
Sydney Local Health District

Ninety Seventh Meeting of the Board

Date: Monday 16 March 2020
Time: 9.30am – 11.30am
Venue: Via Teleconference for all Members.
Chair: The Hon. Ron Phillips AO, Chair

1. Present and apologies

The Hon. Ron Phillips AO, Chair
Ms Victoria Weekes, Member
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
Ms Ronwyn North, Member
Ms Kerry-Anne Hartman, Member
Ms Susan Anderson, Member
Dr Teresa Anderson, AM, Chief Executive (departed 10.40am and returned 10.50am)

Apologies

Professor Paul Torzillo AM, Member
Dr Alicja Smiech, Chair, Medical Staff Executive Council
Dr Tim Sinclair, Executive Director, Operations

In attendance

Dr Shireen Durrani, Career Medical Officer, Public Health Unit (9.40am – 10.25am)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

The Chair welcomed members and guests to the ninety seventh meeting of the Sydney Local Health District (SLHD) Board via teleconference.

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 interests to declare or to be added to the Register at this meeting.

Presentation: COVID-19

A copy of the presentation was received by the Board Members via email. Dr Shireen Durrani presented on COVID-19 Public Health update including:

- Today's update, epidemiology, newly published data, public health response and lessons from other regions.
- Confirmed cases of COVID-19 in Australia.
- Daily new cases in Australia and other nations.
- SARS - Cov-2 virus.
- Comparison COVID-19 versus other outbreaks.
- Clinical Illness – three major presentations 1. Mild Upper Respiratory Tract Infection (URTI), 2. Moderate Pneumonia and 3. Severe Pneumonia.
- Communicable Diseases Network Australia (CDNA) Guidance.
- COVID-19 Global Picture.
- COVID-19 Global Epidemic Curve.
- Uncertainties.
- Case fatality rate.
- Transmission.
- Chinese Journal Epidemiology (February 2020).
- Australian Health Sector COVID-19 Plan.
- Goals.
- Flattening the Curve.
- How measures may affect spread.
- Slowing spread in Asia.
- Lessons from Italy.
- Lesson from South Korea.
- Public Health plus social distancing measures.
- Current Outlook.
- Key Points.

The Chair thanked Dr Durrani for the presentation and all the teams working in the Public Health Unit.

4. Confirmation of previous minutes

4.1 Minutes – 17 February 2020

The minutes of the Board meeting held on Monday 17 February 2020 were moved and seconded with the following amendment:

Page 5, second dot point, need to expand to include dates of the events.

As the Chair was off site for the meeting, the minutes will be forwarded to the Chair for signing.

Minutes

4.2 CE Report – February 2020

The Chair declared that the CE Report for February 2020 was ready for publication.

5. Matters arising from the previous minutes

5.1 Action sheet

This agenda item was deferred to the next meeting.

6. Patient Story

This agenda item was deferred to the next meeting.

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 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. Due to time constraints, the Board Chair advised that any concerns or matters to be raised from this report should be directed via email to the Chief Executive with a copy to the Board Chair and Ms Bransby.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – January 2020

The Board received, read and noted the SLHD Board Reporting Pack for January 2020.

9.1.2 Selected Performance Indicators – January 2020.

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 – January 2020

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 received, read and noted this report for the period October – December 2019.

(ii) Violence Abuse and Neglect (VAN)

The Board received and read this report.

(iii) SLHD Risk Register

The Board received, read and noted this report.

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

The Board noted this report is due in April 2020.

9.6 Facility Reports – January 2020

(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.

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 10 February 2020.

11.2 Education and Research Committee

The Board noted the meeting to be held today, 16 March 2020 was cancelled.

11.3 Communications Committee

Following discussion the Board agreed the next meeting to be held on 7 April 2020 is to be cancelled.

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 minutes of the meeting held on 26 February 2020 were not available.

11.6 Health Care – Clinical Council

The Board noted the minutes of the meeting held on 26 February 2020 were not available.

11.7 Medical Staff Executive Council

The Board 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 next meeting is to be held on 1 April 2020.

11.9 Aboriginal Health Steering Committee (bi-monthly)

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

11.10 Organ Donation for Transplant – Quarterly Report (January 2020 –March 2020)

The Board noted this report is due in May 2020.

Minutes

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the minutes of the meeting held 23 February 2020 were not available.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 11 December 2019. The Board requested further information on agenda item 11, Retirements and Resignations at Canterbury Hospital.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting 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 19 February 2020.

12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board received, read and noted the minutes of the meeting held on 19 February 2020.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the minutes of the meeting held on 11 February 2020 were not available.

12.7 Organ Donation for Transplantation

The Board noted the minutes of the meeting held on 25 February 2020 were not available.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 11 February 2020.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the meeting to be held on 18 February 2020 was cancelled.

12.10 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 19 February 2020.

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

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

12.12 Minutes of the District Security Co-ordination Committee

The Board received, read and noted the minutes of the meeting held 12 February 2020.

13. Matters for noting

13.1 Intersectoral Homelessness Health Plan

The Board received read and noted this Plan. The Board requested further information on the implementation and the implications of this plan including an action plan, budget and next steps.

14. Other Business

14.1 Board Self-assessment and copy of Draft Strategic Priorities 2020

The Board received, read and noted this report. The Board agreed to place this agenda item on hold for the time being.

14.2 Update COVID-19

Following the presentation the Board discussed the SITREP # 13 report issued to the Board via email on Friday 13 March 2020. Following discussion the Board agreed to receive this report on a daily basis.

15. Next Meeting

The next meeting is to be held on Monday 20 April 2020 at 9.30am.

The Chair congratulated the Chief Executive and offered support to all her teams for the ongoing management of the emerging issues faced by health workers.

The meeting closed at 11.30am.



Chair

22 April 2020

Date

**Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board
March 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 January.

