

---

## Sydney Local Health District

### Meeting One Hundred and Three of the Board

Date: Monday 21 September 2020  
Time: 9.00am  
Venue: Zoom Meeting  
Chair: Ms Victoria Weekes, Deputy Chair

---

#### 1. Present and apologies

Ms Victoria Weekes, Deputy Chair  
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  
Ms Susan Anderson, Member  
Dr Mary Haines, Member  
Dr Teresa Anderson, AM, Chief Executive

#### Apologies

The Hon. Ron Phillips AO, Chair  
Ms Frances O'Brien, Member  
Professor Paul Torzillo AM, Member

#### In attendance

Dr Tim Sinclair, Executive Director of Operations, SLHD  
Dr Alicja Smiech, Chair, Medical Staff Executive Council (Departed 10.40am)  
Ms Nerida Bransby, Secretariat

#### 2. Welcome and introductions

The Chair acknowledged the traditional owners of the land and welcomed members and guests to meeting one hundred and three of the Sydney Local Health District (SLHD) Board via zoom.

The Chair advised the Board that, due to other commitments, this will be the last Board Meeting attended by Ms Susan Anderson.

# Minutes

---

### 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 of the previous meeting held 17 August 2020

The minutes of the Board Meeting held on Monday 17 August 2020 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 – August 2020

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

### 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.
- The report to outline the pressures faced by the District for this financial year is to include key risks, key scenarios and COVID-19 matters will be provided at the next meeting. The Board is to be invited to the next budget presentation to be held later this year.
- A Governance Paper is to be written outlining the risks relating to COVID-19.
- A brief is to be written on the impacts of the Police Accommodation being the responsibility of the District. The Board agreed to merge this action with the above mentioned action.

#### 5.2 Infection Control Practices at the Sydney Dental Hospital

The Board received, read and noted the information contained in the brief on the Infection Control Practices at the Sydney Dental Hospital. The Acting Chair will follow-up with the Chief Executive re some wording in this brief. This agenda item can be removed from the action list.

# Minutes

---

## 6. Patient Story

Dr Sinclair provided a verbal report on two travelers who contracted COVID-19 on holidays in Australia from the USA. Feedback from the travelers regarding the support from the staff during their stay in quarantine was very positive.

## 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

Ms Weekes provided a verbal report on the Council of Board Chairs meeting held on Monday 7 September 2020 including:

- A copy of the presentation was circulated to all Board members.
- The Terms of Reference were formalised.
- RPA Virtual Hospital was mentioned.
- Reduction of presentations to the emergency departments.
- Health system flows.
- NSW Health Procurement Reform Governance Program and the introduction of a state-wide committee.
- Patient experience and organisational culture.
- A working group of Board Chairs to be convened to look at Board size, workload and responsibilities of the Board Members and the Chairs.

## 9. Chief Executive's report

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

- The Chief Executive provided a verbal report on the COVID-19 cluster at Concord hospital including,
  - contact tracing
  - locking down of aged care wards
  - mask wearing
  - safe operating procedures in shared spaces including tea rooms use of keyboards
  - implementation of the workforce surge plan
  - RACF lockdown and weekly on-going meetings

- closure of theatres to utilise the staff skill mix
- the adjustment of the NSW Ambulance matrix

The Board agreed the staff should be acknowledged for their diligence and thoroughness at the COVID Steering Committee tomorrow.

- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- Mental Health Readmissions within 28 days have increased slightly for the month of May to 15.8%, from an April result of 13.8%. YTD May 2020, there has been a slight decrease in the percentage of Mental Health Readmissions at 15.5%, when compared to 17.5% for the same period in the previous year. The District continues to focus on strategies to improve mental health performance. The District has received extra funding for the Mental Health phone line and RPA Virtual will also be able to assist.
- Healthcare Australia and Other Districts are assisting with the challenges to staff the Sydney Health Accommodation.
- There was a decrease of -11.26% in the number of separations (13,522) for the month of July 2020 when compared to July last year. Activity does not include the Sydney Health Accommodation.
- The plan is to catch-up on elective surgery by January 2021.
- Challenges for the HACs differ at each facility. A multi-disciplinary approach to investigate two themes, medication complication for diabetic patients and peritoneal tears. A brief on the outcome of the review will be provided to the Board at the December 2020 or February 2021 meeting.
- Funding for the Pitch has doubled for this round.
- For the period ended 31 July 2020, GF Expenditure was \$25.345M (16.67%) unfavourable to budget. This unfavourable result was primarily due to unfunded COVID-19 Incremental expense of \$22.84M for ICU, Elective Surgery, Clinics, Screening, Pathology Testing and the Special Health Accommodation. The District has not received any COVID-19 Stimulus Budget in July 2020.
- Leases for the Sydney Health Accommodation have been extended to March 2021.
- Sydney Health Accommodation revenue will be separate.
- Monthly budget performance graph should be updated with and without COVID-19.
- All planning is ongoing and progressing well.
- Sydney Research is ongoing and progressing well.
- The update on COVID-19 activities for August 2020 was noted.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – July 2020

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

### 9.1.2 Selected Performance Indicators – June and July 2020.

The Board received, read and noted these reports.

