
Sydney Local Health District

Ninety Sixth Meeting of the Board

Date: Monday 17 February 2020

Time: 9.00am – 11.00am

Venue: Level 1 Executive Meeting Room
Centre for Education and Workforce Development at Callan Park

Chair: The Hon. Ron Phillips AO, Chair

1. Present and apologies

The Hon. Ron Phillips AO, Chair
Dr Teresa Anderson, AM, Chief Executive
Dr Thomas Karplus, Member
Ms Frances O'Brien, Member
Dr Mary Haines, Member
Mr Richard Acheson, Member
Mr David McLean, Member
A/Professor Christine Giles, Member (Arrived 9.20am)
Ms Ronwyn North, Member
Ms Victoria Weekes, Member
Ms Kerry-Anne Hartman, Member

Apologies

Ms Susan Anderson, Member
Professor Paul Torzillo AM, Member
Dr Alicja Smiech, Chair, Medical Staff Executive Council

In attendance

Dr Tim Sinclair, Executive Director, Operations
Ms Gina Finocchiaro, Executive Director, Workforce and Corporate Operations (invited District Executive)
Ms Nerida Bransby, Secretariat
Ms Lou-Anne Blunden, Executive Director, Clinical Services Integration and Population Health (Departed 10.05am)
Ms Sharon Campbell, Acting Executive Director, Clinical Governance and Risk (Departed 10.05am)
Adj Assoc Prof Vicki Taylor, Executive Director Sydney Research (Departed 10.05am)
Ms Ivanka Komusanac, Executive Director, Nursing and Midwifery (Departed 10.05am)
Mr Ross Sinclair, Director of Finance (9.45am - 10.05am)
Dr Kim Hill, Acting Executive Director Medical Services (Departed 10.05am)
Mr Michael Morris, General Manager, Balmain Hospital (Departed 10.05am)
Dr George Szonyi, Director Medical Services Balmain Hospital (Departed 10.05am)
Ms Rosemarie Gregor, Acting Director of Nursing, Balmain Hospital (Departed 10.05am)

Minutes

2. Welcome and introductions

The Chair welcomed members and guests to the ninety sixth meeting of the Sydney Local Health District (SLHD) Board, in particular the Board Chair welcomed the new board member, Ms Kerry-Anne Hartman. Round the table introductions followed.

3. Declaration / Removal of conflicts of interest

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

1. A/Professor Christine Giles, Board Member declared that she is an independent member of the Cancer Australia Audit Committee.

There were no other **new** conflicts of interests to declare or to be added to the Register at this meeting.

Presentation: Deep Dive – Balmain Hospital

Dr Tim Sinclair presented on the Deep Dive, Balmain Hospital including:

- Acknowledgement of Country.
- Overview including number of beds dedicated to aged care and rehabilitation and the General Practice Casualty (GPC).
- Overview of financial performance.
- Activity and performance including NWAU, admissions, non-admitted, and GPC triage categories. Occupancy rate is at 98%.
- Workforce including FTE overview, workers compensation, premium staff usage, sick leave, excessive annual leave and Aboriginal workforce.
- People Matter Survey results and actions.
- Quality and Safety includes Hospital Acquired Complications and SAC ones
- Challenges and strategies including ageing infrastructure, patient falls, financial challenges and staff retention.
- Innovations include the safe roll-out of the electronic medication management, the refurbishment of the GPC waiting room and triage, many winners from Balmain for the Pitch, received a certificate of achievement for the best outcome on Orthopaedic Fractures Rehabilitation 2018 and piloted and launched the Partners in Care initiative.
- What tomorrow brings will focus on integrating RPA Virtual Hospital into Balmain Hospital to support and supply clinical needs, focus on weekend discharges, reviewing models from around the world to identify new models of care and enhancing services for rehab in the home and expanding the Centre of Strong Medicine to Concord Hospital.
- ACHS Survey scheduled for October 2020.

The Chair thanked the Balmain Team for the presentation and for attending the meeting.

4. Confirmation of previous minutes

4.1 Minutes – 17 December 2019

The minutes of the Board meeting held on Tuesday 17 December 2019 were moved and seconded with the following amendment:

Dr Mary Haines requested her declaration should read "she has been appointed to the Audit and Risk Committee, New South Wales Public Service Commission".

The Chair then signed the minutes.

4.2 CE Report – December 2019

The Chair declared that the CE Report for December 2019 was ready for publication.

5. Matters arising from the previous minutes

5.1 Action sheet

- A "lessons learnt" paper for organ donation will be provided to the Board. Organ donation rates are positive.
- An invitation is to be extended to the Chief Executive from Health Infrastructure to attend a future meeting in 2020.
- A meeting was held with the Cancer Institute on NSW Indicators reporting for Lifehouse. This agenda item can be removed from the action sheet.
- The Communications Committee considered different ways of communication re Work Health and Safety matters at the meeting held on 4 February 2020. This agenda item can be removed from the action sheet.
- The information on the Pitch in the Chief Executive's December 2019 was removed. This agenda item can be removed from the action list.
- RPA Virtual Hospital is a standing item on the Board agenda. This agenda item removed from the action list.
- A copy of the updated risk register was attached to the Board papers. This agenda item can be removed from the action list.
- Sustainability Initiatives are on the agenda for the Board planning day following this meeting. This agenda item can be removed from the action list.

6. Patient Story

Dr Anderson read a letter of appreciation from a family of one of our patients.

7. Standing Items

7.1 Acronyms List

The Board received and noted the revised Acronyms List. The Chair reminded the Board Members to submit any new acronyms to be included on the list to Ms Bransby.

7.2 Financial Classification Codes

The Board received and noted the Financial Classification Codes List.

7.3 Board Calendar 2020

The Board received and noted the Board Calendar for 2020.

8. Chairman's Report

Nil to report.