Mental Health Readmissions within 28 days have increased for the month of November to 17.5%, from an October result of 13.0%. YTD November there has been a slight decrease in the percentage of Mental Health Readmissions at 16.3%, when compared to 17.3% 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 5.9% for the month of December and 5.4% YTD December 2020, which is better than the State rate of 6.5% for the month and 6.1% YTD December 2020. Unplanned Emergency Representations (same ED within 48 hours) were 4.8% for the month of January and 4.4% YTD January 2020, which is better than the State rate of 5.1% for the month of December and better than the State rate of 4.8% YTD December 2020.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 0.6 per 10,000 bed days for the month of December 2019. There were 0 Central Line Associated Bloodstream (CLAB) infections during December 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 the target for 11 of the 14 reported Hospital Acquired Complications (HACs) for the 12 month period December 18 - November 2019. The remaining 3 HACs are performing within the acceptable tolerance range. Hospital Acquired Renal Failure has a rate of 3.1 per 10,000 episodes, which is slightly above the target of 2.7. 3rd and 4th degree; perineal tear has a rate of 458.2 per 10,000 episodes, which is above the target rate of 382.9 per 10,000 episodes. Hospital Acquired Neonatal Birth Trauma has a rate of 67.5 per 10,000 episodes, which is slightly above the target rate of 65.6 per 10,000 episodes. Work is continuing to address these three 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 decreased for Medical and Nursing for January 2020 when compared to the same period last year by -0.40 and -3.31 respectively. Premium staff usage has increased for Allied Health for January 2020 compared to the same period last year by 0.28.

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 increase (0.11%) in the number of separations (13,281) for the month of January 2020 when compared to January last year. YTD separations have increased slightly across the District by 0.83% in comparison to last year. This is consistent with the District strategy to manage patients in the community where possible. In January the District's occupancy rate decreased by 2.94%, to 86.64% when compared to the 89.58% in January 2019.

There were 15,137 attendances to the District's Emergency Departments in January 2020, which is a slight decrease from 15,208 when compared to the same month last year. YTD January Emergency Department attendances have increased 4.25% in comparison to the same period last year. YTD January case weighted attendances have increased by 3.78%, when compared to the previous year.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance. There was a 2.71% increase in the month of January 2020, to 71.81%, when compared to the same month in the previous year. YTD there has been a 0.5% decrease in ETP to 68.77% when compared to the same period in the previous year. Despite the significant increase in activity, 2,364 additional patients have been admitted, referred or discharged within 4 hours of presentation YTD January, 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 January 2020, with 93.02% 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 all target for Triage Categories for the month of January 2020. This is a significant achievement given the demand on our services and the staff should be congratulated for this effort.

Elective Surgery

There were 66 additional elective surgeries performed in January 2020 when compared to the same period in the previous year, representing an increase of 4.86%. YTD January the number of elective surgeries performed has increased by 832 (5.26%) 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 5.14% decrease in surgical patients not ready for care for the month of January 2020, when compared to the same month last year. This remains an area of focus for the District.

Emergency Surgery

There were 49 more emergency surgeries performed in the month of January 2020 when compared to the same month last year, representing a 3.98% increase which is also contributing to the increase in demand across the District. YTD January emergency surgery has increased by 671 cases (8.48%) across the District.

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 5.7% increase in the number of Hospital in the Home overnight separations in

January 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 -2.13% variance to target YTD January, excluding Dental. This variation to target will reduce with the coding of the 1,302 uncoded episodes and grouping of the 94 ungrouped episodes.

Stream	Target	Actual	Variation	Variation %
Acute*	96,160	93,118	- 3,043	-3.16%
ED	13,896	14,202	306	2.20%
NAP	12,271	12,480	209	1.70%
SNAP**	7,327	7,244	- 82	-1.12%
MH Admit***	10,177	9,984	- 193	-1.90%
MH NAP****	5,445	5,152	- 293	-5.38%
Total	145,276	142,180	-3,096	-2.13%
Dental DWAU	33,063	43,694	10,631	32.15%
Dental NWAU#	4,151	5,486	1,335	32.15%
Total (NWAU)	149,428	147,666	-1,761	-1.18%

* 1,127 uncoded episodes

** 94 ungrouped episodes

*** 175 uncoded episodes

****YTD December

NWAU=589/4691*DWAU

Clinical Costing

The District Performance Unit held a workshop with facilities and services in February to reiterate the iFRAC methodology and expectations in relation to the annual iFRAC Cost Centre Review. The Review is expected to be completed by early April, 2020.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of January 2020, 17.15% (2,200 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 212 (8.79%) patients who elected to use their private insurance compared to the same period last year and a decrease of 190 (7.95%) in total separations from previous month. For the month ended January 2020 conversions for facilities as compared to the same period last year were:

- RPAH – a decrease of 69 (5.67%) private patients.
- Concord – a decrease of 124 (12.41%) private patients.
- Canterbury Hospital – a decrease of 22 (12.72%) private patients.
- IRO – a decrease of 1 (7.14%) private patient.
- Balmain Hospital – an increase of 2 (22.22%) private patients.

Single Room Usage

For the month of January 2020, 10.48% of patients were flagged as infection control across the District.

For the month, 24% of all available single rooms were occupied by private patients and 43% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Committee to resume in February 2020.
- Clinician Billing Portal (CBP) continues to be rolled out at RPA and CRGH. There are 50 registered users and total \$123K has been raised through the portal.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

- The next round of the Pitch was to be held on 6 March 2020, at the Concord Medical Education Centre. Due to the impact of COVID 19 this was cancelled. Arrangements are being made to undertake virtually.
- Hand Clinic
 - The Redesign Team was consulted by the Director, Allied Health to assist with conducting some diagnostics work within Hand Clinic at RPAH.
 - A process mapping and stakeholder mapping session was conducted on the 12 February where staff were able to identify any issues or bottlenecks within the current process.
 - Data is also being collected by the Allied Health Performance & Data Analyst for analysis.

Other Business

- Ms Antonia Ottavio commenced on 19 February 2020 with the SLHD Performance Unit as the A/Performance and Clinical Redesign Program Manager, SLHD. Ms Otavio will work within the Redesign team to support, coach, mentor and lead clinical redesign/process improvement projects within the District.

HealthPathways

Content development

Urology pathways development workgroup held on the 3 February 18 Clinical pathways identified as relevant to local service and GP need plus additional referral resources.