## 9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report. Feedback from the Primary Health Network has been positive.

## 9.1.4 MoH Board Report for the SLHD

The Board noted this report was not available.

## 9.2 Project updates

### 9.2.1 Lifehouse

The Board received, read and noted the report.

### 9.2.2 Macquarie International Private Hospital

The Board received, read and noted the report.

## 9.3 Capital Works Report

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

## 9.4 Clinical Governance and Risk Reports

### (i) Quarterly Report

The Board received, read and noted this report for the period April 2020 – June 2020. The Board discussed the process for monitoring the RCAs. These are managed through the Incident Information Management System (iims) by the Clinical Excellence Commission, the SLHD Patient Safety and Quality Unit and Clinical Advisory Group and can be questioned at any time.

### (ii) Health Awards

The Board received, read and noted this report. The Board acknowledged the well-deserved award for the Manager of the Year.

### (iii) SLHD Risk Register

The Board received, read and noted this report. The Board discussed the postponement of the ACHS surveys until next year due to COVID-19.

## 9.5 Audit and Risk Committee Report – Period 6 June – 2 October 2020

The Board noted this report is due in November 2020.

## 9.6 Facility Reports – July 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. The Board requested a message of support to be communicated to the staff Concord.

(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. The Board discussed the incomplete report for Mental Health Services and requested further information at the next meeting.

(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) SLHD Special Health Accommodation

The Board received, read and noted the Special Health Accommodation report

(xii) Tresillian

The Board received, read and noted the Tresillian report.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

(xiv) Public Health Unit

The Board received, read and noted this report. There will be a permanent increase in staff for training purposes for the Public Health Unit

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

The Board received, read and noted this report.

(xvi) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report.

## 10. Matters for approval / resolution

10.1 National Safety and Quality Standard Standards Annual Attestation Statement 2019/2020

The Board received and read the contents National Safety and Quality Standard Standards Annual Attestation Statement 2019/2020.

Following discussions, the Board endorsed the signing of the National Safety and Quality Standard Standards Annual Attestation Statement 2019/2020

## 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 10 August 2020.

11.2 Education and Research Committee

The Board noted the next meeting is to be held on 21 September 2020. The Chair of this committee requested a copy of the Research Deep Dive presentation be circulated to the Board members.

11.3 Communications Committee

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

11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 24 September 2020.

11.5 Health Care – Clinical Council

The Board noted the meeting was held on 26 August 2020.

# Minutes

---

## 11.6 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 22 July 2020.

## 11.7 Medical Staff Executive Council

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

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

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

## 11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 29 September 2020.

## 11.10 Organ Donation for Transplant – Quarterly Report (July 2020 - September 2020)

The Board noted this report for the period July 2020 – September 2020 is due in November 2020.

## 12. Other Committee reports / minutes

### 12.1 Sustainability Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 21 August 2020.

### 12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 8 July 2020.

### 12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board received, read and noted the minutes of the meeting held on 20 August 2020.

### 12.4 Surgical Demand Committee (bi-monthly)

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

### 12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

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

### 12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 11 August 2020.

### 12.7 Organ Donation for Transplantation

The Board noted the meeting was held on 25 August 2020.



# Minutes

---

## 12.8 Major Procurement, Assets and Imaging Steering Committee

The Board noted the minutes of the meeting held on 11 August 2020.

## 12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

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

## 12.10 Concord Hospital Redevelopment Executive Steering Committee

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

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

The Board received, read and noted the minutes of the meeting held on 6 August 2020.

## 12.12 Minutes of the District Security Co-ordination Committee

The Board received, read and noted the minutes of the meeting held on 22 July 2020, in particular there were no new actions listed.

## 13. Matters for noting

### 13.1 Healthy Homes and Neighbourhoods Summary Document

The Board received, read and noted this document. Following discussions, the Board requested permission for this valuable initiative to be shared with other agencies. This request was supported.

## 14. Other Business

### 14.1 Resignation of Ms Susan Anderson

The Board Chair advised that Ms Susan Anderson has been an active Board Member for five years and contributed on the Clinical Quality Council and the Aboriginal Health Steering Committee. The Chair thanked Susan for her commitment and contribution.

