
Sydney Local Health District

Meeting One Hundred and One of the Board

Date: Monday 20 July 2020
Time: 9.00am
Venue: Zoom Meeting
Chair: The Hon. Ron Phillips AO, Chair

1. Present and apologies

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

Apologies

Nil

In attendance

Professor Robyn Ward AM, Executive Dean, Faculty of Medicine and Health, University of Sydney (9.00am - 9.25am)
Professor Duncan Ivison, Deputy Vice Chancellor Research, University of Sydney (9.00am - 9.25am)
Dr Tim Sinclair, Executive Director of Operations, SLHD
Ms Nerida Bransby, Secretariat
Dr Alicja Smiech, Chair, Medical Staff Executive Council
Mr Ross Sinclair, Executive Director of Finance,
Dr Kim Hill, Acting Director Medical Services
Mr Richard Taggart, Executive Director, Information, Communications and Technology
Ms Corryn McKay, Director, Strategic Relations and Communications

Minutes

2. Welcome and introductions

The Chair welcomed members and guests to meeting one hundred and one 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 other **new** conflicts of interests to declare or to be added to the Register at this meeting.

4. Confirmation of previous minutes

4.1 Minutes – Part one - 15 June 2020 and Part two - 22 June 2020

The minutes of the Board Meeting held on Monday 15 June 2020 for part one and 22 June 2020 for part two were moved and seconded as a true and accurate record of the meeting.

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 – June 2020

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

Update on the BIOMED – Verbal Report

Professor Ward and Professor Ivison provided a verbal report including:

- The vision shared by the SLHD and Sydney University
- The commitment of the University to medicine, health, training, research, policy and government.
- Unite the 3 MRIs with the District and the University.
- The redevelopment of the RPAH Campus.
- The commitment to the next generation of care.
- Individualised care based
- The nature of individualised care
- The treatment of all diseases, including rare diseases from cancers to blindness.
- Business case being developed by two representatives from the SLHD, Sydney University and the MRIs.
- The Business Case should be finalised by early August 2020.
- The positive impact on clinicians.
- The benefits of one large MRI as opposed to three small ones.
- Cost effective for all as overheads will reduce.
- The acceleration of the work being produced by the MRIs prior to the building being built

The Chair thanked Professor Ward and Professor Ivison for attending the meeting.

Presentation on the 2020- 2021 Budget

The Chief Executive presented on the 2020- 2021 Budget including:

- Acknowledgement of Country
- Overview
- An extraordinary year – message from the Chair
- Key Events and timelines relating to the volcano, bushfires and COVID-19 and rapid responses
- Activity for 2019 - 2020
- Achievements for 2019 - 2020
- Summary for the general and special purpose funds
- Facility level financial performance
- Average FTE growth
- Challenges
- Capital Works projects
- RPA virtual journey so far
- Overview of the Service Agreement 1 July 2020 – 2021
- Premier's priorities
- NSW Health Outcome and Business Plan 2019 – 2020 to 2022 – 2023
- Budget schedules including capital programs
- Performance against strategies and objectives
- Performance deliverables
- Budget principles
- 2020 - 2021 interim budget from the Ministry for the period 1 July - 31 December 2020
- New budget due 17 November 2020
- Budget allocations to facilities
- Next steps
- Need to publish the budget by 31 July 2020.

Following the presentation the Board discussed:

- The challenges to land in on budget for the next six months
- Dealing with the “knowns” and “unknowns”
- Looks at our models of care whilst managing COVID-19
- The economic and social impacts
- The use of half of the contingency funds for this year
- Discussions with the Clinical Streams re their priorities
- The return of business as usual
- The Board agreed to a one pager to outline the pressures faced by the District for the next six months to include key risks, key scenarios and COVID-19 matters
- A copy of the Service Agreement is to be provided to the Board.
- Following discussions the Board supported the 2020 - 2021 Budget.

The Board thanked Dr Anderson for the presentation.

Minutes

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action list including:

- The Board Self-Assessment has been deferred. Preliminary discussions will be held with the CE and Board Chair.
- This first project for the Director of Strategy and Initiatives will be on COVID-19 reforms including liaison with District Executive and Clinicians to gauge what we keep / remove and sustainability. The presentation will be provided to the Board at the November 2020 meeting. This agenda item can be removed from the action list.
- A deep dive into Research and Education will be provided at the next meeting in September 2020. This agenda item can be removed from the action list.
- An Invitation was extended to all Board Members to listen in via zoom to the regular SLHD COVID-19 Steering Committee. This agenda item can be removed from the action list.

6. Patient Story

The Board received, read and noted the de-identified COVID-19 patient journey.

7. Standing Items

7.1 Acronyms List

The Board received and noted this list.

7.2 Financial Classification Codes

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

- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- There were two RCAs for the month of May 2020.