9. Chief Executive's report

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

- The District remains at Performance level zero, which is the highest level achievable for over nine years.
- The District is performing at or better than target for 12 of the 14 reported Hospital Acquired Complications (HACs) for the 12 month period November 18 - October 2019. The remaining 2 HACs are performing within the acceptable tolerance range. Hospital Acquired Renal Failure has a rate of 3.2 per 10,000 episodes, which is slightly above the target of 2.7. 3rd and 4th degree perineal tear has a rate of 443.7 per 10,000 episodes, which is above the target rate of 382.9 per 10,000 episodes. Work is continuing to address these two HACs.
- The District continues to focus on strategies to ensure our workforce has the appropriate skill mix and levels to meet demand.
- The District continues to work on ETP performance. Despite the significant increase in activity, there was only a -0.73% decrease in the month of December 2019, to 69.07%, when compared to the same month in the previous year. YTD there has been a -2.72% decrease in ETP to 68.25% when compared to the same period in the previous year. YTD December 2,014 additional patients have been admitted, referred or discharged within 4 hours of presentation, when compared to the same period in the previous year.
- There were 135 more emergency surgeries performed in the month of December 2019 when compared to the same month last year, representing an 11.95% increase which is also contributing to the increase in demand across the District. YTD December emergency surgery has increased by 622 cases (9.31%) across the District. Patient mix includes more neurointervention and organ transplants.
- Sydney District Nursing has received an increase in staffing levels.
- Private health insurance usage remains a challenge for the District.
- The next Pitch is on Friday 6 March 2020 at Concord Hospital.
- HealthPathways have proved very useful in relation to COVID-19.
- Ms Komusanac was acknowledged for the co-ordination of sixty clinical staff members from our District to assist the Southern NSW District with the bush fire situation. These sixty staff members and staff who are members of the Rural Fire Service and Army Reserve who also provided assistance should be commended.

- An EDM from the Board Chair and the Chief Executive is to be circulated after each Board meeting detailing key discussion points at the Meeting.
- At the last Finance, Risk and Performance Management Committee, it was agreed to remove the following sentence from the Chief Executive's report:

“The Chief Executive and the Executive Director of Finance are confident that the District will have an on budget NCoS result (excluding the impact of Doubtful Debts) for the 2019/20 financial year despite the continued challenges that are facing the District” to be replaced with:

“The Chief Executive and the Executive Director of Finance forecast a potential \$6M Revenue unfavourability to NCOS Budget (excluding the impact of Doubtful Debts for 2019/20)

This is due to:

- The reduction in single room rates of the Private Health Funds. This is a State-wide issue and the NSW MoH is working to address this.
- Increase in respiratory and cardiovascular patients from the Bushfire smoke
- Burn patients from the White Island volcano eruption in New Zealand that occurred on 9 December 2019.
- Burn patients from the NSW bushfires that commenced September 2019 through to February 2020.
- The unfolding situation with COVID-19 from January 2020

The Board agreed to the abovementioned changes. The Board requested a letter of appreciation be sent to the Secretary MoH for their state-wide leadership and co-ordination during the bushfires and currently with the COVID-19.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – December 2019

The Board received, read and noted the SLHD Board Reporting Pack for December 2019.

9.1.2 Selected Performance Indicators – November 2019

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

9.1.4 MoH Board Report for the SLHD – December 2019

The Board noted this report was not available.

9.2 Project updates

9.2.1 Lifehouse

The Board received, read and noted the report.

9.2.2 Macquarie International Private Hospital

The Board received, read and noted the 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

The Board noted this report for the period October – December 2019 is due in March 2020.

(ii) Policies

The Board received and read this report. It was noted the District is waiting on the MoH for their policies to be updated in relation to procurement, contracts, capital and engineering.

(iii) SLHD Risk Register

The Board received, read and noted this report. The adjusted top ten risks as recommended by the Risk Committee have been adjusted. The Board noted the Risk Register is up to date as of December 2019. The Board discussed the COVID-19 including:

- One more ECMO has been ordered
- Pandemic Plan has been activated
- Pandemic Plan / Preparedness is listed under risk two, clinical care and patient safety.

9.5 Audit and Risk Committee Report – Period 5 November 2019 – 13 March 2020

The Board noted this report is due in March 2020.

9.6 Facility Reports – December 2019

(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 Services 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 Services report.

(vi) Mental Health Services

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

(vii) Oral Health Services and Sydney Dental Hospital

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

(viii) Population Health

The Board received, read and noted the report.

(ix) Royal Prince Alfred Hospital

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

(x) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report.

(xi) Tresillian

The Board received, read and noted the Tresillian report.

(xii) Lifehouse

The Board received, read and noted the Lifehouse report.

(xiii) Public Health Unit

The Board received, read and noted this report.

(xiv) Health Equity Research and Development Unit (HERDU)

The Board received, read and noted this report.

(xv) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report.

- (xv) Organ Donation for Transplant – Quarterly Report (October - December 2019)

The Board received, read and noted this report. The Board requested that this agenda item be moved to Board committee reports.

10. Matters for approval / resolution

Nil to report

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 on 17 December 2019.

11.2 Education and Research Committee

The Board noted the next meeting is to be held on 16 March 2020.

11.3 Communications Committee

The Board received, read and noted the minutes of the meeting held on 4 February 2020.

11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 26 March 2020.

11.5 Health Care – Clinical Quality Council

The Board noted the next meeting is to be held on 26 February 2020.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 26 February 2020.

11.7 Medical Staff Executive Council

The Board received, read and noted the minutes of the meeting held on 7 February 2020.

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

The Board noted the meeting to be held on 5 February 2020 was cancelled.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 31 March 2020.

12. Other Committee reports / minutes

Minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the next meeting is to be held 23 February 2020.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 13 November 2019.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the next meeting is to be held on 23 February 2020.

12.4 Surgical Demand Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 18 December 2019. The Board was advised the Surgical Services Taskforce currently sits with the Agency for Clinical Innovation and discussions are occurring to move it to the portfolio of Patient Experience and System Performance Branch at the MoH.

12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board received, read and noted the minutes of the meeting held on 20 November 2019. The Board discussed the roadmaps have a \$3M shortfall which may assist with the projected \$6M.

12.6 NSW Health / SLHD Performance Review Meeting

The Board received, read and noted the minutes of the meeting held on 27 November 2019.

12.7 Organ Donation for Transplantation

The Board noted the next meeting is to be held on 25 February 2020.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 10 December 2019.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the next meeting is to be held on 18 February 2020.

12.10 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 18 December 2019.

12.11 Sydney Healthy Eating and Active Living Committee (SHEAL) (bi-monthly)

The Board noted the meeting was held on 6 February 2020.

12.12 Minutes of the District Security Co-ordination Committee

The Board received, read and noted the minutes of the meeting held 11 December 2019.