The Chief Executive advised that Susan was respected and acknowledged by the District Executive, Stream Directors and Staff in the District. Susan involvement in Aboriginal Health has been highlighted in our Partnership Meetings.

Ms Anderson thanked the Board and appreciated the support and relationships with staff. Ms Anderson will personally write to the Aboriginal Health Staff formally.

## 15. Next Meeting

The next meeting is to be held on Monday 19 October 2020 at 9.00am.

# Minutes

---

The meeting closed at 10.55am.



---

Chair

---

\_20/10/20

Date

## Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board September 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 four SAC 1 RCAs and four SAC1 Reportable Incident Briefs (RIBs) for the month of July.

Mental Health Readmissions within 28 days have increased slightly for the month of May to 15.8%, from an April result of 13.8%. YTD May 2020, there has been a slight decrease in the percentage of Mental Health Readmissions at 15.5%, when compared to 17.5% 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 5.2% for the month of June, which is below the State rate of 5.7% for the month. YTD June 2020, the District continues to perform well at 4.2%, which is better than the state rate of 4.7% YTD June 2020. Unplanned Emergency Representations (same ED within 48 hours) were 4.7% for the month and YTD July 2020, which is slightly above the State rate of 4.1% YTD July 2020.

The District is slightly above the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 2.3 per 10,000 bed days for the month of June 2020. A review is underway to identify specific areas requiring focus. There was no Central Line Associated Bloodstream (CLAB) infection during June 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 9 of the 14 reported Hospital Acquired Complications (HACs) for the 12 month period June 2019 - May 2020. The remaining 5 HACs are performing within the acceptable tolerance range. Hospital Acquired Renal Failure has a rate of 3.1 per 10,000 episodes, which is slightly above the target of 2.7. 3<sup>rd</sup> and 4<sup>th</sup> degree perineal tear has a rate of 431.9 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 100.2 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 36.3 per 10,000 episodes, which is slightly above the target rate of 31.3 per 10,000 episodes. Fall Related Injuries in Hospital has a rate of 6.0 per 10,000 episodes, which is above the target rate of 5.6 per 10,000 episodes. Work is continuing to address these five HACs, with the inaugural meeting of the District HAC Committee held last month.

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 for July 2020 when compared to the same period last year by -2.93. Premium staff usage has increased for Nursing and Allied Health for July 2020 compared to the same period last year by 0.62 and 1.42 respectively.

The District is working with the NSW Health Workforce branch to strengthen its workforce surge plans in preparation for an escalation in the COVID-19 response. Focus will initially be on potential workforce challenges in ICU surge activity and will include identifying key specific workforce trigger points that will inform local planning as well as those that may need to inform potential deployment of centrally identified resources into affected COVID areas should this be required. The output will be a specific workforce focussed escalation plan that will ensure is aligned to current and ongoing work within the SHEOC.

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 -11.26% in the number of separations (13,522) for the month of July 2020 when compared to July last year. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with COVID-19. In July 2020, the District's occupancy rate decreased by 4.01%, to 85.68% when compared to the 89.69% in July 2019.

There were 12,296 attendances to the District's Emergency Departments in July 2020, which is a 17.04% decrease from 14,822 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.

FYTD July Emergency Department attendances have decreased slightly by -17.04% to 12,296 in comparison to the same period last year. YTD July case weighted attendances have decreased by -14.58%, when compared to the previous year.

## Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance. There was a 3.15% increase in ETP in the month of July 2020, to 69.6%, when compared to the same month in the previous year.

## Transfer of Care

The District is performing above the transfer of care (TOC) target (90%) for July 2020, with 90.65% of all patients transferred from ambulance to our emergency departments in 30 minutes or less.

## ED Triage

The District met target for all Triage Categories 1, 2, 3, 4 and 5 for the month of July.

## Elective Surgery

There were 275 less elective surgeries performed in July 2020 when compared to the same period in the previous year, representing a decrease of 10.52%.

For the month of July 100% of both Category A and Category B elective surgery patients were admitted within the clinically appropriate timeframe for their surgery, and 95.9% of Category C. The District has plans in place to catch up on the backlog of surgery resulting from the cessation of all non-urgent surgery in response to COVID 19. FYTD July there has been an 11.64% (133) increase in surgical patients not ready for care, when compared to the same period last year.

Elective surgery has gradually recommenced across the District to 100% capacity towards the end of July 2020. To ensure Royal Prince Alfred Hospital does not undo its COVID-19 preparedness, collaborative care arrangements are working well with Chris O'Brien Lifehouse, The Mater Private, North Shore Private, Sydney Day Surgery and Genea supplement capacity.

## Emergency Surgery

There were 39 more emergency surgeries performed in the month of July 2020 when compared to the same month last year, representing a 3.28% increase. This is being reviewed but is most likely as a result of the delays in elective surgery.