Content in Development:

- | | | |
|----------------------|------------------|------------------------|
| • Allied Health 5 | • Neurology 5 | • Rheumatology 1 |
| • Assault or Abuse 2 | • Neurosurgery 3 | • Sleep 1 |
| • Endocrinology 3 | • Orthopaedics 9 | • Urology 19 |
| • Continence 2 | • Pregnancy 2 | • Vascular Surgery 3 |
| • Mental Health 3 | • Respiratory 3 | • Social Prescribing 2 |

Program updates

To support the Public Health Unit numerous health alerts and content updates have been made available to General Practice for the COVID-19 outbreak.

Usage of HealthPathways

As anticipated website usage is on track to be higher than January based on mid-month data. This month is currently trending higher than 12 months ago as well. The rise in figures is in part a reflection of the new GP Registrar term and there has been a small increase in requests for access by doctors new to SLHD in the last two weeks as well.

	Feb 1—18 2020	Jan 2020	Dec 2019	Feb 1—18 2019
Users	865	941	875	657
Sessions of use	3,940	4,900	4,246	2,785
Unique Page Views	11,897	14,258	11,954	8,871
Total Page Views	15,082	17,745	14,621	11,654

NSW Health Options Paper for HealthPathways

The first of six state-wide consultation workshops occurred on 30 January, 2020. The group has been asked to comment on a range of option exploration streams and baseline data gathering approaches. Nominations for members and co-chairs will take place in late February to determine work stream priorities. It is clear from the Patient Experience and System Performance Branch that there is no current allocation of funds to support a state-wide contract or development of a state-wide reference website and any options developed and agreed upon (at SEF level) would be proposed for future funding rounds.

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 January 2020 based on the District's budgeted NCoS.

For the month of January 2020, Sydney Local Health District (**SLHD**) General Fund (GF) Expenditure was \$0.066M favourable to budget. YTD January 2020 GF Expenditure was \$10.658M (0.99%) unfavourable to budget. YTD January 2020 Expenditure increased significantly (by \$67.110M or 6.61%) compared to YTD January 2019. 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 \$154.586M YTD January 2020. Increase in FTE numbers is contributing to these results.

GF Revenue was \$1.348M (0.97%) unfavourable to budget for the month and \$4.740M (0.44%) unfavourable to YTD January 2020 budget. For the period ended 31 January 2020, the District's GF NCoS was \$15.398M unfavourable to budget.

The District continues to provide Bushfire support (including Mental Health) to the State at a year-to-date cost of approximately \$1M until January 2020 and is now managing the n-CoV (Coronavirus) process (costs are being assessed).

The Chief Executive and the Executive Director of Finance have identified an \$8.5M unfavourability to NCoS Budget (excluding the impact of Doubtful Debts) for 2019/20. This comprises: an Expense unfavourability of \$2.5M due to the forecasted impact of the Bushfires support (including Mental Health) provided to the State; and, a Revenue unfavourability of \$6M due to the reduction in single room rates of the Private Health Funds. The latter 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 seven months of the 2019/20 financial year.

The major variances for the month were:

Expenditure

- For the month of January 2020, GF Total Expenditure was \$0.066M favourable to budget, reflecting favourable results for Other Employee (\$0.182M), Superannuation (\$0.331M), G&S Admin (\$1.333M) and Grants (\$0.258M) offset by unfavourable results for Annual Leave Provision (\$1.000M), G&S Clinical (\$0.368M), VMO Payments (\$0.179M) and RMR (\$0.516M).
- YTD January 2020, GF Total Expenditure was \$10.658M (0.99%) unfavourable to budget. This result reflects unfavourable results for Salaries & Wages (\$5.371M), Overtime (\$1.890M), Annual Leave Provision (\$5.467M), Superannuation (\$1.160M), VMO Payments (\$0.435M), G&S Drugs (\$7.221M), G&S Medical & Surgical Supplies (\$3.175M) and G&S Prosthetics (\$4.080M) offset by favourable variances in Other Employee (\$1.217M), G&S Admin (\$15.117M) and G&S Support (\$0.665M).

Revenue

- GF Total Revenue was \$1.348M (0.97%) unfavourable to budget for the month of January 2020. The result for the month reflects unfavourable variances for Patient Fees (\$1.183M), Facility Fees (\$0.158M), Prosthesis Income (\$0.637M) and Doubtful Debts (\$0.520M) offset by favourable variance in High Cost Drugs (\$0.966M) and Grants & Contributions (\$1.168M),
- YTD January 2020, GF Total Revenue was \$4.740M (0.44%) unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in Patient Fees (\$4.133M), Facility Fees (\$1.966M), Prosthesis Income (\$1.991M), Rent Income (\$0.647M) and Doubtful Debts (\$2.742M) offset by favourable variance in High Cost Drugs (\$6.767M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$2.848M unfavourable to budget for the month of January 2020 and \$7.423M unfavourable to budget for YTD January 2020. This YTD result reflects unfavourable budget variances for Expenditure (\$5.556M) and Revenue (\$1.867M).

CONSOLIDATED RESULT

For the period ended 31 January 2020, the consolidated YTD NCoS result for the General Fund and SP&T was \$22.873M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$16.266M), Own Source Revenue (\$3.882M) and Doubtful Debts (\$2.742M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 31 January 2020, SLHD recorded a Total Net Result of -\$21.668M (Note that Total Revenue was higher than Total Expenditure for YTD January 2020) which was \$22.802M (51%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD January 2020 was \$18.660M unfavourable to budget, reflecting unfavourable budget variances for Expenditure (\$14.850M) and Revenue (\$3.810M).

