Minutes

NSW Health Sydney Local Health District

Sydney Local Health District

Seventy Third Meeting of the Board

Date: Monday 19 February 2018

Time: 9.00am – 11.00am

Venue: SLHD Boardroom

Chair: The Hon. Ron Phillips, Chair AO

1. Present and apologies

The Hon. Ron Phillips, Chair AO
Ms Victoria Weekes, Member
Dr Thomas Karplus, Member
Professor Paul Torzillo AM, Member
Ms Frances O'Brien, Member
Ms Joanna Khoo, Member
A/Professor Christine Giles, Member
Ms Ronwyn North, Member
Dr Mary Haines, Member
Mr David McLean, Member
Ms Susan Anderson, Member
Dr Teresa Anderson, Chief Executive

Apologies

Dr Barry Catchlove, AM, Member

In attendance

Gina Finocchiaro, Acting Director, Corporate Operations, SLHD (10.00am – 11.15am)
Maria Kokkinakos, Manager, Workforce Planning and Performance (9.00am – 9.20am)
Phil Tuckerman, CEO, Jobsupport (9.00am – 9.20am)
Alison McGlynn, Manager Jobsupport (9.10am – 9.20am)
Nick van Domburg , Chief Information Officer (9.00am – 10.00am)
Chris Mitchell, Director, ICT Infrastructure (9.00am – 10.00am)
Angus Ritchie, Acting Chief Medical Information Officer (9.00am – 10.00am)
Rosemary Burke, Chief Pharmacy Information Officer (9.00am – 10.00am)
Aaron Jones, Chief Nursing Information Officer (9.00am – 10.00am)
Alexandra Wagstaff, Director, eMR   (9.00am – 10.00am)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

The Chair welcomed members and guests to the seventy third meeting of the Sydney Local Health District (SLHD) Board.

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The Chair and the Chief Executive advised the Committee of the resignation of Ms Jacqueline Ferguson, Director of Finance who is taking up a position at the NSLHD.

The Chair has thanked Ms Ferguson and advised her that the Board had confidence in her commitment and ability for her portfolio and wished her well in her new position. Dr Anderson advised that Mr John O'Connor will act in this position.

Presentations:

Employ^{my}ability - Job Support Success Story including:

- Applying the principles of inclusion in the health setting in partnership with JobSupport
- NSW state of Inclusion – Live, Work and Play Conference 17 May 2017
- Transition to work program for school leavers with significant disability
- Training includes travel, appearance and grooming, workplace communication, socialisation skills
- Success for the SLHD
- Percentage of clients achieving open employment by provider
- Program awards and recognition

The Chief Executive advised this wonderful, caring partnership fits into our Equity Framework and thanked Ms Kokkinakos for her leadership and all the managers involved.

 The Chair thanked both Mr Tuckerman CEO of the Partnership, Ms McGlynn and Ms Kokkinakos
 for the presentation and for attending the meeting.

Information, Communications and Technology (ICT) Systems – update and strategic directions including:

- Context included the hospital facilities, staffing, local population, deliveries and emergency department presentations
- Milestones
- Achievements
- Progress on the Information Communication and Technology Strategic Plan
- The commencement of twenty new projects in the period January – December 2017.
- Nineteen Projects delivered in the period January – December 2017.
- Current and Future ICT roadmap
- Strategic Framework includes planning, adoption, safety, usability and evaluation.
- Following the presentation, a video was shown on a "patient journey" from presenting in the Emergency Department, treatment in the ward through to discharge.

 The Chair thanked the ICT team for the presentation and for attending the meeting.

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

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

   There were no **new** conflicts of interest to declare or to be added to the Register.

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4. Confirmation of previous minutes

4.1 Minutes – 11 December 2017

The minutes of the Board meeting held on Monday 11 December 2017 were moved and seconded.

The Chair then signed the minutes.

4.2 CE Report – December 2017

The Chair declared that the CE Report for December 2017 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 Board Member has been nominated to sit on the ICT Governance Committee. This agenda item can be removed from the action list.
- A date for the launch of the Aboriginal Health Plan has been set. This agenda item can be removed from the action list.
- A "lessons learnt" paper for organ donation will be provided at the next meeting.

6. Patient Story

The Chief Executive advised the Board that RPAH had two hundred and fifty presentations through the Emergency Department on Sunday 18 February 2018. The Chief Executive provided a verbal report on particular presentations. All the staff in the emergency department were outstanding during this busy time. The Board discussed and agreed a letter of appreciation to be sent to the staff for their professionalism during challenging circumstances.

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 Financial Classification Codes List.

7.3 Board Calendar 2018

The Board received and noted the Board Calendar for 2018.

Minutes

8.   Chairman's Report

The Chair advised that, following discussions with all members of the Board, the schedule of committee meetings and the membership is now finalised for 2018. The Revenue Committee will be incorporated in the Finance, Risk and Performance Committee. The Committee Restructure is to be forwarded to District staff.