13. Matters for noting

13.1 Brief - BHI Cancer Outpatient Survey – Response

The Board received, read and noted this correspondence. The Board was advised that the matters raised in the BHI report are being addressed with expected improved outcomes.

13.2 Brief - Success of the Waterloo Health Expo October 2019

The Board received, read and noted this correspondence.

13.3 IAS Evaluation Presentation and Strategic Plan

The Board received, read and noted this correspondence.

14. Other Business

14.1 Green Square

The Chief Executive advised the Board that an update on Green Square will be provided at the next meeting.

15. Next Meeting

The next meeting is to be held on Monday 16 March 2020 at 9.00am in the SLHD Boardroom.

The meeting closed at 11.45am followed by the Board / District Planning Session.



Chair

17 March 2020

Date

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board February 2020

PERFORMANCE

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

Safety and Quality

SLHD continues to maintain the quality and safety of our services.

There were no RCAs for the month of December.

Mental Health Readmissions within 28 days decreased for the month of October to 13.0%, from a September result of 16.5%. There has also been a slight decrease in the percentage of Mental Health Readmissions as of YTD October at 15.9%, when compared to 16.7% for the same period in the previous year. The District continues to focus on strategies to improve mental health performance.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation at 5.0% for November and 5.3% YTD November, which is better than the State rate of 6.1% for the month and 6.0% YTD November. Unplanned Emergency Representations (same ED within 48 hours) were 5.0% for the month of December and 4.3% YTD December, which is equal to the State rate of 5.0% for the month and better than the State rate of 4.8% YTD.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 1.0 per 10,000 bed days for the month of November 2019. There were 0 Central Line Associated Bloodstream (CLAB) infections during November 2019. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue.

The District is performing at or better than target for 12 of the 14 reported Hospital Acquired Complications (HACs) for the 12 month period November 18 - October 2019. The remaining 2 HACs are performing within the acceptable tolerance range. Hospital Acquired Renal Failure has a rate of 3.2 per 10,000 episodes, which is slightly above the target of 2.7. 3rd and 4th degree perineal tear has a rate of 443.7 per 10,000 episodes, which is above the target rate of 382.9 per 10,000 episodes. Work is continuing to address these two HACs.

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

Workforce

The District continues to focus on strategies to ensure our workforce has the appropriate skill mix and levels to meet demand. Premium staff usage has increased for Medical and Allied Health for December 2019 when compared to the same period last year by 1.06 and 0.03 respectively. Premium staff usage has decreased for Nursing for December 2019 compared to the same period last year by -2.24.

SLHD facilities continue to meet both nursing hours per patient bed day and birth-rate plus as per Award. The strategies to ensure compliance requires significant monitoring and mobility of resources.

Activity

There was a slight decrease (-0.45%) in the number of separations (13,725) for the month December 2019 when compared to December last year. YTD separations have increased slightly across the District by 0.98% in comparison to last year. This is consistent with the District strategy to manage patients in the community where possible. In December the District's occupancy rate increased by 1.43%, to 88.94% when compared to the 87.51% in December 2018, reflecting the acuity of patients.

There were 15,500 attendances to the District's Emergency Departments in December 2019, representing an increase of 4.01% when compared to the same month last year. YTD December Emergency Department attendances have increased 5.11% in comparison to the same period last year. YTD December case weighted attendances have increased by 4.46%, when compared to the previous year.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance. Despite the significant increase in activity, there was only a -0.73% decrease in the month of December 2019, to 69.07%, when compared to the same month in the previous year. YTD there has been a -2.72% decrease in ETP to 68.25% when compared to the same period in the previous year. YTD December 2,014 additional patients have been admitted, referred or discharged within 4 hours of presentation, when compared to the same period in the previous year.

Transfer of Care

The District was slightly above the transfer of care (TOC) target (90%) in December 2019, with 90.4% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. Given the significant increase in demand it is very positive that the District is maintaining its performance on this indicator.

ED Triage

The District met target for Triage Categories 1, 2, 4 and 5 for the month of December. The District continues to make improvements in relation to Triage Category 3 performance, which was slightly below target (75%) at 74.02% for the month of December. YTD December 2019 Triage Category 3 performance is above YTD December 2018 by 0.02%.

Elective Surgery

There were 197 additional elective surgeries performed in December 2019 when compared to the same period in the previous year, representing an increase of 12.14%. YTD December the number of elective surgeries performed has increased by 765 (5.29%) when compared to the same period last year. Further analysis is being undertaken in relation to the areas of growth.

SLHD continues to perform at the top of the State for patient treatment timeframe targets for elective surgery achieving 000, with all patients admitted within the clinically appropriate timeframe for their surgery. There has also been a 21.19% decrease in surgical patients not ready for care for the month of December 2019, when compared to the same month last year. This remains an area of focus for the District.

Emergency Surgery

There were 135 more emergency surgeries performed in the month of December 2019 when compared to the same month last year, representing a 11.95% increase which is also contributing to the increase in demand across the District. YTD December emergency surgery has increased by 622 cases (9.31%) across the District.

Board Report



Community care and Hospital in the Home

The District has continued to manage its activity through investments in Sydney District Nursing who continue to manage over 1,000 patients per day in the community who would otherwise be in hospital. There has been a 3.1% increase in the number of Hospital in the Home overnight separations in December in comparison to the same month last year, again reflecting the increase in activity across the District.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

NWAU Activity against Target

The District continues to perform well in relation to the NWAU activity against target, with a -0.07% variance to target YTD November, excluding Dental.

Stream	Target	Actual	Variation	Variation %
Acute*	71,438	70,118	- 1,321	-1.8%
ED	9,830	10,048	219	2.22%
NAP	19,286	20,601	1,315	6.82%
SNAP**	5,343	5,276	- 66	-1.24%
MH Admit***	7,509	6,901	- 608	-8.09%
MH NAP	4,371	4,750	379	8.67%
Total	117,777	117,695	- 82	-0.07%
Dental DWAU	25,596	35,734	10,138	39.61%
Dental NWAU#	3,214	4,487	1,273	39.61%
Total (NWAU)	120,990	122,181	1,191	0.98%

* 313 uncoded episodes

** 48 ungrouped episodes

*** 39 uncoded episodes

NWAU=589/4691*DWAU

Clinical Costing

The DNR audit for the full round 23.2 of costing has been finalised overall the report is extremely positive and highlights many areas where improvements have been made.

