
Sydney Local Health District

Ninety Eighth Meeting of the Board

Date: Monday 20 April 2020
Time: 9.00am
Venue: Zoom Meeting
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
Mr Richard Acheson, Member
Mr David McLean, Member
A/Professor Christine Giles, Member
Ms Ronwyn North, Member
Ms Kerry-Anne Hartman, Member
Dr Mary Haines, Member
Dr Teresa Anderson, AM, Chief Executive

Apologies

Professor Paul Torzillo AM, Member
Ms Frances O'Brien, Member
Ms Susan Anderson, Member

In attendance

Dr Alicja Smiech, Chair, Medical Staff Executive Council
Ms Nerida Bransby, Secretariat
Dr Tim Sinclair, Executive Director of Operations
Mr Ross Sinclair, Executive Director, Financial Operations
Ms Corryn McKay, Director, Strategic Relations and Communications
Dr Leena Gupta, Clinical Director Public Health (9.00am - 10.15am)
Dr Emma Quinn, Epidemiologist (via teleconference - 9.00am - 10.15am)
Dr Rebecca Davis, Infectious Diseases Specialist (9.00am - 10.15am)
Ms Lou-Anne Blunden, Executive Director Clinical Service Integration and Population Health (10.10am - 11.20am)
Mr Richard Taggart, Chief Information Officer (9.00am - 11.10am)
Dr Bethan Richards, Chief Medical Wellness Officer (9.00am - 12.45pm)
Mr Jay Jiang, Associate Director, Operations

Minutes

2. Welcome and introductions

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

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.

Presentations: COVID-19

A copy of the presentations were received by the Board Members via email including:

1. Public Health Response

Dr Leena Gupta, Clinical Director Public Health

- Confirmed cases and deaths worldwide and from Countries, Areas or Territories with cases
- Australian case numbers and acquired from overseas data
- New situation as at 19 April 2020
- Epidemiological curve notification by date
- NSW confirmed cases by likely source
- Areas for increased testing and surveillance rationale and public health response
- Contact tracing
- Current issues

2. Modelling the impact of COVID-19 on health system preparedness

Dr Emma Quinn, Epidemiologist

- Background
- Aim of modelling
- Methods
- Results and interpretations
- Conclusions
- Modelling data on reducing the R_0
- Background and aim of study
- Results and interpretations
- Overall conclusions on reducing R_0

3. Infectious Diseases

Dr Rebecca Davis, Infectious Diseases Specialist

- SARS-COV-2 is a RNA Virus
- Incubation
- Likelihood transmission
- How do we protect ourselves and our patients
- Screening arrivals to our hospitals and all patients
- Suspected or confirmed case – precautions

Minutes

- Doffing Safely
- Personal Protective Equipment
- Testing
- Patient related questions

4. Operations Update

Dr Tim Sinclair, Executive Director of Operations

- Concept of Operations (CONOPS) – Three phases
- ICU surge
- Equipment surge – RPA, CRG and Canterbury Hospitals
- Phase 1 - Business as usual operations
- Phase 2 - Surge due to influenza season demand
- Phase 3 - Surge due to pandemic demand – activated
- Capital Works
- Elective surgery reduction
- Outsourcing to private hospitals
- Workforce surge

5. Community Partnerships and Collaboration

Ms Lou-Anne Blunden, Executive Director Clinical Service Integration

- Early Contacts made with the Community
- Community engagement
- Community partnerships and collaboration including
 - Private clinics
 - AMS Redfern
 - Intersectoral Homelessness Health Plan activation,
 - Rough sleepers taskforce established
 - Homeless and Boarding House strategy
 - Community wellbeing clinics
 - Wellbeing Clinic Program up to 22 April 2020.
 - Logistics and operations
 - Next steps

6. Information, Communications and Technology

Mr Richard Taggart, Chief Information Officer

- Patient experience - Focus on patient and family centred care
- Microsoft Screening Clinic Registration
- Negative results available on-line
- Ipads available for patients in isolation and ICU to connect with families
- Visitor management and out-patient check-in
- Clinician tools
- eMR enhancements
- FluCare – influenza outbreak communication and advice reporting app
- FluCare and the SLHD Public Health Unit
- Corporate and Operations – better collaboration and remote access
- Windows Virtual desktops

Minutes

7. SLHD Special Health Accommodation Dr Teresa Anderson, Chief Executive

- Sydney Airport Screening Process
- Local operations and governance – difference between Police Hotels and Special Health Accommodation
- Categories of patients
- Governance structure for special health accommodation
- Operations manual and associated documentation and what it covers
- Staffing
- Admission process
- Process of referrals to special health accommodation
- Clinical Governance
- Orientation of Patients
- COVID-19 positive and negative patient management
- Transfer from Police hotels
- Safety and security
- Communication with NSW Police

8. Staff Health and Wellbeing Dr Bethan Richards, Chief Medical Wellness Officer

- Key issues to consider and achievements in planning
- Key drivers of stress and the impact
- MDOK approach to staff wellbeing
- Pre and initial phases
- Communication is key
- Basic needs first
- Nutrition – access to food
- Hydration
- Fatigue Management
- On-call room review
- Rest, relax and recharge zones
- Access to showers project
- Wellness series
- Virtual exercise and yoga sessions
- Psychological Support
- Clinical support program
- New Key messaging
- Morale, sense of community and connection
- Zoom virtual all staff choir
- Community engagement and support
- Letters for the front campaign
- Wellbeing toolkit

Following the presentations the Board discussed:

- The SLHD Covid-19 Steering Committee held twice weekly with thirty or so productive and co-operative members from different disciplines is beneficial to escalate any risks or concerns.
- All deaths have been aged over fifty years.

- Temperature checking for staff and visitors is now occurring across the state.
- Testing age groups of children as non-transmitters.
- Any relaxing of isolation will be gradual and will be monitored.
- A paper is being written on the risk of isolation for the over seventy age group.
- Legal contracts have been put in place and signed off with the hotels and private hospitals.
- Contact to be made with the SLHD Director, Executive Director Clinical Service Integration to seek information on policies, procedures and training for the provision of accommodation for rough sleepers.
- Safe operating procedures are performed in collaboration with Health Districts, Department of Community and Justice and the State Health Emergency Operations Centre for housing options.
- The Risk Management Plan for COVID-19 is the Pandemic Plan which has been enforced since 13 February 2020.
- Resources available for the families of health care workers
- Cancellation of elective surgery and the impact on revenue
- Systems are in place to care for vulnerable and acute patients to get the care they need
- Liver transplants are proceeding but kidney transplants are on hold as it is safer to remain on dialysis.
- Protocols are in place for the undertaking of clinical trials
- The deferring of exams by the Medical Colleges.

The Chief Executive thanked the Board for trusting the Districts decision making during this time.

The Chair acknowledged the Chief Executive and all the staff on the preparation, the length and breadth of the work being undertaken and the harnessing of resources. Congratulations to all on everything that you are doing.

4. Confirmation of previous minutes

4.1 Minutes – 16 March 2020

The minutes of the Board meeting held on Monday 16 March 2020 were moved and seconded.

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

4.2 CE Report – March 2020

The Chair declared that the CE Report for March 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.

Minutes

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.

The Chair advised the Board that the financial performance was discussed in the Finance Risk and Performance Management held prior to the Board meeting.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – February 2020

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

9.1.2 Selected Performance Indicators – February 2020.

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

9.1.4 MoH Board Report for the SLHD – February 2020

The Board noted this report was not available.

Minutes

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 the report for the period January – March 2020 is due in June 2020.

(ii) Complaints Management

The Board received and read this report.

(iii) SLHD Risk Register

The Board noted this report is due in June 2020.

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

The Board received, read and noted this report.

9.6 Facility Reports – February 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

Minutes

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board noted the meeting held on 9 March 2020 was cancelled.

11.2 Education and Research Committee

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

11.3 Communications Committee

The Board noted the next meeting is to be held on 2 June 2020.

11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting held on 26 March 2020.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 26 February 2020.

11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 26 February 2020.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 1 May 2020.

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

The Board noted the meeting to be held on 1 April 2020 was cancelled.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the meeting to be held on 31 March 2020 was cancelled.

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

The Board noted this report is due in May 2020.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting to be held on 23 February 2020 was cancelled.

12.2 Medical and Dental Appointments Advisory Committee

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

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the meeting to be held on 19 March 2020 was cancelled.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the next meeting is to be held on 15 April 2020.

12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board noted the minutes of the meeting held on 18 March 2020 were not available.