9.   Chief Executive's report

The Board received and discussed the Chief Executive's Report including:

- The District continues to be at Performance Level zero which is the highest level achievable.
- There was a significant improvement of 8.1% in Mental Health Readmissions within 28 days for the month of October 2017 compared to the same month last year.
- Considering the increase in activity, there were no Central Line Associated Bloodstream (CLAB) infections during November 2017 and there have been no CLABs YTD November 2017.
- There was a significant increase of 2.24% in separations (13,775 separations) in December 2017, compared to the same period last year. For December 2017 YTD there has been an increase of 1.13% separations across the District. The District's occupancy rate has significantly increased over this period. The District occupancy rate for December 2017 increased by 3.19% to 84.15% compared to the same time last year and there was a 4.57% increase on occupancy YTD (92.36) due to the significant increase in the acuity of patients being managed by our hospitals.
- Winter planning is ongoing. The Demand Management Unit is working with facilities on their plans and Workshops are being held. A report will be provided to the Board at the next meeting.
- A meeting with the Minister is being held tomorrow to discuss ED wait time targets.
- A Purchasing Model Roadshow for SLHD was held in late January to present the purchasing principles and proposed changes to the 2018/19 purchasing framework. The roadshow included discussions on Hospital Acquired Complication (HAC) adjustors. The Board will be provided with regular reports.
- In December 2017, Sydney Local Health District (SLHD) General Fund Expenditure was $0.075M (0.06%) favourable to budget, YTD December 2017 GF Expenditure was $7.170M (0.84%) unfavourable to budget. GF Revenue was $0.191M (0.13%) unfavourable to budget for the month and $2.476M (0.28%) unfavourable to YTD budget. For the YTD December 2017 the District's GF NCoS was $9.646M unfavourable to budget. The significant increase in activity and acuity of patients over an extended winter period has proven challenging for the District. All facilities are working on a recovery plan to ensure that the District achieves an on budget performance by the end of the financial year.
- The Director of Finance is leaving the District to take a position at Northern Sydney Local Health District. Mr John O'Connor will act in this position.
- Two Concord Hospital Redevelopment Community Forums were successfully held.
- Discussions are ongoing with the relocation of the Drug Health beds.
- A Root Cause Analysis has commenced on the eMR unplanned downtime.

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9.1   Finance and Performance Reports

9.1.1   SLHD Board reporting pack – December 2017

The Board received, read and noted the SLHD Board Reporting Pack for December 2017.

9.1.2   Selected Performance Indicators – December 2017

The Board noted this report was not available.

9.1.3   HealthPathways Dashboard Report – December 2017

The Board received, read and noted this report.

9.2   Project updates

9.2.1   Lifehouse

The Board received, read and noted this report.

9.2.2   Macquarie International Private Hospital

The Board received, read and noted this report.

9.3   Capital Works Report

The Board received, read and noted the Capital Works report.

9.4   Clinical Governance and Risk Reports

(i)   Quarterly Report
(ii)

The Board noted the next report for the period November 2017 – January 2018 is due in March 2018.

(iii)   Monthly Report - Quality Awards Snapshot

The Board received, read and noted this report.

9.5   Audit and Risk Committee Report - September – November 2017

The Board noted this report is due in April 2018.

9.6   Facility Reports – December 2017

(i)   Balmain Hospital

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

(ii)   Canterbury Hospital

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

(iii)   Community Health

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

(iv)   Concord Hospital

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

(v)   Drug Health Services

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

(vi)   Mental Health Services

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

(vii)   Royal Prince Alfred Hospital

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

(viii) Oral Health Services and Sydney Dental Hospital

The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report.

(ix)   Tresillian

The Board received, read and noted the Tresillian report.

(x)   Lifehouse

The Board received, read and noted the Lifehouse report.

(xi)   Population Health

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

(xii)   Croydon/Marrickville/Redfern Health Centres

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

(xiii) Organ Donation for Transplant

The Board received, read and noted quarterly report for the period September – December 2017.

10. Matters for approval / resolution

10.1   Inner West Sydney Youth Health and Wellbeing Plan 2018-2023

The Board received, read and noted the Inner West Sydney Youth Health and Wellbeing Plan 2018-2023. The Board endorsed the recommendations as outlined in the brief and the plan.

10.2   Draft Strategic Plan 2018 – 2022

The Board received the final draft Strategic Plan 2018 - 2022. The Board endorsed the plan with one recommendation: page 18 of the plan, last dot point, to read "to provide value and quality care".

11. Board Committee reports / minutes

11.1   Finance, Risk and Performance Management Committee

The Board received, read and noted the minutes of the meeting held 11 December 2017.

11.2   Education and Research Committee

The Board noted the next meeting is to be held on 19 March 2018.

11.3   Communications Committee

The Board noted the next meeting is to be held in March 2018.

11.4   Audit and Risk Committee

The Board noted the next meeting is to be held in March 2018.

11.5   Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 20 December 2017.

11.6   Health Care – Clinical Council

The Board noted the next meeting is to be held on 28 February 2018.

11.7   Medical Staff Executive Council

The Board noted the meeting was held on 9 February 2018.

11.8   Patient and Family Centred Care Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 6 December 2017.

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12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting to be held on 6 December 2017 was cancelled.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 13 December 2017 and 24 January 2018.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 18 December 2018.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the meeting to be held on 20 December 2017 was cancelled.

12.5 Revenue Enhancement Development Committee

The Board noted the next meeting is to be held in February 2018.

12.6 NSW Health / SLHD Performance Review Meeting

The Board received, read and noted the minutes of the meeting held on 29 November 2017.

12.7 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting to be held on 23 January 2018.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 12 December 2017.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 21 November 2017.

12.10 Sydney Healthy and Active Living Steering Committee

The Board received, read and noted the minutes of the meeting held on 22 January 2018.

12.11 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held in December 2017.

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13. Matters for noting

13.1   Brief - Pregnancy Family Conferencing Annual Report 2016/2017

The Board received, read and noted this report

13.2   Brief - Audit and Risk Committee Membership

The Board received, read and noted this correspondence.

13.3   Correspondence - Minister for Health

The Board received, read and noted this correspondence.

13.4   Brief Update - SLHD Hoarding and Squalor Meetings

The Board received, read and noted this correspondence.

