

## Sydney Local Health District

### Fifty Eighth Meeting of the Board

Date: Monday 19 September 2016  
Time: 9.00am -11.00am  
Venue: SLHD Boardroom  
Chair: Dr Barry Catchlove, AM, Acting Chair

#### 1. Present and apologies

Dr Barry Catchlove, AM,  
Professor Paul Torzillo AM, Member  
Ms Victoria Weekes, Member  
Dr Thomas Karplus, Member  
A/Prof. Christine Giles, Member  
Ms Frances O'Brien, Member  
Ms Joanna Khoo, Member  
Ms Susan Anderson, Member  
Mr David McLean, Member  
Dr Teresa Anderson, Chief Executive

#### Apologies

The Hon. Ron Phillips, Chair

#### In attendance

Ms Nerida Bransby, Secretariat  
Ms Mandy Burgess, Acting Director of Projects, SLHD (Departed 10.20)  
Ms Anne-Louise Allan-Georgas, GHMP Trainee (Departed 10.20am)

#### 2. Welcome and introductions

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

#### Presentation

Dr Teresa Anderson presented on the Premier's Implementation Unit - Briefing: Outside-in Perspective including:

- Overview
- Success Factors
- Cascade Approach
- Behavioural Insights in the SLHD
- Premier's priorities

- 2016/17 NSW Health Key System Priorities
- About SLHD
- Effective Governance
- SLHD - Who we are?
- 2015/16 Achievements
- Thank you and Questions

Following discussions, the Chair thanked Dr Anderson for the presentation and agreed that this presentation should be placed on the District's website.

### **3. Declaration / Removal of conflicts of interest**

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

1. Dr Thomas Karplus declared that he is a Councilor on the Australian Salaried Medical Officers' Association (ASMOF).

This potential conflict is listed in the Register.

### **4. Confirmation of previous minutes**

#### 4.1 Minutes 15 August 2016

The minutes of the Board meeting held on Monday 15 August 2016 were moved and seconded with the following amendment:

9. Last dot point: Should read:  
The District performed at or above the state average on the majority of items in the BHI patient perspective report on Cancer Outpatient treatments. SLHD was better than state average in:-

#### 13.5. Second Sentence should read:

The CE and the Director of Finance will meet with clinicians to identify the relative reasons for the under-performing areas in the financial reports.

The Chair then signed the minutes.

#### 4.2 CE Report – August 2016

The Chair declared that the CE Report for August 2016 was ready for publication.

### **5. Matters arising from the previous minutes**

#### 5.1 Action sheet

The Board received and noted the outstanding 'in progress' agenda items on the action sheet.

## 5.2 Brief - SLHD Transition to the National Disability Insurance Scheme (NDIS)

The Board received, read and noted this report. This item can be removed from the action sheet.

## 5.3 Brief – Revenue Initiatives for 2016/17

The Board received and noted this correspondence. A letter is to be sent to the MoH outlining the importance of revenue to the Hospitals.

## 6. Patient Story

Dr Anderson briefed the Board on a young patient in care with complex needs.

## 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

Nil to report

## 9. Chief Executive's report

The Board received and noted the Chief Executive's Report including.

- At the August InforMH meeting an update was provided on the plan for Australian Mental Health Care Classification (AMHCC) implementation across the state. SLHD are in the process of setting up a local District project management team for this significant body of work, which is likely to commence at Sydney in February next year.
- "STARS", "The Pitch" and the "Fire Simulation" have been selected as finalists in the TMF Awards.
- For the month of July 2016, SLHD had 17.46% of all patients as private using their health insurance (2,420 out of 13,862).
- For the month and year to date, Sydney Local Health District (SLHD) General Fund Expenditure was \$3.272M (2.38%) favourable to budget and Revenue was \$3.191M (2.62%)

unfavourable to budget. For July 2016 the District's NCoS was \$0.081M favourable to budget.

- The District continues to be at performance level zero.
- The outcomes of the Multicultural Leaders forum held on 10 August 2016 will be incorporated into the Multicultural health plan and will include youth health.
- The Green Square Academic HealthOne Forum held on 16 and 17 September 2016 was very successful.
- The Yaralla Festival held on 11 September 2016 was very successful with over 2,000 people attending.
- Feedback from the ACHS Periodic Review Survey at Canterbury and Concord Hospital was extremely positive. A copy of the report will be provided to the Board when available.
- All medical gas outlets have been reviewed and comply with National Standards.
- The District is waiting on the expert report concerning the WestConnex.
- The District will be placing a submission to the NHMRC Review of Grants.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – July 2016

The Board received, noted and read the SLHD Board Reporting Pack for July 2016.

### 9.1.2 Performance Indicators – June 2016

#### (i) Selected Performance Indicators

The Board noted this report was not available.

#### (ii) Peak Activity Team

The Board noted this report was not available.

### 9.1.3 HealthPathways Dashboard Report – July 2016

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, read and noted the Capital Works report. Community Consultation is underway with Balmain residents for the proposed capital works at Balmain Hospital.