- The addition of a six bed environment for Mental Health has allowed capacity for triage and assessment enabling direct access from the community and emergency services as well as rapid ED transfer.
- Process in place to look at all HACS.
- There has been a 4.4% decrease in the number of Hospital in the Home overnight separations in May in comparison to the same month last year. This is due to the risk of COVID-19 for home visits and care being provided virtually.
- May 2020 financial results were noted
- The end of the financial year results were \$3.9M favourable.
- A visit from the Independent Hospital Pricing Authority was held on 16 July 2020 to gain insight into the depth, breadth and width of the COVID-19 operations.
- Sydney Health Partners is progressing well.
- All planning is progressing well

COVID-19 Update

The Chief Executive provided a verbal update on COVID-19 including:

- SLHD staff continues to support the drive though testing, pop up clinics, hospital and quarantine hotels, the railway station and the airport.
- The District received 4,463 COVID-19 related phone calls over two days.
- Main concerns are length of time waiting for results and length of time on the phone.
- Contact was made with all the patients where the swabs were mislaid.
- Discussions to occur re the resilience of staff and unreasonable treatment they have had to endure. Some expectations are unreasonable and need to increase the staff treatment “messages”
- The Police Hotels now sits with the District’s responsibility.
- Meetings are occurring daily to include roles and responsibilities, quarantine fees including legal, operational matters, customer service and risk management.
- A governance paper will be provided detailing the risks.
- Agreements to be signed by the SLHD, the MoH and Premier’s Office re charges
- Updates on COVID-19 are to be included in the CE report.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – May 2020

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

9.1.2 Selected Performance Indicators – May 2020.

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

Minutes

9.1.4 MoH Board Report for the SLHD

The Board received, read and noted this report for the period January 2020 to March 2020.

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 next report for the period April 2020 – June 2020 is due in September 2020.

(ii) Pressure Injury

The Board received, read and noted this report, in particular, congratulations on the improvements that were achieved.

(iii) SLHD Risk Register

The Board received, read and noted this report.

9.5 Audit and Risk Committee Report – Period 16 March – 5 June 2020

The Board received, read and noted this report.

9.6 Facility Reports – May 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.

Minutes

10. Matters for approval / resolution

- 10.1 Aged Care, Rehabilitation and Chronic Care Position Paper
- 10.2 Allied Health Position Paper
- 10.3 Cancer Services Position Paper
- 10.4 Cardiovascular Services Position Paper
- 10.5 Critical Care and Respiratory Position Paper
- 10.6 Gastroenterology and Liver Position Paper
- 10.7 Neurosciences, Bone, Joint and Connective Tissue Position Paper
- 10.8 Pharmacy Position Paper
- 10.9 Women's Health, Neonatology, Paediatrics Position Paper

The Board received these papers via email on 13 July 2020. Following discussion the Board recommended:

- Need to acknowledge the work involved in preparing these papers.
- Incorrect Aboriginal Health Impact Statements attached.
- Need to include the Hospital Acquired Complications in the Women's Health, Neonatology, Paediatrics Position Paper.

Following discussions the Board endorsed the signing of the papers.

11. Board Committee reports / minutes

- 11.1 Finance, Risk and Performance Management Committee

The Board received, read and noted minutes of the meeting held on 15 June 2020.

- 11.2 Education and Research Committee

The Board noted the meeting is to be held on 20 July 2020.

- 11.3 Communications Committee

The Board noted the next meeting is to be held on 4 August 2020.

- 11.4 Audit and Risk Committee

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

- 11.5 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 27 May 2020.

- 11.6 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 27 May 2020.

Minutes

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 7 August 2020.

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

The Board noted the next meeting is to be held on 5 August 2020.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 28 July 2020.

11.10 Organ Donation for Transplant – Quarterly Report (April 2020 – June 2020)

The Board noted the next report is due in August for the period April 2020 – June 2020.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the minutes of the meeting held 12 June 2020.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 13 May and 27 May 2020.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the minutes of the meeting held on 18 June 2020.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the minutes of the meeting held on 17 June 2020.

12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board noted the minutes of the meeting held on 17 June 2020.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 11 August 2020.

12.7 Organ Donation for Transplantation

The Board noted the minutes of the meeting held on 23 June 2020.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board noted the minutes of the meeting held on 9 June 2020.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the meeting to be held on 16 June 2020 was cancelled.

12.10 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 17 June 2020.

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

The Board noted the next meeting is to be held on 6 August 2020.

12.12 Minutes of the District Security Co-ordination Committee

The Board noted the minutes of the meeting held on 24 June 2020 were not available.

13. Matters for noting

13.1 BHI Quarterly Reporting (Quarter 3, January – March 2020)

The Board received, read and noted this report.

13.2 Copy of Presentation - COVID-19 Donations

The Board received, read and noted this presentation.

14. Other Business

Nil to report

15. Next Meeting

The next meeting is to be held on Monday 17 August 2020 at 9.00am.

The meeting closed at 11.15am.



Chair

28 August 2020

Date

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

Despite the significant demands placed on staff due to the COVID-19 response, SLHD continues to maintain the quality and safety of our services.

There were two RCAs for the month of May.

Mental Health Readmissions within 28 days have decreased slightly for the month of March to 14.5%, from a February result of 14.8%. YTD March 2020, 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 5.3% for the month of April and 5.3% YTD April 2020, which is below the State rate of 5.6% for the month and 6.0% YTD April 2020. Unplanned Emergency Representations (same ED within 48 hours) were 5.1% for the month of May and 4.3% YTD May 2020, which is below the State rate of 4.7% YTD May 2020.

The District remains below the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 0.3 per 10,000 bed days for the month of April 2020. There was no Central Line Associated Bloodstream (CLAB) infections during April 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 10 of the 14 reported Hospital Acquired Complications (HACs) for the 12 month period April 19 - March 2020. The remaining 4 HACs are performing within the acceptable tolerance range. Hospital Acquired Renal Failure has a rate of 3.0 per 10,000 episodes, which is slightly above the target of 2.7. 3rd and 4th degree perineal tear has a rate of 433.2 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 86.5 per 10,000 episodes, which is above the target rate of 65.6 per 10,000 episodes. Hospital Acquired Medication Complications has a rate of 34.8 per 10,000 episodes, which is slightly above the target rate of 31.3 per 10,000 episodes. Work is continuing to address these four HACs.