13.5   Letter - MoH re ETP at RPAH

The Board received, read and noted that RPAH has been removed from the emergency treatment watch list in this correspondence.

13.6   Brief - Impact of NDIS transition

The Board received, read and noted this correspondence.

13.7   Brief - Pressure Injury Prevalence Survey Results 2017

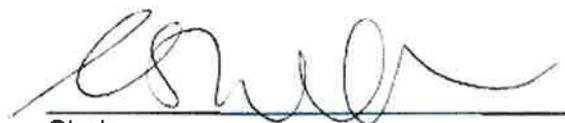The Board received, read and noted this report

14. Other Business

Nil to report

15. Next Meeting

The next meeting is to be held on Monday 19 March 2018 at 9.00am.

The meeting closed at 11.15pm.

_____   23 APRIL 2018
Chair   Date

Report

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board
February 2018

PERFORMANCE

According to the Ministry of Health Framework, the District remains at Performance level 0, which is the highest level achievable.

Safety and Quality
Despite the significant activity through the SLHD facilities, the quality and safety of our services was maintained.

There was a significant improvement of 8.1% in Mental Health Readmissions within 28 days for the month of October 2017 compared to the same month last year. Although Mental Health Readmissions within 28 Days exceeded the target of <13% YTD October 2017; however, there has been a decrease from the same period last year from 17.1% to 14.9% despite the significant increase in mental health activity this financial year.

The District continues to achieve the root cause analysis (RCA) target for December 2017.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureas Bloodstream Infections (SABSI) with a result of 0.72 per 10,000 bed days for the month of November 2017. In comparison to the result from the same period last year there has been a slight improvement in performance of 1.28% SABSIs per 10,000 bed days. There were no Central Line Associated Bloodstream (CLAB) infections during November 2017 and there have been no CLABs YTD November 2017.

The District's unplanned readmissions within 28 days of separations were 4.5% for the month and 4.7% YTD November 2017, which are significantly below the state rate of 5.8% and 6.0% respectively. It remains strong at all facilities. Unplanned Emergency Presentations (same ED within 48 hours) were 4.8% for the month and 4.2% YTD which are significantly below the state rates of 5.2% and 4.9% respectively.

The District has continued to have no incorrect procedures resulting in death or major loss of function.

Workforce
Overtime and agency usage decreased for the month of December 2017 compared to the previous year by 5.92 and 11.75% respectively. However, both overtime and agency usage continue to be significantly higher YTD due to the significantly higher demand experienced during a prolonged winter.

Activity
This has continued to be a busy period for our hospitals with a significant increase in both separations and occupancy reflecting the high acuity of the patients been cared for. There was a significant increase of 2.24% in separations (13,775 separations) in December 2017, compared to the same period last year. For December 2017 YTD there has been an increase of 1.13% separations across the District. The District's occupancy rate has significantly increased over this period. The District occupancy rate for December 2017 increased by 3.19% to 84.15% compared to the same time last year and there was a 4.57% increase on occupancy YTD (92.36) due to the significant increase in the acuity of patients being managed by our hospitals. This is also reflected in the significant (5.66%) increase in case weighted attendances in SLHD compared to the previous year.

Emergency department attendances increased by 1.00% for the month of December 2017 compared to the same month last year. There were 13,988 ED attendances in December 2017. There has been a 4.22% increase in ED attendances YTD to 83,487.

Emergency Treatment Performance (ETP) *(formerly NEAT)*
Despite the significant increase in activity, ETP performance for the District increased by 3.01% in December 2017 to 72.30% compared to December 2016. The year to date result for the District remains under target at 69.06%.

RPA has significantly improved its performance by 11.74% compared to the previous year with a 72.76% result.

Transfer of Care
The transfer of care (TOC) target for the District was met by all three emergency departments and increased by 0.30% for December 2017 compared to December 2016. RPA increased by 1.26% to 94.92% for December 2017. This result again highlights the success of the TOC Program in operation in SLHD Emergency Departments.

ED Triage
SLHD met target for Triage Categories 1,2,4,5 for December 2017 and YTD. Triage 3 performance remains challenging due to the significant increase in triage 3 presentations. Ongoing work is being undertaken to manage ED activity across the District.

Canterbury Hospital achieved all emergency department triage categories for December 2017. RPA met triage category targets 1, 4 and 5 in December 2017. RPA performance in triage category 2 and 3 improved on the previous result for December 2016, increasing by 0.92% and 0.77%, respectively. Concord Hospital met triage targets 1, 2, 4 and 5 in December 2017.

Elective Surgery
Despite a 2.66% increase in operations YTD, SLHD continues to perform at the top of the state for patient treatment timeframe targets for elective surgery. Performance is at 100% of patient being seen within time for each category for December 2017, which is consistent with the result achieved in December 2016. The District has also made significant decrease in the number of surgical patients not ready for care of 4.0% YTD.

