
**Chief Executive's Report to the Finance, Risk and Performance Committee,
Board Audit & Risk Committee and the NSLHD Board - May 2018**

DISTRICT PERFORMANCE

NSLHD remains on Performance Level 0.

SAFETY AND QUALITY

NSLHD Health Care Quality Committee

The first meeting of the refreshed NSLHD Board sub-Committee, the Health Care Quality Committee was held on 24 April 2018. The HCQC was well attended and discussion centred on scene setting and future directions for the new Committee. The HCQC also considered the NSLHD Safety and Quality Account and the strategic reporting requirements and key performance indicators related to safety and quality.

NSLHD Quality Workshop

Following the NSLHD Quality Workshop on 21 March 2018, feedback has been collated to facilitate a review of themes and to determine opportunities to improve quality and safety in our health service. Some of the key themes identified include; patient-centred care, effective communication, actively seeking and responding to consumer feedback, competent and committed staff, team work, safety culture, evidence based care, and clinical research.

PERFORMANCE

Summary

March 2018 has been a challenging month for Emergency Access Performance with increases in the number of emergency presentations. Year to date, all sites except Mona Vale have experienced an increase in emergency presentations of between 5% and 8% compared to the same period last year.

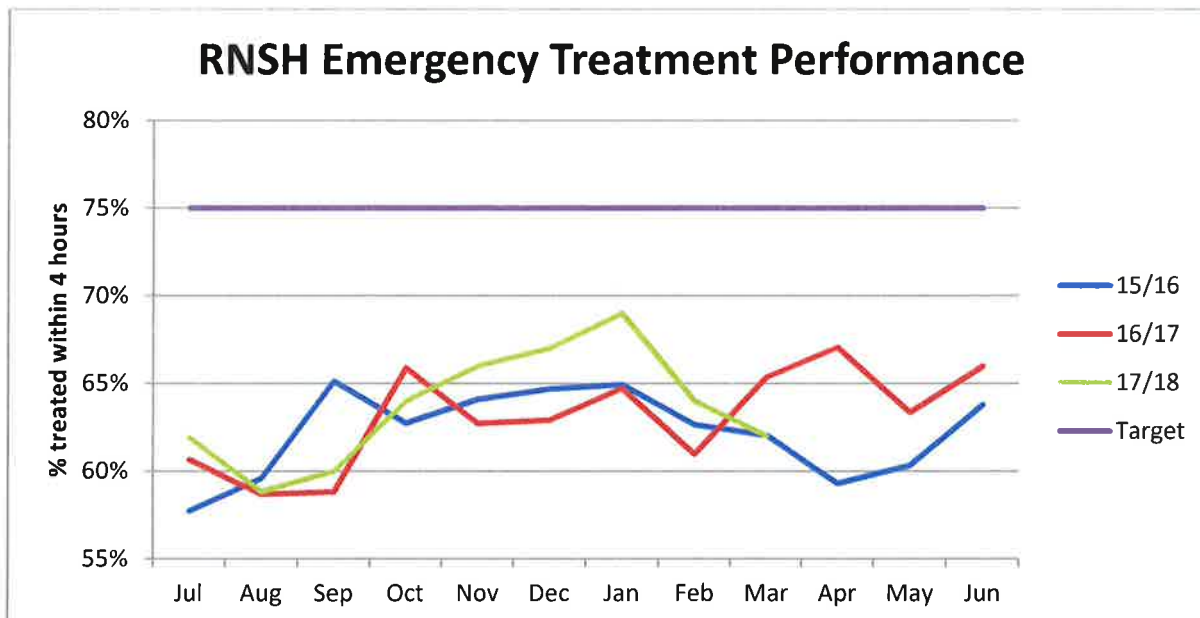
Acute ABF separations and NWAU have seen more moderate increases with 1.4% increase in separations in March 2018 compared to the same month in 2017, and a 1% increase in NWAU in February 2018 compared to the same month in 2017.

Elective Surgery Access Performance continues to be a focus for the LHD with a small increase in the number of overdue surgical procedures.

Emergency Treatment Performance (ETP)

ETP for March 2018 was 74%, a decrease of 1% compared to the same month in 2017. Year to date performance is 74%, a decrease of 1% compared to the same period the previous year.

In March 2018, ETP at RNSH was 62%, compared to 65% for March 2017. While the admission rate remains steady at 39%, there was a 5% increase in ED presentations in March 2018 compared to March 2017. A new term of Junior Medical Officers commenced in February.



