers for comment. The Planning Unit is working closely with the Stream Director to develop a Position Paper for the Medical Imaging Clinical stream as well as the more broad-ranging Strategic Plan, which will cover all streams and facilities and providers.

Paediatric and Women Health Planning

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

A component of this has been to look in detail at the Paediatric Surgery strategy and to assess the capacity of SLHD in this area.

This has resulted in a series of papers that are currently under consultation in the clinical stream.

Other Urban Development and Renewal Projects Westconnex Project

The latest Environmental Impact statement for Westconnex has been received and the Planning Unit is currently assessing this in relation to the social and urban amenity implications.

Sydney Metro

A second 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. The SLHD has worked with the University to support the University's bid for the station.

Aboriginal Health Plan

The Planning Unit is working closely with the Aboriginal Health Unit to develop a new SLHD Plan for Aboriginal Health. Significant collaborative planning has occurred to organise a full day (10-3pm) Aboriginal community consultation on the 8 December and a consultation with the most senior Clinical Directors and General Managers on the 9 December.

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).

It is intended that the Plan be drafted in the early new year and then sent out for comment before a final round of consultations.

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 the 16th September. The Planning Unit is working with the Neurosciences Clinical Stream to further develop a prioritised set of proposals for the consideration of the District. This will include interventional Neuro-Radiology. One page briefs have been developed for the major priorities in the stream.

A series of meetings have been attended with the cross-District departments in the Clinical Stream to better assess their current priorities.

Clinical Stream Position Papers

The Planning Unit is undertaking a mid-term review of each of the Clinical Stream Position Papers to assess their 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 continues to meet 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.

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 have now been uploaded to the website.

Drug Health Plan

The draft Drug Health Plan was 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.

Child Health and Wellbeing Plan

The Planning Unit coordinated the development of the cross-agency Child Health and Wellbeing Plan. This Plan, the first of its kind in NSW, was launched by the Minister for Health on the 9 November, 2015 at the Victoria Ave Public School. Feedback from the Minister in relation to the Plan has been very positive.

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

The Yaralla Estate Community Advisory Committee met on 17 November 2015 and celebrated a successful year.

Some highlights from 2015 included the refurbishment of the Hyacinth Cottage as a step down burns unit; the refurbishment of Woodbine cottage which Soldier On now occupy; a well-received SLHD Yaralla Open Day and general maintenance and repair around the Estate. Some revenue was generated through filming (The Great Australian Bake Off), wedding photography and fundraising opportunities.

A 2016 calendar of events was tabled at the meeting. SLHD will again host an open day/Spring Fair in September 2016. Works that are likely to commence in 2016 include the installation of bollards along the driveway to protect the heritage trees; pathways around the Estate and mark up of some areas for parking and signage. We are hoping that the Great Australian Bake Off returns in 2016 and some proposals have been received by community groups for various uses of the Estate.

SYDNEY RESEARCH

The University of Sydney Organisational Structures

The University of Sydney proposal to reorganise health and medicine structures presents an opportunity to realign faculties in order to simplify and optimise performance. Members of Sydney Research cited an overwhelming preference for biomedical sciences and public health to remain

within the Faculty of Medicine. Both of these Schools are integral to medical research and education and contribute directly to clinical research. This would continue to occur in options one and two of the four options presented by the USyd. Formal correspondence outlining the views and preference(s) of Sydney Research members was forwarded to the Provost, University of Sydney.

In lieu of the Westmead campus capital growth strategy, the USyd Faculty of Dentistry has been reviewing current and future growth options including how and where to invest in academic, teaching and student practice opportunities. The Sydney Dental Hospital has a long and proud history as a leading teaching and academic dental hospital. The CE is working with the Dean, Dentistry USyd to ensure Sydney Dental Hospital continues to meet the needs of students, academics, practitioners and the community well into the future.

Primary Health Network

The Central and Eastern Sydney Primary Health Network (C&ESPHN) aims to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care. The demographic areas of C&ESPHN include Cronulla, Menai, Kogarah and Sydney. The Network builds on the work of the former Medicare locals and is in the process of consolidating programs within new boundaries. Dr Michael Moore, Chief Executive, C&ESPHN, advised Sydney Research Council that a trial project is planned that offers a centralised database to facilitate GP referrals to clinical trials. Acknowledging C&ESPHN as a new legal entity, formal correspondence has been forwarded to Dr Michael Moore, inviting C&ESPHN to be a member of Sydney Research.

Sydney Health Partners (SHP)

The first SHP Governing Council, chaired by Mr Paul McClintock was held on 30 November 2015. The Council is the peak governing body of SHP and includes the Chief Executives from each LHD/network and affiliated MRI's, VC/representative from USyd and community/skill based representatives.

The first issue of SHP News was released (available at <http://sydneyresearchhub.com.au/>) in November 2015. It is anticipated future editions will be released bimonthly. The USyd is running a competition to develop a SHP logo. The competition commenced 19 October and closes Monday 14 December 2015. The competition is advertised at sydney.edu.au/shp-logo.

SHP metrics are under development to help inform strategic planning and reporting. Original data within the submission provides a useful baseline. Results thus far are impressive and there is opportunity to explore reporting on translational projects as program groups gain momentum. Preliminary results are provided below in five year and annual periods.

Metrics 5 years	2010 -2014
Total Income	\$928M
Category 1 grants	\$508
CRE's	15CREs with \$15M
Publications	8,760 with 26% cited top 10% worldwide
Annual Metrics	2014
Workforce	33,000
Population	2.6M people; 50% of Sydney; 10% of Australia
Clinical Disciplines	16
Health and Medical Students	12,161 enrolled 1,336 PhD students

Academic appointments	1,223 at USyd 646 Prof or A level
Academic appointments with LHD clinical appointments	202
Research supervisors	1599 Primary supervisors (339 Masters) & (1260 PhD)
NHMRC Program and Project Grants	Participation in 32 Program grants & 32 Partnership grants
Clinical Trials	>800 clinical trials
Research funds:	
Philanthropic	\$82M
Contracted	\$48M

Sydney Local Health District Surgical Robotics Program

The CE and the Co-Chair of the Institute of Academic Surgery co-chair the SLHD Robotic Surgery Steering Committee, which is meeting fortnightly to oversee the implementation of the robotics research program in SLHD. Representatives from all related surgical departments and facilities across SLHD attend. Lifehouse representatives also attend. All disciplines are currently working on their research programs. No surgery will be undertaken with the robot unless its part of a comprehensive research program. Partnerships with other robotic centres are being formed to support both teaching and research. The University of Sydney is involved in the program through the Institute of Academic Surgery. The Professor of Surgical Research will oversee the Robotic Research Program. A presentation to the Board will be made to the December Board meeting.

LIFEHOUSE

Monthly performance meetings are continuing. Operational meetings continue on a regular basis to ensure the integration of care for cancer patients across Lifehouse and the District.

MACQUARIE INTERNATIONAL HEALTH CLINIC

Macquarie International Health Clinic took possession of the multistorey car park on 2 November 2015.

SLHD is actively exploring contingency arrangements to address that event with a SLHD Working Group being convened to explore strategies for the management of remaining parking on the RPA campus (including the cost of that parking) and investigate active travel options along with parking options in the broader community. Membership includes staff and management of SLHD/RPA and Unions.

SLHD ANNUAL GENERAL MEETING

SLHD held its Annual General Meeting on 12 November 2015. It was well attended by staff and members of the community, with over 200 people attending. Feedback has been very positive particularly in relation to the small video vignettes on the day in the life of our staff.



Dr Teresa Anderson
Chief Executive

31.3.16