Community Care and Hospital in the Home
The District has continued to manage its activity through investments in Sydney District Nursing who are managing over 1,000 patients per day in the community who would otherwise be in hospital. There has been a 0.5% increase in Hospital in the Home activity for the month and a 4.4% increase YTD. As previously indicated, the District would have had significant difficulty in managing the demands of this winter without the investments made by the District in these services.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

The NSW Ministry of Health held the Purchasing Model Roadshow for SLHD in late January to present the purchasing principles and proposed changes to the 2018/19 purchasing framework. The roadshow included the discussion of the following proposed Hospital Acquired Complication (HAC) adjustors:
- Healthcare associated infection
- Falls resulting in fracture / other intracranial injury
- Surgical complications requiring unplanned return to theatre
- Medication complications
- 3rd/4th degree perineal laceration during delivery
- Neonatal birth trauma

Report

Since HACs can be influenced by patient characteristics or risk factors, which are largely uncontrollable, a risk-adjustment methodology has been applied and considers the following factors:
- Patient age group and sex
- Casemix (DRG type)
- Major diagnostic category
- Charlson Comorbidity Index (CCI)
- Intensive care unit status
- Hospital peer group
- Admission status
- Transfer status

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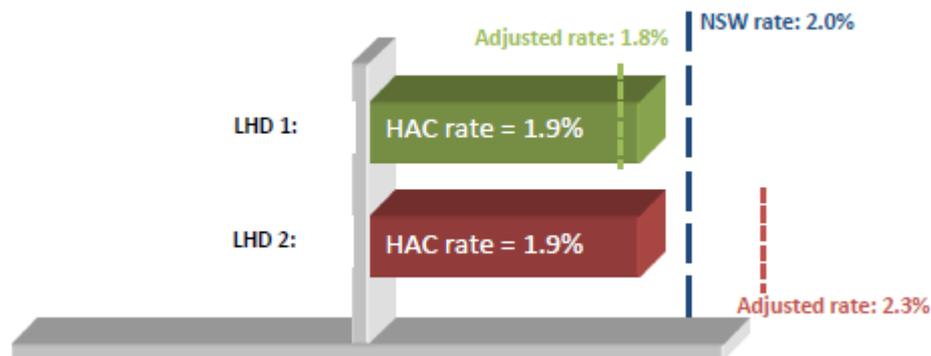
The above figure illustrates the adjusted HAC rates for two LHDs, which have the same raw HAC rates. However, LHD 1 has a much greater percentage of older patients versus the State average (NSW), this factor alone will tend to increase its HAC rate. The adjusted HAC rate is decreased to remove this impact (as well as other risk factors) so as to make the results more comparable.

The Ministry method predicts an adjusted HAC rate for each facility, as well as an upper and lower threshold. Facilities with a HAC rate within the established threshold are considered to be performing, while those with a HAC rate above the upper threshold are considered to have a performance gap and those below the lower threshold are likely to be under reporting.

Acute Admitted Activity
As of year to date November, the District has a positive variance 1.68% to target for acute admitted activity.

Non-Admitted Patient (NAP) Activity
The District Performance Unit is working with the facilities to review non-admitted activity and ensure the accuracy and timely upload of data to EDWARD. Significant progress has been made at RPA with the majority of clinics now split in line with Ministry advice. As of year to date November, the District has a -3.28% variance to target, with this variance expected to continue improve when the data is re-extracted in February.

Clinical Costing Update
The DNR audit for the full round 21.2 of costing has been running through December, with the final report to be submitted to the Ministry in February. Overall the report is extremely positive and highlights many areas where improvements have been made. Areas for further improvement have also been identified, with action to address these already commenced.

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REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage, December 2017
For the month of December 2017, SLHD had its highest percentage result in 24 months with 20.53% of its inpatients treated as private patients. While both RPA and Concord managed to come in just below 22%, Canterbury had its best result in over 2 years completing the month at 12.68%. In comparison to Canterbury's result in December 2016, it had 55 more private patients; an improvement of approximately 35%.

Single Room Utilisation, December 2017
For the month of December, the LHD had 28% of all single rooms taken up by private patients. With 10.2% of patients isolated for clinical alert, 46% of all private patients were accommodated in single rooms.

Revenue Enhancement Committee
- PBRC Management Committee has now become the District Revenue Committee. This committee reports to the Revenue Enhancement Committee
- Focus continuing on improving proportion of elective patients using their private health insurance
- Relationships with private health funds being re-visited

PERFORMANCE AND REDESIGN UNIT / REDESIGN AND SERVICE IMPROVEMENT

Innovations
- The Pitch dates for 2018 have been finalised and are as follows:

Pitch live event	Applications close	Venue
9 March	12 February	CMEC
22 June	28 May	Sydney Research & Innovation Symposium
7 September	13 August	KPEC
30 November	5 November	CMEC

- The Pitch logo and marketing material has been rebranded and the videos are also being updated aiming to showcase results of previous pitch winners.
- Since March 2017, the Pitch winners have been asked to submit regular reports regarding their project's progress (at 3 months, 6 months and 12 months). A progress report will be submitted to the next PFCC meeting in February.

Clinical Redesign: CHR Projects
- For the first round of the Centre for Healthcare Redesign (CHR) Graduate Certificate program in 2018, SLHD put forward one submission which is currently awaiting a decision around its entry. This submission is titled "Improving the Efficiency and Patient Care experience in the Rheumatology Outpatient Department at Royal Prince Alfred Hospital" and aims to address the issues of increased waiting times, increased "no shows" to appointments and reduce patient and GP complaints. Project participants include Stephanie Laurent, A/Performance and Redesign Program Manager and Elizabeth Smyth, Graduate Health Management Trainee.

- The '*POPI: PreOperative Iron deficiency assessment and management'* project (CHR 2017 - first intake) is in implementation phase. The project team is currently finalising the high risk surgery list and management pathway for iron-deficient patients and the process of trialling that for upper gastrointestinal patients in RPA.
- '*A Collaborative Care Outreach in Residential Aged Care Facilities (RACFs) across the SLHD (ACCORD)'* project (CHR 2017 - second intake) have finalised the "Implementation planning" phase and have submitted all approved reports to ACI and the University of Tasmania. Implementation of the project solutions is progressing seamlessly.
- The SPORT (previously known as 'Perioperative and Sterilizing departments redesign') (CHR 2017 – third intake) team have recently commenced the implementation phase of their project and are in the process of submitting all relevant reports to the CE for approval. Solutions focusing on the recruitment of a Loan Set Team Leader for the sterilizing department, reconfiguration of the sterilizing dept layout, 'fast track' request forms and communication improvements have been prioritised and are progressing well.
- Applications are open for the second round for the CHR program. This second CHR round will be focused on improving diagnostics ordering and processes for pathology and imaging services. Applications close 9 February 2018.