The District Performance Unit has commenced preparations for the annual iFRAC cost centre review, with a workshop to reiterate the iFRAC methodology and expectations to be held with facilities and services in February.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of December 2019, 17.83% (2,390 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 145 (5.72%) patients who elected to use their private insurance compared to the same period last year and a decrease of 180 (7.00%) in total separations from previous month. For the month ended December 2019 conversions for facilities as compared to the same period last year were:

- RPAH – a decrease of 139 (9.06%) private patients.
- Concord – a decrease of 54 (5.52%) private patients.
- Canterbury Hospital – an increase of 25 (15.63%) private patients.
- IRO – an increase of 13 (81.25%) private patients.
- Balmain Hospital – a decrease of 5 (21.74%) private patients.

Single Room Usage

For the month of December 2019, 10.77% of patients were flagged as infection control across the District.

For the month, 22% of all available single rooms were occupied by private patients and 37% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- Clinician Billing Portal (CBP) continues with the trial and there are now 45 registered users with \$34,759 being raised to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

- The next round of the Pitch will be held on 6 March 2020, at the Concord Medical Education Centre. Due to the cancellation of the November 2019 round, the previously shortlisted submissions will be presented at the upcoming Pitch round, including:
 1. “Patient Flow Made Easy – Rehab SNAP SHOT App!” by Dr Jayanthini Ganeshkumar. This innovation looks at developing an App that will provide a snapshot of both RPAH and Balmain Rehab Ward (JBW) that will enable a greater visibility of resource allocation across JBW, RPA and for CO Rehab.
 2. “Bottles away-cup to stay” by Wendy Smith. An innovation that aims to develop interactive tools to support the transition from the bottle to a cup in infants over 12 months of age.
 3. “Mental Health of Arabic Mums: a video on self-care and PND prevention” by Marianne Kearney. This innovation looks at creating media, in Arabic, which would target pregnant women and explain some self-care behaviours, to avoid perinatal depression.
 4. “Engaging hard-to-reach people who inject drugs (PWID) in Hepatitis C Virus (HCV) testing and treatment through community-based outreach” by Ana Romero. The proposed innovation will be the first of its kind to determine if it is possible to engage people who use automatic syringe dispensing machines in the HCV cascade of care, through outreach.
 5. “Partnering with Recovery Camp: A journey towards immersive learning in trauma informed and strength based care for mental health clinicians” by Ms Rachael Mulley. This innovation looks at collaborating with Recovery Camp who combine professional experience placement for health students, with a recovery-oriented experience for those living with a mental illness.

Clinical Redesign: CHR Projects

- The “A Joint Effort – Patient Centred Redesign in the Rheumatology Outpatient Services at RPA” Project (CHR 2018 – first intake) is in the process of implementing nine solutions. Progress includes:
 - eReferrals – went live on June 4. The first eReferral was received on 12 July. The number of referrals received via eReferrals is increasing slowly.
 - Clinic Huddles – Huddles continue in the weekly biologics clinic

- Administrative Staff continue to phone patients to remind them of their appointments 24-48 hours in advance. An audit of No Show rates for the first 6 months (April – September) has been conducted and compared to the corresponding time period in 2018. The overall No Show Rate for the Rheumatology Outpatient Clinics within the scope of the Redesign Project has remained exactly the same at 11%. Audits will continue.
- Monthly education sessions for all staff commenced in May. The education sessions are being attended by administrative, allied health and nursing staff.
- Weekly departmental communication is occurring via weekly email newsletter commenced nine months ago. A formal evaluation of this initiative is currently being developed and will be distributed to staff early in 2020.
- Draft plans for the Rheumatology clinic refurbishment have recently been distributed for comment.
- An education workshop on patient communication was conducted 26 July 2019 by Ms. Jennifer Graham, Clinical Audit Manager, RPAH and Mr. Graeme Slade, Patient and Family Experience Director, RPAH. The focus of the workshop was on communication with the patients and families and how to handle the complaints from the patients.
- Templates for No Show letters for patients and their referring doctors have been completed and approved. These letters were uploaded onto eMR on 28 October 2019 and are being sent out for patients who do not attend for their appointments and to their referring GPs.
- Patient and staff satisfaction surveys will be set in 2020.
- Nurse led outpatient clinics were planned to commence in September 2019. This has been delayed due to the lack of space in clinic for the nurse. It is planned to commence these in 2020.

Accelerating Implementation Methodology (AIM):

- There will be 5 offerings of the AIM course in 2020. The scheduled dates are;
 - 20-21 February 2020
 - 2-3 April
 - 21-22 May
 - 10-11 September
 - 12-13 November

HealthPathways

Content development

- Urology pathways development workgroup scheduled for Monday 3 February – Urology Heads of Departments and senior nursing staff attending

Content currently in Development:

- **Neurology** (multiple pathways in development)
- **Neurosurgery** – for publication in February 2020
- **Social determinates assessment and support resources** in final stages of directory mapping and data entry
- **International student health** (Multi-sectorial development focussing on assessment and service provision – awaiting review from MOH convened workgroup)

Program updates

Following on from the publication of our 800th pathway in mid-November a further 23 pathways have been published. Of particular note are the support and guidance pathways relating to recent events across NSW. Pathways for:

- Heat related illness
- Burns management and referrals
- Natural Disaster Management for patients with chronic illness
- GP Practice preparation and response

Although Central Sydney has been spared the direct effect of the recent bush fires the effect is being seen by returning travellers from the South Coast and Snowy Mountains.

Usage of HealthPathways

Though identified user numbers fell across 2019 compared to previous years, sessional use remains consistent. The lower actual user numbers reflects the introduction of a HealthPathways website specifically for GPs in the South East of Sydney in late 2018.

	January 1 – 21 2020	December 2019	November 2019	January 1 – 21 2019
Users	690	875	1,016	624
Sessions of use	3,209	4,246	5,198	3,051
Unique Page Views	9,335	11,954	14,906	9,910
Total Page Views	11,508	14,621	18,548	11,919

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2019/20 Service Level Agreement between the Board and Ministry of Health has key financial performance targets for Expense and Revenue. The following analysis reflects the result for the period ended 31 December 2019 based on the District's budgeted NCoS.