## 9.4 Clinical Governance Report

The Board received, read and noted the Clinical Governance report. Seven SACs were submitted for the period April – June 2016. The Chief Executive advised the Board of the extensive follow-up of these SACs including:

- Investigation
- Writing up the report
- Assistance of an external person for performance issues
- Addressing any system issues
- Feedback to patient/family and staff

Grouping of these SACs occur annually.

## 9.5 Facility Reports – July 2016

### (i) Balmain Hospital

The Board received, read and noted the Balmain Hospital facility report. A “note” is to be added to the Balmain Inpatient activity report.

### (ii) Canterbury Hospital

The Board received, read and noted the Canterbury Hospital facility report.

### (iii) Concord Hospital

The Board received, read and noted the Concord Hospital facility report.

### (iv) Royal Prince Alfred Hospital

The Board received, read and noted the Royal Prince Alfred Hospital facility report.

### (v) Oral Health Services and Sydney Dental Hospital

The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report. The District is still waiting on feedback from the Commonwealth concerning the National Partnership Agreement.

### (vi) Mental Health Services

The Board received, read and noted the Mental Health Services report.

### (vii) Croydon/Marrickville/Redfern Health Centres

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

### (viii) Drug Health Services

The Board received, read and noted the Drug Health report.

(ix) Community Health

The Board received, read and noted the new format for the Community Health report. This item can be removed from the action list.

(x) Population Health

The Board received, read and noted the Population Health report.

(xi) Tresillian

The Board received, read and noted the Tresillian report.

(xii) Organ Donation for Transplant

The Board received, read and noted this report. Vignettes are being provided on the outcome of each organ that is donated and are provided to the Organ Donation for Transplant Committee.

(xiii) Lifehouse

The Board received, read 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 noted the meeting was held this morning 19 September 2016.

### 11.2 Education and Research Committee

The Board noted the next meeting is being held this afternoon 19 September 2016.

### 11.3 Communications Committee

The Board received and noted the minutes of the meeting held on 15 August 2016.

### 11.4 Audit and Risk Committee

The Board received and noted the minutes of the meeting held on 1 September 2016.

### 11.5 Health Care – Clinical Quality Council

The Board noted the next meeting is to be held on 28 September 2016.

11.6 Health Care – Clinical Council

The Board received and noted the minutes of the meeting held on 24 August 2016.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 4 November 2016.

11.8 Patient and Family Centred Care Steering Committee

The minutes of the meeting held on 14 September 2016 were not available.

## 12. Other Committee reports / minutes

12.1 Sustainability Committee

The Board noted the next meeting is to be held on 5 October 2016.

12.2 Medical and Dental Appointments Advisory Committee

The Board received and noted the minutes of the meeting held on 10 August 2016.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received and noted the minutes of the meeting held on 18 August 2016.

12.4 Surgical Demand Committee

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

12.5 Revenue Enhancement Development Committee

The Board received and noted the minutes of the meeting held on 24 August 2016.

12.6 NSW Health / SLHD Performance Review Meeting

The Board received and noted the minutes of the meeting held on 30 May 2016.

12.7 SLHD Innovations Group

The Board received and noted the minutes of the meeting held on 10 August 2016.

12.8 Organ Donation for Transplantation

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

12.9 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting to be held on 9 August 2016 was cancelled.

## 13. Matters for noting

### 13.1 SLHD Revised Senior Management Chart

The Board received and noted the revised senior management chart.

### 13.2 Letter - Performance Data on Elective Surgery

The Board received and noted the letter of congratulations to the District relating to access of elective surgery performance.

### 13.3 Annual Financial Statements

The Board received and noted the Annual Financial Statements of the SLHD for the year ending 30 June 2016 via email. Dr Anderson advised the Board of the sad passing of Mr Barrie Martin, Chair of the SLHD Audit and Risk Committee on 3 September 2016. An external member of the Audit and Risk Committee will step up as Chair until a replacement is sought.

## 14. Other Business


The Board discussed and agreed:

- The Yaralla Festival was a great success
- Green Square Forum was successful with great discussions
- The Minister is unavailable and is an apology to the AGM this year, however has requested to produce a video to show on the night.

## 15. Next Meeting

The next meeting is to be held on Monday 17 October 2016 at 9.00am.

The meeting closed at 11.05am.



Chair

26-10-16  
Date



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

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### **NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING**

#### **Mental Health**

The CHAMB data quality project for non-admitted mental health data has run for a year and now has been completed. The notable achievements are: data reporting (% of activity to target) has gone from 65% at commencement of the project to 100% for June 2016, many source system mapping issues resolved, data extraction problems identified and corrected, successful engagement of key stakeholders to maintain momentum and provide leadership, a suite of monthly MH NAP data reports developed by MH data manager for team leaders to review, respond and continually improve.

At the August InforMH meeting an update was provided on the plan for Australian Mental Health Care Classification (AMHCC) implementation across the state. The roll out will be managed by a MoH project management team who will provide comprehensive support to LHDs with the implementation. SLHD are in the process of setting up a local District project management team for this significant body of work, which is likely to commence at Sydney in February next year.