Accelerating Implementation Methodology (AIM):
- The next AIM course is scheduled for 15-16 February 2018 and has been booked to full capacity. The second AIM course for 2018 is planned for 17-18 May 2018.

HealthPathways

Workgroups
No workgroups held over December and January

Pathways
The anticipated release of Dermatology and Cardiology pathways has been delayed to accommodate the migration to the new Health Provider Directory (HPD) format. Once commenced, the service information pages will move from the current static listing format to a live feed from an internal HealthPathways database. HealthPathways Sydney staff will commence training on November 20th. The HPD allows for a more dynamic listing function for both service locations as well as individual specialist. There is also the benefit of cost reduction in development and maintenance of these pages as content insertion and updating remains with the local team and not forwarded to Streamliners NZ for managing.

November 2017 / January 2018	
New Completes (Live)	18
Completed Periodic Review Cycle	33
Total Completed pathways on website	655
CURRENT WORK IN PROGRESS	
Currently Localising (from other HP regions)	71
New Pathways being developed	8
Live pathways currently being updated	10
Completed pathways undergoing Periodic Review	212

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Usage of HealthPathways

Despite the anticipated downturn in activity over the latter part of December and early January there was a significant increase in website use compared to the same period twelve months earlier.

	Dec – Jan 24/18	Nov 2017	**Oct 2017**	Dec – Jan 24 17
Sessions of use	7,129	5,309	4,787	4,438
Unique page views	21,293	16,663	15,023	14,085
Different users	1,130	1006	972	909

FINANCIAL PERFORMANCE NET COST OF SERVICE BASIS

Financial Performance – Net cost of service basis

General Fund (GF)

The 2017/18 Service Level Agreement between the Board and Ministry of Health has as a key financial performance target an expected Net Cost of Service (**NCoS**) result. The following analysis reflects the result for the month ended 31 December 2017 based on the District's budgeted NCoS.

For the month of December 2017, Sydney Local Health District (SLHD) General Fund Expenditure was $0.075M (0.06%) favourable to budget, YTD December 2017 GF Expenditure was $7.170M (0.84%) unfavourable to budget. GF Revenue was $0.191M (0.13%) unfavourable to budget for the month and $2.476M (0.28%) unfavourable to YTD budget. For the YTD December 2017 the District's GF NCoS was $9.646M unfavourable to budget. The significant increase in activity and acuity of patients over an extended winter period has proven challenging for the District. All facilities are working on a recovery plan to ensure that the District achieves an on budget performance by the end of the financial year.

The Chief Executive and the Director of Finance are confident that the District will have an on budget NCoS result for the 2017/18 financial year despite the challenges that are facing the District. To achieve the 2017/18 NCoS target, the District continues to maintain the good controls that it has in place and monitors performance on a daily basis.

The major variances for the month were:

Expenditure
- For the month of December 2017 GF Total Expenditure was $0.075M (0.06%) favourable to budget, reflecting unfavourable results for Salaries & Wages ($0.758M), Overtime ($0.130M), Superannuation ($0.141M), G&S Medical & Surgical Supplies ($0.539M), G&S Special Services ($0.473M) and VMO Payments ($0.376M) offset by favourable variances in Annual Leave Provision ($0.144M), G&S Prosthetics ($0.804M) and G&S Drugs ($1.454M). G&S Support ($0.223M), G&S Admin ($0.469M) and RMR ($0.496M)
- YTD December 2017 GF Total Expenditure was $7.170M (0.84%) unfavourable to budget. This result reflects unfavourable results for Salaries & Wages ($2.134M), Overtime ($3.969M), Annual Leave Provision ($1.091M), VMO Payments ($0.412M), RMR ($1.285M), G&S Med and Surgical Supplies ($1.900M) and G&S Special Services ($5.441M) offset by favourable variances in G&S Drugs ($8.193M), G&S Admin ($0.989M) and G&S Prosthetics ($0.724M).

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Revenue
- GF Total Revenue was $0.191M (0.13%) unfavourable to budget for the month of December 2017. The result for the month reflects unfavourable variances in User Charges Facility Fees ($0.462M), Services to Other Organisation ($0.845M), and Prosthesis Income ($0.362M) offset by favourable variances in High Cost Drugs ($0.592M), Patient Fees ($0.419M) and Grants & Contributions ($0.503M) and Non User Charges General ($0.468M).

- YTD December 2017 GF Total Revenue was $2.476M (0.28%) unfavourable to budget. The unfavourable YTD result reflects mainly unfavourable variance in User Charges ($9.206M) offset by favourable variances in Patient Fees ($2.721M) and Grants & Contribution ($3.137M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was $0.977M favourable to budget for the month of December 2017 and $0.642M unfavourable to budget for the YTD December 2017. This YTD result reflects favourable budget variance for Expenditure ($0.185M), offset by unfavourable result for Revenue ($0.826M).

CONSOLIDATED RESULT

For the period ended 31 December 2017 the consolidated year to date NCoS result for the General Fund and SP&T was $11.288M unfavourable to budget. The result comprises unfavourable variances in Expenditure $6.985M and Revenue $3.303M.

## FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 31 December 2017, SLHD recorded a Total Net Result of -$34.969M (Note that Total Revenue was higher than Total Expenditure for YTD December 2017) which was $10.320M (23%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for the YTD December 2017 was $11.488M unfavourable to budget. The YTD Net Direct Operating Result reflects unfavourable budget variances in Expenditure ($8.323M) and Revenue ($3.165M).

For the month of December 2017 Total Direct Revenue was $0.588M favourable to budget, comprising $0.191M unfavourable variance for the General Fund and a $0.780M favourable variance for the SP&T Fund. YTD Total Direct Revenue was $3.165M unfavourable to budget, comprising unfavourable variances for the General Fund ($2.502M) and SP&T Fund ($0.663M). The YTD result for the GF reflects unfavourable variances in User Charges offset by favourable results for Patient Fees, Grant Income and Other Income.

Total Direct Expenditure was $0.509M unfavourable to budget for the month of December 2017, comprising $0.583M unfavourable result for the General Fund and $0.074M favourable result for the SP&T Fund. YTD Total Direct Expenditure was $8.323M unfavourable to budget, comprising $7.295M unfavourable variance for the General Fund and a $1.028M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Overtime ($3.969M), Salaries & Wages ($2.134M), On-costs ($2.834M) and G&S Support Services ($0.382M) and VMOs ($0.412M). These results were offset by favourable results for Direct Clinical Operating ($1.567M) and G&S Corporate & Operational Admin ($0.989M)

MONTHLY BUDGET PERFORMANCE

The graph below compares the actual and budget performance on a monthly basis.

Report

2017/18 Actual vs Budget Expenditure Comparison (GF and SP&T Combined)
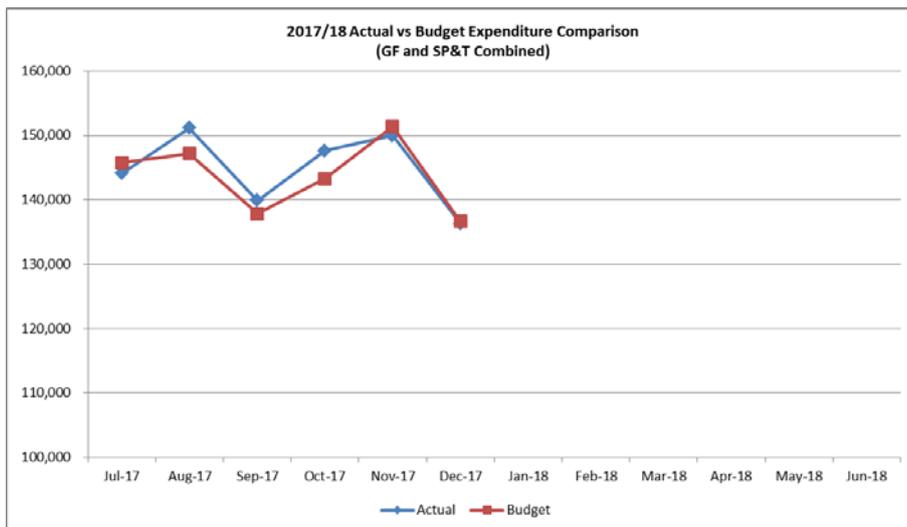
LIQUIDITY

The District had **NIL** creditors over 45 days as at 31 December 2017.

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 2017.

The cash balance at 31 December 2017 for the SLHD Operating bank account was $27.177M and the Operating Cash book balance was $26.758M.

CAPITAL WORKS – SMRS PROJECTS

The District's Full Year Capital Works budget relating to SMRS Projects as of December 2017 is $24.914M comprising $6.862M of MoH funded and $18.052M of locally funded projects. In December 2017, three locally funded projects, namely Concord Hospital X-Ray Machines ($1.507M), RPAH Gynaeology Camera Stack/Towers ($0.284M) and EEPG Upgrades at Croydon & Marrickville Health Centres ($0.177M) was approved by MoH.

Actual expenditure as at YTD December 17 was $6.144M which is $0.017M below budget.

OTHER CAPITAL PROJECTS

As of December 2017, the District has expended a total amount of $0.717M on projects relating to IAS various equipment, K2 Fetal Monitoring System and Internal Audit relocation. The total expenditure of $0.717M was sourced from General Fund.

CAPITAL WORKS

Concord Hospital Redevelopment Stage 1

Good progress is being made on the finalisation of plans for the redevelopment of Concord Stage 1. The Executive Steering Committee and Project Development Committee are meeting regularly to oversee the Project User Groups have commenced. The decanting strategy has been finalised. Decanting has commenced.

RPA QEII Level 6 East Refurbishment

Works have commenced to reinstate Level 6 IRO to an orthopaedic surgical ward. Removal of anti-ligature fittings and reinstating services is being undertaken.

RPA QEII Level 6 Interpreters

Works are being finalised to enable the relocation of the Interpreter services to IRO Level 6. Works will be finalised by the end of December. Relocation of the Interpreters is required to enable the expansion of the Sexual Health Service.

Report

RPA - Assisted Parking
Assisted parking desk has been installed and all works completed to enable patients with disabilities to be taken to their cars.

RPA Staff Car Park
The RPA staff car park is nearing completion. The District has been meeting with staff and the Unions to finalise details in relation to the operations of the car park.

Concord Theatres 7 and 8
Refurbishment of the two theatres has commenced for the replacement of the ceilings, pendants and general minor works. Orders have been placed and program drafted. The project is due for completion mid-March 2018.

SLHD Aged Care Network
Balmain works are continuing and will be fully completed by mid February.