Manly and Mona Vale Hospitals met the ETP target of 81%, both with performance of 86% in March 2018. Hornsby Ku-ring-gai Hospital has maintained their improvement in performance with a result of 79% for March 2018. Ryde maintained strong ETP achieving 80%.

Transfer of Care

Transfer of Care (ToC) for March 2018 is 94% against the target of 90%. This result is the same as was achieved in March 2017. The target was met by all sites except RNSH where 88% ToC was achieved. Ryde, Manly and Mona Vale Hospitals continue their outstanding performance with results above 97%.

ED Triage

In March 2018 the target time for ED triage was met for all categories by all sites.

Elective Surgery

The number of overdue surgery procedures increased slightly from 67 patients in February 2018 to 70 patients in March 2018. The target for Category 1 was achieved across all sites in January 2018, with YTD performance at 100%. NSLHD did not achieve Category 2 and 3 targets with performance at 88% and 89% respectively against a target of 97%. The Surgery and Anaesthesia Network is coordinating surgical activity across all the hospitals in an effort to ensure NSLHD meets its targets.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

Acute ABF Separations

Acute ABF separations for March 2018 were 1.7% below target, but increased 1.4% compared to the same period last year. Separations increased by 4% at RNSH. Manly and Ryde Hospitals experienced a decrease in activity of 8.2% and 5.1% respectively compared to March 2017. This is the second consecutive month that activity has declined at these hospitals.

Year to date (YTD) Acute ABF separations for NSLHD have increased by 3.8% compared to the same period in 2016/17 and are 0.7% above target. YTD separations at RNSH, Mona Vale and Hornsby Hospitals have increased by 5.7%, 4.1% and 3.4% respectively compared to the same period in 2016/17.

NWAU

Acute inpatient NWAU are 1% below target for the month of February 2018, and increased by 1% compared to February 2017.

2017/18 YTD, NWAUs have increased by 4.1% compared to the same period last year and are 1.4% above target. The biggest increases in activity are at Mona Vale (6.8%), Hornsby (6.8%) and RNSH (3.9%).

ED Presentations

During March 2018 ED presentations across NSLHD increased by 3.8% compared to March 2017, but are 0.4% below the activity target for the month. Within this, presentations have grown by 5% at RNSH from March 2017 to March 2018.

Year to date, NSLHD has experienced a 5.3% growth in ED presentations which is 2.3% above the activity target. All sites except Mona Vale have experienced an increase in presentations of between 5% and 8% year to date compared to the same period last year.

Average Length of Stay

In March 2018, Average Length of Stay (ALOS) at Manly and Mona Vale are stable with ALOS consistently below target for 24 months. At Hornsby ALOS is stable with a twelve month rolling average of 3.89 days.

The twelve month rolling ALOS at Ryde is 4.12 days, a significant decrease from 4.81 days the year prior.

At RNSH ALOS for March 2018 was 5.04 days, and shows a downward trend over time with ALOS for the last 12 months of 5.09 days compared with 5.21 days the year prior.

Innovation Program

The Innovation Program Round 1 applications have closed. 12 Applications were received from across NSLHD. The applications are currently being assessed and the top 5 applicants will have the opportunity to put forward their innovative idea at the formal Innovation Program Presentation on 22 May 2018 where the winner will be announced. The Event will be held from 4.00pm to 6pm in the Kolling Auditorium with all staff encouraged to attend.

The NSLHD District Showcase has concluded after exhibiting in all hospital sites and one community health centre. The online promotion of the projects will remain on the NSLHD Improvement Hub website.

FINANCIAL PERFORMANCE

General Fund

Overview

The LHD's March NCOS was \$1.0M (0.8%) UF, resulting in a \$2.4M (0.2%) UF position YTD. The March YTD budget unfavourability and on-going financial sustainability improvement within the District is being addressed by the roadmap program. The District has implemented a Short Term Finance Action plan as part of its broader Financial Turnaround Plan.

Employee Related Expenses

Employee Related cost for March was \$0.4M UF and \$1.9M F YTD. The YTD favourability is primarily driven by vacancies in PACH (\$2.5M F) mainly due to the slow recruitment and positions on hold due to the finalisation of the Allied Health restructure.

Goods and Services

G&S for March were in line with Budget.

Revenue

Total NSLHD Revenue for March was \$1.5M UF resulting in \$2.4M UF position YTD. This was mainly driven by \$2.1M UF in Northern Beaches. The LHD is experiencing sustained pressure on private patient revenue due to health funds reducing private room payouts and new agreed health policy which further reduces the rebates associated with prostheses.