#### **Sub and non-acute (SNAP)**

A new version of the AN-SNAP classification was implemented last month (AN-SNAP v4) with minimal interruption to business. Close off date for 2015/16 SNAP data was 31 Aug 2016 and the District was able to have all SNAP data grouped and error free by close off. The facility SNAP coordinators have done an excellent job this year in following up with clinicians for all ungrouped SNAP data guaranteeing funding for SLHD is not compromised as 100% of activity has had the appropriate documentation completed to ensure compliance with mandatory reporting requirements. Plans for next year include having a more rigorous method for this process.

#### **Non-Admitted (NAP)**

All facilities have done excellent work on cleaning, reconciliation and reloading their 2015/16 NAP data for final close off which was on 19 August 2016. Following the close off we can report that for 2015/16 SLHD is 14.5% above target for NAP activity.

All facilities are currently working on loading their patient level data into EDWARD via mLOAD. As of 26 August 2016, three facilities have successfully loaded their data into EDWARD via mLOAD. The remaining facilities will load their data in the next week. The Performance Unit is working closely with the facilities and the MoH to ensure that the transition into EDWARD and the use of mLOAD is as smooth as possible for the facilities.

Due to the change in the NAP reporting system, the MoH has advised that the July 2016 NAP data reported to EDWARD will not be available in the NAP Data Mart until after the 30th of August. On this date the data will only be available in NWAU15, this will temporarily impact on the ability to accurately report NAP activity against target as they will be in different NWAU versions. NWAU16 will be available in the NAP Data Mart after the 30th of September at which point any reporting issues will be resolved.

## **Clinical Costing**

The costing team continue to work with key stakeholders across the District in the collection of data sets to assist in the 20.2 costing. In particular this month, work has been being undertaken with the radiology departments in reviewing and refining Imaging relative value units (RVU). Work is also being undertaken to update the costing set up to comply with the revised standards that have been provided by the ABF Taskforce.

The costing team is working with Dr Hutchings on the setup of the GPC Fracture Clinic to allow comparable costing data to determine the cost effectiveness of the service. The costing team is also working with the transplant retrieval team to improve the costing of this service in round 20.2.

## **STARS**

STARS has been selected as a finalist for the Treasury Managed Fund (TMF) Awards for Excellence, in the category of Innovation- Reporting and Risk Intelligence. Ms Rachael Knoblanche represented the District in the video that will be shown at the awards ceremony in November. The TMF awards are hosted by icare Self Insurance, Suncorp Risk Services.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage**

For the month of July 2016, SLHD had 17.46% of all patients as private using their health insurance (2,420 out of 13,862).

A decision was made to not admit patients privately into Emergency Medical Units (EMU's) or Maternity Units for foetal monitoring. This has affected RPA and Canterbury's figures far more than the predicted 1 percentage point drop. This will be closely monitored in August 2016 to determine if this practice will change.

### **Single Room Utilisation**

For the month of July 2016, SLHD had an improved 30% of all single rooms taken up by private patients. While 9.5% of all patients were isolated for clinical alert, 45% of all private patients were accommodated in single rooms.

### **Revenue Enhancement Committee**

Risks and opportunities for revenue are being identified and scoped.

## **PERFORMANCE AND REDESIGN UNIT**

### **Innovations Group**

Deb Willcox, GM of RPA and Director of Operations, SLHD has provided video content for *The Pitch* following its being chosen as a finalist for the TMF Awards for Excellence, in the Innovation (Design) category, hosted by iCare Self Insurance, Suncorp Risk Services. The awards will be announced in November 2016.

Eight applications were received for the Pitch event to be held on Friday 18 November 2016 at the Concord Medical Education Centre. Four have been selected to progress to the next round, including:

- *Special aids for Special Needs:* The Pitch is for aids for special needs patients who attend the Department of Special Care Dentistry (SCD) at Sydney Dental Hospital. The aids requested include chain weighted blankets, sensory tools, specialised pillows, spectacle-mounted fibre-optic headlights and iPads with oral hygiene instruction applications. These aids will enhance the quality of dental services offered to the patients of the Department. Zanab Malik, Dental Officer, Department of Special Care Dentistry, Sydney Dental Hospital.

- *Breaking through the language barrier: improving outcomes for non-English speaking patients after common orthopaedic surgeries:* Production of an exercise video to help instruct non-English speaking patients in common physiotherapy exercises, which aim to improve recovery. iPad to view the exercise video. Translation of orthopaedic information booklets into the four most common languages. Training of all staff in the use of three-way interpreter phones. Michael Sanderson, Physiotherapy, Concord Hospital.
- *Tranquillity versus tranquilizer: How to find a calm space within while fighting cancer:* Installation of wall murals (photo wall paper) with a beautiful calming scenes in the single rooms of Ward 5 East at CRGH. 5 East provide 24 hour holistic medical and nursing care for Oncology, Haematology and Palliative Care patients. Andrea Figreau, Nursing Unit Manager, Concord Hospital.
- *Driving better nutrition outcomes though innovation is everyone's core business – using bio-impedance scales to measure changes in patients' body composition and target intervention:* Medical Body Composition Analysis (mBCA) scales allow clinicians to quickly measure weight, lean muscle and fat mass on a standing weight scale with hand rails. The scales use bio-impedance and have been validated against the gold standard measurements. Suzanne Kennewell, Director Nutrition and Dietetics.