To ensure all HACs are appropriately reviewed and identify any areas of clinical concern or training needed; the SLHD Performance Unit emails the SLHD Coding and Clinical Governance Units at the end of each month to flag any HACs that are performing above the target threshold, to trigger a coding review. To facilitate this process, a HAC coding audit app has been developed. Following coding review, the SLHD Performance Unit re-runs the data and then emails the Clinical Governance and Coding Units to flag any HACs that remain above the target threshold, which then triggers a clinical investigation by the Clinical Governance Unit.

The Acting Executive Director of Clinical Governance and the Executive Director of Operations are in the process of establishing a SLHD HAC Working Group to have oversight of the HAC review process. This group will report to FRAP through the Clinical Quality Council.

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 May 2020 when compared to the same period last year by -2.73 and -3.75 respectively. Premium staff usage has increased for Allied Health for May 2020 compared to the same period last year by 0.26.

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 decrease of 24.20% in the number of separations (11,810) for the month of May 2020 when compared to May last year. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with COVID-19. YTD separations have decreased slightly across the District by 5.97% in comparison to last year. In May 2020, the District's occupancy rate decreased by 6.87%, to 80.98% when compared to 87.86% in May 2019. Again this was a deliberate strategy to prepare for COVID-19 by reducing non-urgent elective surgery.

There were 10,442 attendances to the District's Emergency Departments in May 2020, which is a 27.79% decrease from 14,461 when compared to the same month last year. The District is investigating the impacts of COVID-19 on ED presentations in partnership with the George Institute.

As at YTD May, Emergency Department attendances have increased by 0.77% to 158,476 in comparison to the same period last year. YTD May case weighted attendances have decreased by 1.01%, when compared to the previous year.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance. There was an 8.79% increase in ETP in the month of May 2020, to 77.10%, when compared to the same month in the previous year. YTD there has been a 1.71% increase in ETP to 70.89% when compared to the same period in the previous year. Even though there has been a reduction in ED presentations, this is an impressive effort given the significantly longer treatment processing times for patients presenting with suspected COVID19.

Transfer of Care

The District is performing above the transfer of care (TOC) target (90%) for May 2020, with 96.07% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. Given the significant increase in demand associated with managing COVID-19 activity. The RPA ED has also ceased the SLHD TOC trolley initiative to maintain distinct COVID19 and non-COVID19 treatment areas. Therefore it is very positive that the District is maintaining its performance on this indicator.

ED Triage

The District met target for all Triage Categories 1, 2, 3, 4 and 5 for the month of May. This is a very positive result and demonstrates the effectiveness of the work undertaken by the facilities to streamline patient flows to improve safety during COVID-19.

Elective Surgery

There were 1,553 less elective surgeries performed in May 2020 when compared to the same period in the previous year, representing a decrease of 56.06%. The decrease is associated with the Government's requirement to cease all non-urgent surgery, as part of the national response to COVID-19. YTD May the number of elective surgeries performed has decreased by 2,532 (-9.83%) when compared to the same period last year. The District continues to plan for the recommencement of elective surgery, with operating theatres gradually re-opening with the aim of reaching 75% capacity by the end June 2020 and 100% Business as Usual (BAU) surgical activity in July 2020. Given the infrastructure required to maintain RPA's preparedness for COVID19, they will be unable to return to BAU surgical capacity in the coming months.

SLHD continues to perform at the top of the State for patient treatment timeframe targets for elective surgery for YTD May, with 100% of Category A patients admitted within the clinically appropriate timeframe for their surgery, 99.98% of Category B and 99.96% of Category C. All achieving benchmark of 100%, 97% and 97% respectively. YTD May there has been an 8.79% (1,269) decrease in surgical patients not ready for care, when compared to the same period last year.

Work is underway to plan for the surgery catch up arising from the cancellation of non-urgent surgery and the SLHD is aiming to complete all overdue patients by September 2020 and complete the overall surgery backlog by the end of the financial year. This will be dependent on COVID19 prevalence in the community.

Emergency Surgery

There were 109 more emergency surgeries performed in the month of May 2020 when compared to the same month last year, representing a 9.53% increase. YTD May emergency surgery has increased by 893 cases (7.27%) 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 4.4% decrease in the number of Hospital in the Home overnight separations in May in comparison to the same month last year.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

NWAU Activity against Target

Despite the impact of COVID-19, the District continues to perform well in relation to the NWAU activity against target, with a -3.53% variance to target YTD April, excluding Dental. The cessation of non-urgent surgery and subsequent reduction in inpatient activity will impact on the District's NWAU generation over the coming months.

Stream	Target	Actual	Variation	Variation %
Acute*	141,147	152,333	-11,186	-7.34%
ED	21,213	21,817	-604	-2.77%
NAP	41,079	40,842	237	0.58%
SNAP**	11,113	11,391	-278	-2.44%
MH Admit	16,963	16,007	956	5.97%
MH NAP***	8,740	8,579	-161	-1.84%
Total	240,255	250,969	-11,036	-4.59%

Board Report

Dental DWAU	57,229	52,960	-4,269	-7.46%
Dental NWAU#	7,186	6,650	-536	-7.46%
Total (NWAU)	247,441	257,619	10,178	4.11%

* 57 uncoded episodes

** 100 ungrouped episodes

****YTD April

NWAU=589/4691*DWAU

Clinical Costing

The District along with Western Sydney Local Health District has completed the first COVID costing submission to the Ministry. This is a detailed cost analysis of COVID-19 and all associated encounters, particularly inpatient encounters, to assist in determining the veracity of the National Partnership Agreement payment rates. Round 24.C10 YTD April costings have been successfully completed and submitted and the team is now working on half round (R24.1) which will be audited and used for state-wide benchmarking.