Balmain GPC waiting Room
Facility Planners are continuing to work with the department to finalise plans aimed at improving the reception waiting area seating and creating a dedicated Paediatric waiting area.

Medical Imaging Equipment Purchases RPAH
The new Interventional CT located in Lifehouse is now operational. Stage two has been completed. Commissioning of the second machine has now been completed. SLHD is working closely with Lifehouse to optimise the utilisation of the CT Interventional Suite.

Asset Replacement & Repair Program (ARRP)
Works are continuing on the programs funded through the ARR Program managed by Health Infrastructure. Projects include: Surgical Tool Air upgrade at RPAH, RPAH emergency power control upgrade for the generators and the lift modernisation program at Concord. Additional funding has been granted for infrastructure at RPA (Fire System $600k), CRGH (Steam System $700K) and Canterbury (Replacement chillers, $600K).

SLHD Energy Efficiency Program
Works are continuing on the program which will run for 18 months and will involve the replacement of all light fittings across the RPAH campus with energy efficient LED lighting. Detailed Planning is being finalised for Sydney Dental and Canterbury Hospitals.

RPA Hydrotherapy Pool
Refurbishment of the RPA Hospital Hydrotherapy Pool amenities Stage 1 is continuing and will be completed by mid February 2018.

Canterbury Hospital Hydrotherapy Pool
Refurbishment of the Canterbury Hospital Hydrotherapy Pool amenities was completed over Christmas period. A digital temperature read-out has been installed and temperatures are now logged with the building management system.

PLANNING

SLHD Strategic Plan 2018-2022
The new SLHD Strategic Plan has been drafted, together with the outcomes of the Board/Executive workshop and the Staff/Community consultation, for the consideration of the Board. Board comments have been received and fully incorporated. The revised plan will be circulated to the Board for final consideration prior to publication and a launch in the early new year.

Report

SLHD Diabetes Strategy

A major SLHD forum on Diabetes was held on 13 December to develop the SLHD Diabetes Strategy and approach to reducing and measuring avoidable hospitalisations in accord with value-based care. The forum proposed a Model of Care for the District and outlined the core strategic requirements for the next five years.

The SLHD Planning Unit, in collaboration with the Clinical Director, Chronic Diseases, has drafted the plan for the consideration of the Diabetes Steering Committee and then broader circulation.

SLHD Research Strategic Plan

Two major half day Research Forums were held on 29 November (RPA) and 8 December (Concord). Over 250 researchers and SLHD personnel attended and contributed. The forums, along with a strong consultation and discussion program, ensured our most senior research personnel, across the disciplines and sectors, contributed to the vision and key strategies of the plan. The Research and Education subcommittee of the Board has met regularly to oversee the direction and approach of the plan.

Inner West Youth Health and Wellbeing Plan

The Inner West Child Health and Wellbeing Plan, an intersectoral plan with Education, CESPHN and Family and Community Services has now been drafted, with Planning oversighting a consultant, organising many of the consultations and having a major review role. The Plan has now been provided to the partners for consideration. A Youth Mental Health Forum is planned for 14th February.

Cardiothoracic/Cardiovascular Forum on Implantable Devices

A Think Tank was organised with the Cardiovascular Stream on 12 December with a focus on Implantable Cardiac Electrical Devices. The Planning Unit initially developed a data/background paper on cardiothoracic services and has devised information outlining the device implantation activity, where it occurs and who implants.

RPA HealthOne East (Green Square)

- The three involved universities – University of Sydney, University of NSW, and Notre Dame University - are currently discussing their contributions, opportunities and future strategies in relation to the HealthOne service. A meeting is being organised with the CE to finalise this.
- The formal Planning and Development Committee for the HealthOne has been established in consultation with Health Infrastructure (HI).
- Consultants have been appointed by HI to review possible sites for the HealthOne – this has involved UrbanGrowth NSW (now Landcom) and the City of Sydney. The agreed site selection criteria will be applied to develop a preferred set of options for consideration by the District.
- Health Infrastructure, in consultation with the District, has appointed a further consultant to assist in the Functional and Project Briefing and to work with User Groups to define the specific space requirements for the building.
- RPA HealthOne Steering Committee and the Inter-Agency Advisory Committee have held ongoing meetings. A paper on recurrent funding options will be developed.

Urban Development

- **Waterloo State Significant Site**
  The Planning Unit has drafted the outcomes of the Waterloo Forum - Building a Healthy Resilient Waterloo, organised by the Unit in collaboration with Counterpoint NGO. This document will be discussed with residents, Counterpoint staff and selected other government agency representatives early in the new year. A follow-up forum will be organised for mid-year when the recommendations will be reported on.

- **Camperdown-Ultimo Collaboration Area (Strategic Centre) meetings**

  The Planning Director has contributed with the CE to meetings to develop the Collaboration Area, especially the visioning and messaging around this strategic centre. Key players include University of Sydney, UTS, Notre Dame, City of Sydney, Inner West Council, and Chamber of Commerce. This collaboration area is now included in the plans for the Greater Sydney Commission (GSC).

Head and Neck Planning

The Planning Unit is preparing a background paper on Head and Neck services with a view to developing a collaborative plan for this service, a component of which is provided at the Chris O'Brien Lifehouse.

SLHD Imaging Strategic Plan and Position Paper

The Imaging Position Paper has been uploaded to the website. The Strategic Plan is currently with Media and being prepared for publication with a launch being planned for the new year.

Aboriginal Health Strategic Plan 2017-2022

The SLHD Aboriginal Health Strategic Plan is currently being prepared for publication, with the Aboriginal Health Unit planning the launch early in the year.