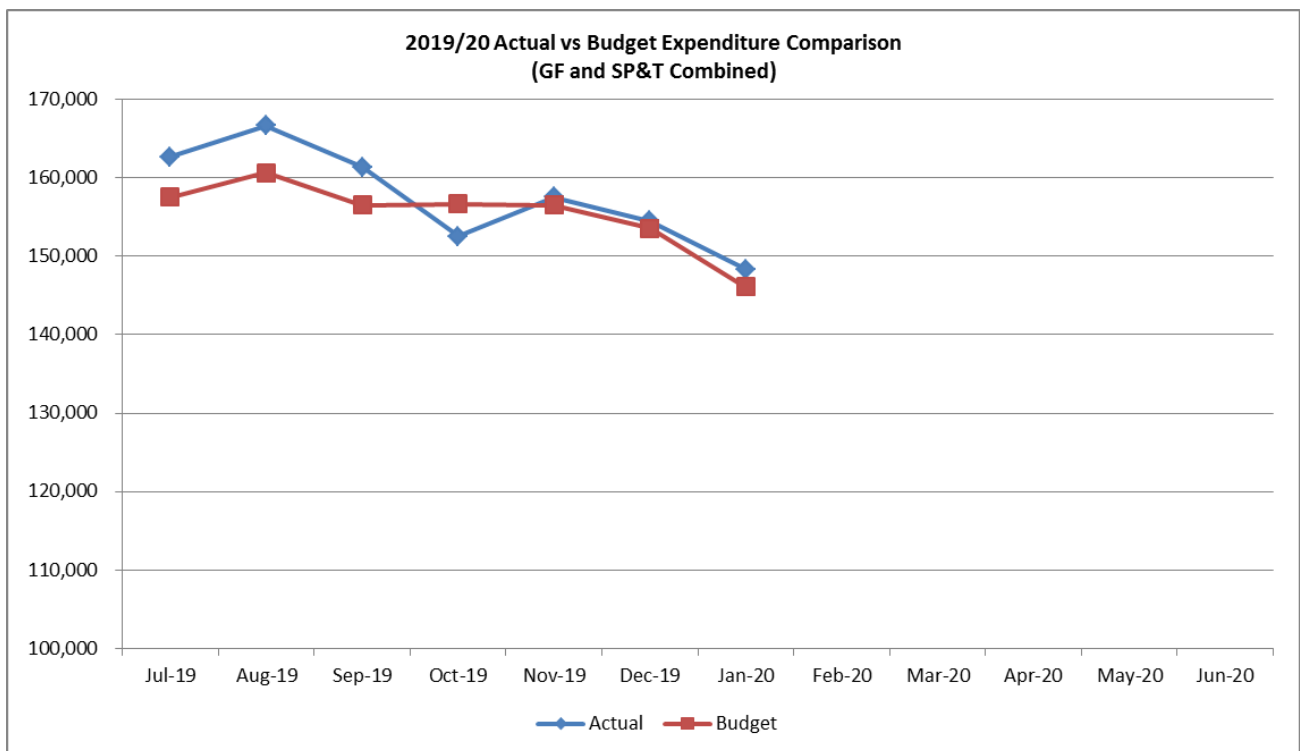
For the month of January 2020, Total Direct Revenue was \$1.401M unfavourable to budget, comprising unfavourable variances for the SP&T Fund (\$0.513M) and the General Fund (\$0.888M). YTD Total Direct Revenue was \$3.810M unfavourable to budget, comprising unfavourable variances for the General Fund (\$2.014M) and the SP&T Fund (\$1.796M). The YTD result for the GF reflects

unfavourable variances in Patient Fees and Other Income offset by favourable variance for User Charges and Grant Income.

Total Direct Expenditure was \$0.094M unfavourable to budget for the month of January 2020, comprising a favourable result for the General Fund (\$0.577M) offset by an unfavourable result for SP&T Fund (\$0.671M). YTD Total Direct Expenditure was \$14.850M unfavourable to budget, comprising \$11.242M unfavourable variance for the General Fund and a \$3.608M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Salaries & Wages (\$5.371M), Overtime (\$1.890M), On-costs (\$5.409M), VMOs (\$0.435M) and Direct Clinical Operating (\$13.967M) offset by favourable results for G&S Corporate & Operational Admin (\$15.117M) and G&S Supporting Services & Utilities (\$0.665M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The Ministry of Health Finance Branch has advised that due to the change of payment terms from 20 calendar days to 5 business days for Small Vendors there is no data or % available for now. This will be available for February 2020.

The cash balance at 31 January 2020 for the SLHD Operating bank account was \$13.465M and the Operating Cash book balance was \$13.299M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 January 2020 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.

Actual expenditure as at the end of January 2020 was \$12.155M which is marginally under budget.

OTHER CAPITAL PROJECTS

As at the end of January 2020, the District has expended an amount of \$1.465M relating to PowerChart Maternity, Balmain Hospital Lift Controller Upgrade and Energy Efficiency Upgrade for Croydon and Redfern Community Health Centres. The total expenditure of \$1.465M was sourced from the General Fund.

CAPITAL WORKS

RPA

Building 63 RPU

The tendering process for mechanical and clean room services has been finalised and orders have been placed. Tender reviews for medical gases and electrical services have commenced and formwork for the service tunnel has begun.

Endoscopy – Creation of a centralised endoscopy reprocessing area

Hand wash basin installation, flooring, wall protection and new opening and fire door for dirty corridor were all completed in January. Works to install the new sliding door are scheduled for February.

Cardiothoracic Offices

Painting is complete and the joinery and fire detection installation was completed in January 2020. Sprinkler modification and frosting to the glazed partitions was also completed. The installation of work stations has been scheduled for February followed by works to fit off the electrical services.

Virtual Hospital – Level 9 KGV

Capital works to the Virtual Hospital were undertaken in January 2020. This included completion of wall framing, service rough in, blinds and flooring installation as well as delivery of furniture. Capital works are now complete and the area is being occupied.

Concord

Building 75/76 – Fussell House

Works to Level 1 Building 75 including ceiling framing and sheeting, painting and electrical rough works were completed in January. Ground floor Building 75 works included topping removal and floor framing. Demolition of Ground floor Building 76 is nearing completion and structural design and fire rating requirements are currently being reviewed.

Canterbury Hospital

ED Expansion

Ground floor structural steel was completed and framing installation, hydraulic, mechanical and electrical service roughin were all completed in January. Medical records structural steel erection is completed and framing to Level 4 has commenced.

Arthritis Clinic

Bathroom tiling was completed and the hydraulic fit off was nearing completion in January. Furniture for the clinic was also delivered and the BCA inspection has been undertaken. Preparation of the handover/commissioning package is underway.