Non Admitted (NAP)

In response to the COVID-19 pandemic, the District increased the number of services provided via telehealth/telemedicine to keep our patients out of our hospitals and safely isolated in their homes. As at YTD May, the number of non-admitted occasions of service provided via telephone and videoconferencing has increased by 939% and 24% respectively. Face to face occasions of service have decreased by 7% during the same period.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of May 2020, 17.58% (2,024 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 635 (23.88%) patients who elected to use their private insurance compared to the same period last year and increase of 323 (18.98%) in total separations from previous month. This is consistent with the decrease in non-urgent elective surgery as part of the national response to COVID-19.

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

- RPAH – a decrease of 267 (20.21%) private patients.
- Concord – a decrease of 229 (20.78%) private patients.
- Canterbury Hospital – a decrease of 107 (54.87%) private patients.
- IRO – a decrease of 27 (100%) private patient.
- Balmain Hospital – a decrease of 5 (35.71%) private patients.

Single Room Usage

For the month of May 2020, 9.48% of patients were flagged as infection control across the District.

For the month, 20% of all available single rooms were occupied by private patients and 44% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Committee was held in May 2020.

- The importance of capturing costs relating to COVID-19 was discussed.
- Budget process was outlined
- Updating Roadmaps was discussed.

Clinician Billing Portal (CBP) has been put on hold due to recent competing priorities. There are 69 registered users and total \$213K has been raised through the portal to date.

SLHD Clinical Stream Review

A review of the Clinical Stream Structure was commissioned in 2019 to evaluate and identify opportunities to strengthen the Clinical Stream Structure moving forward. The Clinical Stream Structure has been in place for more than two decades in central Sydney. The Clinical Stream Structure has successfully underpinned the clinical governance, strategic planning and oversight of the type and mix of clinical services within the District. Their function has facilitated strong integration, coordination and collaboration with the SLHD and Hospital Executive. The review reinforced the pivotal role the Clinical Directors/Clinical Managers play towards the strategic direction of the stream.

Internal expression of interests for the next five year Clinical Director appointments will be sent out in July 2020.

In addition, a new Clinical Stream will be established consisting of Renal Medicine and Urology. This will include a new Clinical Director and Operations Manager to support the operations of the stream.

To strengthen the District Surgery Program, a formal reporting line will be established between the facility operating theatres and the SLHD Program Director of Surgery. The role and the responsibilities of the Director of Surgery will be standardised across the facilities which will include the establishment of the RPA Director of Surgery (this position is already in place at Concord and Canterbury Hospitals). The incumbent Bone and Joint Clinical Manager will continue to support the Bone and Joint Stream and the District Surgery Program. A Cardiovascular Clinical Stream Operations Manager will be recruited to, to support the operations of the Cardiovascular Stream.

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 (coronavirus), any events which bring groups of people together, such as The Pitch, have been cancelled until further notice.
- The next Pitch event will be presented in a virtual format and is scheduled for end of July 2020. The Pitches are to be presented online via a live stream
- This Pitch will be 'bigger than ever' with the funding available to be doubled to \$100,000, eight (8) pitches presenting on the day, and each presentation will be only five (5) minutes long.
- The theme of the virtual Pitch is "What's next for healthcare following our response to COVID-19?"
- Pitches that have been postponed due to cancellation of previous Pitches will be considered in the first instance.

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 map and stakeholder map has been developed from feedback given at the session conducted on the 12 February. This is in the process of being validated.
 - Data analysis was conducted by the Allied Health Performance & Data Analyst, which is currently being reviewed.
 - The project will be presented at the next PFCC Services group in July 2020.
 -
- RPAH Transfer of Care Project
 - Project Initiation meeting was conducted 28 May 2020 to WoHP Strategy Committee
 - RPAH Project Lead – Wendy Fitzgibbons announced to work with Clinical Redesign Lead.
 - Scope of project defined as – discharge processes leading to improved patient flow.
 - Project Plan feedback on name of project, design and milestones due by 4 June 2020.

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 May AIM course has been cancelled. The next AIM course is scheduled for the 10 and 11 September 2020.

Health Pathways

Content development

No Workgroups held in May as the team continues to focus to development and maintenance of COVID-19 content and supporting the SLHD Pandemic Action Plan through deployment to PHU and CGU helplines. A major focus has been the mapping of Concord Hospital Ambulatory care services as part of the SLHD GP E-Referral project. In May 16 medical/surgical Head of Department meetings were held with the aim of introducing e-referral and to re-align service information for existing Health Pathways and begin the process of new developments.

May 2020 saw the scheduled publication of the new pathway sets for Neurology and Urology.

COVID content

COVID-19 content continues to be updated and developed in-line with latest Health advice and testing and treatment options. New content in development and due for publication in June includes the Assessment and Management of COVID-19 cases in RACFs and the Assessment and Management of COVID-19 in Children.

Usage of Health Pathways

As an indicator of the slow return to normal activity in Primary Care we saw an increase of activity across the website in May 2020. COVID content use has started to drop with an increase use of non-COVID content.