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 received, read and noted the minutes of the meeting held on 25 February 2020.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting held on 10 March 2020 was cancelled.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the next meeting is to be held 21 April 2020.

12.10 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 18 March 2020.

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

The Board noted the meeting to be held on 2 April 2020 was cancelled.

12.12 Minutes of the District Security Co-ordination Committee

The Board noted the meeting held 11 March 2020 was cancelled.

13. Matters for noting

13.1 Letter of Heartfelt Thanks

The Board received, read and noted this correspondence.

13.2 Letter of Appreciation – Government House

The Board received, read and noted this correspondence.

14. Other Business

Nil to report

15. Next Meeting

The next meeting is to be held on Monday 18 May 2020 at 9.00am.

The meeting closed at 12.45pm.



Chair

20 May 2020

Date

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

Mental Health Readmissions within 28 days have significantly decreased for the month of December to 13.7%, from a November result of 17.5%. YTD December, there has been a slight decrease in the percentage of Mental Health Readmissions at 15.8%, when compared to 17.4% 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 5.4% for the month and YTD January, which is below the State rate of 6.4% for the month and 6.1% YTD January 2020. Unplanned Emergency Representations (same ED within 48 hours) were 5.3% for the month of February and 4.5% YTD February 2020, which is slightly above the State rate of 5.1% for the month of February and below than the State rate of 4.8% YTD February 2020.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 1.5 per 10,000 bed days for the month of January. There was 1 Central Line Associated Bloodstream (CLAB) infection during January 2020. 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 January 19 - December 2019. The remaining 3 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 433.8 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 73.5 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 February 2020 when compared to the same period last year by -0.33 and -2.81 respectively. Premium staff usage has increased for Allied Health for February 2020 compared to the same period last year by 0.08.

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 (1.01%) in the number of separations (13,789) for the month of February 2020 when compared to February last year. YTD separations have increased slightly across the District by 0.57% in comparison to last year. This is consistent with the District strategy to manage patients in the community where possible. In February the District's occupancy rate decreased by 1.41%, to 88.25% when compared to the 89.67% in February 2019.

There were 14,445 attendances to the District's Emergency Departments in February 2020, which is an increase from 13,702 when compared to the same month last year. YTD February Emergency Department attendances have increased 4.38% in comparison to the same period last year. YTD February case weighted attendances have increased by 3.84%, when compared to the previous year.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance. There was a 3.27% decrease in the month of February 2020, to 65.04%, when compared to the same month in the previous year. YTD there has been a 0.8% decrease in ETP to 68.31% when compared to the same period in the previous year. Despite the significant activity, 2,399 additional patients have been admitted, referred or discharged within 4 hours of presentation YTD February, when compared to the same period in the previous year.

Transfer of Care

The District was slightly under the transfer of care (TOC) target (90%) in February 2020, with 86.9% 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 February. The District continues to make improvements in relation to Triage Category 3 performance, which was slightly below target (75%) at 70.48% for the month of February. YTD February 2020 Triage Category 3 performance is above YTD February 2019 by 1.26%.

Elective Surgery

There were 182 additional elective surgeries performed in February 2020 when compared to the same period in the previous year, representing an increase of 7.71%. YTD February the number of elective surgeries performed has increased by 414 (5.57%) when compared to the same period last year. Further analysis is being undertaken in relation to the areas of growth. The District has had a practice strategy to increase activity in preparation for winter. This has also served us well in preparing for COVID-19.

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. YTD February there has been a 19.13% decrease in surgical patients not ready for care, when compared to the same period last year. This remains an area of focus for the District.

Emergency Surgery

There were 143 more emergency surgeries performed in the month of February 2020 when compared to the same month last year, representing a 13.94% increase which is also contributing to the increase in demand across the District. YTD February emergency surgery has increased by 830 cases (9.31%) 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 6.0% increase in the number of Hospital in the Home overnight separations in February 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 -1.60% variance to target YTD February, excluding Dental.

Stream	Target	Actual	Variation	Variation %
Acute*	109,501	106,549	-2,952	-2.70%
ED	15,841	16,131	291	1.83%
NAP	12,271	12,480	209	1.70%
SNAP**	8,475	8,159	-316	-3.73%
MH Admit***	11,659	11,975	316	2.71%
MH NAP****	6,140	5,963	-177	-2.88%
Total	163,887	161,257	-2,630	-1.60%
Dental DWAU	38,958	50,145	11,187	28.72%
Dental NWAU#	4,892	6,296	1,405	28.72%
Total (NWAU)	168,778	167,553	-1,225	-0.73%

* 578 uncoded episodes

** 126 ungrouped episodes

*** 35 uncoded episodes

****YTD January

NWAU=589/4691*DWAU

Clinical Costing

The annual iFRACS process is on track for completion by the facilities by early April. In light of the State response to COVID-19, the Activity Based Management Branch of the Ministry of Health have ceased Round 24.1 of the DNR, with the District now required to submit only the costing general ledger and activity encounter files. The Ministry is also in the process of determining a monthly costing process to ensure the capture and submission of COVID-19 related expenditure.

Sub and non-acute (SNAP)

The SLHD SNAP Working Group is working through the process of implementing additional data quality initiatives for the District, especially in relation to the implementation of the State SNAP audit protocol. A palliative care audit tool has been developed, which will highlight potential gaps in palliative care type activity.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of February 2020, 17.23% (2,295 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 268 (10.46%) patients who elected to use their private insurance compared to the same period last year and a slight increase of 95 (4.32%) in total separations from previous month.

For the month ended February 2020 conversions for facilities as compared to the same period last year were:

- RPAH – a decrease of 93 (7.18%) private patients.
- Concord – a decrease of 129 (12.51%) private patients.
- Canterbury Hospital – a decrease of 43 (23.49%) private patients.
- IRO – an increase of 1 (3.12%) private patient.
- Balmain Hospital – a decrease of 4 (18.18%) private patients.

Single Room Usage

For the month of February 2020, 10.28% of patients were flagged as infection control across the District.

For the month, 26% of all available single rooms were occupied by private patients and 40% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Committee has been postponed to March 2020 due to a number of apologies.
- Clinician Billing Portal (CBP) continues to be rolled out at RPA and CRGH. There are 62 registered users and total \$139K has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

- As part of the measures the SLHD are taking to protect our staff, patients and community against any potential transmission of COVID-19, any events which bring groups of people together, such as The Pitch, have been cancelled until further notice.
- The next Pitch event is scheduled for 29 May 2020 at the Kerry Packer Education Centre.

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. Due to the focus of resources towards COVID-19 safety measures, there have been nil changes since the last reporting month.

Other Projects

- 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.

- RPAH Transfer of Care Project
 - Initial project meeting with RPAH- General Manager and Performance Unit 24th February to discuss project overview, potential staff to meet with and data to be reviewed for diagnostics .
 - Performance Unit have commenced developing diagnostic data; access on STARS2 app. Data that can be reviewed includes examining LOS, discharge time by clinical stream and demographics.
 - Diagnostics – interviews have been conducted with SLHD Demand Management Unit, RPAH – Director of Operations and Ministry of Health Whole of Health Project Lead.
 - Project Plan drafted and shared with Director of Performance Unit and RPAH – General Manager. Project Plan to be reviewed with Reinforcing Sponsor prior to sharing with project team.
 - Due to the focus of resources towards COVID-19 safety measures there has been limited availability to meet with key stakeholders in the last fortnight.

Accelerating Implementation Methodology (AIM):

- As part of the measures the SLHD are taking to protect our staff, patients and community against any potential transmission of COVID-19 (coronavirus), all group education sessions (including AIM) were cancelled until further notice.
- The next AIM course is scheduled for the 21 and 22 May 2020.

HealthPathways

Content development

No Workgroups held in March as the team adjusts its focus to development and maintenance of COVID-19 content and supporting the SLHD Pandemic Action Plan.

Current COVID content

COVID-19 content has been developed in close liaison with the NSW HealthPathways community and SLHD and NSW Health Public Health Unit. Current COVID-19 content:

- [Novel Coronavirus \(COVID-19\)](#) – Clinical assessment and management information
- [COVID-19 Requests](#) – Screening, testing, Treatment and support service information
- [Novel Coronavirus 2019 \(COVID-19\) Information](#) – links to NSW Health & other key resources and Alerts
- [COVID-19 Practice Preparation](#) – supporting GPs with testing and PPE issues

All content is subject to change with a 6 hourly content refresh capability being built in for clinical pathways and two hourly for service information.