## **Clinical Redesign: CHR Projects**

The *Promoting Palliative Care Efficiencies* project, a joint submission by the Palliative Care, Cancer Services and Sydney District Nursing, Community Health, is finalising its project planning, with a focus on delivering palliative care services in the community setting. The project aims to ensure patients receive Palliative Care services that are equitable and time appropriate, and which enable patients to live and die in their place of choice.

The *Review of the Department of Orthodontics at the Sydney Dental Hospital (SDH)*, aims to improve access for eligible patients within NSW to the Department of Orthodontics at SDH and ensure that the care they receive, is delivered within a suitable time frame, is appropriate for their condition, and is comprehensive and cost effective. The project management plan is currently with the CE for review. Once this is signed off, the project will commence the diagnostic phase of the project where patient and staff consultation will take place.

The *Connect & Improve* project from Drug Health (CHR 2016 – first intake) has commenced planning for the phased implementation of a range of solutions, with the aim to establish the service as a leader in harm minimisation.

The *My Check-in for Surgery* project from Canterbury Hospital (CHR 2016 – first intake) project has commence the implementation phase of the project with a number of working groups and quick wins being trialled and tested within the department.

The *It's Time* project (CHR 2015 – third intake), which is improving services at Ground East, Concord Cancer Centre outpatient services and *There's no place like home* project with Renal Services have both completed the ACI requirements and the teams graduated and received their Diploma from the Hon. Minister Jillian Skinner on the 19 August. Transition of the Renal Services project has commenced, with Sarah Whitney handing over to Nurse Practitioner Jacqui Moustakas, who will continue to lead this project through the remainder of its implementation.

## **Other Projects**

The 90 Day Challenge (90DC) to support streamlined discharge processes has commenced with RPA Hospital Cardiology and Respiratory teams. Project team members attended a workshop hosted by the Ministry of Health on the 25 August. The RPA teams have conducted patient surveys

and other activities to collect baseline data. The planned intervention involves a simple discharge assessment to be conducted within 24 hours of admission onto the relevant wards. This assessment is designed to initiate and support discussions and care planning together with patients and their carers. In addition, the intervention is intended to be integrated with routine ward activities and support the use of existing Whole of Hospital Program resources to enable smooth care transitions.

The General Practice Casualty (GPC) Fracture Clinic at Balmain Hospital has commenced its pilot on August 23, which is initially focusing on providing local follow-up for a discrete set of uncomplicated fractures presenting to the Balmain GPC, using clinical guidelines, inclusion/exclusion criteria and escalation pathways developed together with Orthopaedics Services at RPA Hospital. The GPC Fracture Clinic will be piloted for several months and patient experience and outcomes closely monitored. Pending positive results, the next phase will expand the clinic to allow direct referrals from General Practitioners in the area. The clinic team has also supported the development of HealthPathways for the relevant fractures.

### **Accelerating Implementation Methodology**

The August 2016 AIM course was held with nearly a full cohort of participants and received positive feedback. The next course planned for 10-11 November 2016.

AIM accreditation will be held the first week of November 2016. Ms Liesl Duffy will attend this accreditation and lead AIM in 2017.

## **FINANCIAL PERFORMANCE**

### **GENERAL FUND (GF)**

The 2016/17 Service Level Agreement between the Board and MoH has as a key financial performance target an expected Net Cost of Service (**NCoS**) result. The following analysis reflects the result for the first month of the 2016-17 financial year ended 31 July 2016 based on the District's budgeted NCoS. For the month and year to date, Sydney Local Health District (SLHD) General Fund Expenditure was \$3.272M (2.38%) favourable to budget and Revenue was \$3.191M (2.62%) unfavourable to budget. For July 2016 the District's NCoS was \$0.081M favourable to budget.

It should be noted that the July 2016 results will be impacted by the reversal of end of year adjustments processed in June 2016. In addition at the end of July 2016 the District was still finalising the calendarisation, i.e. flow across the financial year, of its budget.

**To achieve the 2016/17 NCoS target, the District will continue to maintain the good controls that it has in place and monitor performance on a daily basis. This is consistent with previous years where the District has been able to achieve its budget target.**

The major variances for the month were:

### **Expenditure**

For the July 2016 Total Expenditure was \$3.272M (2.38%) favourable to budget, reflecting favourable results for Annual Leave (\$2.185M), Goods and Services – Admin (\$3.734M) and Goods and Services – Support (\$0.360M). These favourable results were offset by unfavourable variances in Salaries and Wages (\$0.677M), Superannuation (\$1.534M), Goods & Services – Clinical (\$0.430M) and RMR Expenses (\$0.622M).