Board Report

	June 1 – 14 2020	May 2020	April 2020	March 2020
COVID content viewed as a % of total page views	2.02%	4.97%	10.22%	17.18%

May 2020 User numbers remained consistent with April's and is a possible indicator of the new users acquired during COVID maintaining connection with the platform. Preliminary June 2020 figures are on par with May 2020.

	June 1-14, 2020	May 2020	April 2020	May 2019
Users	719	1,242	1,235	1,010
Sessions of use	3,401	7,826	6,942	5,781
Unique Page Views	10,040	21,550	18,187	16,704
Total Page Views	13,249	27,418	23,003	20,791

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 May 2020 based on the District's budgeted NCoS.

For the month of May 2020, Sydney Local Health District (SLHD) General Fund (GF) Expenditure was \$0.889M unfavourable to budget. YTD May 2020 GF Expenditure was \$15.420M (0.90%) unfavourable to budget. YTD May 2020 Expenditure increased significantly (by \$105.246M or 6.48%) compared to YTD May 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 increased to an average of \$157.129M YTD May 2020. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue was \$6.039M (4.10%) unfavourable to budget for the month and \$17.845M (1.02%) unfavourable to YTD May 2020 budget. For the period ended 31 May 2020, the District's GF NCoS was \$33.265M unfavourable to budget.

The District has assessed the YTD May 2020 costs of providing services for the following unforeseen events: COVID-19 \$72.59M (\$50.09M Incremental and \$22.50M Base), Bushfire support (including Mental Health) \$1.1M and the NZ Volcano \$1M.

The Chief Executive and the Executive Director of Finance have identified a \$31M unfavourability to NCoS Budget (excluding the impact of Doubtful Debts) for 2019/20.

This comprises: the management of the COVID-19 process (\$15M Expense), Own Source Revenue reductions (\$12.6M) related to COVID-19 (due to decrease in elective surgery activity, clinic workload and overseas patients and car parking fees) and the reduction in actual single room bed day rates paid by health funds and the continued reduction in the number of private patients entering our

Facilities and unfavourability in Intra Health Hosted revenue (\$3.4M) as a result of ICT transition of the eMR team to SWSLHD.

The Full Year Projection includes costs associated with occupancy in June of the additional ICU beds capacity created in the District and additional Elective Surgery expenses that will be paid to Private Healthcare providers. The projection also includes other additional expenses related to COVID-19 such as Fever Clinics, Flying Squads (for Drive-Through Staff Screening and Airports), Special Hotel Accommodation, Call Centres, ICT, RPA Virtual, Goods & Services (including PPE), RMR (including refurbishments) and Communication.

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 11 months of the 2019/20 financial year.

The major variances for the month were:

Expenditure

- For the month of May 2020, GF Total Expenditure was \$0.888M unfavourable to budget, reflecting unfavourable results for Salary & Wages (\$4.132M), Superannuation (\$0.768M) and VMO Payments (\$1.395M) offset by favourable results for Overtime (\$0.563M), Annual Leave Provision (\$0.307M), Other Employee (\$0.200M), G&S Clinical (\$2.042M), G&S Support (\$0.748M), G&S Admin (\$0.398M) and RMR (\$1.263M).
- YTD May 2020, GF Total Expenditure was \$15.420M (0.90%) unfavourable to budget. This result reflects unfavourable results for Salaries & Wages (\$3.315M), Overtime (\$2.155M), Annual Leave Provision (\$13.109M), Superannuation (\$2.097M), VMO Payments (\$1.170M), G&S Drugs (\$10.597M), G&S Medical & Surgical Supplies (\$2.298M), G&S Prosthetics (\$3.768M), RMR (\$2.545M) and Grants (\$0.539M) offset by favourable variances in Other Employee (\$2.139M), G&S Special Services (\$7.467M), G&S Admin (\$14.326M) and G&S Support (\$1.581M). SLHD has received \$30.252M of COVID-19 budget supplementations in March, April and May 2020 for the following incremental costs: ICU and COVID-19 Wards, Fever Clinics and Screening, Special Health Accommodation, PPE and Pathology. A further \$2.898M of received COVID-19 budget supplementations (including ICU Physiotherapy, ED Concierge, and Enhanced Security and Maintenance Assistance Program) have not been recognised YTD May 2020 as they are yet to be expended.

Revenue

- GF Total Revenue was \$6.039M (4.10%) unfavourable to budget for the month of May 2020. The result for the month reflects unfavourable variances for Patient Fees (\$3.154M), Facility Fees (\$0.959M), Prosthesis Income (\$0.832M), Car Park Fees (\$0.421M), Intra Health Hosted Revenue (\$0.294M) and Doubtful Debts (\$0.608M) offset by favourable variances in High Cost Drugs (\$1.481M). The increased unfavourabilities in Patient Fees, Facility Fees, Prosthesis income and Car Park Fees are a result of the impact of COVID-19.
- YTD May 2020, GF Total Revenue was \$17.845M (1.02%) unfavourable to budget. The unfavourable YTD result reflects unfavourable variances in Patient Fees (\$9.933M), Facility Fees (\$5.111M), Prosthesis Income (\$4.643M), Car Park Fees (\$1.339M), Rent Income (\$1.014M) and Doubtful Debts (\$4.626M) offset by favourable variance in High Cost Drugs (\$12.221M) and Grants and Contributions (\$1.375M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.835M unfavourable to budget for the month of April 2020 and \$10.612M unfavourable to budget for YTD April 2020. This YTD result reflects unfavourable budget variances for Expenditure (\$7.678M) and Revenue (\$2.934M).