## 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 9.9% decrease in the number of Hospital in the Home overnight separations in July in comparison to the same month last year, due to the impact of COVID-19. This has been replaced by an increase in virtual health care.

## 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 0.39% variance to target YTD June, excluding Dental. The cessation of non-essential surgery and subsequent reduction in inpatient activity has impacted on the District's acute NWAU performance.

Stream	Target	Actual	Variation	Variation %
Acute*	166,319	152,609	-13,710	-8.24%
ED	23,749	22,898	-852	-3.59%
NAP	44,506	57,234	12,728	28.60%
SNAP**	12,475	12,278	-197	-1.58%
MH Admit***	17,488	18,521	1,033	5.90%
MH NAP	10,640	10,550	-90	-0.85%
Total	275,177	274,090	-1,087	-0.39%
Dental DWAU	5,496	4,069	-1,427	-25.96%
Dental NWAU#	690	511	-179	-25.96%
Total (NWAU)	275,867	274,601	-1,266	-0.46%

\* 666 uncoded episodes

\*\* 1 ungrouped episodes

\*\*\* 46 uncoded episode

# NWAU=589/4691\*DWAU

## Clinical Costing

The District and Network Return half Round 24.1 (July to December 2019) has been completed and submitted to the Ministry of Health. Monthly costing submissions Rounds 24.C07 – 24.C011 have also been completed and submitted to the Ministry.

The District Performance Unit has now commenced work for full round of costing, which has been split into two rounds 24.3 July 2019 to March 2020 and 24.4 April to June 2020. Round 24.3 will be utilised for pricing and benchmarking purposes. The split round has been implemented by the ABM Branch to minimise the impact of COVID expenditure and drop in activity on the State and District prices, while also ensuring a complete costing dataset is available for all patient activity throughout 2019/20.

## **REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE**

### **Private Health Insurance Usage**

For the month of July 2020, 15.28% (2,196 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 378 (14.68%) patients who elected to use their private insurance compared to the same period last year and an increase of 172 (8.49%) in total separations from previous month. For the month ended July 2020 conversions for facilities as compared to the same period last year were:

- RPAH – a decrease of 167 (13.40%) private patients.
- Concord – a decrease of 120 (10.89%) private patients.
- Canterbury Hospital – a decrease of 86 (48.04%) private patients.
- IRO – a decrease of 6 (17.65%) private patient.
- Balmain Hospital – an increase of 1 (7.14%) private patients.

### **Single Room Usage**

For the month of July 2020, 8.37% of patients were flagged as infection control across the District. For the month, 21% of all available single rooms were occupied by private patients and 39% of all private patients were accommodated in single rooms.

### **SLHD Strategic Revenue Network**

Key notes:

- SLHD Strategic Revenue Committee meeting for July 2020 has been postponed due to priorities related to the management of COVID-19.
- Clinician Billing Portal (CBP) has been put on hold due to recent competing priorities. There are currently 70 registered users and total \$318K 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 (coronavirus), any events which bring groups of people together, such as The Pitch, have been cancelled until further notice.
- As a consequence, the next Pitch event will be presented in a virtual format and is scheduled for Friday 25 September 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?"

### **Other Projects**

- Hand Clinic
  - The project has commenced formalising its governance structure with the establishment of a Project Working Group and the project Advisory Committee.
    - The project's Advisory Committee will report to the PFCC Service Working Group. It will have its inaugural meeting on the 3 September 2020.
    - The Project Working Group will report to the Advisory Committee and will have its inaugural meeting on 18 August 2020
  - The Project Working Group will meet to discuss and finalise:
    - The Project Management Plan



- Project Timeline
- Project Name
- At its August meeting, the PFCC Services Working Group strongly recommended the project have a consumer representative to partake and co-design. As such the project has engaged the RPAH Community Participation Coordinator who has confirmed a consumer who will participate in both the Project Working Group and Advisory Committee.
- A letter is also being sent to the CESPAN requesting GP representation to ensure the project has all stakeholders involved in this process.
- RPAH Transfer of Care Project – ‘Good to Go, Discharge by 10 and 2’
  - Due to staff leave and workload, the project timeline will be reviewed to facilitate realistic timeframes.
  - Allied Health and Pharmacy stakeholder engagement to be further explored.
  - Further consideration to be taken concerning GP complaints and discharge summaries.
  - Project team to also meet with the A/Director Patient and Family Experience.

### **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. As a consequence the May AIM course has been cancelled.
- The next AIM course is scheduled for the 12 and 13 November 2020.

### **HealthPathways**

#### **Content development**

Development of pathways for vascular conditions as well as the service mapping. Five clinical pathways are scheduled for Publication in early September.

