
Sydney Local Health District

Fifty First Meeting of the Board

Date: Monday 22 February 2016
Time: 8.00am – 11.00am
Venue: SLHD Boardroom
Chair: The Hon. Ron Phillips, Chair

1. Present and apologies

The Hon. Ron Phillips, Chair
Dr Teresa Anderson, Chief Executive
Ms Victoria Weekes, Member
Mr Trevor Danos, AM, Member
Dr Thomas Karplus, Member
Dr Barry Catchlove, AM, Member
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

2. Welcome and introductions

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

The Chair congratulated Dr Barry Catchlove for being recognised on the 2016 Australia Day Honours list, namely a Member of the Order of Australia (AM).

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 21 December 2015

The minutes of the Board meeting held on Monday 21 December 2015 were moved and seconded.

The Chair signed the minutes.

4.2 CE Report – December 2015

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

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

- A brief will be forwarded to the Finance Risk and Performance Management Committee concerning the restructuring of reports prior to submission to the Board.
- A summary from Internal Audit concerning the use of “satisfactory” and “unsatisfactory” in their reports was circulated by email. This item can be removed from the action list.
- A thank you letter has been sent to Outcomes Australia. This item can be removed from the action list.
- The link to the revised Sexual Health Infections Strategy has been included in the Drug Health Plan. This item can be removed from the action list.

5.2 Interaction between Drug and Mental Health Pathways

The Board noted the information contained in the email. Interdependent needs for Mental Health and Drug and Alcohol are being reviewed.

5.3 Education and Training Strategic Plan Refresh

The Board received the Education and Training Strategic Plan refresh. With the inclusion of some minor typographical errors, the Board endorsed the plan. This item can be removed from the action list.

6. Patient Story

Nil to report.

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List.

7.2 Financial Classification Codes

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

7.3 Board Calendar 2016

The Board received and noted the Board Calendar for 2016.

8. Chairman's Report

8.1 Board Agenda Items

Board agendas are compiled by the CE Office and forwarded to the Chair for approval. All Board Members are welcome to submit items for the inclusion in the Board agendas.

9. Chief Executive's report

The Board received the Chief Executive's Report for February 2016. In particular the Board noted:

- Following a Purchasing Model Roadshow with the MoH, it is proposed seven adjustors of which 2-3 will be implemented in 2016/17.
- Feedback has been positive from the HealthPathways users at the GP Forum.
- For the period ending 31 December 2015, SLHD General Fund Expenditure was \$2.291M (0.30%) favourable to budget and Revenue was \$3.940M (0.52%) unfavourable to budget. For the financial year the District's NCoS is \$1.649M unfavourable to budget.
- For the month of December 2015, Total Expenditure was \$1.086M (0.82%) favourable to budget. The result for the month reflected favourable budget variances for Employee Related Expenses (\$0.856M) and Goods & Services Expenses (\$2.367M). These favourable results were offset by unfavourable results for VMO Expenses (\$0.367M) and RMR (\$1.732M).
- The District continues to be at Performance Level 0.
- There were 13,239 ED attendances in December 2015. Canterbury ED attendance increased by 5.04% for December 2015 FYTD.
- The District occupancy rate for December 2015 increased 1.51% compared to the same month last year. Concord Hospital's occupancy rate for December 2015 FYTD increased by 5.85%.
- Funds from the use of the Yaralla Estate will be placed in a trust fund.
- A roundtable taskforce working group occurred on 8 February 2016 to discuss security matters in health care settings. Weekly meetings are occurring and an action plan for the District is being developed. Change of dress code for security officers has been supported and will be implemented.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – December 2015

The Board received the SLHD Board Reporting Pack for December 2015. The Board noted and discussed:

- The “trend arrows” have been removed from the dashboard and requested this to be replaced.
- Page 11 of the pack, the summary of major projects should be in \$'000.
- Risk number ten, public terror alert in public places was discussed and confirmed that strategies are being set in place.

9.1.2 Selected Performance Indicators – December 2015

The Board noted the Selected Performance Indicators report for December 2015 was not available.