Board Report

CONSOLIDATED RESULT

For the period ended 31 May 2020, the consolidated YTD NCoS result for the General Fund and SP&T was \$45.350M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$23.192M), Own Source Revenue (\$17.351M) and Doubtful Debts (\$4.626M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

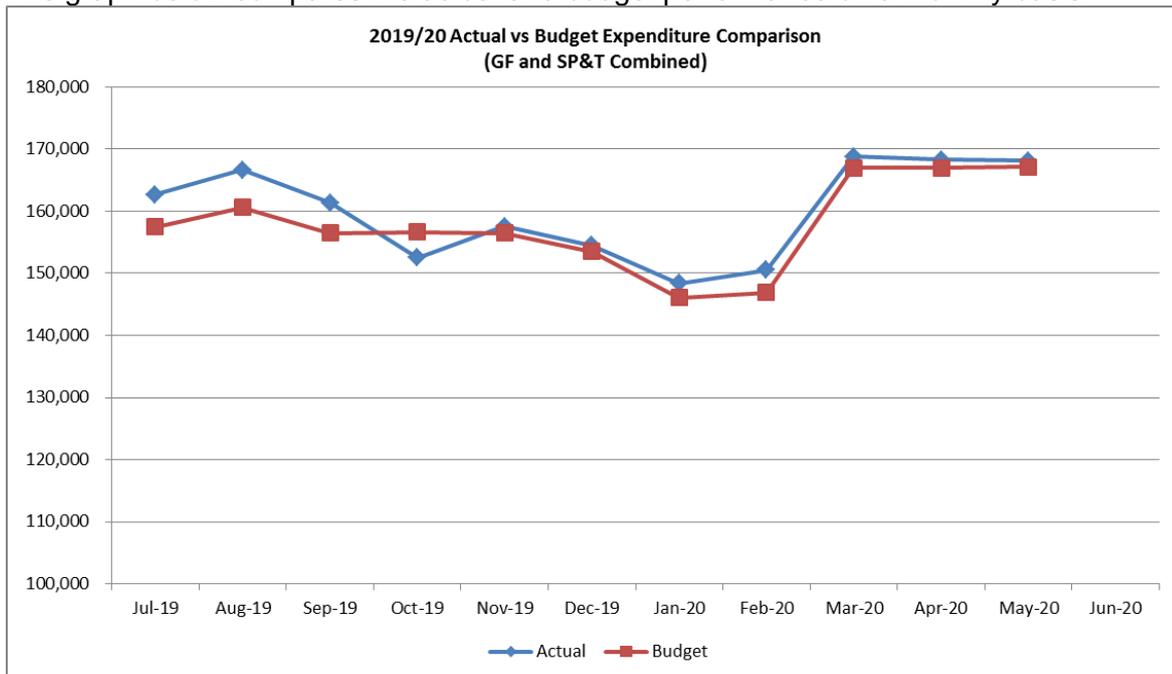
For the period ended 31 May 2020, SLHD recorded a Total Net Result of -\$31.143M (Note that Total Revenue was higher than Total Expenditure for YTD May 2020) which was \$45.296M (59%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD May 2020 was \$36.894M unfavourable to budget, reflecting unfavourable budget variances for Expenditure (\$19.862M) and Revenue (\$17.032M).

For the month of May 2020, Total Direct Revenue was \$6.816M unfavourable to budget, comprising unfavourable variances for the SP&T Fund (\$1.390M) and the General Fund (\$5.426M). YTD Total Direct Revenue was \$17.032M unfavourable to budget, comprising unfavourable variances for the General Fund (\$12.744M) and the SP&T Fund (\$4.288M). The YTD result for the GF reflects unfavourable variances in Patient Fees, User Charges, and Other Income offset by a favourable variance for Grant Income.

Total Direct Expenditure was \$2.265M unfavourable to budget for the month of May 2020, comprising unfavourable results for the General Fund (\$2.024M) and the SP&T Fund (\$0.241M). YTD Total Direct Expenditure was \$19.862M unfavourable to budget, comprising \$13.537M unfavourable variance for the General Fund and a \$6.325M unfavourable variance for the SP&T Fund. The YTD result for the General Fund reflects unfavourable variances in Salaries & Wages (\$3.315M), Overtime (\$2.155M), On-costs (\$13.067M), Direct Clinical Operating (\$9.197M) and VMOs (\$1.170M) offset by favourable results for G&S Corporate (\$14.326M) and G&S Supporting Services & Utilities (\$1.581M).

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.

The cash balance at 31 May 2020 for the SLHD Operating bank account was \$16.276M and the Operating Cash book balance was \$16.071M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 May 2020 the District's Full Year Capital works budget relating to SMRS Projects is \$30.916M comprising \$15.953M of MoH funded and \$14.963M of locally funded projects.

Actual expenditure as at the end of May 2020 was \$19.916M which is marginally on budget.

Additionally, the actual and committed expenditure for MoH funded Minor works & Equipment for COVID-19 was \$17.590M at the end of May 2020.

OTHER CAPITAL PROJECTS

As at the end of May 2020, the District has expended an amount of \$3.002M relating mainly to PowerChart Maternity, Balmain Hospital Lift Controller Upgrade, Energy Efficiency Upgrade for Croydon and Redfern Community Health Centres and RPAH Virtual Hospital. The total expenditure of \$3.002M was sourced from the General Fund.

CAPITAL WORKS

RPA

Building 63 RPU

Mechanical services and medical gases installation is ongoing. Rough-in for the electrical services is complete and the clean room materials orders have been placed.