Significant updates to our service information pages are underway in preparation for the release of approximately thirty GP e-Referral forms in late October. Also under development are specific secure links between our HealthLink referral SmartForms and the HealthPathways platform, but development work on the Digital Patient Journey Referral Management platform integration has deprioritised this until early in 2021.

#### **COVID content**

The updating of resources for COVID-19 continues and in collaboration with RPA Virtual we are exploring content to support RACFs and General Practice in the event of widespread infection and hospitalisation rates.

Further developments include content specifically focused on the recovery from COVID-19 and associated conditions such as fatigue and clotting issues.

#### **Usage of HealthPathways**

Overall usage of pathways remains higher than pre-COVID-19 days. User rates are stable compared to recent months with sessions of use and returning user rates increasing from June 2020. COVID-19 content is approximately 8% of total content viewed.

# Board Report

	August 1-19, 2020	July 2020	June 2020	July 2019
Users	995	1,250	1,220	973
Sessions of use	5,137	8,544	7,797	5,194
Unique Page Views	13,481	22,318	22,601	15,574
Total Page Views	16,796	27,659	29,403	19,278

## **FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS**

### **GENERAL FUND (GF)**

The 2020/21 Interim 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 July 2020 based on the District's budgeted NCoS.

For the period ended 31 July 2020, GF Expenditure was \$25.345M (16.67%) unfavourable to budget. This unfavourable result was primarily due to unfunded COVID-19 Incremental expense of \$22.84M for ICU, Elective Surgery, Clinics and Screening, Pathology testing and Special Health Accommodation. The District has not received any COVID-19 Stimulus Budget in July 2020.

Expenditure in the month of July 2020 increased significantly (by \$14.334M or 8.94%) compared to July 2019. The average monthly expense rate increased from \$145.289M for the period July 2018 to March 2019 to \$156.819M for the period April to June 2019 (excluding LSL adjustment in June 2019) to \$160.292M (excluding LSL adjustment in June 2020) for the 2019-20 Financial Year to \$174.721M in Jul 2021. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue (including Doubtful Debts) was \$0.770M (3.91%) unfavourable to budget for the month. The District continues to see unfavourable results in Patient Fees, Facility Fees, Prosthesis income and Car Park Fees as a result of the impact of COVID-19. The District also continues to see a reduction in the number of private health insurance patients and a reduction in actual single room bed day rates paid by health funds.

For the month ended 31 July 2020, the District's GF NCoS was \$26.115M unfavourable to budget.

The Chief Executive and the Executive Director of Finance are confident that the District would have an on budget NCoS result (excluding the impact of COVID-19 and Doubtful Debt) for the 2020/21 financial year despite the challenges that are facing the District. 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 (prior to the advent of COVID-19) and the impact of the management of the COVID-19.

The major variances for the month were:

### **Expenditure**

- For the month of July 2020, GF Total Expenditure was \$25.345M unfavourable to budget, primarily reflecting unfavourable results for Salaries & Wages (\$11.931M), Overtime (\$0.942M), Annual Leave Provision (\$0.565M), Superannuation (\$0.983M), G&S Clinical (\$4.829M), G&S Admin (\$4.854M) and VMO Payments (\$0.944M).



## Revenue

- GF Total Revenue was \$0.770M (3.91%) unfavourable to budget for the month of July 2020. The result for the month reflects unfavourable variances for Patient Fees (\$0.360M), Facility Fees (\$0.781M), Car Parking Fees (\$0.306M), Prosthesis Income (\$0.118M) and Doubtful Debts (\$0.551M) offset by favourable variances in High Cost Drugs (\$1.909M) and Grants and Contributions (\$0.695M).

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$0.079M unfavourable to budget for the month of July 2020. This result reflects unfavourable budget variance for Expenditure (\$0.062M) and Revenue (\$0.016M).

## CONSOLIDATED RESULT

For the period ended 31 July 2020, the consolidated YTD NCoS result for the General Fund and SP&T was \$26.194M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$25.407M), Own Source Revenue (\$0.220M), Doubtful Debts (\$0.551M) and Loss on Sale of Asset (\$0.015M).

## FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

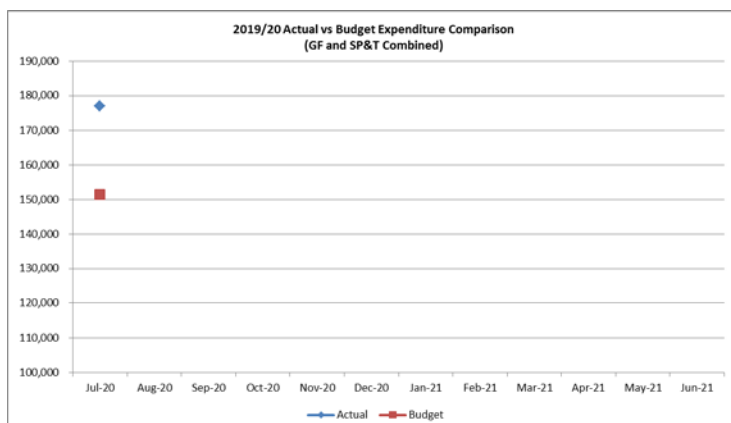
For the period ended 31 July 2020, SLHD recorded a Total Net Result of \$2.016M which was \$26.208M (108%) unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for July 2020 was \$25.610M unfavourable to budget, reflecting unfavourable budget variances for Expenditure (\$25.376M) and Revenue (\$0.234M).

For the month of July 2020, Total Direct Revenue was \$0.234M unfavourable to budget, comprising unfavourable variances for the General Fund (\$0.203M) and SP&T Fund (\$0.310M). This result for the GF reflects unfavourable variance in Patient Fees and Other Income offset by favourable variances in User Charges and Grant Income.

Total Direct Expenditure for July 2020 was \$25.376M unfavourable to budget, comprising unfavourable variances for General Fund (\$25.201M) and the SP&T Fund (\$0.175M). The result for the General Fund reflects unfavourable variances in Salaries & Wages (\$11.931M), Overtime (\$0.942M), On-costs (\$1.349M), VMOs (\$0.944M), Direct Clinical Operating (\$4.829M), G&S Corporate (\$4.854M) and G&S Supporting Services & Utilities (\$0.105M) and Grants (\$0.245M).

## MONTHLY BUDGET PERFORMANCE

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



## **LIQUIDITY**

The cash balance at 31 July 2020 for the SLHD Operating bank account was \$21.387M and the Operating Cash book balance was \$21.141M.

## **CAPITAL WORKS – SMRS PROJECTS**

As at 31 July 2020 the District's Full Year Capital works budget relating to SMRS Projects is \$23.265M comprising \$5.342M of MoH funded and \$17.923M of locally funded projects. A total amount of \$1.090M relates to pending budget roll-over from previous year.

Actual expenditure as at the end of July 20 was \$0.865M which is \$0.032M over budget.

## **OTHER CAPITAL PROJECTS**

As at the end of July 2020, the District has not expended any amount yet relating to other capital projects.

## **BUDGET ROADSHOW:**

The District held its annual budget Roadshow via Zoom on the 1 September 2020. It was well attended with good interaction with staff who asked questions via chat. It was recorded and will be available on the internet as has occurred each year. Another budget Road show will be held in early December when the finally full year budget is handed down.

## **CAPITAL WORKS**

### **RPA**

#### **Transit Lounge**

All capital works tasks were completed and commissioned in July 2020. A handover commissioning package has been submitted and the area is now being occupied.

#### **Building 63 RPU**

Wall sheeting and construction as well as mechanical service fit-offs have continued throughout July 2020. COVID-19 however has impacted on the delivery of this project due to the hot cells installation team being based in Italy and the clean room panels are being manufactured in France.

#### **Paediatrics Ward Stage 1**

All capital works tasks were completed and commissioned in July 2020. A handover commissioning package has been prepared and the area is ready to be occupied. Feedback from staff and patients has been very positive. Stage 2 will commence in September 2020.

#### **Fertility Clinic**

All capital works tasks were completed and commissioned in July 2020. A handover commissioning package has been submitted and the area is now being occupied.

#### **Sister Alison Bush Lounge**

All capital works tasks were completed and commissioned in July 2020. A handover commissioning package has been prepared and the area is now being occupied. Feedback from staff is very positive.

## Concord

### **Building 75/76 – Fussell House**

Works to the outdoor terrace continued throughout July 2020 including floor levelling and construction of the in-built BBQ. Flooring and bathroom tile installation to Building 76 are nearing completion and the placement of furniture and equipment has commenced.

### **Building 31 – Midwifery Group Practice**

Construction works for Building 31 were completed in July 2020 and the area is now ready for occupation. Capital works are now focussed on a beautification program in the precinct adjoining, including asbestos and lead paint removal to surrounding heritage listed buildings.

## Canterbury Hospital

### **ED Expansion**

During the month of July 2020, the capital works program for Fast Track was completed ahead of schedule and handed over to the facility. All walls in the Short Stay Unit have been sheeted, set and ready for painting. Water proofing to the bathrooms is also underway.

## PLANNING

### **Concord Hospital Clinical Services Plan (CSP) Stage 2**

The Planning Unit has advanced the documentation related to the Concord CSP, in particular working with the hospital to draft the vision, strategic directions and forecasts.