For the month of December 2019, Sydney Local Health District (**SLHD**) General Fund (GF) Expenditure was \$0.102M favourable to budget. YTD December 2019 GF Expenditure was \$10.724M (1.16%) unfavourable to budget. YTD December 2019 Expenditure increased significantly (by \$61.153M or 6.98%) compared to YTD December 2018. The average monthly expense rate increased from \$145.289M from July 2018 to March 2019 to \$156.819M from April to June 2019 to an average of \$156.289M YTD December 2019. Increase in FTE numbers is contributing to these results - some of which is linked with the increase in activity and some of which is linked with the increase in aggressive patients and staff concern in relation to their welfare. Strategies to address staff safety concerns are being implemented.

GF Revenue was \$3.310M (1.96%) unfavourable to budget for the month and \$3.392M (0.36%) unfavourable to YTD December 2019 budget. For the period ended 31 December 2019, the District's GF NCoS was \$14.116M unfavourable to budget.

The Chief Executive and the Executive Director of Finance forecast a potential \$6M Revenue unfavourability to NCOS Budget (excluding the impact of Doubtful Debts for 2019/20)

This is due to the reduction in single room rates of the Private Health Funds. This is a State-wide issue and the NSW MoH is working to address this.

The District has continued to maintain the good controls that it has in place and monitors performance on a daily basis despite the material increase in all activity challenging the LHD in the first six months of the 2019/20 financial year.

Fees budget for this financial year due the Private Health Insurance changes. This is a statewide issue and the NSW MoH is working to address this.

To achieve 2019/20 NCoS target the District has continued to maintain the good controls that it has in place and monitors performance on a daily basis despite the material increase in all activity challenging the LHD in the first four months of 2019/20 financial year.

The major variances for the month were:

Expenditure

- For the month of December 2019, GF Total Expenditure was \$0.102M favourable to budget, reflecting favourable results for VMO Payments (\$0.258M), G&S Admin (\$0.850M), Overtime (\$0.192M), Other Employee (\$0.194M) and RMR (\$0.994M) offset by unfavourable results for Salaries & Wages (\$0.756M), Superannuation (\$0.173M) and Annual Leave Provision (\$1.301M).
- YTD December 2019 GF Total Expenditure was \$10.724M (1.16%) unfavourable to budget. This result reflects unfavourable results for Salaries & Wages (\$5.367M), Overtime (\$1.810M), Annual Leave Provision (\$4.467M), Superannuation (\$1.491M), VMO Payments (\$0.256M), G&S Drugs (\$5.592M), G&S Medical & Surgical Supplies (\$4.037M) and G&S Prosthetics (\$4.281M) offset by favourable variances in Other Employee (\$1.036M), G&S Admin (\$13.784M) and G&S Support (\$0.561M).

Revenue

- GF Total Revenue was \$3.310M (1.96%) unfavourable to budget for the month of December 2019. The result for the month reflects unfavourable variances for Patient Fees (\$1.366M), Facility Fees (\$0.327M), Grants & Contributions (\$0.281M), Rent Income (\$0.174M) and Doubtful Debts (\$0.176M) offset by favourable variance in High Cost Drugs (\$0.444M).
- YTD December 2019 GF Total Revenue was \$3.392M (0.36%) unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in Patient Fees (\$2.951M), Facility Fees (\$1.808M), Rent Income (\$0.598M) and Doubtful Debts (\$2.222M) offset by favourable variance in High Cost Drugs (\$5.801M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$1.374M unfavourable to budget for the month of December 2019 and \$4.619M unfavourable to budget for YTD December 2019. This YTD result reflects unfavourable budget variances for Expenditure (\$3.266M) and Revenue (\$1.353M).

CONSOLIDATED RESULT

For the period ended 31 December 2019, the consolidated YTD NCoS result for the General Fund and SP&T was \$18.735M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$13.990M), Own Source Revenue (\$2.479M) and Doubtful Debts (\$2.222M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

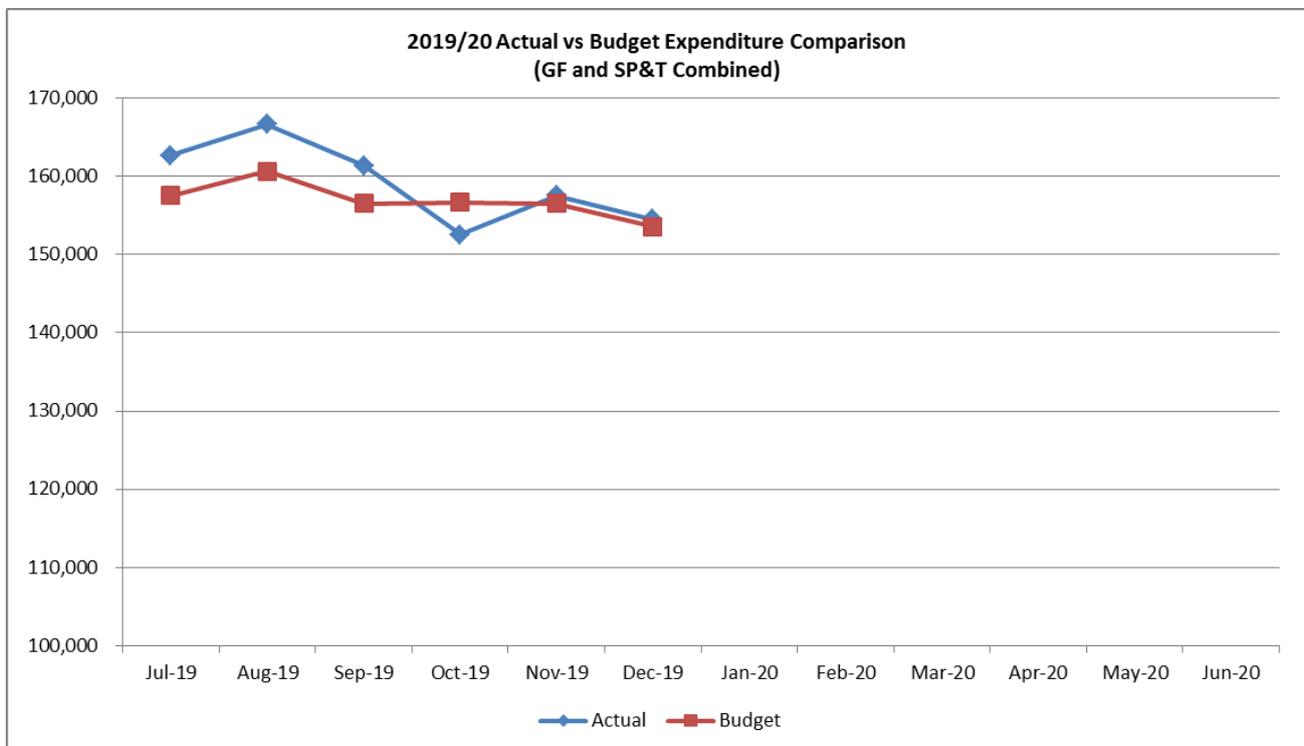
For the period ended 31 December 2019, SLHD recorded a Total Net Result of -\$27.730M (Note that Total Revenue was higher than Total Expenditure for YTD December 2019) which was \$18.665M (40%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD December 2019 was \$17.165M unfavourable to budget, reflecting unfavourable budget variances for Expenditure (\$14.756M) and Revenue (\$2.409M).