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 |

Board Report

Usage of HealthPathways

February usage was higher than previous periods, which we are accounting to:

- Change-over of GP Registrars
- Increased promotion in General Practice though targeted practice visits
- COVID-19 content

	Feb 2020	Jan 2020	Dec 2019	Feb 2019
Users	1,177	941	875	866
Sessions of use	6,528	4,900	4,246	4,594
Unique Page Views	19,994	14,258	11,954	14,189
Total Page Views	25,526	17,745	14,621	18,310

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 29 February 2020 based on the District's budgeted NCoS.

For the month of February 2020, Sydney Local Health District (SLHD) General Fund (GF) Expenditure was \$3.118M unfavourable to budget. YTD February 2020 GF Expenditure was \$13.776M (1.13%) unfavourable to budget. YTD February 2020 Expenditure increased significantly (by \$76.747M or 6.65%) compared to YTD February 2019. The average monthly expense rate increased from \$145.289M from July 2018 to March 2019 to \$156.819M from April to June 2019 and has decreased to an average of \$153.810M YTD February 2020. Increase in FTE numbers is contributing to these results.

GF Revenue was \$1.617M (1.15%) unfavourable to budget for the month and \$6.357M (0.52%) unfavourable to YTD February 2020 budget. For the period ended 29 February 2020, the District's GF NCoS was \$20.133M unfavourable to budget.

The 19/20 Financial Year has seen extraordinary challenges not only for SLHD but for the State of NSW which have had a significant and unforeseen impact on the District's finances. Some of these impacts will continue for the remainder of this financial year and next financial year. The YTD February 2020 impacts of providing services for the following unforeseen events include Bushfire support (including Mental Health) \$0.84M, New Zealand (NZ) Volcano \$0.78M and COVID-19 (Coronavirus) \$0.83M.

For this reason, the Chief Executive and the Executive Director of Finance have identified a \$12.9M unfavourability to NCoS Budget (excluding the impact of Doubtful Debts) for 2019/20 if further assistance is not provided by the MoH. The MoH have been very supportive and have acknowledged these impacts.

We anticipate that the fully year impact of the Bushfires support will include: Mental Health (\$2.5M), the impact of treating NZ Volcano burns patients (\$1.35M), the management of the COVID-19 process (\$3.07M) and the reduction in actual single room bed day rates paid by the health funds (\$6M - with the full year impact estimated at \$11M). 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 February 2020, GF Total Expenditure was \$3.118M unfavourable to budget, reflecting unfavourable results for Salary & Wages (\$0.941M), Overtime (\$0.432M), Annual Leave Provision (\$2.273M), G&S Clinical (\$0.242M), G&S Admin (\$0.197M) offset by favourable results for Other Employee (\$0.322M), Superannuation (\$0.360M), G&S Support (\$0.158M) and RMR (\$0.307M).
- YTD February 2020, GF Total Expenditure was \$13.776M (1.13%) unfavourable to budget. This result reflects unfavourable results for Salaries & Wages (\$6.311M), Overtime (\$2.323M), Annual Leave Provision (\$7.739M), Superannuation (\$0.800M), VMO Payments (\$0.517M), G&S Drugs (\$7.831M), G&S Medical & Surgical Supplies (\$3.570M) and G&S Prosthetics (\$4.144M) offset by favourable variances in Other Employee (\$1.539M), G&S Admin (\$14.920M) and G&S Support (\$0.822M).

Revenue

- GF Total Revenue was \$1.617M (1.15%) unfavourable to budget for the month of February 2020. The result for the month reflects unfavourable variances for Patient Fees (\$0.957M), Facility Fees (\$0.347M), Prosthesis Income (\$0.438M) and Doubtful Debts (\$0.804M) offset by favourable variance in High Cost Drugs (\$1.397M) and Grants & Contributions (\$0.144M).
- YTD February 2020, GF Total Revenue was \$6.357M (0.52%) unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in Patient Fees (\$5.090M), Facility Fees (\$2.313M), Prosthesis Income (\$2.428M), Rent Income (\$0.441M) and Doubtful Debts (\$3.546M) offset by favourable variance in High Cost Drugs (\$8.164M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$1.665M unfavourable to budget for the month of February 2020 and \$9.088M unfavourable to budget for YTD February 2020. This YTD result reflects unfavourable budget variances for Expenditure (\$6.072M) and Revenue (\$1.867M).

CONSOLIDATED RESULT

For the period ended 29 February 2020, the consolidated YTD NCoS result for the General Fund and SP&T was \$29.282M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$19.909M), Own Source Revenue (\$5.765M) and Doubtful Debts (\$3.546M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 29 February 2020, SLHD recorded a Total Net Result of -\$15.135M (Note that Total Revenue was higher than Total Expenditure for YTD February 2020) which was \$29.209M (66%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD February 2020 was \$24.716M unfavourable to budget, reflecting unfavourable budget variances for Expenditure (\$19.024M) and Revenue (\$5.692M).

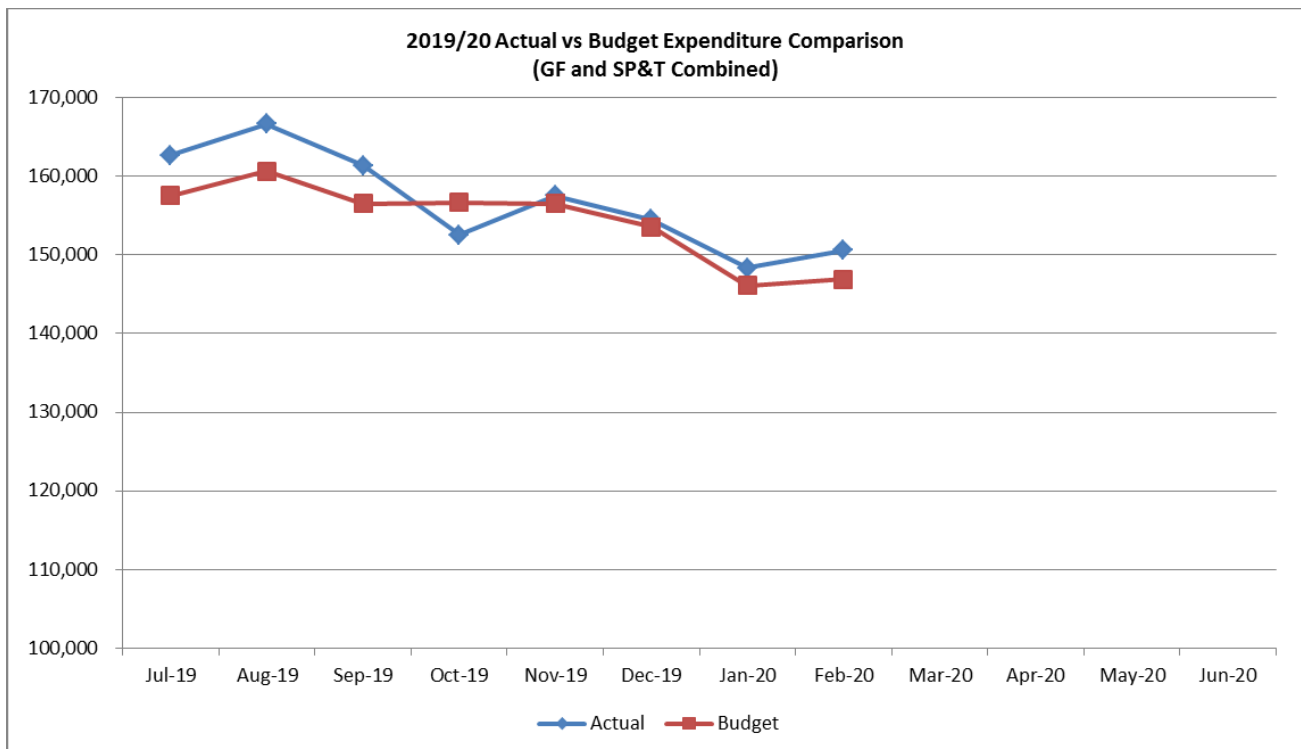
For the month of February 2020, Total Direct Revenue was \$1.882M unfavourable to budget, comprising unfavourable variances for the SP&T Fund (\$1.148M) and the General Fund (\$0.733M). YTD Total Direct Revenue was \$5.692M unfavourable to budget, comprising unfavourable variances for the General Fund (\$2.748M) and the SP&T Fund (\$2.944M). 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.