The Planning Unit has also finalised the papers on the feasibility of developing maternity and paediatric units at Concord Hospital in Stage 2.

A presentation was provided to the Concord Hospital Executive Steering Committee to support the completion of the first draft CSP (Vol 1) which, with amendments will be issued to Concord's Clinical leads for comment in the second half of September.

The second volume of this major report – models of care, activity and future service developments has been completed and will also be issued for comment.

### **SLHD Surgical Services Plan**

The Planning Unit, together with the SLHD Clinical Director of Surgery has undertaken a round of consultations, cross District with surgical services heads of Department and related departments.

The consultations have focused on the draft Surgical Services Options Paper which outlines an initial range of six options for the re-alignment and reconfiguration of surgical services across the District. These options have been derived from consultations with surgical and related services across the District, together with data and evidence on models of care. The strategic intent is to move selected surgeries out of RPA into Concord and Canterbury in accordance with the respective roles and strengths of each campus.

Consultations have included one to two meetings to date with Urology, Gynaecology, ENT, Colorectal, Upper GI, Trauma, Neurosurgery, Cardiothoracic Surgery, Geriatrics and Rehabilitation.

These consultations will form the basis of the Surgery Engagement Report and the finalised Options Report for discussion at the Surgical Services Executive Steering Committee in early September.

## RPA Redevelopment

The Planning Unit organised a Council briefing on two of the studies linked to the CHERP planning. The District has invited comments on these studies from the City of Sydney and the Inner West Council. Comments on these plans are due by the end of this month.

## Camperdown-Ultimo Collaboration Area Alliance (CUCA Alliance) and Tech Central

The Planning Unit has continued attending meetings of the Camperdown-Ultimo Collaboration Alliance to contribute to the transport and land use studies and to ensure the full alignment of the RPA redevelopment work and future health development with these Alliance studies.

Discussions are underway to realise the vision for the Camperdown Biotechnology Hub, providing significant knowledge and advanced manufacturing employment that articulates to the RPA and University of Sydney research and innovation. Other discussions centre on the opportunities provided by the state-owned Westconnex dive site.

The governance structure for “**Tech Central**”, (previously known as the Sydney Innovation Technology Precinct), includes a government advisory group. SLHD will be involved as a key stakeholder in this group.

## Urban Development Studies

The Planning Unit continues to contribute to urban development studies being undertaken, including, during August, the Redfern North Eveleigh precinct to outline the health service issues related to these developments.

## SYDNEY RESEARCH

### COVID-19 Operational Support

Sydney Research continues to support Sydney Local Health District (SLHD) in its response to COVID-19. The team participates in virtual committee meetings, reviews COVID-19 related correspondence, communicates the latest information and updates to SLHD and Sydney Research stakeholders and manages meeting attendance records for the District.

Sydney Research has also coordinated the submission of 14 SLHD EOI submissions in Round 2 of the NSW Health COVID-19 Research Grant Program. All EOI submissions were approved by the Chief Executive and submitted to the Office of Health and Medical Research on Monday 17 August 2020. Successful submissions will be invited to full application on 16 September 2020 with outcomes notified in November 2020.

### Applications - COVID-19 Research Grant Program Round 2

#	Investigator	Project Title	Requested Funding
1	Prof Jennifer Alison	Enabling the best outcomes for COVID-19 survivors and those with chronic lung disease: the Virtual Care COVID (VCareC) study	\$797,000
2	Dr Angus Ritchie and Prof Warwick Britton	Building an evidence base to support best practice in remote monitoring of patients in virtual hospitals and other health services: Learning from Covid-19.	\$970,000
3	Prof Winston Cheung	A survey of Australian public opinion on using comorbidity to triage intensive care patients in a pandemic	\$19,000
4	Prof Bruce Connell	Developing Covid-19 antibody assays to gauge vaccine efficacy, asymptomatic infection, and viral evolution for regional and high risk communities.	\$1,350,000

5	Prof Luigi Fontana	e-Health based dietary and exercise program to reduce cardiometabolic risk factors associated with increased COVID-19 morbidity and mortality	\$572,029
6	A/Prof Meg Jardine	Impact of COVID19 on the delivery of guideline-indicated care for people with cardiovascular disease, including high risk sub-populations	\$98,000
7	Dr Sarah Maguire	The VIRTUAL-ED Trial: Pivoting care for people with eating disorders to an online care environment: the integration of digital pathways into the NSW Service Plan for People with Eating Disorders	\$850,000
8	Dr Amali Mallawaarachchi	The INTEGRATE Study – INTEgrating Genetics by virtual Team carE	\$997,035
9	A/Prof Lucy Morgan	Development of PXS-5A, a non-immunosuppressive anti-inflammatory agent, for the treatment of COVID-19 and other viral infections in high risk patients	\$1,000,000
10	Prof Martin Ng	Bioengineering Next Generation Personal Protective Masks	\$433,572
11	Dr Sheila Sivam	Cystic Fibrosis Virtual Care – Assessing a new model of health care delivery	\$684,000
12	Lil Vrklevski	The effectiveness of crisis interventions, targeted psychological strategies and support during quarantine.	\$263,000
13	A/Prof Li Ming Wen	Determining the effectiveness of a telehealth program in improving mental health and wellbeing of mothers with young children	\$676,438
14	Prof Jencia Wong	DIAn-CO19 Study	\$155,000