PLANNING

Camperdown-Ultimo Collaboration Area Alliance (C-U Alliance)

- The C-U Alliance partnership has been expanded to include the Sydney Innovation and Technology Precinct (SITP), Transport for NSW (TfNSW) and the Greater Sydney Commission (GSC). The Alliance is undertaking a number of studies to ensure strong data informs the strategy.
 - Led and funded by Transport for NSW, but at the instigation of the C-U Alliance partners, a major transport study will be undertaken. This study presents a major opportunity over the next 12 months to support the strategic place, movement and transport needs of the Collaboration Area and to ensure that this is fully integrated into Transport for NSW strategy. A number of stakeholder workshops will be held as part of the data collection phase.
 - The District has provided further input into the C-U Alliance's Land Use study, being undertaken by SGS Economics to examine and report on the opportunities in Camperdown for employment, economic development and industry engagement. Most recently SLHD contributed to a workshop which identified that a Metro station in the precinct would significantly improve economic opportunities and employment but that, conversely, additional residential developments could impede economic development.
 - The feasibility of establishing Collaboration-area-wide WiFi access is currently under investigation by the partners. This is an important precinct opportunity to advance the precinct as a "smart precinct" and to further attract talent.
 - Sydney Research is progressing the Collaboration priority related to supporting the establishment of research-relevant industry partnerships in the precinct.
 - The partners will in the future jointly contribute to an economic study to demonstrate the importance to the state of the precinct, building on an initial study by the City of Sydney.
 - The SITP, now a partner in the C-U Alliance, is currently developing its strategic plan. It is expected that a major announcement will be made before mid-year, with major anchor tenants being confirmed and strategy announced.
- The Central station precinct development (24 hectares) is being led by TfNSW. An Alliance workshop was held to canvass views of the Central precinct strategic vision, which as well as being Sydney's major transport hub, aims to foster employment growth, support the development of SITP and enable a diverse range of public and community activities.
- The C-U Alliance is undertaking a collaborative branding study to establish the area as the most significant innovation precinct in NSW and to develop a coherent place-based identity and platform from which to leverage the strengths, successes and opportunities of the precinct.

RPA Redevelopment

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

- A deeper dive into the forecasted RPA Ambulatory Care requirements is being undertaken.
- A presentation on the RPA Clinical Services Plan was provided to the RPA Consumer Council.
- **Aboriginal Health Community Consultation on the RPA Redevelopment**

The Planning Unit is working with the Aboriginal Health Unit in holding an Aboriginal Health Community Consultation on the RPA redevelopment, scheduled for 25 March 2020, at the Salvation Army Auditorium, Redfern.

Concord Clinical Services Plan (CSP) – Stage 2

The Planning Unit, has commenced a major round of consultations at Concord Hospital has to complete the Concord Clinical Services Plan (Stage 2) in accordance with new Ministry of Health requirements.

The Planning Unit has drafted core forecasts for bed and service requirements for the hospital. The feasibility of establishing Maternity and Paediatric services at the hospital is being tested based on a range of demand scenarios.

SLHD Surgical Services Plan

Clinical consultation and engagement has been commenced with all surgical and related services across the District to assess opportunities for ensuring the most efficient and effective use of surgical capacity across the district. Meetings have commenced at Concord Hospital and have been scheduled across the District.

Clinical Stream Position Papers

The final Clinical Stream Position Papers for each of the SLHD Clinical Streams have been developed by Clinical Directors and Managers in collaboration with the SLHD Planning Unit for review by the SLHD Clinical Council and the SLHD Board. Each plan has an Aboriginal Health Impact Statement as an integral part of the plan.

Clinical Stream position papers are required to fulfil the dual-purpose of aligning each clinical stream with the District Strategic Plan and to ensure that each Stream's priorities and strategic directions are transparently planned and communicated across the District. It is intended that these plans will form the foundation for the future development of a whole of District service plan (as per the Strategic Plan) and that they will assist the process of priority setting across the District.

The following Position Papers and Strategic Plans have been completed:

- Aged Care, Rehabilitation and Chronic Care Position Paper
- Allied Health Strategic Plan
- Cardiovascular Services Position Paper
- Cancer Services Position Paper
- Gastroenterology and Liver Position Paper
- Neurosciences Position Paper
- Pharmacy Strategic Plan
- Respiratory and Critical Care Position Paper
- Women's Health, Neonatology, Paediatrics Position Paper.

Plans have been devised through consultation with involved departments and service units within each stream or service. The development of the plan has been the responsibility of each clinical stream, with the District Planning Unit providing the common template, support, data and review to ensure alignment with the District Strategic Plan and with approved facility strategic plans.

Asset Strategic Plan

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

SLHD Sustainability Plan Scoping Paper

As the first step in developing the new SLHD Sustainability Plan, a scoping paper has been developed which outlines the key directions, engagement strategy and deliverables.

SLHD Education Plan

Meetings have been held with the Centre for Education and Workforce Development to scope the process for developing the plan for 2021-2026.

SYDNEY RESEARCH

Sydney Research restructure

Interviews for the newly established role of Deputy Director, Sydney Research have been conducted with a preferred candidate identified and recruitment processes to be finalised shortly.

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 have all submitted their annual progress reports and budget acquittals. Round 1 funding recipient A/Prof Li Ming Wen will present at Clinical Council on the outcome of his TRGS project on February 26 2020. A/Prof Lin Ming Wen has published two journal articles on the results of his TRGS project in *BMC Public Health*.

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. A memo to all staff will be released on February 27 outlining the timeline for submissions and funding including where to get help in developing their project EOs.

OHMR – Embedding Quality Research

The Embedding Quality Research (EQR) Steering Committee met on Friday 24 January, 2020. Discussions involved embedding Health Economists in the health system; research education and training for Clinical Nurse Consultants; Medical Research Future Fund (MRFF) Rural Regional Clinical Trial Initiative and the Australian Health Research Alliance.

The EQR Working Group sub-group for Clinical Trial Management Systems (CTMS) sent out an online survey to all Local Health Districts, LHNs, SHNs, AHRTCs and the CIRH. Twenty-one responses were received from across NSW Health. The sub-group will collate the responses and prepare an options paper for the EQR Steering Committee.

Planning has commenced for the Marlow Hampshire Health & Biomedical Research Leadership Development pilot program. There are thirty (30) places on offer to the LHDs/LHNs and Specialty Networks who have shown interest in being part of the pilot program. The first module will run on 31 March and 1 April, and the second module on 13 and 14 May. The program is designed for early and mid-career researchers to provide participants with the knowledge and skills required to become productive and effective leaders and members of research teams/groups. Nominations have so far been received from Sydney Local Health District, South Eastern Sydney Local Health District and Hunter New England Local Health District.