Board Report

Total Direct Expenditure was \$4.174M unfavourable to budget for the month of February 2020, comprising unfavourable results for the General Fund (\$3.384M) and SP&T Fund (\$0.789M). YTD Total Direct Expenditure was \$19.024M unfavourable to budget, comprising \$14.627M unfavourable variance for the General Fund and a \$4.397M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Salaries & Wages (\$6.311M), Overtime (\$2.323M), On-costs (\$7.000M), VMOs (\$0.517M) and Direct Clinical Operating (\$14.209M) offset by favourable results for G&S Corporate (\$14.920M) and G&S Supporting Services & Utilities (\$0.822M).

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 in May 2020.

The cash balance at 29 February 2020 for the SLHD Operating bank account was \$19.587M and the Operating Cash book balance was \$19.378M.

CAPITAL WORKS – SMRS PROJECTS

As at 29 February 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 February 2020 was \$13.245M which is marginally under budget.

OTHER CAPITAL PROJECTS

As at the end of February 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

Mechanical services have been ordered and tenders for medical gases and electrical services have been reviewed with orders placed. Formwork for the services tunnel are complete and concrete has been poured.

Cardiothoracic Offices

Workstations have been installed and electrical fit off is complete. Capital works are now completed and the area is ready to be occupied. The handover document has been issued. The team are very pleased with the result.

Concord

Building 75/76 – Fussell House

Works to Level 1 Building 75 including painting, electrical fit off and tiling works are all nearing completion. Central hydrant installation and ground floor framing are complete and terrace ground works have commenced.

Building 31 – Midwifery Group Practice

Asbestos removal is complete and contaminated soil has been removed. Removal of damaged and rotten framework is underway and in ground drainage works have commenced.

Canterbury Hospital

ED Expansion

Ground floor electrical rough in, medical gas service reticulation and medical records structural steel erection are all complete. Installation of the roof is nearing completion and Level 4 framing has commenced.

PLANNING

Planning Staff Redeployed

Planning staff are undertaking a range of roles to support the Public Health Unit COVID response. This includes contact tracing, accommodation support for COVID positive people, data and report development etc.

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

Tenders have been let and considered by Transport for NSW, for a major transport study in the Camperdown-Ultimo Collaboration Area. The tender committee has met and at this stage the study appears to be going ahead.

SLHD Surgical Services Plan

Consultations with all RPA surgical and related departments have now been completed. The Options Paper for Surgical Realignment has been drafted. Put on hold due to COVID.

Asset Strategic Plan (ASP)

The MoH has indicated that there will not be a requirement this year for the ASP.

RPA Redevelopment

The Planning Unit has continued involvement 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.
- Discussions in respect of Allied Health accommodation and service requirements.
- Aboriginal Health Community Consultation on the RPA Redevelopment
This has been deferred due to COVID crisis.

Concord Clinical Services Plan (CSP) – Stage 2

This Plan has begun to be drafted. Staff are working on this still but it is mainly on hold due to COVID response.

Clinical Stream Position Papers and final Strategic Plans

The following Position Papers and Strategic Plans have now 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.

SYDNEY RESEARCH

Sydney Research restructure

Following a competitive process, Ms Imogen Baker has been appointed to the newly established role of Deputy Director, Sydney Research. Congratulations Imogen.

COVID-19 Operational Support

Sydney Research have been supporting Sydney Local Health District (SLHD) in response to COVID-19. The team has taken part in regular committee meetings, reviewing COVID-19 related correspondence prior to distribution and managing attendance records for Multidisciplinary Team and Morbidity and Mortality meetings across the District. Ms Imogen Baker has also been seconded to the COVID-19 Operations team as of 9 March 2020 and until further notice.

OHMR – Embedding Quality Research

The Embedding Quality Research (EQR) Steering Committee meeting scheduled for 27 March 2020 has been postponed to 22 May 2020 due to COVID-19 and scheduling conflict with the Senior Executive Forum.

The EQR Working Group continues to work on the four agreed priorities within the EQR Clinical Trial Project:

1. National Clinical Trials Governance Framework;
2. Clinical Trial Management System (CTMS);
3. Clinical Trial Workforce Development; and
4. Clinical Trial Consumer and GP Engagement.

The Working Group met on Wednesday 4 March and discussed the 21 responses to the CTMS online survey across NSW Health and the recently released Australian Commission on Safety and Quality in Health Care draft National Clinical Trials Governance Framework. The CTMS sub-group of the Working Group are in the process of developing an options paper from the responses for the EQR Steering Committee to consider.

Sydney Research received 26 participant nominations for the Marlow Hampshire Health & Biomedical Research Leadership Development pilot program to be hosted by SLHD. These nominations were from SLHD, South Eastern Sydney Local Health District, Hunter New England Local Health District, Western Sydney Local Health District, Asbestos Diseases Research Institute, Heart Research Institute and the Collaborative Centre for Cardiometabolic Health in Psychosis. The program was originally scheduled to commence on 31 March 2020 but has been postponed to September 2020 due to COVID-19.

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

Applications for Round 5 of the TRGS opened on 27 February 2020 with the priorities identified as the following:

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

Stage 1 of the TRGS application process requests participants to submit Expressions of Interest (EOIs) to the TRGS Coordinator of each Host Organisation. All EOIs for submission under SLHD must be submitted by 9 June 2020 to Ms Imogen Baker, SLHD TRGS Coordinator and Deputy Director, Sydney Research.

Each Host Organisation is capped at five (5) EOI submissions for Round 5 TRGS. All EOIs forwarded to Ms Baker will be considered by a review panel where five projects will be selected for Chief Executive consideration, approval and submission. The final submission deadline for Round 5 EOIs was extended from 13 May to 8 July 2020 as per the recommendation of Sydney Research. This will assist applicants with the submission of their applications during this very busy time.

Patient Family Centred Care (PFCC) Research Working Group

The resubmitted Consumer and Community Engagement manuscript, 'Engaging Consumers in Health Research: A Narrative Review', was accepted on 24 February 2020 for publication in the *Australian Health Review*.

The PFCC Research Working Group continues to focus on strategies to enhance and engage consumers in research across and within 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".

- Platform 2 has identified another project examining the effects of mental health on the average length of stay post-surgery, which it will pursue concurrently with the multi-platform cellulitis project. Both projects will be piloted in SLHD later this year.
- Platforms 1, 2 and 5 met on 17 March 2020 to discuss the findings of the data working group as part of the collaborative project focusing on cellulitis. The data working group, comprised of statisticians and Allied Health clinicians, demonstrated that potential interventions and effective treatment options can be identified using data. SLHD Representatives within the working Group developed the 'Power BI' Dashboard using de-identified data to further shape the discussion at this collaborative workshop.
- The Byrne report of the Governance Review of SHP has been released and circulated to Sydney Research partners. An action plan is being finalised for SHP to implement.
- Sydney Research are progressing the 'Encouraging More Clinical Trials in Australia' project by co-ordinating the recruitment of an externally funded Project Manager. Advertising for this position is currently underway with applications closing 26 March 2020.

Biodesign

- Sydney Research are working with the Biodesign coordinators to facilitate a series of roundtable workshop(s), which will seek feedback from participants, LHD mentors, RPA department heads and sponsors of the program.
- Biodesign 2.0 is in the planning phase with a projected commencement date in June 2020. This will be considered in line with COVID-19 directions.

Franklin Women

SLHD is pleased to continue to participate in the Franklin Women Mentoring Program for 2020. The Mentoring Program aims to support the career development of women over a 5-month program delivered between May and November 2020. SLHD have nominated Professor Joy Ho, Acting Director of Haematology and Director of Research, Institute of Haematology, RPAH as mentor for the 2020 program. A mentee for the program is still being considered.

A Sydney Connect article showcasing the 2019 SLHD mentee/mentor pair, Associate Professor Rebekah Ahmed and Associate Professor Shilpi Ajwani, and their experience of the Franklin Women Mentoring Program was published late February 2020.

Precinct Planning

Sydney Research continue to have representation on the Camperdown Ultimo Alliance (CUA) Meeting Group and to participate in and support the land-use study across the Camperdown-Ultimo area. Sydney Research/ SLHD 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 Sydney Research/ SLHD for the presentation and valuable insight into the needs of the precinct. This and other 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 requested by the NSW Minister for Health and Medical Research and the NSW Health- Secretary was submitted by the due date, 31 January 2020 for consideration. The Minister for Health and Medical Research confirmed by correspondence on 25 February 2020 a \$2m total contribution; \$1m from Ministerial funds and \$1m from NSW Ministry of Health to contribute to progressing the planning work for the Sydney Biomedical Accelerator and the development of a detailed business by the end of 2020.