9.1.3 HealthPathways Dashboard Report December 2015

The Board received and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board received the information on Lifehouse provided in the Chief Executive's confidential report. The Board discussed the issues log to be considered on the SLHD Board agenda.

9.2.2 Macquarie International Private Hospital

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

9.3 Capital Works Report

The Board received and noted the Capital Works report.

9.4 Clinical Governance Report

The Board noted the Clinical Governance report is due in March 2016.

9.5 Facility Reports – December 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 the Oral Health Services and Sydney Dental Hospital facility report. The Board discussed:

- The planned Lightrail that will cause obstruction to the Dental Hospital loading dock. Negotiations have been escalated and are ongoing as this entry is used by frail, vulnerable patients.
- The National Partnership Agreement (NPA) funding for dental services is due to cease in June 2016. A brief will be provided to the Board on the implications of this funding at the next meeting.

(vi) Mental Health Services

The Board received and noted the Mental Health Services report.

(vii) Croydon/Marrickville/Redfern Health Centres

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

(viii) Drug Health Services

The Board received and noted the Drug Health report.

(ix) Community Health

The Board received the Community Health report. The Board noted the new format for this report will commence in the new financial year.

(x) Population Health

The Board received the Population Health report. The Board noted the new format for this report will commence in the new financial year.

(xi) Tresillian

The Board received and noted the Tresillian report.

(xii) Organ Donation for Transplant

The Board noted this report was not available.

(xiii) Lifehouse

The Board received and noted the Lifehouse report.

10. Matters for approval / resolution

Nil to report

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

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

11.2 Education and Research Committee

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

11.3 Communications Committee

The Board noted the next meeting is to be advised.

11.4 Audit and Risk Committee

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

11.5 Health Care – Clinical Quality Council

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

11.6 Health Care – Clinical Council

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

11.7 Medical Staff Executive Council

The Board received and noted the minutes of the meeting held on 5 February 2016.

11.8 Patient and Family Centred Care Steering Committee

The Board noted the next meeting is to be held on 9 March 2016.

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 9 December 2015 and 27 January 2016. The Board discussed the clinical incident relating to incorrect dosage of chemotherapy drugs given to patients at St Vincent's Hospital in the media recently. Dr Anderson advised the Board the District has policies and processes in place including:

- Clinical Privileges for medical officers
- Morbidity and Mortality Committees
- Nursing protocols for administration of high risk drugs
- Clinical Nurse Consultants dosage checks
- Roll-out of the e-medication management
- File audits are performed
- Quality Assurance
- Death reviews
- RCAs
- Peer review activities
- Assessment of medical staff
- Monitoring in the "STARS" program including clinical variations, patient length of stay and complication rates.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the next meeting was held on 18 February 2016.

12.4 Surgical Demand Committee

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

12.5 Revenue Enhancement Development Committee

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

12.6 NSW Health / SLHD Performance Review Meeting

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

12.7 SLHD Innovations Group

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

12.8 Organ Donation for Transplantation

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

12.9 Major Procurement, Assets and Imaging Steering Committee

The Board received and noted the minutes of the meeting held on 8 December 2015.

13. Matters for noting

Nil to Report

14. Other Business

14.1 Board Planning Workshop

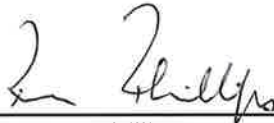
The Board received the report via email relating to the SLHD Board and Executive Planning Day held on Thursday 4 February 2016.

The Board reviewed the results in the report and following discussion, the Board agreed to some minor amendments and inclusions to the Key Priorities and Strategic Actions for 2016/2017.

15. Next Meeting

The next meeting is to be held on Monday 21 March 2016 at 9.00am in the SLHD Boardroom.

The meeting closed at 11.00am.



The Hon. Ron Phillips
Chair

Date

21/3/2016

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

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

2016/17 Activity Target

The 2016/17 Draft Service Agreement and Data Dictionary was released in December for review and comment. There were a limited number of measures where targets were noted for comment and the Performance Unit consulted with the relevant District stakeholders on service levels and activity targets to determine confidence in achieving or to highlight issues impacting performance.