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.

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*”.
- The data working group formed as part of the collaborative project focusing on Cellulitis comprised of statisticians and Allied Health clinicians met on February 5. The Data Working

Group will pull and summarise the de-identified data to further shape the discussion at the next collaborative workshop in March 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 winners of the Sydney Biodesign Program *Team Nephrogen*, have had a SydneyConnect article published this month picturing the team and their 'Dia-line' device prototype– a tool that enables aseptic non-touch technique for peritoneal dialysis patients.

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

Biodesign 2.0 is planned to start in June 2020.

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.

A Sydney Connect article showcasing the 2019 SLHD mentee/mentor pair has been drafted for publishing to encourage EOIs from interested mentors/mentees for the 2020 program.

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 developed and presented at the February CUA meeting on the preliminary results of the survey sent to Sydney Research partners, aiming to assist in identifying key industry partners both in and outside of the precinct area. The Chair of the CUA, Ms Monica Barone, thanked SLHD for the presentation and valuable insight into the needs of the precinct. This information will be used to lobby and guide local/state and Commonwealth Government in planning for the Camperdown Ultimo precinct area.

Sydney Biomedical Accelerator

The Investment Decision Document (IDD) commissioned by the NSW Minister for Health and NSW Secretary of Health was submitted on 1 February 2020 for consideration. Feedback is yet to be received on the IDD.

The partners of this initiative will now move to develop a detailed Business Case for the Sydney Biomedical Accelerator and operationalise the governance of the 'new' Medical Research Institute comprised of; the Centenary, Heart Research and Woolcock institute.

Digital Health Cooperative Research Centre (DHCRC)

Sydney Research will formally set up the local governance arrangements to ensure full utilisation of our new membership with the DHCRC.

Options for some of the Sydney based DHCRC team to be co-located at King George V building are currently being explored.

Sydney Research and Innovation Symposium

Sydney Research and SLHD Research continue to meet fortnightly to plan the Clinical Trials Showcase and The Big Idea portion of the 2020 Symposium.

A draft program for both events has been developed and approval to engage an alternative Master of Ceremonies (MC) for this portion of the symposium gained. Ms Bernie Hobbs will take on the role of MC for the afternoon's proceedings with a strong background in medical research and innovation as a journalist and previous experience as an MC in high profile events such as the 2019 Medical Device Future Fund, the Prime Minister's Prizes for Science and many more. Sydney Research are also pleased to have secured two new sponsorships for the 2020 program.

Other Activities

- Sydney Research continues to support and explore:
 - The establishment of the Pharmaceutical Manufacturing Lab to be located within the NSW State Biobank. Project costs are now being finalised.
 - 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:
 - University of Sydney, Faculty of Medicine & Health Clinical Trials Review
 - SLHD Board Planning Day
- 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 735 subscribers. There has been a strong campaign to increase subscribers to the e-update in recent weeks and an increase of 20+ subscribers over the past fortnight has shown some success in this initiative.
- @SydneyResearch currently has 925 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 continued to assist Southern NSW LHD and Murrumbidgee LHD particularly with some nursing and mental health support, although this has decreased significantly over the last month. Regular communication at has occurred 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. There is a period of rebuilding now required and the District has indicated that it is willing to provide support as needed. 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, are now being managed at RPA.

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 process are in place.
 - In accordance with paragraph 4.2 of the Sydney LHD Influenza Pandemic Plan the Chief Executive has established a SLHD Pandemic Steering Committee which is chaired by the CE and consists of key personnel.
 - A SLHD Operational Communications Working Group consisting of General Managers, representatives from Emergency Departments, Infectious Diseases Staff Specialists, Public Health and key LHD Executives has been established to operationalise actions approved by the SLHD Pandemic Steering Committee.
- PPE Packs have been developed and held at each of the EDs and the Balmain GP Casualty.
 - All PPE packs have been adjusted to meet the new guidelines for masks for people in home isolation.

- P2/N95 Masks provided to GP Practices by the Ministry through the PHN, distributed 3 February.
- Surgical Masks being provided to community pharmacies through the PHN. Distributed 13 February.

- 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 is being developed to provide welfare checks on people in home isolation
Welfare checks commenced 7 February.
- 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.

Wednesday 5 February

- RPA Hospital. 225 attendees
- Concord Hospital 100 attendees
- Canterbury Hospital 87 attendees
- Balmain Hospital 53 attendees
- Sydney Dental Hospital 124 attendees
- Sydney District Nursing 73 attendees

Thursday 6 February

- CCMH 44 attendees
- Redfern CHC 11 attendees
- Croydon CHC – 40 attendees
- Population Health 80 attendees

Friday 7 February

- PMBC 15 attendees
- Child and Family Health Centre 10 attendees
- Canterbury CHC 23 attendees
- Marrickville CHC 11 attendees

Additional sessions to be conducted

- Monday 17 February
 - The Canterbury Hospital
- Monday 24 February
 - Croydon Health Centre 9am
 - Sydney Dental Hospital 1pm
 - Canterbury Hospital 2.30pm
- Tuesday 25 February
 - Concord Hospital 2.30pm
- Wednesday 26 February
 - Marrickville Health Centre 11am
 - Balmain Hospital 2.30pm
 - CCMH, Professor Marie Bashir Centre 1.30pm
 - Croydon Health Centre 4pm
- Thursday 27 February
 - Redfern Community Centre 9am

- Population Health 11.30am
 - Sydney District Nursing (Video conference) 3pm
 - CCMH, Professor Marie Bashir Centre 1.30pm
 - Friday 28 February
 - RPA Hospital 11am
-
- 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.
 - Screening has been updated to meet the new guidelines provided by the Ministry with regard to travel history and removal of option of working in non-clinical areas.
 - 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.
 - Screening has been updated to meet the new guidelines provided by the Ministry with regard to travel history and removal of option of working in non-clinical areas.
 - Reviewing systems and processes for ordering P2/N95 + Surgical masks, currently being managed by individual facility/service GMs.
 - Temporary removal of Surgical and P2/N95 masks for clinical area impress lists and creating a single ordering point for each facility/service has been established to ensure control of stocks of masks and monitoring of ordering of masks is maintained.
 - 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.
 - Development of SLHD policy “Infection Control – Management of Boarder Patients in isolation within SLHD Facilities to mitigate risks associated with Novel Coronavirus” to cover people being housed in inpatient areas whilst that would otherwise be in home isolation.
 - Development of SLHD policy Home Visiting by SLHD Community Staff being developed. “SLHD Community Based Services 2019-nCoV Home Visiting Protocol”
 - People who require home isolation but do not have suitable accommodation. SLHD have developed an accommodation plan to house up to 11 people in emergency accommodation who do not have suitable home isolation accommodation or are awaiting results from testing. This accommodation is now available.