A facilitated two (2) hour virtual workshop has been scheduled for 25 March 2020 with the Board Chairs, Board member representation and Directors of the Centenary, Heart Research and Woolcock Institutes, the SLHD and University of Sydney (USyd) representatives. This workshop aims to ensure alignment across all parties and agree the next steps to ensure the milestones are met to meet The Minister's request.

Digital Health Cooperative Research Centre (DHCR)

Sydney Research will formally establish local governance arrangements to ensure full utilisation of our new membership with the DHCR. Options for some of the Sydney based National DHCR team to be co-located at King George V building are currently being explored.

Australian Clinical Trials Alliance

Sydney Research played a key role in securing SLHD full membership of the Australian Clinical Trials Alliance (ACTA). We are currently the only public Local Health District/ Area Health service nationally to be granted full membership

ACTA is the national peak advisory body that aims to advance the common and shared interests of clinical trials networks, clinical trial coordinating centres and clinical quality registries. As a member of ACTA, SLHD has the right to nominate individuals to the ACTA Advisory Council and working groups and will be able to provide comments to guide and inform ACTA submissions and responses to the Government. ACTA will also promote the activities and achievements of SLHD and Sydney Research via their publications.

Sydney Research 2020-2025 Strategic Plan

Sydney Research is in the process of developing its 2020-2025 Strategic Plan. A survey was distributed on 25 February 2020 to all members of the Sydney Research Council seeking their input on the proposed vision, mission and priorities for Sydney Research. Twenty (20) responses have been received.

We had originally planned to discuss these survey results and seek further input on the Strategic Plan at the next Sydney Research Council meeting scheduled for 31 March 2020. This meeting has since been cancelled due to COVID-19 and instead the results will be distributed out-of-session to all Council Members and we will seek additional feedback for consideration to progress the draft Strategic Plan.

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 Tissue Analytics digital wound application project.
 - The Royal Prince Alfred Immune Effector Cell Quality Service Steering Committee
 - CHERP Precinct Committee
 - CHERP Planning and Development Committee
- Sydney Research attended a number of events representing Sydney Research and/or SLHD including:
 - TRGS Round 5 Planning Workshop – 27 February 2020
 - Franklin Women Mentoring Program Briefing Session – 2 March 2020
- Sydney Research has commenced a process of updating its branding across all digital communication platforms. New branding has been applied to the Sydney Research Twitter account, the weekly e-Update and has commenced steps towards updating the website.
- Through the Sydney Research Council, weekly e-update, communications and social media, Sydney Research continues to promote internal and partner educational, research and grant activities to its audience of 752 subscribers.

- @SydneyResearch currently has 940 followers on Twitter.

Corona Virus

SLHD has continued to undertake a wide range of activities to manage and plan for COVID-19. A detailed series of presentations of the District's preparedness for and response to COVID-19 will be given to the April Board Meeting.

15 March 2020: Federal Government restrictions on travel and quarantine requirements for international travel

17 March 2020: State Emergency Operations and State Health Emergency Operations Centre have relocated to Homebush RFS Headquarters.

18 March 2020: The Prime Minister announced new measures to protect Australians from COVID-19 include limits on numbers for non-essential indoor gatherings, outdoor gatherings, cancellation of ANZAC day ceremonies, restrictions on visitors to aged care facilities and restrictions on Australians travelling overseas.

20 March 2020: from 2100 20/03/2020 all international borders will be closed for entry for all travellers and visitors, only Australian citizens and residents will be permitted entry into Australia.

28 March 2020: From Midnight all international travellers will enter mandatory 14 day isolation.

31 March 2020: Indoor and Outdoor Public gatherings limited to two persons only with some exceptions to people of same household, funerals and weddings.

Emergency Department Presentation.

All patients presenting to SLHD Emergency Departments are screened via an enhanced triage model against the current case definition,

- Those who are identified as suspect cases and meet the current case definition requiring emergency care are moved to an appropriate space in ED for follow up.
- Those requiring assessment only are referred to the COVID-19 clinics for assessment and testing if appropriate.
- Once tested in the ED or COVID-19 clinics patients are managed in the following way;
 - Patients that are unwell are admitted to RPA and monitored pending test results
 - Patients that are well and able to self-isolate are sent home and monitored by the Public Health Unit pending results
 - Patients that are well and have no ability to self-isolate are placed in temporary SLHD Accommodation and monitored by the Public Health Unit pending results

Screening Clinics

- Specific COVID-19 Clinics to screen, assess and test people when they present have been established at;
 - RPA
 - Concord Hospital
 - Canterbury Hospital
 - Redfern Community Health Centre
- Staff specific screening clinics are available at;
 - RPA

- Concord Hospital
- Canterbury Hospital
- Drive through clinic at Summer Hill
- Balmain GP Casualty

Public Health Unit

- The Public Health Unit is monitoring all patients in hospital or home isolation that are pending COVID-19 test results.
- People who are tested for COVID-19 and the result is positive are managed by the Public Health Unit.
- Contact tracing for all confirmed cases is undertaken by the Public Health Unit.
- The Public Health Unit identifies patients that require Personal Protective Equipment (PPE) and escalates for distribution to the operations centre.

SLHD Corona Virus Hotline - Clinical Governance Unit

- The Clinical Governance Unit contacts all patients in home isolation when they return a negative result, to inform them of the outcome of their swab and all follow up care and precautions that are required.

Rpavirtual

- All patients that are COVID-19 positive and in home isolation or isolated in SLHD accommodation are managed by rpavirtual.
- Patients receive twice daily virtual monitoring by the rpavirtual care centre, this is done by videoconference or telephone.
- Wearable devices will be used for continuous temperature tracking and for pulse oximetry and heart rate monitoring.

Workforce

- Continue to 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 cannot be mitigated by other workforce strategies.
- Working on workforce surge plan
 - Looking at redeploying staff to other areas to cover sick leave elsewhere
 - Pull clinical managers into clinician roles
- Continuing to review leave/TESL/Travel for staff

Sydney Local Health District (SLHD) Flying Squads

- On the 9 March 2020, the SLHD Flying Squad was developed by SLHD. This has been established to coordinate screening and swabbing for members of the community.

Airport

Incoming passengers:

- 6 February 2020 - 28 February 2020: SLHD Nursing and Midwifery staff assisted South Eastern Sydney LHD (SESLHD) with screening incoming international passengers
- 29 March 2020: in conjunction with SESLHD, commenced swabbing incoming passengers to Sydney International Airport who have high suspicion of COVID-19.

- All swabbed passengers are sent to an SLHD staffed hotel for monitoring and to wait for swab results

Outgoing passengers:

- 03 April 2020: screening out outgoing passengers at Sydney International Airport

Home isolation swabs (through rpavirtual referral)

- 19 March 2020: first patient swabbed

Residential Aged Care Facilities (RACF)

- 22 March 2020: first RACF residents swabbed

Drive Through Swabbing clinic

- 16 March 2020: review of Inner West Council Depot to set up Drive Thru service for SLHD staff
- 17 March 2020: Drive Thru service commenced
- 20 March 2020: handed over operation of Drive Thru to Community Health staff
- 20 March 2020: Drive Thru opened up to general practitioners, practice nurses and RACF workers who reside in SLHD
- 25 March 2020: Drive Thru opened up to NSW Police
- 30 March 2020: Drive Thru opened up to NSW Ambulance and NSW Fire and Rescue personnel
- 30 March 2020: Drive Thru opened up to children of staff over the age of 10
- 4 April 2020: Drive Thru opened up to SES staff, teachers and childcare workers

Cruise ships

- 16 February 2020: first cruise ship screened

Boarding Houses

- 7 April 2020: risk assessment of Boarding Houses to commence screening residents

Staff Wellbeing

16 March 2020: Staff Wellbeing Update – Bethan Richards, Chief Medical Wellness Officer

MDOK Communication and Education Series

- Weekly recorded update and education sessions Wednesdays 12-1pm and 5-6pm on COVID related topics.
- Moodle platform established CEWD and hosts all recorded material, podcasts and COVID related resources. Staff can access off site.
- COVID Staff Wellbeing Toolkit being developed

Physical Wellbeing

- Vending machines pilot and rollout at RPA. Being reviewed at Concord, Balmain and Canterbury.

- Protected lunch breaks 12-1pm for JMOs successful pilot RPA/Balmain, rollout Concord, Canterbury
- Still and sparkling water fountains to be installed on wards across district. Briefs with costings and implementation plan awaiting GM sign off RPA with phased roll out Concord and Canterbury.
- Virtual exercise and yoga live zoom sessions piloted. For rollout next week.
- On call room review against minimum standards, brief to be submitted to CE to ensure minimum standards are met, includes trial of sleep pods. Guide to where on call rooms are developed at RPA. Similar work to occur at Concord and Canterbury.
- Rest, relax and recharge zones being designed across campus for all staff access. 20min nap or recharge philosophy. Social distancing build into design of the spaces. Capital works costing currently.
- RPA Gym/yoga studios awaiting final costings from capital works.