## Revenue

Total Revenue is \$3.191M (2.62%) unfavourable to budget for the first month of the 2016/17 financial year. The result for the month reflects unfavourable variances in all Revenue categories. The major unfavourable variances are in Patient Fee revenue (\$1.355M), User Charges (\$1.032M) and Grants & Contributions (\$0.802M).

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.759M favourable to budget for the month of July 2016. This result was achieved due a favourable budget variance for Expenditure of \$0.915M offset by an unfavourable result for Revenue of \$0.156M.

## CONSOLIDATED RESULT

For the period ended 31 July 2016 the consolidated year to date NCoS result for the General Fund and SP&T was \$0.840M favourable to budget. The result comprises a favourable Expenditure variance of \$4.187M offset by an unfavourable Revenue budget variance of \$3.347M.

## FINANCIAL PERFORMANCE *(Based on new MoH reporting format)*

For the period ended 31 July 2016, SLHD recorded a Total Net Result of \$6.906M which was \$0.893M (11.45%) favourable to budget. The Net Direct Operating Result (GF and SP&T) for the period was \$1.403M favourable to budget. The Net Direct Operating Result for the month reflects a favourable Expenditure variance of \$4.686M offset by an unfavourable Revenue variance of \$3.283M.

For the month of July 2016 Total Direct Revenue was \$3.283M unfavourable to budget, comprising \$3.187M unfavourable for the General Fund and a \$0.096M unfavourable variance for the SP&T Fund. The GF result reflects unfavourable variances in all revenue categories.

Total Direct Expenditure is \$4.686M favourable to budget for the month of July 2016, comprising \$3.893M favourable for the General Fund and \$0.793M favourable for the Special Purpose & Trust fund. The GF result reflects favourable variances in Salaries & Wages Oncosts (\$1.016M), G&S – Admin (\$3.734M) and G&S – Support (\$0.360M). These results were offset by unfavourable results for Salaries & Wages (\$0.677M) and G&S – Clinical (\$0.430M).

## MONTHLY BUDGET PERFORMANCE

The graph relating to the comparison of actual and budget performance on a monthly basis will be included in the August 2016 report once the calendarisation of the 2016/17 budget is finalised.

## LIQUIDITY

The District had **NIL** creditors over 45 days as at 31 July 2016.

The District achieved the target of 100% compliance with the NSW Government target for payment of small vendor creditors within 30 days for the month of July 2016.

The cash balance at 30 June 2016 for the SLHD Operating bank account was \$8.034M and the Operating Cash book balance was \$7.664M.

## CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital works budget as at the end of July 2016 was \$17.854M comprising \$4.896M of MoH funded projects and \$12.958M of locally funded projects. Actual expenditure for July 2016 was \$4.406M which was \$0.384M above target.



## **PERFORMANCE**

The District continues to be at Performance Level 0.

### **Activity**

July 2016 FYTD total number of separations increased across the District by 0.06% compared to July 2015 FYTD. For the same period acute separations are down 0.14% compared to the same period last year. This is consistent with the District's strategy to manage patients out of hospital and in community such as Sydney District Nursing, ambulatory care and Hospital in the Home.

Emergency department attendances increased by 0.63% for July 2016 FYTD compared to the same month last year. There were 12,629 ED attendances in July 2016.

The District occupancy rate for July 2016 increased by 3.81% compared to the same month last year.

### **Emergency Treatment Performance**

The Emergency Treatment Performance (ETP) performance for the District decreased by 2.03% in July 2016 to 71.06% compared to July 2015. A number of initiatives have been implemented across the District to improve ETP performance. Concord Hospital's ETP increased by 6.00% for July 2016 compared to the same month last year.

### **ED Triage**

Canterbury and Concord Hospital achieved all ED triage categories for July 2016. RPA met triage category targets 1, 4 and 5 in July 2016. RPA performance in triage category 2 improved on the previous result for July 2016, increasing by 9.44%. RPA performance in triage category 3 improved on the previous result for July 2015, increasing by 8.01%.

### **Elective Surgery**

SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery. Performance is at 100% for July 2016 for all categories.

### **Transfer of Care**

The Transfer of Care (TOC) for the District increased by 16.59% for July 2016 compared to July 2015. The TOC target (90%) was met by all three EDs in July 2016. RPA increased by 24.00% to 91.30% for July 2016. Concord Hospital increased by 9.09% to 93.85% for July 2016. Canterbury Hospital increased by 9.55% to 96.84% for July 2016. This result again highlights the success of the TOC Program in operation in SLHD EDs.

### **Safety and Quality**

The District continues to achieve the root cause analysis (RCA) target for July 2016. Mental Health Readmissions within 28 days continues to be above the target of <13% for April YTD 2016 and has increased from the same period last year from 15.9% to 18.4%.