MoH will be holding a Purchasing Model Roadshow with SLHD in February to demonstrate the purchasing principles and proposed changes to the 2016/17 activity target model along with discussion of the proposed seven adjustors (of which 2-3 will be implemented in 2016/17).

Non-Admitted (NAP) Activity

Facilities are reloading July – December non-admitted data in preparation for 2016/17 target setting and mid-year clinical costing.

Canterbury Hospital and Community Health have been in focus the past month as Performance Unit assisted in clinic reviews and improving patient level reporting respectively.

Sub and Non Acute (SNAP) Update

SLHD performed slightly below State target last month at 93% for grouped bed days. This was mostly attributed to a job vacancy at Concord Hospital that has now been filled. Error correction rates performed 24% above the state average with 94% of the SNAP activity without error.

Strategies continue to be in place to ensure that all ungrouped SNAP activity is reviewed and reduced to zero, to ensure that all SNAP activity receives a funding allocation.

A mid-February Functional Independence Measure (FIM) training session has been organised for Canterbury staff to ensure more staff across various wards are FIM trained.

KPI	State Av	SLHD Av
Grouped Bed days	96%	93%
Episodes without error	94%	94%
Error correction rates	46%	70%

Mental Health

Considerable work is being undertaken leading up to the implementation of Community Health and Outpatient Care program (CHOC). Currently March 2016 is the anticipated implementation date. In addition to this an overall review of non-admitted mental health data capture, and strategies to improve data collection and reporting are ongoing in collaboration with Performance Unit and Mental Health Service.

Clinical Costing Update

Following the completion of Round 19 costing, the 2014/15 costing result for SLHD and other NSW LHDs is now available in the ABM Portal for benchmarking and clinical costing variation.

The 2014/15 District Network Return is currently undergoing an audit which is being carried out by the SLHD internal auditors. This internal audit program provides a quality assurance over the collection and reporting of data through the DNR, leading to an assessment of the consistency in the quality of the DNRs and costing methodologies and compliance with the NSW Cost Accounting Guidelines. It is expected the audit to be finalised by the end of the month.

Data collections for activity, general ledger and feeder systems for July –December 2015 have commenced as part of mid-year costings.

The iFRAC (Cost Centre Review) template is undergoing a redesign with aim to streamline the collection of program, non-admitted and overhead splits whilst also addressing some preliminary recommendation from the auditors.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of November, SLHD had 19.29% of its patients using health insurance as a proportion of overall activity.

For the month of December, SLHD had 18.88% of patients using health insurance as a proportion of overall activity. Efforts continue to follow-up any potential private patients who may have been missed while in hospital and to reduce the chance of this occurring.

Single Room Utilisation

In November, 28% of all single rooms were taken up by private patients and 41% of all private patients were accommodated in single rooms. 10.2% of all patients were isolated for clinical alert.

In December, 22% of all single rooms were taken up by private patients and 41% of all private patients were accommodated in single rooms. This was achieved despite an increase in patients isolated for clinical alert to 10.5%.

Revenue Enhancement Committee

Senior Executive of SLHD and senior managers of BUPA met to determine opportunities to collaborate. Further discussions will occur to determine if there is a fit between both organisations in their objective to keep patients healthier and out of hospital. Concord Cardiac Catheter Services Steering Committee Meeting and associated Working Group are continuing to work through issues related to the feasibility of project. Lessons learnt are also being documented to assist with other projects. John O'Connor is currently reviewing the financials.

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations Group

The first Pitch in 2016 will be held in the Kerry Packer Auditorium at 4pm Friday, 26 February. A report on outcomes achieved from previous Pitch winners is being prepared and will be available in March 2016.

A 'JMO Ideas Forum' was held on 16 December 2015 in partnership with the RPA JMO Innovations Group to discuss and identify Quality Improvement opportunities across RPA. This Forum was part of a greater strategy to better integrate JMOs into current and planned improvement initiatives.