Psychological Wellbeing

- Drop-in virtual zoom peer support / shared experience sessions being piloted doctor's in training. Plan to roll out to all levels and all staff once facilitators recruited
- Toolkit being developed

Social Connection / Morale and Belonging

- #On Fridays Campaign occurring weekly, message "Whatever tomorrow brings, We are in this together, We will support one another", staff wear themed clothing to support this.
- Virtual staff choir piloted and working well.
- "Letters For The Front Campaign" brief to be signed by Teresa and launched in SLHD. Community can send letters/messages of support to healthcare staff.
- Care packages for staff stranded in seconded placements
- Links to delivery of community donations for all staff – food packages, Easter eggs

Leadership

- Leadership toolkit in draft form
- Practical leadership series to be incorporated into weekly COVID Education sessions.

Preparations and activation of local plans

- The SLHD Governance Structure has been communicated to staff.
- Daily Ecutive huddles are being held
- Twice weekly meetings of the Steering Committee in addition to Operational Communication Meetings are being held.
- The SLHD COVID-19 action plan is monitored daily. Escalation process are in place.
- Signage is updated as required and placed in key locations for staff patients and visitors entering the hospital and community health centres.
- Public Health is doing a daily follow up of positive cases in home isolation.
- Staff information sessions are continuing to be held. The SLHD webinar on Wednesday 8 March had over 1300 people logging in.
- All staff and students 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 as per the current case definition they attend the appropriate Clinic 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.

Logistics

- Strict ordering and control measures for critical stock have been put in place. Critical stock items include Masks, disposable gowns and hand sanitizer are being monitored by the SLHD operations centre.
- Specific scripts written for SLHD Switchboard operators have been developed allow appropriate referral of general calls to the switch boards. These scripts are being updated as required.
- 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 and procedures;
 - “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.
 - Norland House Operating Procedures Policy SLHD_PCP2020_006
 - Swabbing of Patients in isolation Standard Operating Procedure
 - Development of SLHD policy Home Visiting by SLHD Community Staff being developed. “SLHD Community Based Services 2019-nCoV Home Visiting Protocol”
 - Sydney Dental Hospital has developed and implemented Staff and Visitor Screening Station SOP
 - SLHD Policy Compliance Procedure: COVID-19 – SLHD Special Health Accommodation
- 13 March 2020 – planning with AMS Redfern to establish additional COVID -19 screening and assessment centre within the Redfern Community Health Centre.
- 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.
- 6 March 2020 Sydney Local Health District hosted a Local and Regional Emergency Management meeting to provide information on COVID-19. There were 50+ attendees.
- 6 March 2020 advised staff, patients and visitors that only 1 visitor would be allowed to accompany or visit a patient admitted to or presenting to a SLHD clinical service. Signage is present at all facilities and communications have been circulated.
- 16 March 2020: Planning for the introduction of Drive Through swabbing clinics for staff only at this stage. Standard Operating Procedures in development. Drive Through clinic to commence 17 March 2020.
- 17 March 2020: Enhanced PPE requirements for Emergency Department Clinicians implemented 17 March 2020 at Concord, Balmain and Canterbury Hospitals. RPA Hospital is in the process of fully implementing this process but awaiting delivery of surgical scrubs.
- 17 March 2020: Final year medical and nursing students have been asked to assist with screening clinics and testing and tiger teams. Awaiting response from University for a list of students.
- 17 March 2020: Screening for signs and symptoms of COVID-19 prior to commencement of shift will be introduced for all staff that enter SLHD clinical locations, this will commence as 18 March 2020. Communication has been sent to all General Managers today confirming process for screening and escalation pathways.
- 17 March 2020: ICT

- Working on the roll out of an alternate platform for videoconferencing due to extensive issues experienced with the Pexip Platform. Zoom will be implemented District wide.
- ICT is developing an online screening tool for staff
- ICT has built an App so patients can view status of results have been processed. No results will be shown on the app, it will only show that results are ready and will be provided verbally to patients by the CGU.
- 17 March 2020: Pathology are processing ~250-300 swabs per day, separate pathways identified for testing is for inpatients, ED patients, staff and patients that require testing for re-swabbing after a positive diagnosis.
- 17 March 2020: Education Tiger Teams went live yesterday. 600 patient PPE packs have been distributed across the district for delivery to patients. Redfern Health centre is to be added to the distribution list.
- 17 March 2020: New advice from the Ministry of Health for staff has been provided and information will be sent out today to staff to ensure they are aware of the developments and changes to isolation requirements.
- 17 March 2020: SLHD Staff Testing Drive Through activated 17 March 2020 staffed by Flying Squad Team. Site is Inner West Council Depot, 7 Prospect Rd, Summer Hill. Staffed by Flying Squad team 7 days a week from 0800 to 1600. Drive Through operating hours for testing 0900 to 1500, 7 days a week.
- 18 March 2020: Staff COVID-19 Clinic Appointment form in being developed.
- 25 March 2020: SLHD has commenced planning for strategies to address vulnerable groups such as people accommodated in Boarding Houses and the homeless
 - This is occurring across agencies and in collaboration with Local Council and NGOs
 - SLHD has 48% of the State's Boarding Houses
- 26 March 2020:
 - Going to offer pregnant staff the options to work in rpavirtual to limit exposure to COVID-19
 - Working on recommendations for the use of veterinarian ventilators if required. Cleaning protocols being developed by RPA Biomed.
 - Working on a protocol for cleaning of the cars, will look at what NSW Ambulance currently do.
- 27 March 2020: Standardised Symptom Screening Station protocols being developed.
- 30 March 2020: Staff and visitor Screening stations at all SLHD facilities entrances to include temperature monitoring implementation commencing from 31/03/2020.
- 30 March 2020: Two week refresher course to upskill staff in management of renal dialysis patients.
- 1 April 2020: A Critical Care Refresher Program (CCRP) has been established to support staff to return to Intensive Care Services temporarily to assist with COVID-19. This program has been endorsed by SLHD Executive. Nursing staff across the district with critical care skills have been identified depending on their recency of critical care skills. The program involves face to face workshops (orientation and upskilling of essential skills) and supernumerary shifts. The workshops will be held next week at Concord Hospital and RPAH.
- 7 April 2020: FIT Testing continues. Negotiations with the Coal industry to access Portacount machines to enable fit testing to occur across the LHD. Tiger teams tasked to undertake training and conduct the fit testing.

RPA

Staff & Visitor Screening

10 Mar 2020: Staff & Visitor Screening established at single points of entry into the Hospital

30 Mar 2020: Infrared camera installed in main foyer to monitor all persons entering for raised temperature

COVID-19 ICU & Ward Configuration

21 Mar 2020: New Red ICU created in TPU as a specific COVID-19 ICU

28 Mar 2020: Q7E closed as an orthopaedic ward to accommodate the relocation of geriatric and rehabilitation medicine inpatient service

30 Mar 2020: 9W1 MAU closed, staff redeployed. Potential COVID-19 in-patient beds if needed

8 East closed for potential COVID-19 admissions due to the number of single rooms on the ward

6E3 relocated to IRO Q7E to create potential COVID-19 beds on the clinical services building if needed.

2 Apr 2020: 8W1 relocated to IRO Q6E and 11 West relocated to 8W1.

3 Apr 2020: 11W relocated to 8W1, leaving 11W for potential COVID-19 admissions

7 Apr 2020: Additional beds opened on 5E1 and 10W2 reopened for potential COVID-19 beds

9 Mar 2020: RPA ICU Green converted into specific COVID-19 ICU

PPE

26 Mar 2020: Commencement of training in use of CleanSpace Halo PAPRs being coordinated by Richard Totaro.

Service Delivery

16 Mar 2020: Cancellation of face to face training in KPEC

23 Mar 2020: Postponement of non-urgent Clinic Appointments

Renal Services

23 March 2020: Concept of Operations developed by Renal Service to cater for increased demand for Renal Dialysis due to COVID19

23 Mar 2020: Accelerated Dialysis Training Course commenced for registered nurses to develop a pool of trained RNs to be able to cope with a potential surge.

Emergency Department

9 March 2020: Enhanced ED Triage commenced is to ensure all people entering the ED waiting room have been screened and where appropriate provided with PPE.