SLHD met the target for Staphylococcus Aureas Bloodstream (SABSI) and Central Line Associated Bloodstream (CLAB) infections for July 2016.

There were no incorrect procedures performed in SLHD operating theatres in July 2016.

## **Workforce**

Premium staff usage for medical decreased in July 2016 compared to the same period last year by 0.3%. There was an increase for allied health and nursing premium staff usage for July 2016 compared to the same period last year, by 0.2% and 0.6% respectively.

## **CAPITAL WORKS**

### **Concord EMU**

Refurbishment of B75 has commenced to house Executive Unit. Demolition for internal stairway between the former Executive Unit and the Emergency Department is almost completed. Works will be undertaken in a staged program to allow the Emergency Department to operate throughout the works.

### **SLHD Aged Care Network**

Negotiations are underway with the preferred contractor for the Balmain Hospital Capital Works program. A Public Information Session was held at Balmain Hospital on 13 September 2016. Some of the residents indicated that further consultation is required with local neighbours. Further consultation will be undertaken in the next few weeks prior to the contract being awarded.

### **Medical Imaging Equipment Purchases RPA**

Angiography Suites at RPAH – One of the three Suites has been completed and installation of the equipment has commenced. Subsequent installations will be completed by June 2017. Approval has been given for the purchase of an endovascular simulation suite which will be located in the Radiology Department of RPA.

### **Sydney Dental Additional Chairs**

Construction work is underway and is approximately 65% complete.

### **CRGH Cardiac Catheter Lab & 64 slice CT Scanner**

Approval has been received for the purchase of a replacement CT Scanner and Cardiac Cath Lab at CRGH. Procurement of both items has commenced.

### **Minor Works**

- Population Health L 9 KGV  
Redesign of South western wing to accommodate additional staff. Work 60% complete.
- Building 28 Capital Works  
Renovation of Level 6 Building 28 to accommodate the Capital Works Unit is underway. Relocation of Capital Works from L9 KGV Building will provide for the collocation of HERDU in KGV and Population Health. Work is 40% complete.

## **PLANNING**

### **RPA HealthOne East (Green Square)**

Significant work has progressed in relation to the RPA HealthOne East, Green Square). The Community Consultations in Green Square were held during August 2016. The consultation comprised of:

- A community meeting at the Green Square Community Centre from 6:00 -8:00 pm on 11 August 2016.
- Interviews with mothers and grandparents attending the Green Square Playgroup on Thursday 18 August 2016 from 10:00 am – 12:00 pm.
- An on-line survey available from 1 August to 1 September, 2016.

The invitation to engage face-to-face or on line was communicated through a letterbox drop, invitation to GPs and health workers and NGOs. About 100 people have been consulted through these various processes. The consultation identified a range of health services that would be a priority for the local community.

A third meeting of the Green Square HealthOne Academic Primary Care and General Practice group has been held. This involves the health deans and senior academics from University of Sydney, University of NSW, Notre Dame University and UTS. Faculties include Medicine, Nursing, and Allied Health (Health Sciences). The City of Sydney and the Primary Health Network are also involved as partners. Principles of engagement have been agreed. A HealthOne Forum is planned for 16 and 17 September 2016 in collaboration with the partners.

Further discussions have been held with UrbanGrowth NSW Green Square looking at land and site options for the HealthOne. SLHD has revised the Schedule of Accommodation and re-costed this schedule.

Procurement options for the building have been discussed with Health Infrastructure (HI). It is been agreed in principle that the SLHD will manage the project within the defined capital budget.

Planning has been undertaken for a two day Forum on the RPA HealthOne, Green Square, involving a range of partners and participants including the City of Sydney, local health practitioners, key partners and academics.

### **Urban Development**

Further commentary has been made on the draft plan for Parramatta Road, in collaboration with that provided by the MoH, especially in respect of the proposed Biotechnology Hub in the Camperdown precinct.

### **Multicultural Leaders Forum**

The second Multicultural Leaders Forum was held on the 10 August 2016 at Canterbury Hospital. The Planning Unit has incorporated the information from this forum into the plans for Multicultural Health.

### **Oral Health Clinical Stream and SDH Clinical Service Planning**

The Planning Unit continues to work with the Oral Health Stream to develop a Clinical Services Plan for Oral Health. Focus groups have been held throughout the service.

A paper outlining the tertiary services of the Sydney Dental Hospital will be developed and will contribute to the State-wide Tertiary Oral Health Strategy. The Director of Planning is represented on this committee.

### **SLHD Imaging Strategic Plan**

The Planning Unit, in collaboration with the Medical Imaging stream has drafted a Position Paper and the Strategic Plan for Imaging. These will be discussed at a forum on the 13 September 2016.

### **Inner West Youth Health and Wellbeing Plan**

Consultations continue for the Inner West Youth Health and Wellbeing plan.

### **Flows between Bankstown, the City of Sydney and the SLHD.**

A concept paper was developed outlining the flow patterns between the SLHD and neighbouring LGAs which, with the Fit-for-the-Future local government boundary changes, cross across LHD boundaries.