Other Items

Other Items for March is \$0.2M F and \$2.0M UF YTD. This month's favourable result is mainly due to the LHD successfully requesting a Health Fund reassess its previous determination of non-payment for an overseas patient account of \$138K. The District continues its implemented courtesy SMS reminder and text follow-up system for those accounts which are outstanding.

ACTIVITY BASED FUNDING TARGET NEGOTIATION PROCESS

The second round of 2018/19 target negotiations with the Ministry of Health was held on 16 April 2018 and the Ministry acknowledged the strong and well prepared submission from the NSLHD Performance team.

Given the positive indications from the Ministry in response to the priorities submitted by NSLHD, it is unlikely further negotiation meetings regarding the targets and bids will be required at this time.

COMMUNICATIONS

Key Corporate Communication activities:

- Progress has been made on the communication and community engagement plan for Mona Vale Hospital's transformation including the Urgent Care Centre (UCC), Geriatric Emergency Medicine (GEM) and Palliative Care Units. Palliative Care and GEM bed conceptual designs have been launched and engagement has been undertaken with key community groups including the Mona Vale Hospital Auxiliary.
- Media release providing further details about the Mona Vale UCC sent to Pittwater Life and the Manly Daily.
- A maternity care brochure has been developed by both NSLHD and Healthscope for new mums who may give birth at the NBH.
- Work has commenced on the NSLHD website. FutureGov conducted two separate kick off workshops with the NSLHD Corporate Communications Team / ICT and interested staff. These workshops were conducted to develop a shared vision for the website, identify success and risk factors and to produce a roadmap.
- Progress has been made on the Hornsby Hospital Redevelopment communications plan. Further communication is scheduled for mid-May for both Hornsby staff members and the public in regards to service relocation and the construction of the new car park and the fee structure.
- The NSLHD Corporate Communications team alongside NSLHD Public Health Unit conducted a flu activation campaign at Stocklands Balgowlah in April. The Member for Manly attended and the event was successful with large public engagement.
- The Member for North Shore visited Cremorne and Crows Nest Early Child Hood Centres.
- A Kolling Institute communication plan is currently being developed.

- The fortnightly Northern Beaches and Royal North Shore Ryde and the District monthly newsletters have been published.
- Ryde, Hornsby and Royal North Shore Hospital's Facebook pages now have more than 10,000 followers. Popular Facebook posts reach over 5,000 people. Mona Vale and Manly Hospital Facebook pages are expected to be published in the coming weeks.

PRIMARY AND COMMUNITY HEALTH

The NSLHD Child Youth and Family Health Directorate continues to support visual acuity screening of all four year old children within the District through the Statewide Eyesight Preschooler Screening (StEPS) Program. The Program is a free population based vision screening program that actively identifies and targets all four year old children in NSW to offer them a free vision acuity screen.

In 2017 StEPS NSLHD visited 590 Preschools, Child Care Centres, Occasional Care Centres, and also offered clinics for those that do not attend child care or were absent on the day of screening. StEPS NSLHD again met the Ministry of Health (MoH) KPI of screening 80% of the eligible four year old population within NSLHD per year, screening 103% of the MoH estimated eligible four year old population.

For the 2017 calendar year 10,820 children have received a visual acuity screen. When compared to the same period in 2016, StEPS NSLHD has screened 519 (5%) more children; this reflects the continuing increase in the 4 year old population and Preschools/Child Care Centres within NSLHD.

StEPS NSLHD works in partnership with preschools, child care centres, and supported playgroups and the team has received positive feedback from our partners recognising both the health benefits of the screening and the support, respect, and patience shown by staff interacting with the children.

COUNTER DISASTER UNIT

- Exercise Bruno recommendations are in the process of being finalised. This exercise was a multi-agency Mass Casualty Incident - the surge capacity plan for Ambulatory Care linkages with eMR and the Forensic Evidence Management Guidelines are in their final stages of implementation.
- NSLHD has had 2 successful nominations accepted into the National Overseas Deployment Training – AusMAT – representing NSW Health. This will enable the employees to meet Department of Foreign Affairs and Trade (DFAT) requirements for international Health Deployments under the AusAssist Program.

PLANNING

The NSLHD Health Services Planning Unit have developed a draft Project Proposal for the NSLHD Clinical Services Plan 2018-2022. The Proposal was presented to the NSLHD Executive Team and NSLHD Clinical Council in April 2018.