Multicultural Health Plan

The SLHD draft plan is being updated for broader consideration and publication.

SYDNEY RESEARCH

Sydney Research Strategy

After holding consultations in 2017, Sydney Research has been identified four key focus areas to prioritise in 2018:

1. Branding and communications
2. Commercialisation
3. Collaboration
4. Membership

As part of the updated branding, the logo has been refreshed by SLHD Audio Visual Services. After minor suggestions from the Sydney Research Council were incorporated, the below has been accepted with the new tagline "the next level in health and medical research".

Commercialisation

The Research Impact and Commercialisation Series now titled *Strive*, is near finalisation. A draft of this program is attached to this report below. Once final comments and dates have confirmed with partners, collateral will be produced featuring the new logo.

Further, the Executive Director, Sydney Research has been working with the Office for Health and Medical Research (OHMR) to progress the revision of the NSW Health Intellectual Property Policy Directive.

OHMR - Biobank

Subsequent to the official opening of the NSW Health Statewide Biobank on 13 November 2017, a series of open days are being held by NSW Health Pathology in late February. This will give the opportunity for stakeholders to tour the facility and view the infrastructure. This invitation has been circulated through Sydney Research and SLHD Research, and placed on the SLHD internet. Feedback will be provided to the Biobank Communications Working Group.

Report

Simon Cooper, Chief Operating Officer of the Biobank will present at the February Sydney Research Council meeting to address ongoing operations of the Biobank including staged material transfer and pricing models.

OHMR – Embedding Quality Research into LHDs
The EQRLHDs Working Group held their first meeting in January 2018. Members of this group are working towards a specific plan for the project. A position description for a Project Officer for the project has been drafted and circulated for comment. The Steering Committee will meet in early March.

OHMR – Translational Research Grant Scheme
68 Expressions of Interest were submitted to TRGS round three, with just over one-third being invited to submit a full application. Two projects with SLHD as the host organisation have been invited:
- Dr Sarah Maguire, *Online Cognitive Behavioural Therapy for Bulimia Nervosa*
- Clinical A/Professor Michael Dinh, *The Sydney Triage to Admission Risk Tool (START) study: using a data analytics tool to drive early senior decision making and improve patient outcomes in Emergency Departments*

Full applications will be exchanged amongst LHD TRGS coordinators by 19 February to obtain relevant Chief Executive approvals.

Progress reports for TRGS round one and two projects have been submitted to OHMR with feedback from OHMR focused on streamlining management of funding rollover.

Sydney Health Partners (SHP)
The Sydney Research team continue to work closely with Prof Garry Jennings, Executive Director, SHP:
- Recruitment to key positions is being finalised by Sydney Research. The new permanent Executive Assistant has commenced, with the Chief Operating Officer and Media and Communications Manager to commence in February 2018.
- The MRFF deed is being executed with the funding ready to be allocated and the selected projects notified.

Sydney Research Building
Individual consultations are being held with Capital Insight, the relevant MRIs (Centenary, HRI, NHMRC CTC and the Woolcock). MRI requirements are being projected to 2024-25 to assist in finalising potential schematics include approximate pricing options.

Other
- Planning for the 2018 Sydney Innovation and Research Symposium has commenced with the intention of an "Innovation Week" to include a patient experience event, the Big Idea, Clinical Trials Showcase, the Symposium main event, the Sydney Robotics Summit and a primary health event.
- @SydneyResearch currently has 180 followers on Twitter.
- The 16-17 biannual report is being finalised.
- The Sydney Research team has requested that affiliates provide "research and innovation impact stories'. Louise Hall will assist in creating the publication which will be available at the Symposium.
- Ms Lisa Daly has been formally appointed as Program Manager, Sydney Research.

Patient and Family Centred Care
The governance structure for the District's Patient and Family Centred Care Program has been reviewed and strengthened. Co-chairs of the working groups have been realigned and all activities within the District are being realigned to link with each of the working groups. Action plans for the next 12 months are being finalised.

Report

Health
Sydney
Local Health District

Unplanned downtime of the Sydney Local Health District (SLHD) Electronic Medical Record (eMR) system on Saturday, 27 January, 2018.

SLHD has one of the most advanced and complex electronic medical records (eMR) in Australia in line with international best practice. From 6am on Saturday 27 January, the eMR system became unstable resulting in a total system down time for all users.

The District has robust Downtime procedures in place which ensured that all patients continued to receive appropriate and timely care.

Following rebooting of the main eMR system and extensive testing of the application and interfaces, access for all users was restored at 2:45pm.

eMR systems are highly complex technical systems. Although such unplanned eMR outages are rare, SLHD has a standard process in place for reviewing any such events. This process is being undertaken in partnership with eHealth, Cerner and SWSLHD. A Root Cause analysis has commenced

SLHD and its predecessors have been early adopters of the eMR, which has been continually developed, enhanced and optimised since implementation. The platforms are well within their usable life span in terms of hardware and storage capacity.

SLHD has a highly reliable and robust eMR and has had no other major unplanned downtimes in the last 5 years.

SLHD has an ongoing technology enhancement program and continues to work on enhancing the stability and availability of systems through the transition to the new state of the art NSW Government Data Centre.

SLHD continues to enhance and practise downtime procedures to ensure that clinicians are able to respond and continue to provide high quality timely care in the unlikely event that there are any other unplanned eMR downtimes.

SLHD clinicians are highly skilled in using paper based systems and have regular practice drills to ensure that they remain current with documented downtime procedures.

SLHD did not experience any treatment delays as a result of the eMR outage and at no time was patient safety compromised.

Dr Teresa Anderson
Chief Executive

Date: 19.2.18