Clinical Redesign

The '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 implementation phase. A staged implementation plan is in place and 11 working groups have been established, commencing work in February and March 2016. The 'Streamlined processes for Immunology and Neurology patients' solution has been developed and will be implemented shortly.

'There's no place like home – improving uptake of home therapies dialysis' CHR 2015 (third intake) project is undertaking implementation planning.

An evaluation of SLHD CHR projects from 2013-2015 is underway to assess the impact of program attendance and project outcomes achieved using redesign methodology.

The 2015 CHR Project (first intake) 'Don't Restrict My Ability' is now in the "sustain and evaluate" phase. A launch of the new Restricted Weight Bearing Model of Care at CRGH was held on 2 December and was attended by Nursing, allied health and medical staff, and patients and their families. 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 presented their project to the Minister for Health on 3 December at the Centre for Healthcare Redesign graduation ceremony.

Two SLHD projects were successful in gaining a place in the CHR 2016 first intake Program. These projects are Harm Minimisation Program from Drug Health and Canterbury Hospital Pre-Admission Clinic. Both these project teams will commence in late February. Implementation of identified solutions is expected to start in November 2016.

Applications for the second CHR of 2016 close 30 January. This iteration of the program has an Activity Based Management theme and is co-sponsored by the Activity Based Funding Taskforce. At this stage, there are no applications from SLHD. The third round will commence in July, with applications due in May.

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, met 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 are 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. Working groups to progress development of this Model of Care are meeting to clarify policies, protocols, risk stratification tools and evaluation approach.

Accelerated Implementation Methodology (AIM)

There will be at least four AIM training courses held in 2016 at Concord Medical Education Centre. The first course in February is fully booked.

HealthPathways

Workgroups

No workgroups were conducted in December and January.

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

Pathways

To date the development of 494 clinical, requesting and information pathways has been initiated and presently we have:

Complete and accessible to GPs		319
Live to GPs (but being updated)		9
Localising (from other HP regions)	155	
New Pathways being developed		11

Eighteen pathways were released during December and January with the focus on Chronic Kidney disease, Sexual Assault, Alcohol interventions and Paediatric Surgery. The focus during this period has been to complete major pathway sets for COPD/Asthma, Benign Gynaecology, Osteoporosis and Colorectal conditions. The COPD pathways are scheduled for release in February 2016.

Usage of HealthPathways

As expected, due to the holiday period, there was a downturn in the number of users accessing the live site during the second half of December and early January but numbers have started to climb to previous levels.

	Oct – Nov 15	Dec 15 – Jan 16	Dec 14 – Jan 15
Sessions	3,079	2,570	901
Users	856	670	282
Page views	18,994	14,226	5,848

Evaluation

The development of our evaluation plan continues with the Menzies Centre for Health. We anticipate the formal appointment of the evaluation lead to be made in February by the Menzies.

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) result. The following analysis reflects the result for the period ended 31 December 2015 based on the District's budgeted NCoS. For the period ended 31 December 2015, Sydney Local Health District (SLHD) General Fund Expenditure was \$2.291M (0.30%) favourable to budget and Revenue was \$3.940M (0.52%) unfavourable to budget. For the financial year the District's NCoS is \$1.649M 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 December 2015, Total Expenditure was \$1.086M (0.82%) favourable to budget. The result for the month reflected favourable budget variances for Employee Related Expenses (\$0.856M) and Goods & Services Expenses (\$2.367M). These favourable results were offset by unfavourable results for VMO Expenses (\$0.367M) and RMR (\$1.732M).
- Year to date (YTD) Total Expenditure was \$2.291M (0.30%) favourable to budget, reflecting unfavourable variances in Annual Leave (\$1.058M), Superannuation (\$2.271M), VMO Expenses (\$1.174M), Goods & Services – Admin (\$1.471M) and RMR Expenses (\$4.095M). These unfavourable results were offset by favourable results for Salaries and Wages (\$6.155M), Overtime (\$0.460M) and Goods and Services – Clinical (\$2.634M).
- RMR Expenditure was \$1.732M unfavourable to budget for the month, principally related to Maintenance (\$1.244M) and Repairs (\$0.184M). Year to Date RMR Expenditure is \$4.095M unfavourable to budget. The YTD unfavourable result reflects unfavourable variances in Maintenance (including maintenance contracts) (\$4.052M) and Repairs (\$0.339M). These results were offset by a favourable result New & Replacement Equipment (\$0.866M).