Paediatrics

Demolition works to the Paediatrics Ward was completed in May. Wall framing and sheeting as well as service rough-ins were also completed.

Concord

Building 75/76 – Fussell House

Painting and installation of joinery for the bedrooms on the Ground Floor continued through May. Service rough ins for Building 76 were completed and in ground drainage works to the terrace commenced.

Building 31 – Midwifery Group Practice

Internal framing throughout the building was completed in May. The installation of the new roof and service rough-ins are underway.

Canterbury Hospital

ED Expansion

Painting and flooring to the Paediatric area as well as the installation of joinery throughout the project was completed in May. Service pendant installation is underway and commissioning activities have commenced.

PLANNING

Concord Hospital Clinical Services Plan Stage 2

The Planning Unit has completed over 60 consultations and discussions with departments and services at Concord Hospital towards Stage 2 of the Concord Hospital redevelopment. Stage 2 will be concerned with the development of much needed infrastructure such as theatres, ICU, Emergency Department and diagnostic services.

The Planning Unit has drafted feasibility studies of establishing maternity and paediatric units at the Concord Hospital in Stage 2. The assumptions behind these studies have now been tested with the A/Clinical Directors and the Concord Hospital Stage 2 Executive Steering Committee. The key assumption is that the usage of Concord Maternity and Paediatric services will mirror the “natural catchment” of Concord Hospital as defined by the proportion of medical, surgical and procedural inflows to the hospital. The papers indicate that there is sufficient volume of activity, using this assumption, to justify a Concord maternity and paediatric service.

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

The Planning Unit has been attending meetings of the Camperdown-Ultimo Collaboration Alliance to contribute to the transport and land use studies and to ensure the alignment of the RPA redevelopment work and the Alliance studies.

RPA Clinical Services Plan (CSP)

The District has received detailed comments from the Ministry of Health (MoH) on the RPA CSP. These comments are generally positive, with MoH recommendations requiring very minor amendments or reference to a particular policy/document.

A series of discussions have been held with senior clinicians and Clinical Directors to discuss these comments.

Canterbury-Bankstown Integration

The Planning Unit is continuing work on the current flow patterns, inpatient and non-inpatient activity and forecasts to inform the Canterbury-Bankstown planning study.

SLHD Surgical Services Plan

Consultations have been held with Balmain Hospital and Gynaecology services as part of the District Surgical Services plan. This plan was put on hold with the onset of COVID-19.

To complete the engagement program Community Health and rpavirtual will be involved in consultations.

The Planning Unit has generated a draft Options Paper which outlines the range of options for re-aligning surgical services across the District.

Clinical Stream Position Papers and final Strategic Plans

The following Position Papers and Strategic Plans have now been completed and will be presented to the Board for consideration. Each paper has an accompanying Aboriginal Health Impact Statement signed by the Director of Aboriginal Health and the relevant Clinical Director:

- 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.

Waterloo Wellbeing Plan

The Planning Unit has worked with the Waterloo Link Worker to develop a plan for improving the health and wellbeing of the people of Waterloo.

Redfern Station

The Planning Unit organised a consultation with Transport for NSW on the redevelopment of the Redfern Station.

SYDNEY RESEARCH

COVID-19 Operational Support

Sydney Research continues to support Sydney Local Health District (SLHD) in its response to COVID-19. The team has taken part in regular virtual committee meetings, reviewing COVID-19 related correspondence, keeping partners of SLHD and Sydney Research informed with latest information on COVID-19 and managing meeting attendance records for the District.

Sydney Research have also been working directly with the SLHD Research team on determining appropriate research practices and operation of clinical trials during the COVID-19 period, as well as assisting with the submission of grants on COVID-related research.

Sydney Research: Return to BAU

The Sydney Research team have prepared a detailed plan should the proposed easing of restrictions progress successfully and return to business as usual is feasible. This plan outlines the projects, programs and meetings that have been delayed or postponed due to COVID-19 and the actions required to get them back on-track.

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

Expressions of Interest (EOI) for Round 5 of the Translational Research Grants Scheme (TRGS) were due to the SLHD TRGS Coordinator, Ms Imogen Baker, on 9 June 2020. Sydney Research received 21 EOIs in total. Following an internal review and Chief Executive approval, five (5) of these applications will be submitted to OHMR on 8 July 2020. Successful EOIs will be invited to submit a full application by 20 October 2020, with applicants notified in February 2021.

Given the uncertainty and delays caused by COVID-19, fund rollover and project extensions for Round 3 and 4 projects were granted on 14 May 2020.

OHMR – Embedding Quality Research

The Embedding Quality Research (EQR) Steering Committee met on Friday 22 May 2020. Discussions included the appropriate research and governance arrangements for the NSW Health COVID-19 Research Program.

A meeting of the working group was held on 3 June 2020 during which a presentation by the NSW Health Education and Training Institute (HETI) on research capacity training was delivered. The Australian Commission on Safety and Quality in Health Care (ACSQHC) will join the next working group meeting on 1 July 2020 to provide an update on the pilot of the National Clinical Trials

Governance Framework. Progress and opportunities for collaboration will be reported to the Steering Committee at their next meeting on 24 July 2020.

Patient Family Centred Care (PFCC) Research Working Group

The 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 peer-reviewed and copyedited version is to be returned in June 2020 with publication to follow.