Accommodation available

 - RPA in-patient - 11 people
 - Rozelle Nurses Accommodation – 11 people
 - Rozelle Acadia House – 6 people
 - Concord Hospital – Burns Cottage – 7 people.
 - 8 February, 2020: Revised travel guidelines developed by the Ministry of Health for people being identified as requiring Home Isolation distributed to SLHD Emergency Departments and Balmain GPC.
 - 8 February, 2020: Standardised Medical Certificate developed to provide to people being placed in home isolation providing information regarding travel guidance for patients to their place of home isolation.
 - 10 February, 2020: Process developed to ensure relevant travel or contact information is obtained from contractors work within the SLHD. Appropriate questions added to the

Contractor registration Kiosks within Engineering, manual processes being developed for other areas.

- 10 February, 2020: Meeting held between SLHD and NSW Police, USydney, to discuss current and potential 2019 n-CoV issues and concerns.
- 11 February, 2020: Developed patient information sheet for people tested for 2019 n-coV within SLHD EDs & GPC.
- 13 February, 2020: Distributed information cards received from NSW Health for Chinese Nationals regarding contacting the Chinese Consulate for assistance regarding home isolation.
- 13 February, 2020: Audit of SLHD Pandemic Assessment Centres undertaken in November 2019, plans revised and SOPs developed. Discussion exercise to be undertaken to reinforce planning components and ensure readiness of all centres.
- 13 February, 2020: Developing Cruise Ship screening process / teams in conjunction with Ministry of Health to screen passengers arriving by Ship into White Bay Cruise Terminal.
- 3 March, 2020: Updated SMS commenced being sent to all Outpatient appointments regarding self screening prior to attending clinic appointments.
- 3 March, 2020: Revised ICU concept of operations developed to increase capacity at RPA and Concord completed, operationalising commenced.
- 3 March, 2020: Revision of clinic letter to people being tested for COVID-19 undertaken.

Stakeholder engagement – ongoing work with PHN, Universities, Local Councils and NGOs

Pathology Testing – currently testing is available through ICPMR or SEALS, being managed by NSW Health Pathology.

Surge workload in the PHU – has been managed with increased staffing, additional phone lines and diversion of unnecessary calls from the PHU to Health Direct.

Interpreter Services – due to the location of the outbreak many people presenting speak mandarin as a first language, being managed with mandarin speaking staff in the RPA n-CoV clinic, telephone interpreter services where appropriate. Ability to escalate and roster an interpreter to the Clinic if required. Monitoring.

State Emergency Operation Centre – has been activated to develop a whole of government response, awaiting further information.

Cruise Ship Screening Team – White Bay Cruise Terminal

SLHD staff have commenced undertaking Cruise Ship Screening at White Bay Cruise Terminal as of 17 Feb.

- 17 Feb - Ship - Albatros – WBCT
- 17 Feb – Ship – Silver Muse – WBCT
- 28 Feb – Ship – Seven Seas Navigator – WBCT

Tiger Teams have commenced for ongoing support of COVID-19 responses

Phone Line for management of Negative result responses for patients established currently the operating hours are 0800-220- 7 days per week, there are currently 4 RN FTE's with the capacity to flex up to 6. Operating out of rpavirtual.

Delivery of PPE to patient's homes underway.

Standard Operating Procedures in development for screening in clinics and RACF's.

Screening Teams roster been developed for RACF and cruise ship screening.

RPA

- COVID-19 Clinic relocated from Clinical School to TPU.
- TPU relocated to an area of JLOT recovery, pre-admissions completed by TPU staff in Women's & Babies Reception area.
- RPA Staff COVID Clinic activation postponed due to low numbers presenting. Staff will be expedited when presenting to the general COVID Clinic
- Additional administrative staff requested to assist patient registration in the COVID clinic, Firstnet training to be provided
- 2 large containers being delivered to a site at the rear of the hospital for secure storage of PPE and other resources
- 2 large containers being delivered to a site at the rear of the hospital for secure storage of PPE and other resources.
- 10W1 has been allocated a NUM to set up the ward for admissions of COVID patients and/or boarders
- Procedure drafted for collecting repeat COVID swabs from persons in home isolation, options being to advise them to attend a facility COVID clinic if they have private transport or arranging a Fly In Team to attend the person home for swab collection

Concord Hospital

- Coronavirus Clinic opened 10 March 2020 from 1000-1800.
- The clinic will now be open Monday – Sunday from 0800-1800

Canterbury Hospital

- Staff Health Clinic to commence Monday 16 March 2020.
- COVID-19 Clinic in OPD approved by the CE to commence Monday 16 March 2020.
- Stock Availability
 - Availability of viral swabs impacted.
 - Alcohol hand rub running low.
 - PPE training & assessment impacted by low stocks of PPE equipment

RPAVirtual

- Implementation plan updated (draft) for virtual monitoring of positive COVID-19 patients:
 - Advice pending on frequency of observations
 - Plan to use a pulse oximeter for oxygen saturation and pulse rate
 - May ask patients to take own temperature at this stage
 - Short set of questions re fever, cough, breathing
 - RNs will v/conference to view patient's overall wellbeing
- Request to begin daily clinical monitoring of four 'well' COVID-19 positive patients to facilitate their discharge from RPA ICU. Seeking CE/DOO for approval to commence 11 March 2020. Approval received and monitoring commenced 11 March 2020 with twice-daily V/C for these patients.
- Approval to begin twice-daily virtual monitoring of six COVID-19 positive patients in home isolation and one pending discharge from Westmead Hospital. Will commence 12 March 2020.
- Sydney District Nursing included in RACF screening roster.
- CGU team now accommodated in rpavirtual Care Centre.
- Risk assessment of Sydney District Nursing outpatient clinics in Marrickville, Croydon and Redfern Health Centres completed.