Revenue

- For the month of December 2015 Total Revenue was \$1.198M (0.92%) unfavourable to budget. The result for the month reflects unfavourable budget results in all revenue categories except User Charges (\$1.121M). The major unfavourable variances were Patient Fees (\$1.674M) and Grants & Contributions (\$0.507M).
- Year to date Total Revenue is \$3.940M (0.44%) unfavourable to budget. The YTD result reflects favourable variances in User Charges (\$1.753M) offset by unfavourable results for Patient Fee revenue (\$4.601M) and Other Revenue (\$0.801M). The unfavourable result for Patient Fee revenue reflects the impact of the growth in the District' revenue target for the 2015-16 financial year.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.566M favourable to budget for the month of December 2015. This result reflects a favourable budget variance for Expenditure of \$0.718M offset by an unfavourable result for Revenue of \$0.153M. Year to Date SP&T NCoS was \$0.211M favourable to budget; Revenue was \$1.476M unfavourable and Expenditure was \$1.687M favourable to budget.

CONSOLIDATED RESULT

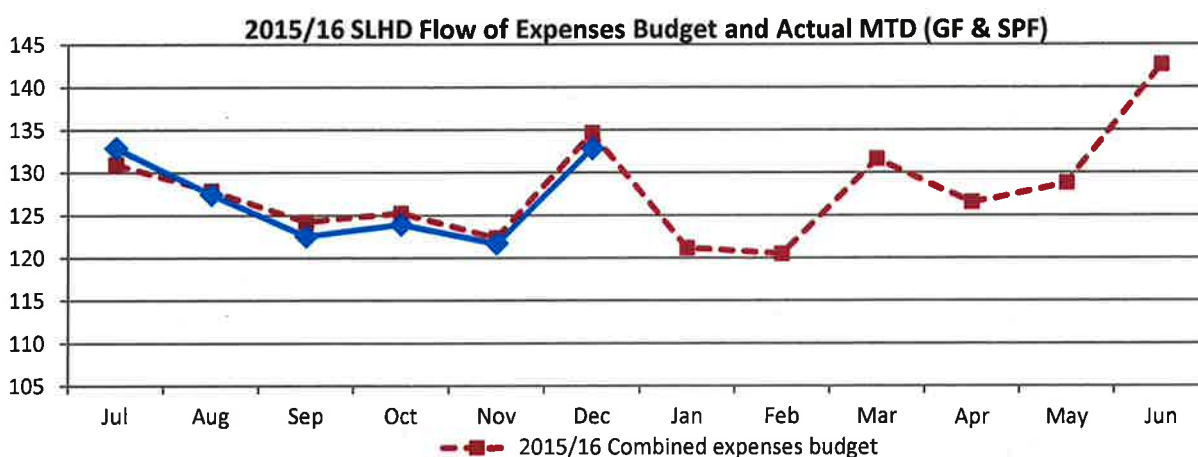
The consolidated year to date NCoS result for December 2015 for the General Fund and SP&T was \$1.438M unfavourable to budget. The result comprises a favourable Expenditure variance of \$3.978M offset by an unfavourable Revenue budget variance of \$5.416M.

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

For the period ended 31 December 2015, SLHD recorded a Total Net Result of \$28.326M which was \$1.344M (5%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) at the end of December 2015 was \$1.317M favourable to budget. The YTD result reflects lower than budgeted Revenue, \$5.426M unfavourable, offset by favourable Expenditure variances of \$6.743M.

YTD Total Direct Revenue is \$5.426M unfavourable to budget, comprising \$4.071M unfavourable for the General Fund and an unfavourable variance of \$1.355M for Special Purpose & Trust funds. The GF result reflects unfavourable variances in all revenue categories except User Charges.