For the month of December 2019, Total Direct Revenue was \$3.432M unfavourable to budget, comprising unfavourable variances for the SP&T Fund (\$0.332M) and the General Fund (\$3.100M). YTD Total Direct Revenue was \$2.409M unfavourable to budget, comprising unfavourable variances for the General Fund (\$1.126M) and the SP&T Fund (\$1.283M). The YTD result for the GF reflects unfavourable variances in Patient Fees and Other Income offset by favourable variance for User Charges.

Total Direct Expenditure was \$1.764M unfavourable to budget for the month of December 2019, comprising unfavourable results for the General Fund (\$0.796M) and the SP&T Fund (\$0.968M). YTD Total Direct Expenditure was \$14.756M unfavourable to budget, comprising \$11.820M unfavourable variance for the General Fund and a \$2.937M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Salaries & Wages (\$5.367M), Overtime (\$1.810M), On-costs (\$4.922M), VMOs (\$0.256M) and Direct Clinical Operating (\$13.599M) offset by favourable results for G&S Corporate & Operational Admin (\$13.784M) and G&S Supporting Services & Utilities (\$0.561M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The District achieved 99% compliance for payment of small vendor creditors within 20 days for the month of December 2019 against the NSW Government 80% target.

The cash balance at 31 December 2019 for the SLHD Operating bank account was \$23.272M and the Operating Cash book balance was \$22.433M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 December 2019 the District's Full Year Capital works budget relating to SMRS Projects is \$46.245M comprising \$15.732M of MoH funded and \$30.513M of locally funded projects. In December 2019, two MoH funded projects (IVF Facility Enhancements - \$0.500M and Palliative Care Refurbishment - \$0.050M) were approved by MoH.

Actual expenditure as at the end of December 2019 was \$9.410M which is marginally under budget.

OTHER CAPITAL PROJECTS

As at the end of December 2019, the District has expended an amount of \$0.912M relating to PowerChart Maternity, Balmain Hospital Lift Controller Upgrade and Energy Efficiency Upgrade for Croydon and Redfern Community Health Centres. The total expenditure of \$0.912M was sourced from the General Fund.

CAPITAL WORKS

RPA

Building 63 RPU

Mechanical and clean room tenders were received and reviewed over the December 2019 period. Medical gas documentation was received and put out to tender. The structural slab for the hot cells was also poured.

Endoscopy – Creation of a centralised endoscopy reprocessing area

Service fit off was completed and height adjustable sinks were installed. Sterilizing equipment was relocated and Stage 2 of the works on Level 3 have commenced.

Cardiothoracic Offices

Demolition and wall partition installation of the area has been completed and ceilings and flooring installed. Electrical rough in is complete and mechanical fit off commenced.

Virtual Hospital – Level 9 KGV

Capital works to the Virtual Hospital in December 2019 included the completion of demolition and service rough in to the area. Wall framing and procurement also commenced.

Concord

Building 75/76 – Fussell House

Works to Level 1 including hydraulic, electrical and mechanical rough-in were complete and fire wall installation was set, sanded and ready for painting. Central fire hydrant installation and ground floor topping removal and replacement has commenced. Courtyard and terrace design was finalised and signed off by the users and demolition to Ground Floor of Building 76 commenced.

Oncology Modular Accommodation

Capital works have been complete and the modular building is now being occupied.

Canterbury Hospital

ED Expansion

Ground floor structural steel was completed and framing installation, hydraulic, mechanical and electrical service rough in are all nearing completion. Medical gas service reticulation and Medical Records structural steel erection has commenced.

Arthritis Clinic

Painting, ceiling and mechanical and electrical fit off works were completed in December 2019. Bathroom tiling and hydraulic fit off is nearing completion. Flooring, joinery, hand rails and door protection were all also installed.

PLANNING

Camperdown-Ultimo Collaboration Alliance

- The District has provided significant commentary on draft studies related to the Camperdown-Ultimo Alliance's Land use study, being undertaken by SGS Economics to examine and report on the opportunities for industry engagement.
- The Planning Unit is working with the manager of the Collaboration Alliance and Sydney Research to progress the Collaboration priority related to supporting research -relevant industry partnerships in the precinct.

RPA Redevelopment

The Planning Unit has been involved in Precinct Planning and provision of additional data and information to support the development of the Investment Decision Document for RPA.

Concord Clinical Services Plan (CSP) – Stage 2

The Planning Unit, working with the Concord Hospital has convened a large number of clinical consultations to complete the Concord Clinical Services Plan (Stage 2) in accordance with new Ministry of Health requirements.

The Planning Unit has developed core forecasts for bed and service requirements for the hospital. Clinical consultations will take place throughout February.

SLHD Surgical Services Plan

A Scoping Paper for the Surgical Services Plan has been developed and the document identifies the key deliverables and timeframes for the planning process, the governance arrangements, the roles and responsibilities of the partners, the data, information and evidence to be generated, the major stakeholder consultation and engagement processes.

The central purpose of the planning exercise is to overview the current surgical services and to assess the opportunities for realigning services in order to free up capacity in theatres, intensive care, beds and related services at RPA during the period prior to the redevelopment of the hospital. The plan will leverage from the SLHD surgical services capacity study.

Integral to the development of the Plan will be full and transparent consultation process with all surgical and related services across the District. Meeting dates for the relevant RPA clinical services have been scheduled for March, and advice will be sought from the CRGH clinicians during the February CRGH CSP Stage 2 consultations. Canterbury and Balmain Hospital consultations will be scheduled in March/April.