17 March 2020: Enhanced PPE protocol introduced in the Emergency Department.

2 April 2020: Concept of Operations to develop "Hot" and "Cold" Zones within RPA Emergency Department

External Agencies

27 March 2020: Application made to Security Licencing Enforcement Directorate (SLED) for exemption to allow Security Staff to wear PPE over their Security Licence. Exemption granted.

2 April 2020: Meeting held with RPA and SLHD Security and Fire services with FRNSW and NSW Police to discuss arrangements for emergency services response to COVID areas. SOP being drafted

3 April 2020: 11W relocated to 8W1, leaving 11W for potential COVID-19 admissions

7 April 2020: Additional beds opened on 5E1, 10W2 reopened both as COVID-19 beds

14 April 2020: RPA Renal Nurse Educator and CNE have commenced the Accelerated Renal Dialysis Course – 10 nursing staff completing a two week course. This will be followed by another course of 10 nurses the following fortnight.

Concord Hospital

10 March 2020 Coronavirus Clinic opened 10 March 2020 from 1000-1800.
The clinic will now be open Monday – Sunday from 0800-1800
18 March 2020 Concord have extended clinic hours to 2200
Concord Hospital COVID-19 clinic are operating the community COVID-19 clinic 0800-2200
Staff symptom screening stations are operational with no issues reported

Canterbury Hospital

Staff & Visitor Screening

16 March 2020 Coronavirus Clinic opened from 0800 - 2200.
EDSSU clinic – available 24/7 for patients who require medical review.
18 March 2020 Staff screening stations for designated facility entry points commenced on the 18 March. Temperature surveillance included from the 6 April 2020.

COVID-19 ICU & Ward Configuration

6 April 2020 Dedicated COVID-19 inpatient ward (Telopea ward) operational with 22 bed capacity.
Low numbers of admissions to date with primarily suspected cases being admitted. To date all have tested negative to COVID.
Maternity and Paediatric units completing workflows /protocols with signage, hoarding and line marking of designated areas.

PPE

Stock Availability - Centralised ordering of all PPE stock with daily updates provided by each department. At this time the stock supply is meeting facility demands. Care packages delivered to staff commencing in high risk areas.

Communications

Targeted education continues in consultation with SLHD Tiger Teams & ward educators.
Fit testing of P2 masks for high risk staff is being undertaken by SLHD Infection Control CNC commenced from week beginning 30 April 2020.

Command & Control

Ongoing SIMS training for ED, Telopea and Theatre teams underway. Orientation program and workflows finalised and available in COVID ward. Regular updates in line with District advice.

Service Delivery

16 March 2020 Reduction in non-essential ambulatory care clinics implemented with essential clinics continuing in alternate locations
26 Mar 2020 Reductions in non-urgent elective surgery commenced as of Thursday. Urgent and Emergency surgery continues.

Emergency Department

9 March 2020 Enhanced Triage and streaming of patients commenced at main entry point on.
12 Mar 2020 Enhanced PPE in Emergency Department.

External Agencies

Participation in LEMC meetings as required.

rpavirtual

- Request to begin daily clinical monitoring of four 'well' COVID-19 positive patients to facilitate their discharge from RPA ICU from 11 March 2020 with twice-daily V/C for these patients.
- Sydney District Nursing included in RACF screening roster.
- Risk assessment of Sydney District Nursing outpatient clinics in Marrickville, Croydon and Redfern Health Centres completed.
- Risk assessment of large meetings completed.
- rpavirtual Care Centre commenced RACF Triage Line after-hours (8pm to 8am) from 13 March 2020.
- Patients receive wearables/monitoring devices from tomorrow – pulse oximeters and temperature probes. Health Informatics Unit are coordinating this process
- First round of delivery of wearables/monitoring devices – pulse oximeters and temperature probes - today. Health Informatics Unit are coordinating this process.
- Updated discharge criteria in consultation with Infectious Diseases, Respiratory and Public Health.
- Updated 1800 Care Centre phone queuing system to streamline COVID and other patient cohorts.
- Care Centre staff trained in use of new VOIP telephone system.
- Patient experience survey developed for COVID-19 patients of rpavirtual.
- Updated Remote Monitoring Implementation Plan in consultation with Infectious Diseases, Respiratory and Public Health. Reflects agreed discharge criteria.
- Downtime mobile phones introduced to Care Centre.
- Care Centre staff trained in use of Zoom for videoconferencing.
- Ongoing Sydney District Nursing participation in mobile screening teams including at Redfern Health Centre.
- Work has begun on development of a video to assist patients to use pulse oximeter and temperature probes at home.
- Ongoing Sydney District Nursing participation in mobile screening teams including at Redfern Health Centre and in RACFs.
- Video script developed to assist patients to use pulse oximeter and temperature probes at home.
- Workforce planning to project estimated resource requirements for continued delivery of model of care.
- Video filmed for District Facebook re rpavirtual care delivery for COVID-19 positive patients.
- 18 RNs have now been redeployed from Concord and RPA Hospitals to the rpavirtual Care Centre and are currently being oriented and trained.
- Ongoing modifications to the model of care for COVID-19 positive patients with further risk stratification and scaling back of surveillance and health monitoring for majority of patients.
- Works underway to expand capacity of the Care Centre.
- rpavirtual now also providing general clinical care for COVID-19 negative/pending patients in quarantine in SLHD SHAC sites. 52 patients have been registered by the rpavirtual Care Centre and 2 discharged.
- rpavirtual Medical Team has expanded with redeployed JMOs and a part time GP.
- Working with Special Health Accommodation Centre (SHAC) team to finalise procedures and pathways.
- Sydney District Nursing staff continue to participate in mobile screening teams.

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 CGU to assist in 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
- Preparing Canterbury Community Health Centre waiting room areas for sharing with outpatients clients and administration.
- Redfern Health Centre – planning for set up of assessment centre. To relocate Community HIV service to another site. These services are delivered through home visits and phone modalities.
- Redeployment of team leader staff for the mobile/drive through COVID screening clinic for staff at Summer Hill / Stanmore.
- Redfern Health Centre – staff redeployed to assist with the assessment centre.
- Set up of staff symptom screening station at Forest Lodge and establishment of business processes to ensure all staff are screened prior to commencing work at all centre and outreach locations. Provision of staff at symptom screening stations at Redfern, Croydon and Marrickville Health Centres and Canterbury Hospital.
- COVID screening clinic for staff at Summer Hill continuing and broadened to include HCWs from GP clinics, RACFs, Pharmacist, police and State Emergency Operations Centre (SEOC) workers in the District
- Training of staff to support rpavirtual in supporting children being monitored at home with COVID19
- Support with management of children in isolation over the weekend. Pathways and management to be discussed with rpavirtual
- Emergency Management plan for Community Health updated to reflect new structure and sent to Committee for review
- Resources and bags for children in isolation provided to SHAC Teams

Drug Health Services

- 11 March 2020: Prepared to relocate Inpatient Withdrawal Service from PMBC to Ward 69, Concord Hospital following request from Dr Tim Sinclair on Friday 6 March 2020.
- 12 March 2020: Letter issued to staff on Wednesday 11 March regarding deployment. Phone calls made to all staff. Deployment being finalised. Meeting with GM CRGH regarding temporary relocation of Withdrawal Service to Concord. Plans being progressed.
- 13 March 2020: 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.
- 13 March 2020: Patients are being discharged / transferred consistent with individual care plans.
- 13 March 2020: 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.
- 16 March 2020: PMBC DHS handed over ward areas to Mental Health on Friday 13 March 2020

- 16 March 2020: Changed modality of care from face to face, to phone service delivery
- 16 March 2020: Ministry led training in Buvidal / ORTHN planned for 24 March 2020 will now be delivered via WebinarPlans to implement staff screening in all sites.
- 17 March 2020: Staff Screening commenced within DHS settings. Awaiting advice regarding staff screening arrangements within facilities for DHS compliance. Advice regarding arrangements at Canterbury, Redfern and Croydon Health Centres received.
- 17 March 2020: Opioid Treatment Programs progressing plans to reduce numbers of patients on site via 1) long lasting injectables 2) transfer to Pharmacy 3) take away medications
- 17 March 2020: Teleconference led by MoH for state Drug and Alcohol services to facilitate joint planning
- 17 March 2020: DCJ advised that the Redlink Men's Cave will be suspended as of today.
- 17 March 2020: Mission Australia advised that community meetings including Waterloo Safety and Wellness Action Group, Neighbourhood Advisory Groups, etc will be suspended from today.
- 18 March 2020: Confirmed that stock for Needle Syringe Program was being prioritised by vendor, MoH has confirmed with vendor that NSPs require priority access
- 18 March 2020: MERIT team will change modality of service delivery from face to face to phone contact, continuing to provide service via phone and emailing of court reports.
- 18 March 2020: DHS attendees at Safety Action Meetings (SAM) (interagency meetings aimed to support victims of Domestic Violence and their families) have been advised that Legal Aid requires meetings to be conducted via webinar / teleconference.
- 19 March 2020: Chief Magistrate's office advised on 19 March that Courts will implement a range of social distancing and infection control strategies.
- 7 April 2020: Chief Executive approved DHS plan to transfer suitable Opioid Treatment Program patients to community to decrease congestion at RPA and Canterbury Clinics. Implementation planning finalised.
- 9 April 2020: 37 patients transferred to community pharmacies for dosing
- 9 April 2020: Drug Health Services DON transferred to COVID-19 Special Hotels Accommodation Team.