Total Direct Expenditure is \$6.743M favourable to budget for the year, comprising \$6.369M favourable for the General Fund and a favourable variance of \$0.374M for Special Purpose & Trust funds. The GF result reflects favourable variances in Salaries & Wages (\$6.155M), G&S – Clinical (\$2.634M) and G&S – Support (\$2.555M). These results were offset by unfavourable results for Salaries & Wages On-costs (\$2.851M), VMOs (\$1.174M) and G&S – Admin (\$1.471M).



2015/16 SLHD Flow of Expenses Budget and Actual MTD (GF & SPF)													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Jun
2015/16 Combined expenses budget	130,967	127,883	124,271	125,287	122,376	134,668	121,192	120,522	131,645	126,552	128,837	142,681	1,536,880
2015/16 Combined expenses actual	132,916	127,468	122,557	123,955	121,713	132,864							761,473
Variance (+ Fav, - Unfav)	-1,949	415	1,714	1,332	663	1,804	121,192	120,522	131,645	126,552	128,837	142,681	775,407
% of Budget	8.65%	8.29%	7.97%	8.07%	7.92%	8.65%							
YTD Budget expended	8.65%	16.94%	24.92%	32.98%	40.90%	49.55%							

Liquidity

The District had **NIL** creditors over 45 days as at 31 December 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 December 2015.

The cash balance at 31 December 2015 for the Operating bank account was \$9.882M, SLHD \$9.882M and repointing of HRTO-SSW \$0. The Operating Cash book balance was \$9.764M, comprised of SLHD \$9.764M and repointing of HRTO-SSW \$0.

Capital Works – SMRS PROJECTS (formerly CAPDOHRS)

The District's Full Year Capital works budget as at 31 December 2015 is \$19.160M comprising \$2.000M of MoH funded and \$17.160M of locally funded projects. Actual expenditure as at the end of December 2015 was \$7.797M which is \$0.490M below the projected expenditure.

PERFORMANCE

The District continues to be at Performance Level 0.

Activity

December 2015 FYTD total number of separations increased across the District by 2.41% compared to December 2014 FYTD. For the same period acute separations are up 2.21% compared to the same period last year. Canterbury Hospital's acute same day separations for December 2015 FYTD increased by 33.29% compared to the same period last year.

Emergency department attendances increased by 2.36% for December 2015 FYTD compared to the same month last year. There were 13,239 ED attendances in December 2015. Canterbury ED attendance increased by 5.04% for December 2015 FYTD.

The District occupancy rate for December 2015 increased 1.51% compared to the same month last year. Concord Hospital's occupancy rate for December 2015 FYTD increased by 5.85%.

Emergency Treatment Performance (ETP) (formerly NEAT)

The ETP performance for the District decreased by 0.09% in December 2015, compared to December 2014 to 73.40%. Canterbury Hospital's ETP increased by 7.69% for December 2015 compared to the same month last year.

ED Triage

Canterbury Hospital achieved all emergency department triage categories for December 2015. RPA met triage category targets 1, 4 and 5 in December 2015. RPA performance in triage category 2 and 3 improved on the previous result, increasing by 3.41% and 6.20%, respectively. Concord met triage targets 1, 2, 4 and 5 in December 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 December 2015 for all categories.

Transfer of Care

The transfer of care (TOC) for the District increased by 10.03% for December 2015 compared to December 2014. The TOC target (90%) was met by all three emergency departments in December 2015. RPA increased by 14.31% to 90.99% for December 2015. This result again highlights the success of the RPA TOC Program in operation in SLHD Emergency Departments.

Safety & Quality

NSW Ministry of Health report not available.

Workforce

NSW Ministry of Health report not available.

CAPITAL WORKS

Concord Translational Research Facility

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

RPAH Stonework repair main facade

Work continues to the stone facade at RPAH. The work is being undertaken through 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 progressing well. The Project is partially funded through philanthropic donations and funding through the OHMR.