Clinical Stream Position Papers

The Planning Unit is currently reviewing the final Clinical Stream Position Papers- plans for the next five years for each of the SLHD Clinical Streams in collaboration with Clinical Directors and Managers. These should be completed in February/March 2020 for review by Clinical Council and the SLHD Board.

Asset Strategic Plan

The Planning Unit will commence work on the 2020 Asset Strategic Plan in February, with the draft to be completed in May 2020 for submission to the Ministry in late June 2020.

Aboriginal Health Community Consultation

The Planning Unit is working with the Aboriginal Health Unit to present an Aboriginal Health Community Consultation, scheduled for 25 March 2020 at the Salvation Army Auditorium, Redfern. We will be inviting all Aboriginal Health workers, community organisations and community members as well as District and facility executives.

The objectives of the half day workshop are to:

- Seek Aboriginal community input to inform the RPA Redevelopment planning processes to ensure that the new facilities are culturally safe and accessible, and will meet the future health needs of Aboriginal people.
- Provide an update on the progress against the priorities identified by the community from the November 2018 Aboriginal Community Consultation
- Provide an overview of the RPA Virtual Hospital.

SYDNEY RESEARCH

Sydney Research restructure

The position of Program Manager at Sydney Research was established in 2018. Since that time the position has evolved considerably with additional duties and responsibilities and, as such it has led Sydney Research to undertake a restructure of its roles. The Program Manager will be replaced by a Deputy Director role, which was advertised in late 2019 and interviews planned for 28 January 2020.

Office for Health and Medical Research (OHMR) – Translational Research Grants Scheme (TRGS)

Sydney Research continues to work with and support the TRGS winners from Rounds 1 – 4 who are in the process of submitting their annual progress reports to the OHMR.

TRGS Round 5 priorities were released in December 2019 and are:

1. Alcohol and other drugs
2. Integrated Care
3. Potentially preventable hospitalisations
4. Pregnancy and the first 2000 days
5. Value Based Health Care
6. Aboriginal health
7. Locally identified priorities

Sydney Research, as SLHD TRGS Coordinators, have circulated these priorities to all relevant staff and groups across the District.

A workshop for the TRGS co-ordinators is to be held on February 27 at the Ministry of Health for further information on Round 5.

OHMR – Embedding Quality Research

The EQRLHD Steering Committee has been renamed as the Embedding Quality Research (EQR) Steering Committee to reflect inclusion of the Local Health Networks (LHNs), Specialty Health Networks (SHNs), the two Advanced Health Research Translation Centres (AHRTCs) and the Centre for Innovation in Regional Health (CIHR). The first EQR Steering Committee meeting for 2020 is due to be held Friday 24 January.

The EQR Working Group met on the 5 December 2019 and established a sub-group to commence work on the Clinical Trial Management Systems (CTMS) objective of the project plan. This sub-group is currently undertaking an environmental scan in CTMS involving all Local Health Districts, LHNs, SHNs, AHRTCs and the CIRH.

Patient Family Centred Care (PFCC) Research Working Group

The re-submitted Consumer and Community Engagement manuscript is yet to receive a final outcome from the editors of the *Australian Health Review Journal*.

The PFCC Research Working Group continue to work on the focus strategy to improve and engage consumers in research across the SLHD with a digital communications campaign titled '#Whywedoresearch'. A project proposal for this campaign has been developed by the members of the working group and will be presented to the Steering Committee for endorsement at their next meeting on 5 February 2020.

Sydney Health Partners (SHP)

The Sydney Research team continues to work closely with Prof Garry Jennings, Executive Director, SHP and the SHP team.

- SLHD is the lead organisation for the implementation of the Sydney Health Partners Strategic Platform 2 "*Transforming how research improves patient outcomes to meet the needs of our community*".
- After the last collaborative workshop for the combined Platforms 1, 2 and 5 on the topic of cellulitis, a data working group has been formed comprising of statisticians and Allied Health clinicians to work together to assess and refine the data selection criteria agreed upon by the Platform Chairs. The Data Working Group will pull and summarise the de-identified data to further shape the discussion at the next collaborative workshop in Feb 2020.
- A report was released as part of the Governance Review of SHP and it will soon be developed into an action plan which Sydney Research will work closely with SHP in implementing.
- Sydney Research are progressing the 'Encouraging More Clinical Trials in Australia' project after developing a Position Description for a Project Manager which has been submitted to the SLHD Grading committee.

Biodesign

The inaugural Biodesign program concluded with the teams pitching their innovations to a panel of judges on 27 November 2019. The four multi-disciplinary teams, which were immersed in RPAH's Community Health and Chronic Care, Emergency, Cardiology and Renal departments, pitched to a panel of judges an unmet clinical need and their innovative solution. The Renal-based team, *Nephrogen*, won the pitch with their 'Dia-line' device – a tool that enables aseptic non-touch technique for peritoneal dialysis patients.

Sydney Research will work with the Biodesign coordinators to facilitate a roundtable workshop which will seek feedback from participants, LHD mentors, RPA department heads and sponsors of the program.

Franklin Women

SLHD will continue to participate in Franklin Women Mentoring Program for 2020. Mentee and Mentor nominations will open in early April, with the program starting in June.

Precinct Planning

Sydney Research continue to have representation on the Camperdown Ultimo Alliance (CUA) Meeting Group and support the land-use study across the Camperdown-Ultimo area. Sydney Research have worked with Debra Berkhout, Manager of Camperdown-Ultimo Collaboration, to develop a survey to assist in identifying key industry partners both in and outside of the precinct area. This survey was circulated to all Sydney Research members in December 2019 and will be used to understand the barriers and draw cards to being located in the precinct area. The survey received 13 responses from a variety of partners with results to be presented at the next CUA meeting.

Sydney Biomedical Accelerator

Ernst & Young were jointly engaged by the SLHD, University of Sydney and Ministry of Health to assist in developing an investment strategy to present to the NSW Secretary Health and Minister for Health and Medical Research. Sydney Research have worked closely with the team to provide input and facilitate information flow between the partners. The investment strategy was presented to the Minister for Health and Medical Research and NSW Health Secretary on 10 December 2019 with the Executive Director/CEOs and Board Chairs of the Centenary, Heart Research and Woolcock institute also in attendance. The minister provided positive feedback on the proposal and Ernst & Young have been further engaged to develop and Investment Decision Document for treasury. Sydney Research continues to support and facilitate the team in completing this task.