A brief was developed for the MoH outlining concerns about the current methodology for splitting the City of Sydney population and projected population between SESLHD and SLHD.

## **YARALLA ESTATE COMMUNITY ADVISORY COMMITTEE**

Work continued to progress for the Yaralla Festival which was held on 11 September 2016 from 10:00 am to 02:00 pm. The event featured a variety of activities including a best dressed dog competition hosted by Julie McCrossin, jumping castle, historical tours, vintage photo booth, yoga and tai chi class, food trucks, number of sports clinics and Aboriginal and Torres Strait islander activities including, bush tucker talks, didgeridoo lessons and talks, weaving demonstrations and boomerang painting. These activities highlighted the themes of the event including heritage, health and environment, to create a carnival-like atmosphere. The Festival was very successful with over 2,000 people attending, many of whom stayed for the majority of time.

## **SYDNEY RESEARCH**

### **NSW Premiers' Award for Outstanding Cancer Research**

Sydney Research is proud to advise that Prof. John Simes, Director of the NHMRC Clinical Trials Centre and Sydney Catalyst, The University of Sydney was the successful recipient of the NSW Premiers' Award for Outstanding Cancer Research.

### **Urban Growth**

A joint submission between the University of Sydney and the Sydney Local Health District proposes the development of a biotechnology and biomedical hub that will add value to the precinct and to the state in respect of positive economic and social outcomes.

The Greater Sydney Commission District plans are due to be drafted by end of September. The recognition of RPA/University of Sydney as a strategic centre remains an unresolved issue and under the Draft Parramatta Road Urban Transformation Strategy, the Camperdown precinct is proposed to be redeveloped as residential mixed-use precinct as part of a wider revisioning of the Parramatta Road corridor.

A number of areas for strategic development in this Biotechnology Hub have been identified. These derive from areas of health and medical research that are particularly advanced in the RPA/University of Sydney health and medical research environment.

These include:

- Surgical devices and prosthetics
- Imaging and new radiology interventional technologies
- Hand held devices for imaging and early diagnosis
- Medical app technologies for home monitoring
- Selected pharmaceutical industries.

### **Sydney Health Partners**

Professor Don Nutbeam officially commenced as the interim Executive Director, SHP on 8 August 2016. Primary activities over the next 6 months include driving the SHP communication strategy, thematic stream workshop in October, consolidating and reinvigorating the thematic stream groups and 40 plus associated projects.

A team is being developed to assist Prof Nutbeam including Media and Communications Officer, Executive Support, Project Consultant, fractional senior clinician support and continued support by the Director, Sydney Research.

## **OHMR**

Embedding Quality Research in LHDs: Planning for a NSW EQRLHD workshop has commenced. It is anticipated to occur in November 2016. Consultation with LHD CE's and NSW Health pillars has reinforced core themes of interest. These include support structures, communication, knowledge and implementation science and capability building of the research workforce.

## **ACHS EQUIP PERIODIC SURVEYS**

I am pleased to advise that the Periodic Review assessment undertaken by the Australian Council on Healthcare Standards undertaken at Concord and Canterbury Hospitals went extremely well. The report will be provided over the next month, however, the summation provided by the surveyors was very positive.

### **Concord Hospital**

Particular praise was given to the robust governance structures and quality systems that Concord Hospital has in place. The Head Surveyor noted that the Hospital should be very proud of the culture that exists within the organisation and that has facilitated quality and safety being a focus across all layers of the organisation. The surveyors felt that the hospital had a serious, deep and authentic view of the National Standards, which has resulted in the achievement of all requirements under the National Standards to be second nature and part of everyday operations.

The engagement of clinicians and the sharing of clinical quality and safety data in the dashboard reporting framework was considered to be leading in Australia and internationally. Junior Medical Officer engagement in quality and safety and the self-initiated creation of a Junior Medical Officer Quality and Risk Committee was also commended.

The surveyors also commended the Hospital on its strong multidisciplinary approach to infection control and antimicrobial stewardship and reported that it was leading practice.

The surveyors also noted the staff commitment and the multidisciplinary approach taken to ensuring the quality and safety of the care provided to our patients. The engagement of patients and families in their care and the engagement of the community in the overall decisions and operations of the Hospital was considered to be authentic and a credit to all.

### **Canterbury Hospital**

The summation of the Canterbury Hospital Periodic Review was also very positive. There were several standout areas that the surveyors noted in their summation.

The surveyors recognised that there was a well-integrated system of governance within Canterbury Hospital, which actively manages patient safety and quality risks. The surveyors noted that Canterbury Hospital's governance is strengthened through support from Concord Repatriation General and Royal Prince Alfred Hospitals and, in particular, from the District itself. The surveyors also noted that Canterbury Hospital takes action to improve the safety and quality of patient care. For example, they noted they were impressed with the use of Structured Interdisciplinary Bedside Rounds (SIBR) in Canterbury Hospital's Intensive Care Unit. One member of the surveying team was so impressed that she indicated that she intends to implement SIBR in her own facility in Victoria.