Health Infrastructure is yet to provide the funds from the state government Capital Research Program. The Chief Financial Officer is currently following this up. Project on target for April 2016 completion.

SLHD Aged Care Network

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

Work on the refurbishment of Telopea ward at Canterbury completed in December 2015. Ward is now operational. Feedback from patients, visitors and staff has been very positive.

Detailed design for the Balmain component has commenced. Health Infrastructure has confirmed SLHD delegation to self determine project. Information sessions will be held with Leichhardt Council and through a public forum.

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 progressing well

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

RPAH Radiology

Design for the new angiography suite completed and signed off. Cost estimates for the building have been approved. Demolition commenced in December. Procurement is progressing well.

Sydney Dental Additional Chairs

Detail design continues on the level 4 additional chairs. Demolition is to commence late February.

PLANNING

Health One in Green Square

The planning unit has developed a report on the outcomes of consultations with senior managers, the Primary Health Network, the City of Sydney and Health infrastructure in respect of the proposed HealthOne at Green Square.

A series of meetings has been co-ordinated to begin the process of assessing the site opportunities, the model of care and the service linkages and collaborations for the HealthOne.

Parramatta Road Urban Transformation Strategy and Biotechnology Industry Strategy

The Planning Unit led the development of a submission to the Parramatta Rd project outlining SLHD issues and focussing on healthy urban development and liveability issues.

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

Multicultural Health Plan for SLHD

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

Multicultural Leaders Forum

A Multicultural Leaders Forum has been planned for the 5-7pm, 3 March 2016. The Forum, entitled a "Conversation with the SLHD Chief Executive" aims to start a process for developing the engagement with ethnic communities and encouraging a better understanding of community needs and issues. It is expected that about 30-40 community leaders will attend.

Syrian Refugee Health Forum

The Planning Unit has organised a half day forum to discuss the SLHD preparedness for the expected intake of Syrian refugees. As Canterbury LGA has the second highest Syrian population in NSW, after Bankstown, it is expected that the new refugees will settle where existing communities live. NSW is expected to accept about 55% of the Syrian refugee population (12,000 people). It is important that SLHD services and facilities are well prepared for this group who are expected to have torture and trauma-related issues as well as chronic diseases related to poor conditions in refugee camps.

SLHD Board/Executive Planning Day

The District held its Board and Executive Planning Day on 4 February, 2016. There was excellent attendance from Clinical Directors, the Board and the Executive. Feedback on the session has been very positive. A report is currently being prepared with the Executive and Clinical Directors which will include key actions. Once finalised, this will be submitted to the next Board meeting. Once signed off, this will be incorporated into District Road shows and key meetings.

Primary Health Network (PHN)

The Planning Unit continue to meet with the PHN and SESLHD, St Vincent's and the Children's Hospital Network to plan a series of collaborative community consultations in early February which will be co-facilitated by the SLHD Planning Unit.

The Unit will develop a report for the CE on the outcomes of these consultations.

SLHD Imaging Strategic Plan

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

Aboriginal Health Plan

The Planning Unit is working closely with the Aboriginal Health Unit in drafting the SLHD Aboriginal Health Plan. The plan should be ready for issue to key stakeholders and for a round of consultations by early February.

Neurosciences Priorities

Arising from the Neurosciences Think Tank and subsequent cross-department consultation, the Planning Unit, in collaboration with the Neurosciences Clinical Stream has produced a report on emerging priorities for Neurosciences in the District for inclusion in the revised Neurosciences Position Paper.

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.

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.

Inner West Youth Health and Wellbeing Plan

The Unit has developed an initial draft of a scoping paper to outline the key processes, roles and responsibilities of government agencies and groups involved in the Inner West Youth Health and Wellbeing Plan, which will mirror the Child Health and Wellbeing Plan produced in 2015. This draft will be widely distributed for comment prior to formal endorsement by the agencies.

Drug Health Plan

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

YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE (YECAC)

The Yaralla Estate Community Advisory Committee met on 19 January 2016.

A launch is being planned for the Hyacinth Cottage Burns Unit.