DHCRC

Sydney Local Health District was officially granted status as a Core Participant of the Digital Health Cooperative Research Collective (DHCRC) on 16 January 2020.

Other Activities

- Sydney Research continues to support and explore:
 - The establishment of the Pharmaceutical Manufacturing Lab to be located within the NSW State Biobank.
 - The work of the Collaborative Centre for Cardiometabolic Health in Psychosis (ccChiP) in progressing the clinics and its expansion into other locations and avenues.
 - The NSW State Biobank by linking them with potential partners, clinicians and researchers.
 - The Tissue Analytics digital wound application project.
 - The economic impact of research across SLHD, together with health economists and the Research and Education Sub-Committee of the Board.
 - The Royal Prince Alfred Immune Effector Cell Quality Service Steering Committee
 - CHERP Precinct Committee support
 - CHERP Planning and Development Committee support
- Sydney Research attended a number of events representing Sydney Research and/or SLHD including:
 - Australian Health Research Alliance Clinical Research Workshop – 12 December 2019
 - Camperdown Health Education and Research Precinct (CHERP) Challenge Workshop – 20 December 2019

- Planning has commenced for Innovation Week 2020. Sydney Research has scheduled meetings and made new contacts to progress plans for the series of research events.
- Regular Sydney Research e-Updates have been refreshed into a new format and as released is concurrently tweeted.
- Through the Sydney Research Council, fortnightly e-update, communications and social media, Sydney Research is promoting internal and partner educational and research activities to its audience of 716 subscribers.
- @SydneyResearch currently has 903 followers on Twitter.

Bush Fire Response

As the Board is aware, NSW was in a state of emergency due to the bushfires in Southern NSW from New Years Eve to late January 2020. Sydney Local Health District has been assisting Southern NSW LHD with medical, nursing, allied health and communications staff and Murrumbidgee LHD with Mental Health Staff. Regular communication at times daily was occurring with Southern NSW to provide support. The response of NSW Health as a system has been very impressive with the MoH and all local health districts working very well together to support our communities. SLHD deployed over 60 staff during this period. Support is still being provided in terms of nursing staff. My sincere thanks goes to the many staff who assisted in supporting our colleagues during this very challenging time.

Corona Virus

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia unknown aetiology (unknown cause) detected in Wuhan City, Hubei Province of China. The Chinese authorities identified a new type of coronavirus, which was isolated on 7 January 2020. On 13 January 2020, the Ministry of Public Health, Thailand reported the first imported case of lab-confirmed novel coronavirus (2019-nCoV) from Wuhan, Hubei Province, China.

On 21 January 2020 the NSW Ministry of Health commenced briefings for LHDs regarding the 2019 n-CoV.

On 22 January 2020, Sydney LHD commenced regular briefings for key personnel via daily teleconferences and meetings.

The World Health Organization 30 January 2020 and declared the coronavirus (2019 n-CoV) a “Public Health Emergency of International Concern.” The first human-to-human transmission in the U.S. was announced.

On 2 February 2020, the Australia Government announced that travel restrictions will be enforced for people who have travelled to China.

On 3 February 2020 the NSW Health Human Influenza Pandemic Plan was activated.

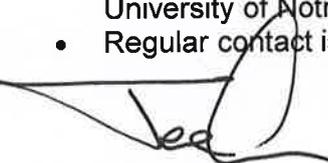
Emergency Department Presentation.

- All patients presenting to the Emergency Departments are screened against the current case definition, those who are identified as possible cases are moved to an appropriate space for follow up.
- RPA Hospital has opened a specific 2019 n-CoV Clinic to follow up presentations that arrive at the hospital for screening.
- Outpatients, elective admissions and community patients are screened before they arrive, where appropriate patients that meet the case definition and do not present with any signs and symptoms are asked to stay in home isolation.

- People that meet the case definition and have signs and symptoms are referred to the RPA 2019 n- CoV Clinic.
- People who present and have a history of travel to the affected areas or are close contacts of known cases are asked to go into home isolation.
- People who present and meet the case definition and require to be tested are required to be placed into isolation, where possible this is in home isolation, where not possible some limited accommodation has been arranged at RPA Hospital, Concord Hospital and on Rozelle Campus.
- People who are tested for the 2019 n-CoV and the result is positive are managed by the Public Health Unit, where appropriate they are transferred to Westmead Hospital.

Preparations and activation of local plans

- The SLHD Governance Structure has been communicated to staff. Daily meetings of the Steering Committee in addition to Operational Communication Meetings are being held. An action plan has been developed and is monitored daily. Escalation processes are in place.
- PPE Packs have been developed and held at each of the EDs and the Balmain GP Casualty.
- Signage has been placed in key locations to discourage possible cases from entering the hospital.
- Public Health is doing a daily follow up of positive cases in home isolation.
- A system has been developed to provide welfare checks on people in home isolation
- SLHD is supporting SES LHD with nurses for the Airport Screening Process.
- RPA 2019 n-CoV clinic is receiving people who are identified as possible cases on arrival at Sydney Airport.
- Staff information sessions have been held at RPA, Concord, Canterbury, Sydney Dental and Balmain Hospitals as well as for Sydney District Nursing Service. Over 600 staff have attended.
- Follow up sessions have been arranged for Mental Health, Community Health, Population Health and Community Health Centres.
- All staff are screened prior to returning from leave, if they meet the case definition due to travel history but do not have any signs or symptoms they are requested to be in home isolation. If they have signs and symptoms they attend the appropriate ED for testing.
- All students are screened prior to arriving at the hospital those who meet the case definition due to travel history but do not have any signs or symptoms are requested to go into home isolation. Those with signs and symptoms are requested to contact Health direct for appropriate guidance.
- Reviewing systems and processes for ordering P2/N95 + Surgical masks, currently being managed by individual facility/service GMs.
- Specific scripts written for SLHD Switchboard operators have been developed allow appropriate referral of general calls to the switch boards.
- Regular discussions are being held with USydney, University of Technology Sydney, University of Notre Dame and the Medical Research Institutes.
- Regular contact is being made with the local councils and NGOs.



Dr Teresa Anderson
Chief Executive

Date: 17.7.20