The surveyors commended infection control strategies within Canterbury Hospital. In particular, Canterbury Hospital's Infection Control CNC, Ann Marzo, was recognised for her incredibly proactive efforts in the field of infection control. Canterbury Hospital's infection control audit schedule was noted as one of the most comprehensive ever seen by the surveyors. The surveyors also recognised Canterbury Hospital's high hand hygiene compliance rate (93.7% in July 2016).

Canterbury Hospital's Catheter-Associated Urinary Tract Infection (CAUTI) project was also commended by the surveyors as an excellent quality improvement activity that reduced and prevented health care associated infections.

The surveyors also recognised the contribution that engineering services make to Canterbury Hospital's safety and quality systems. Both on-site and off-site engineering staff were recognised for the support they provide to the facility in ensuring that Canterbury Hospital is safe for all patients, visitors and staff. Engineering Services were also recognised for the excellent support they provide in conducting emergency drills, fire training, and ensuring that equipment is safe and adequately maintained within Canterbury Hospital.

## QUALITY AND SAFETY

### Security

The SLHD Security Coordination meeting has an emphasis on progressing multidisciplinary initiatives to minimise aggression. The initiatives align with the Ministry 12 point action plan.

A Safety Culture Coordinator nurse will commence work in the near future. The role of this nurse will be to work with clinical teams to identify and manage safety issues particular to their workplace.

Recruitment for two Security Trainees is underway, with a trainee to be based at Concord and one at Canterbury. The trainee will undergo the new TAFE education program, and will be supported in the workplace to gain their Security license.

A Security Culture Evaluation committee has been established and has met twice. This committee has been established to oversee the evaluation of various local initiatives, and includes HSU membership. The trial of a new uniform for Security staff commenced on the 19 September following an Expression of Interest. The trial uniform is a suit and clip on tie, and will be evaluated by assessing the performance of the suit during physical activities and its durability. In addition the perceptions of security staff, clinical staff and patients regarding the look of the suit and whether a security response from someone wearing a suit has the potential to calm patients or visitors who are agitated will be assessed. Roadshows for staff about current security and safety initiatives have been held at RPAH, Concord Hospital and Canterbury Hospital with very good attendance from security and staff including clinicians from each facility.

### Chemotherapy Governance

A Chemotherapy Governance working party has been established with the aim of strengthening our processes for chemotherapy delivery. The working party members are actively engaged and there is effective Lifehouse membership. The group will also provide local oversight of the work that will be required once the instructions have been received from the Ministry for the audit of past chemotherapy patients.

It has been established that the chemotherapy protocols in use in SLHD are evidence based, and that there is a positive culture of peer discussion of clinical treatment options at multidisciplinary team meetings at which all inpatients and more complex outpatients are discussed weekly. Escalation processes are in place and documented, and Pharmacy have provided an update to staff on the options available to them to escalate any concerns they may have. One issue that has been identified for ongoing work is the methodology for documentation of multidisciplinary team (MDT) meetings in the eMR. This work will be progressed through the eMR2 committee.

The District had established a medical oncology information system steering committee earlier this year. The Committee is progressing the implementation of the new oncology information system with the support of the cancer institute and the NSW Ministry of Health.

### **Engineering:**

The District has reviewed all medical gas outlets. They comply with the National Standards. The District's governance of engineering services is very robust. Documentation of engineering compliance processes is very good but is continuing to be strengthened. The District has appointed a compliance administration officer to ensure that all documentation is kept up to date, is stored appropriately and is available. A compliance engineer is also being recruited.

### **CAR PARK AND CHILDCARE CENTRE**

The District has ceased operations of the Lucas Street Child Care Centre (LSCCC) from 9 September to allow for the construction of the Carpark. The majority of parents have accepted places with Guardian Early Learning. The majority of these have been accommodated at the Camperdown Centre with the remaining families going to Marrickville, Haberfield and Balmain. A small number of families have made alternate arrangements.

Preparatory work continues for the planning for the construction of a new child-care centre on the RPA campus. An architect has been engaged and is progressing design of the facility. Following discussions with the families it was determined that User groups will commence following the closure of the Lucas Street Child Care Centre and once the children have been settled.

Preliminary work will commence on the new car park in the next month.

### **AUDIT AND RISK**

It is with much sadness that I advise of the death of Mr Barrie Martin on 3 September 2016. Barrie attended his last Audit and Risk Committee on 1 September where the Annual Financial Statements for 2015/16 for the District were signed off.

Barrie has been a member and chair of the SLHD Audit and Risk Committee since 2011 and prior to that a member of the SSWAHS Audit and Risk Committee from 2005 to 2010. His funeral was held on 12 September and was attended by members of the SLHD Audit and Risk Committee.

Barrie will be sadly missed. His significant contribution to SLHD and its robust governance processes and enterprise risk management is acknowledged and will be remembered.



Dr Teresa Anderson  
Chief Executive

Date: 5-12-16