Work is to commence in the next month for the restoration of the drive way and commencement of the pathways. Signage program is being submitted to the Office of Environment and Heritage. A visit is being arranged with the Minister of Environment and Heritage to Yaralla.

The work plan was reviewed and priorities for 2016 were determined. The Great Australian Bake Off will most likely return to Yaralla in 2016 and several community groups have expressed interest in using the site for "meets", such as scouts and a Rolls Royce group.

A working group has been established to plan the Yaralla Spring Fair in September.

The Community Advisory Committee indicated that they are very pleased with progress to date and feel that bi-monthly meetings would be most appropriate going forward with the next committee meeting scheduled for March.

SYDNEY RESEARCH

Sydney Research Award winners 2015

The recipients of the 2015 Sydney Research Awards scholarships presented to Council on their progress. Both individuals are enrolled at Sydney University and undertaking their PhD's. Details are provided below,

- Clinician Researcher Scholarship: Hospital Acquired Pressure Injuries - Ms Michelle Barakat Johnson, CNC, Pressure Injury Prevention and Management, SLHD. Council members provided useful advice to Michelle regarding selection of her research question and offered ongoing support through the Faculty of Nursing, USyd.
- Health Informatics Scholarship: Improving the assessment and monitoring of lymphoedema with eTools – Ms Robyn Sierla, Senior Occupational Therapist, Outpatient Lymphoedema Service, RPA. Council recommended Robyn consult with Dr Payal Mukherjee, ENT Surgeon (previous winner of the Pitch) regarding Medicine in 3D: smart phone tool.

Biobanking

A biobanking working group was established in December. The working group will include members from the SLHD, Woolcock Institute, Lifehouse, Institute of Academic Research, RPA, ANZAC/ADRI, Centenary, HRI, CTC & USyd. Planning and activities will be reviewed in consultation with the state-wide project lead -the OHMR.

Sydney Health Partners (SHP)

SHP held its inaugural Governing Council meeting on 30 November 2015. Mr Paul McClintock, Chair SHP welcomed members and there was consensus that the governance structure be trialled for six months and if successful, be reviewed annually thereafter. In addition, the Board Chairs and Chancellor Meeting will be attended by the Chair, SHP one Chief Executive and one representative of the MRIs. Council meetings are scheduled bi monthly with the Executive Management Committee (operational arm) to meet monthly.

Recruitment to the SHP Executive Director position will be progressed early in 2016.

The SHP logo competition closed on the 14 December. Several applications were received and the winner will be announced at the SHP Annual Forum 25 – 26 February 2016. The SHP Annual Forum is planned for 25 – 26 February 2016. The two-day forum includes special guest speakers including Sir Cyril Chantler former Chair and founder UCL Partners and Dr Mary Foley, Secretary NSW Health. Day two provides a workshop opportunity for participants to progress SHP initiatives and projects plans.

SECURITY IN EMERGENCY DEPARTMENTS

Following an incident that occurred at Nepean Hospital, there has been significant interest in security in hospitals in the media.

A patient who was very unwell with a mental health condition attended RPAs Emergency Department on the last weekend in January. While in the Emergency Department he climbed on to a bench and into the roof space. The ED staff were present at all times. He was not aggressive and did not threaten staff or other patients. He was talked down by medical and nursing staff within a few minutes. He did not fall and at no time were other patients or staff in danger.

In SLHD, staff work as a multidisciplinary team. Clinicians and security staff work together to de-escalate situations and to ensure the safety of patients, visitors and staff. Our security staff are highly skilled and trained to de-escalate and manage difficult situations.

RPA also has a very good relationship with NSW Police who respond quickly to calls for assistance if required.

The safety of our staff, patients and families is paramount. The District is currently reviewing its Security processes to determine if they can be strengthened. A weekly meeting is being held with all relevant staff and Executive. An action plan is being developed.

A brief on Security is being prepared for the next Board meeting. The Chief Executive has been invited to participate in the NSW Health Roundtable on Security in Emergency Departments, which will commence on 8 February 2016.



Dr Teresa Anderson
Chief Executive

3.3.16