- Risk assessment of large meetings completed.
- Sydney District Nursing drop-off of 3 x PPE packs and education for contacts of patients in home isolation. 1 x home was in SESLHD boundaries. 1 x address had 2 x contacts but only 1 x pack supplied. Nil requests received 11 March 2020.
- rpvirtual Care Centre will assume RACF Triage Line 2000-0800 from 13 March 2020.
- Protocol being developed for delivery of PPE packs to patient homes.
- Requests coming through for delivery of PPE packs to patient homes will be considered jointly by rpvirtual and Community Health, with those clinical staff most easily released from duties will be allocated.
- Director, Strategic Health Sourcing has confirmed that a process for responding to future demand for PPE packs is required.

Community Health Services

- Activation of pandemic plans
- Planning delivery of PPE packs to patients in home isolation
- Review of Emergency Management plans and roles – to be updated
- Delivery of PPE packs to two patients in home isolation by Child and Family Health Nurses and education on use
- Planning redeployment of 4 FTE clinical staff to RPA Virtual Hospital for the delivery of negative results commencing Monday 16 March
- Relocation of Child and Family Health services out of Campsie Child and Family Health Centre and preparations for the opening of a NSW Health Pathology Centre in Campsie on 12 March
- Contacted 16 staff members put into isolation 12 March and arranged for PPE delivery and education to them at home for 13 March 2020

Drug Health Services

- Preparing to relocate Inpatient Withdrawal Service from PMBC to Ward 69, Concord Hospital following request from Dr Tim Sinclair on Friday 6 March 2020.
- Drafted letter for CE consideration to advise staff regarding redeployment for duration of COVID-19 response. Letter approved 10 March 2020. Corryn McKay to format and finalise.
- Letter issued to staff on Wednesday 11 March regarding deployment. Phone calls made to all staff. Deployment being finalised. Meeting with Genevieve Wallace regarding temporary relocation of Withdrawal Service to Concord. Plans being progressed.
- Details of 4 staff to be released from DHS during COVID-19 response provided to CGU to support the SLHD COVID-19 Call Centre were provided on Thursday 12 March 2020.
- Relocation Team commenced removing consumables from PMBC to Concord DHS to support relocation of Inpatient Withdrawal Unit.
- Patients are being discharged / transferred consistent with individual care plans.

Sydney Dental Hospital

- Single point of entry for facility enacted for patients/visitors
- Screening station in foyer is being prepared for commencement on 13/3/20 with CE approval
- Preparations for Canterbury Community Oral Health Clinic and various patient files to be relocated to Sydney Dental Hospital and other Clinics due to Canterbury Hospital commencing as a Coronavirus Assessment Centre
- Patients are sent screening questions asked by intake service and clinic receptions at the time of booking or rescheduling appointments and appointment SMS reminders to reduce risk of exposure to respiratory infections

- Ongoing review of staff leave plans
- Issuing dental vouchers if clinicians are absent due to illness and to assist staff in managing demand.
- Resolving logistics of moving patient files from Canterbury Oral Health Clinic to other locations
- Resolving arrangements regarding restriction of face-to-face SHCIS interpreters being on-site at SDH.
- Most recent patient information poster is tailored for inpatients (visiting patients and family) rather than outpatients.
- Resolving logistics of moving patient files from Canterbury Oral Health Clinic to other locations
- Executive Team attended all Department safety huddles to relay information including Pandemic Plan, what to do if staff are unwell or return from overseas, staff testing clinics, increased cleaning regimen and not to borrow PPE from Departments

Mental Health

- MHS Pandemic Plan has been updated and contact lists are being checked and updated.
- MHS COVID-19 Action Plan is currently in use to monitor preparation of the service and allocate responsibilities over the coming weeks and/if matters are escalated.

Residential and Aged Care Facilities

Discussions with SLHD Aged Care Team highlighted issues with RACFs accessing PPE for their units. On a random sample identified two facilities that had no stock and a couple of others that have resorted to purchasing via eBay. Issue raised with the PHEOC

Provision of PPE training

Modified version of training provided to staff on use of PPE due to restriction on use of Masks for training. SLHD training video on donning and doffing developed.

Respiratory Protection on Intubation Team

Raised as an issue and concern by the Intensive Care Specialist, they have requested higher protection and would prefer to use the hood supported by a PAPR. Issued raised about consistency across the State by the CEC, requires further discussion and decision.

Cruise Ship Screening Process

SLHD has undertaken the port side component of the Cruise Ship Screening process, as this involved four (4) LHDs (Newcastle, Eden, Overseas Passenger Terminal and White Bay Cruise Terminal) it has been suggested that the off-shore component is centrally coordinated by the Ministry.

ICU Surge Capability

Concept of Operations developed to expand ICU capacity by utilisation of both negative and positive surge actions.

RPA

- Convert ICU Green into 15 ventilated ICU & step down/ ward beds.
- Convert TPU unit (ICU Extension) to be able to manage up to 12 ventilated ICU/ step down / ward
- Move coronavirus Clinic to TPU.

- Convert ICU Blue into 16 ventilated ICU & stepdown/ ward beds.
- Reconfigure RPA Ward 10West1 to manage 24 step down/ ward patients with COVID-19.

Concord

- Increase MAU capability to manage 14 (Increase of 10) ICU / Stepdown / Ward beds
- Utilise 6E (Reparatory) Ward (24 beds) to co-locate
- Step down/ ward patients with COVID-19
- Relocate ward 6N (Orthopedics) to 4E and utilise the 24 beds in 6N in addition to the 24 Beds in 6E to co-locate
- Step down/ ward patients with COVID-19.

Workforce Planning

Continued work to clearly articulate what will be required to close, postpone or curtail in the event staff absenteeism creates a workforce shortage of 20% which can not be mitigated by other workforce strategies.



Dr Teresa Anderson AM
Chief Executive
Date: 15.5.20