The Proposal describes the development of a four year outlook for Clinical Services in NSLHD hospitals and includes an overview of the plan goals, objectives and scope of the project. In addition, the role and responsibilities, expected outcomes and agreed timelines and key milestones and deliverables were also included.

WORKFORCE

Northern Beaches Hospital (NBH)

Round 2 of the Expression of Interest process is underway and ongoing communication with the whole workforce is continuing through Workforce Information Centres, general all staff forums and one-on-one discussions with staff occurring.

Mandatory Influenza Vaccinations for Staff Working In High Risk Settings

Vaccinations are being delivered and the vaccination program has commenced with over 400 staff being vaccinated in the first week of available vaccine.

The new policy requires staff working in high risk areas to have received the flu vaccination by 1 June 2018. The high Risk Areas are:

- Antenatal, perinatal and post natal areas including labour wards and recovery rooms and antenatal outreach programs;
- Neonatal intensive care units, special care units, any home visiting health service provided by neonates;
- Paediatric intensive care units;
- Transplant and oncology wards;
- Intensive Care Units; and
- Emergency Departments.

NSW Health are working on state wide reporting functionality being made available in Stafflink our HR Information System, to support compliance with the policy directive. This will provide some significant benefit as currently all Districts are required to establish local, often manual recording systems.

MEDICAL WORKFORCE

Junior Medical Officers (JMO) Wellbeing

Survey results are being shared with Directors of Medical Workforce and a planning group is being established to determine a communication strategy and a process to engage JMOs in the creation of an action plan for each facility and at the District level. It is anticipated that within the action plan, a schedule of JMO engagement events will include Board and Executive attended workshops with JMOs during 2018/19.

Speaking Up For Safety (SUFS)

The NSLHD Executive attended a workshop with Dr Mark O'Brien from the Cognitive Institute on 11 April 2018 which was positively received. Detailed project planning is underway for the launch of the program in the second half of 2018 which will include briefings for the NSLHD Board & Clinical Council are being planned for June/July 2018. Approximately 150 hospitals across Australia are implementing the program with 50% in the public health sector.

INFORMATION & COMMUNICATIONS TECHNOLOGY (ICT)

Northern Beaches Hospital (NBH)

NSLHD and eHealth NSW are working closely with Healthscope to finalise the ICT system interfaces and interoperability between the new Hospital and the State/LHD systems.

NSLHD Website Review

NSLHD has commissioned a review of its internet presence to be conducted by a government website specialist provider. The scope includes a maturity assessment of the current state of internet and web services and development of a roadmap for continuous improvement. The review expected to run for 10-12 weeks will include people, process and technology (looking to optimise existing platform) and will focus on end useability, content management, capabilities, governance systems and compliance. The Director Corporate Communications and Director ICT will be the co-executive sponsors of this review process and will involve consultation with a wide range of LHD stakeholders for input. This project kick off is on 23 April with the first stakeholder engagement workshop to occur on 27 April.

Electronic Medication Management (eMeds) Rollout

The eMR Connect Project successfully delivered eMedications (eMeds) to Ryde Hospital on 4 December 2017. The Royal North Shore Hospital (RNSH) eMeds Site Implementation Committee is meeting regularly in preparation for the scheduled go live in June 2018. The phased patient journey go-live approach that has proved successful at other LHD implementations has been agreed in principle. Change activities have been initiated including the recruitment of a Nurse Lead and Clinical Practice Leads (CPL) for each ward. A provisional training schedule has been released in April for staff to start booking sessions. An audit of new computer equipment/devices and power requirements including downtime computers will be finalised in April 2018. Hornsby Ku-ring-gai Hospital (HKH) is following a similar approach for the go-live commencing in late July 2018.

Oncology Management Information System

NSLHD is required to adhere to Recommendation 5 of the New South Wales Parliament Legislative Council, Select Committee on off-protocol prescribing of chemotherapy in New South Wales. The Cancer Institute NSW aims to ensure that all Local Health Districts and specialty health networks have an Oncology Management Information System (OMIS) in place before June 30 2018. The NSLHD project team are continuing to work with the selected vendor to achieve key program deliverables required by June 30 2018

PACS/RIS (Medical Imaging Solution)

The States formal Request for Tender (RFT) process / evaluation for a PACS/RIS (Medical Imaging System) Replacement/Upgrade were released by eHealth NSW on 28 April 2017. Next steps include detailed vendor evaluations, shortlisting, and final vendor selections. Pending final vendor selection and contract/procurement, selected LHD's (of which NSLHD will be one) will commence a closed Proof of Concept (POC) process that will "road test" key functional and technical items of the selected vendors solution – this activity will be limited to selected workflows within Medical Imaging and completed in a test environment.