Sydney Dental Hospital

- 4 Mar 2020: included line in SMS reminders for patients to contact Hospital if they had returned from overseas 14 days prior and also if feeling unwell
- 18 Mar 2020: Compiled a communication plan to rapidly disseminate vital communication to all staff in the event COVID-19 pandemic escalates over the weekend when SDH not in operation.
- 5 March 2020: Submitted operational plan for OHS should the service have to operate with 20% less staff
- 10 Mar 2020: Established additional staff leave form to be included in all leave approval. Commenced review of staff leave plans
- 11 Mar 2020: Dental Vouchers to be issued to patients to assist with managing demand
- 13 Mar 2020: Submitted Plan for Reduction in Non-Urgent Activity at SDH & OHS (Phase 1) to Chief Executive
- 17 Mar 2020: Redeployed staff to Summer Hill staff screening drive through
- 17 Mar 2020: Submitted Plan for Reduction in Non-Urgent Activity at SDH & OHS (Phase 1) to NSW Health
- 18 Mar 2020: Compiled a staff management plan detailing staff members who would be affected if schools/day care facilities were to close
- 19 Mar 2020: Plan for Reduction in Non-Urgent Activity at SDH & OHS (Phase 1) approved by NSW Health

- 19 Mar 2020: Implementation Plan established for Reduction in Non-Urgent Activity at SDH & OHS (Phase 1)
- 25 Mar 2020: Limited all dental services to only provide urgent and emergency dental care (Phase 3). All non-urgent, non-emergency and non-urgent aerosol-generating dental procedures are deferred. All outreach programs deferred.
- 25 Mar 2020: OHS Clinicians commenced clinician triage over phone for all patients requiring treatment
- 25 Mar 2020: Commenced plans to redeploy staff to areas of need within District to manage COVID-19. Based redeployment on skillset, location and existing access to networks
- 27 Mar 2020: Drafted SDH & OHS State-wide Lockdown Plan and Implementation Plan (Phase 4)
- 9 March 2020 SCHIS Interpreters removed from face-to-face duties and replaced with virtual service
- 10 March 2020 All Canterbury COHC staff redeployed to other external clinics and Sydney Dental Hospital due to Canterbury Hospital's outpatient area to be established as Coronavirus Assessment Centre.
- 16 March 2020: Canterbury COHC temporarily closed.
- 20 March 2020. Clinical Excellence Commission released recommendations for appropriate PPE for aerosol-generating dental procedures regarding the management of COVID-19. Limited PPE availability will restrict activity at the Facility based on these recommendations. Brief to Chief Executive to be submitted noting the high risk of exposure to COVID-19 should staff not be provided appropriate PPE.
- 24 Mar 2020: The Australian Dental Association (ADA) released advice on restrictions on dental practice to manage risk of exposure to COVID-19. The ADA's advice is to immediately restrict dental treatment to non-aerosol generating procedures only. Informed Chief Executive and discussed at State Oral Health Executive teleconference. No consensus to actions taken regarding restriction of services or student activity.
- 24 Mar 2020: Chief Executive approved new PPE protocol (Phase 2) to compliment the limitation of services to reduce potential risk of exposure to COVID-19.
- 26 Mar 2020: Brief submitted to Clinical Excellence Commission to endorse COVID-19 Pandemic Screening Triage and PPE Protocol for emergency and urgent dental treatment jointly developed by Western Sydney Local Health District.
- 3 Apr 2020: Chief Executive, Clinical Excellence Commission endorsed SLHD OHS and Western Sydney Local Health District's COVID-19 Pandemic Screening Triage and Personal Protective Equipment (PPE) Protocol for Emergency and Urgent Dental Treatment.
- 30 March 2020: Drafted SDH & OHS COVID-19 Positive Patients plan for patients who present to RPA, SDH and Canterbury Hospital
- 3 Apr 2020: Converted two (2) dental chairs in closed off rooms into negative pressure rooms to assist in the management of patients who present to SDH who are COVID-19 positive.
- 6 April 2020: Separated SDH Community Oral Health Clinic across 3 levels in Hospital. Patients to be seen in single, closed room environment to reduce the potential cross contamination or exposure to COVID-19.
- 6 April 2020: Planning to establish Virtual Dental Clinics that will provide teledentistry options during the management of COVID-19
- 7 April 2020: Considerations around turning RPA Dental Clinic into a negative pressure clinic to assist with COVID-19 patient treatment and reduce need to utilise RPA Operating Theatres.

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.

- Action Plan in place and we are working through the various actions and preparation.
- Walk Arounds underway to plan for cohorting and segregation of COVID-19 positive Consumers.
- Symptom Screening for consumers returning from leave is being implemented.
- Review of functional areas continues with CCMH under review 18/03/20 with a view to preparing for isolation and cohort solutions as the situation develops.
- Front-line managers are being kept up-to-date and are providing feedback and escalating queries.
- Staff symptom screening implemented at PMBC and CCMH – no issues at this time.
- CONOPS Plan is being finalised for sending to Nobby et al this afternoon as requested.
- SOP for Consumer Leave due to new social distancing rules and closing down of non-essential services has been distributed.
- Review of functional areas completed and final document forwarded to the CE for sign off. This outlines our plans for management of COVID-19 positive consumers, where to isolate on each ward, where to cohort and, if necessary, where to admit if COVID-19 is everywhere.
- Staff screening continues with an average to 1-2 staff per day being referred for assessment and testing.
- Nurse Manager rounding has been increased in the afternoons and night shifts to catch up with staff, answer questions they have and allay anxiety. Escalation of staff concerns with feedback provided.
- PPE training continues to be rolled out across the service. Face to face sessions are occurring with limitations on audience size.
- Training of staff in taking COVID-19 swabs organised.
- From this weekend there will be a senior community mental health manager oncall over the weekends.
- Nurse Managers are doing rounds on inpatient units in the evening and night to clarify, answer questions and escalate any issues that clinical staff have, particularly with the movement of the SSU to L5 of the PMBC.
- The SSU will move from GF to L5 of the PMBC next week creating six beds to be used for the movement of patients out of ED. This is part of our plans to assist in getting people out of the ED.
- Development of a SOP for restraining consumers who are suspected or confirmed COVID-19 positive.
- Staff Screening - implementing directions to commence taking temperature.
- Staff Fluvax Program (roaming vaccinators working across all locations) commenced today with rollout to 'at risk' staff moving through to high risk units in the coming days.
- Contact Centre has been established from today for implementation of the new Visitor Policy.
- Expanded beds available at PMBC to facilitate the movement of patients out of the ED.
- COVID-19 Pods - Planning and establishment on acute and HDU wards underway – Meeting with key stakeholders today.
- Staff Screening – MHS SOP updated following the release of the updated SLHD SOP. Taking of temperatures at screening has started.
- Vulnerable Staff – New directions for staff over 60 and over 70, etc. – planning underway to identify staff in these categories and review their current work situation.
- Intra-hospital transfers – Reviewing these processes in light of new restrictions in the community.
- SOP – Medical Emergency Response – Drafted in light of new RPAH CERS guidelines. CRGH guidelines are currently being drafted.

Public Health Unit

- Extensive contact tracing occurring
- In discussions with rpvirtual, infectious diseases, respiratory and emergency department on development of protocols and escalation pathways for the management COVID-19 positive patients in the home.
- Increasing number of positive patients
- Increasing amount of contact tracing required
- Staff in home isolation who are able to work are being re-deployed to work from home and assist the Public Health Unit or other areas as appropriate.



Dr Teresa Anderson AM
Chief Executive
Date: 20.9.20