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

Sydney Health Partners (SHP)

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

- SHP Implementation Strategy
 - SLHD is the lead organisation for the implementation of the SHP Strategic Platform 2 "*Transforming how research improves patient outcomes to meet the needs of our community*".
 - SLHD staff continue to participate across all five (5) of the SHP strategic platforms.
 - Platform 2 is planning a consumer piece to further support the cellulitis project and have nominated Adjunct Associate Professor Greg Fairbrother and Dr Karena Conroy to co-lead its development. Greg and Karena have met with Sydney Health Partners, the Platform 1 Working Group, and the Platform 1 consumer representative to discuss potential project options, including the formation of a specific consumer reference group for the project.
 - Greg and Karena have also been working with SLHD Community Participation Coordinators to enlist the support of SLHD consumers for the Cellulitis project and recruitment to the consumer reference group.
 - Platforms 1, 2 and 5 met on Wednesday 10 June 2020 for another collaborative workshop to further discuss this consumer-focussed piece as well as Platform 1's application for the Translational Research Grant Scheme for their proposed model of care. Representatives of Platform 2 also participated in a meeting held on 9 June 2020 with the Data Working Group to continue clarifying and confirming data requirements.
- Sydney Research are progressing the 'Encouraging More Clinical Trials in Australia' project by co-ordinating the recruitment of an externally funded Project Manager. The position had been previously advertised in April 2020 but the preferred candidate declined the offer of appointment as they had secured another role at their current place of employment. The position was readvertised and three (3) promising applicants will be interviewed on 18 June 2020.
- Sydney Research continues to assist with the recruitment for the SHP Executive Director position. A position description has been developed and finalised with interviews to be held 13 July 2020.
- Professor Mary O'Kane has been appointed by the Board of SHP as the new Chair of SHP Board. Professor O'Kane will commence as the Chair in August 2020 with a handover period from the outgoing Chair Mr Paul McClintock. Sydney Research and SLHD congratulate Professor O'Kane on her appointment and we look forward to working with her and continuing our strong relationship with SHP.
- Sydney Research and SLHD also acknowledge the significant and productive role Paul has played as the Chair of SHP and we wish him health and success for the future.

- The inaugural Annual General Meeting of SHP will be held at the end of the year along with a recognition and farewell function for the outgoing Chair and Executive Director (assuming a new ED is appointed by that time)

Biodesign

Sydney Research continues to support the coordinators in the planning of the Biodesign 2.0 and its potential expansion across NSW. The program was initially planned to commence in June 2020 but has since been postponed in line with COVID-19 directions. A new commencement date is yet to be determined but will likely be in early 2021.

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. The program and its workshops will all be delivered virtually in line with COVID-19 guidelines.

SLHD have nominated Professor Joy Ho AM Acting Director- Haematology and Director -Research, Institute of Haematology, RPAH as mentor and Dr Amali Mallawaarachchi, Clinical Geneticist, RPAH as mentee for the 2020 program.

On behalf of SLHD, Ms Rina Ward and Ms Penny Vogelzang both virtually attended the official launch of the 2020 Mentoring Program on 9 June 2020. The event highlighted the successes of the 2019 program and formally introduced mentors with their mentees.

Sydney Biomedical Accelerator

Sydney Research continues to lead the planning for the Sydney Biomedical Accelerator (SBA), a new state-of-the-art research facility to be co-located within the RPA and University of Sydney precincts.

Adj Assoc Prof Vicki Taylor, Executive Director, Sydney Research along with Dr Teresa Anderson AM, Chief Executive, SLHD are the SLHD Executive Leads on this program. Prof Taylor has been participating in all Project Management meetings, Executive Sponsors and Executive Oversight Committees. The three MRI partners and their Boards have been notified that Adj Assoc Prof Taylor is their designated contact point. The MRIs have also appointed Mr William Groombridge and Mr Tony Pollitt to represent them on the SBA Project Management team.

An internal deadline of October 2020 has been set for the SBA detailed Business Case, which was requested by the NSW Minister for Health and Medical Research. To assist in achieving that deadline, the SBA project leads have established four streams of work – Research Vision & Functional Requirements, SBA Operating Model & Governance, Infrastructure, and Detailed Business Case Design. Each work stream includes representatives from SLHD, the University of Sydney and the three Medical Research Institutes.

Other Activities

- Sydney Research farewells Ms Megan van der Hoeven, Project Manager (Digital communications) on 16 June 2020.
- Sydney Research also welcomes back Ms Rina Ward, who returned on 1 June 2020 to the Sydney Research team in the new role of Project Officer.
- Sydney Research continues to support and explore:
 - Biodesign Sydney
 - 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:
 - Franklin Women Mentoring Program Launch – 9 June 2020
 - SHP Collaborative Workshop – 10 June 2020
 - Medical Devices Commercialisation Training Program Graduation and Showcase – 10 June 2020
 - DHCRC Virtual Participants' Forum – 17 June 2020
 - DHCRC Core Participants Information Session – 18 June 2020
 - DHCRC General Meeting of Members – 18 June 2020
 - Camperdown Ultimo Steering Group Meeting – 24 June 2020
- Sydney Research continues to update its branding across all digital communication platforms. New branding has been applied to the Sydney Research Twitter account, the weekly e-Update and updating the website has commenced.
- 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 764 subscribers.

@SydneyResearch currently has 977 followers on Twitter.

COVID-19

SLHD has continued to undertake a wide range of activities to manage and plan for COVID-19. The Board is referred to the Daily Situation Reports for details on activities during the month.



Dr Teresa Anderson AM
Chief Executive
Date: 30.6.20