Electronic Record for Intensive Care (eRIC)

Planning is underway to implement the eRIC platform for NSLHD. The eRIC Program is established to implement a State based electronic medical record for Intensive Care Units (ICUs) to improve patient safety and provide better clinical decision-making. The tentative go-live for eRIC at HKH will be from September 2018 followed by RNSH from October 2018.

MENTAL HEALTH DRUG & ALCOHOL SERVICES (MHDA)

Two Patient Flow Workshops have been scheduled in 2018 with the first of undertaken on April 5. The Workshops will focus on identifying specific strategies for Mental Health patients in our Emergency Departments.

NORTHERN BEACHES HOSPITAL

The Operational Readiness, Commissioning, and Transition activities remain on schedule as we progress towards the opening of the new Northern Beaches Hospital later this year.

KOLLING INSTITUTE OF MEDICAL RESEARCH

The Kolling Institute Interim Management Committee is managing drafting of the Joint Venture Agreement between University of Sydney (USyd) and NSLHD.

Monthly communique will be started to inform Kolling members on the active initiatives that the Kolling Institute Interim Management Committee is working on each month. Plans are underway to hold the next Town Hall meeting in early May 2018.

KOLLING FOUNDATION

The Autumn Appeal and donor survey is progressing well, with an improved rate of return on prior years. This year's Tax Appeal will focus on arthritis research and treatment and the Kolling Foundation will be pursuing an acquisition campaign based on the demographic profile of NSLHD's local government areas with higher levels of over 65-year olds. The recruitment of a Chief Executive Officer is progressing.

CAPITAL WORKS

Child Care Centre

Building works on the new Child Care Centre are now complete and the building has been handed to Royal North Shore Hospital by Health Infrastructure NSW.

Southern Campus

Meetings between RNSH Corporate Services, Savills, Health Infrastructure, Brookfield Multiplex and their trade specific subcontractors continue in preparation for works to commence on the site of the St Leonards Health Organisations Relocation (SHOR) Project.

Hornsby Ku-ring-gai Hospital (HKH) Redevelopment

Stage 2 and Medical Imaging

The successful tenderer has been appointed to deliver Stage 2 and Medical Imaging. User Group meetings with the staff commenced in mid-April and will include review of the existing Medical Imaging designs. A meeting with the Medical Imaging Major Medical Equipment (MME) vendors occurred in mid-April.

Multi-storey Car Park

The construction of the multi-storey car park is ongoing with the commencement of the installation of services. The successful operator of the multi-storey car park is Metro. They have commenced meetings with staff to develop the Operational Plan and confirm the final car park design.

Stage 1 Post Occupancy Evaluation (POE)

The Stage 1 STAR POE construction works continue. Current works include:

- Sterile stock room air conditioning installation - almost complete
- Male change room expansion works due to commence in late April 2018.

SYDNEY NORTH PRIMARY HEALTH NETWORK (SNPHN)

- Collaboration between NSLHD and SNPHN at an organisational level:
 - Joint Executive Committee planned for mid-May, with CEs, Chairs of Clinical Councils, and NSLHD Executive Director's / PHN GMs
- Collaboration on specific initiatives and enablers:
 - HealthPathways: agreed priority areas for redesign projects; developing evaluation framework
 - Joint PHN- NSLHD event being held end of April: "Hornsby Ku-ring-gai Local Coordinated Network – building a Healthcare Neighbourhood"
 - First draft of GP/NSLHD analytics platform finished; this will support PHN initiatives of Patient Centred Medical Home and Local Coordinated Networks
 - PHN involvement in design of 2018/19 integration projects: Frailty, Heart Failure, Palliative Care plan.

RISK REGISTER

During April 2018 the Board Risk Appetite Workgroup work continued with draft 'Attitude Statements' provided for review and feedback (due 11 May 2018). The proposed management level risk committee structure was revised slightly and approved by the CE, and will commence as of 30 April 2018. It will involve a peak 'Risk Oversight Committee' involving the CE and Tier 2 Executive Directors, and an operational 'Risk Integration Committee' replacing the existing steering committee and broadening representation by site/services.

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Deb Willcox
Chief Executive

Date: 7.5.18