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

Sydney Research continues to support TRGS projects from Rounds 1-4. A/Prof Tim Wand has submitted the final report for the successful TRGS Round 2 study, with findings supporting the ED-based model of MHLN care implemented by funding from the scheme. The model has supported improvements in patient and ED outcomes and provided valuable support for ED and psychiatry staff. It also enabled timely access to a dedicated mental health service within the ED, as evidenced by short waiting times, reduced time spent in ED and minimal 'did not waits'.

Further implementation of this model has significant potential to build the capacity of other metropolitan, rural and regional EDs to respond to the increasing burden of mental health presentations. With the support of the Chief Executive, SLHD, implementation will be explored with Sydney Health Partners, with discussions planned for 2 September 2020 for presentation at the SHP Governing Council meeting on 12 October 2020.

## OHMR – Embedding Quality Research

The Embedding Quality Research (EQR) Steering Committee convened on 24 July 2020. Co-chaired by the Chief Executive, SLHD and Executive Director, Office of Health and Medical Research, Chief Executives from across NSW shared their progress on supporting the COVID-19 research response and also received an update on the Embedding Economists health economics pilot from Prof Andrew Searles, Director, Hunter Medical Research Institute. Research governance was also agreed as a priority for the EQR initiative, with an EQR subgroup to be formed to focus on streamlining research governance activities across NSW.



The EQR working group met on 5 August 2020 and discussed its priorities for the next 6-12 months. Investigating the potential for a state-wide clinical trials management system and supporting the implementation of the Clinical Trials Governance Framework remain key priorities of the group, with research governance and developing the REDCap community of practice also agreed as focus areas.

## Patient Family Centred Care (PFCC) Research Working Group

The PFCC Research Working Group continues to work on its key engagement initiatives to build and develop consumer engagement in research across the SLHD. Sub-groups will be formed to lead the agreed eight (8) initiatives, and will report to the working group and receive support from Dr Karena Conroy and Adj Assoc Prof Greg Fairbrother.

In progressing its first initiative to establish a baseline of current consumer engagement in research, the working group has identified a critical reporting gap and opportunity to enhance the REGIS system. As a result, the group is working with SLHD researchers and OHMR to determine meaningful state-wide measures for inclusion in REGIS. OHMR is also liaising with the NHMRC to include consumer engagement measures in the electronic Human Research Ethics Application form (HREA).

In addition, the 'Engaging Consumers in Health Research' research article has been published in the peer-reviewed journal, *Australian Health Review*. Originally conceived by the PFCC Research Working Group, this significant piece of work was entirely produced by members of the working group and highlights the importance of strong governance, as well as individual and organisational commitment to enable effective and meaningful consumer involvement in research. Article link: <http://www.publish.csiro.au/AH/AH19202>

## Franklin Women

The Franklin Women midpoint workshop was held on 13 August 2020. Mentees and mentors shared learnings from their experience and plans for the remaining partnership. Sydney Research continues to distribute the Franklin Women monthly updates in its eUpdate and will feature as an Academic Partner in an upcoming communication in 2020.

## Sydney Research Awards

Progress reports from current recipients of the Health Informatics Researcher Scholarship and Clinician Researcher Scholarship have been received, with final reports from 2017 and 2018 recipients also completed. Recipients will be invited to the Sydney Research Council to present their findings and plans for further research and implementation.

## Summary - Health Informatics and Clinician Researcher Scholarships

Study	Key achievements
<b>Health Informatics Researcher Scholarship 2017- Ms Merran Findlay</b>	
<b>Optimising Nutrition Care of Patients with Head and Neck Cancer</b> The study has tested the feasibility of accessing imaging data and conducted pilot study to evaluate CT-defined skeletal muscle depletion in patients with head and neck cancer (HNC). A large cohort study is currently underway to confirm this preliminary data.	<ul style="list-style-type: none"> <li>- Ms Findlay has published two articles in the <i>Journal of the Academy of Nutrition and Dietetics</i>, with another submitted and currently under review.</li> <li>- Ms Findlay has been invited to speak at 3 national conferences and has had 3 accepted abstracts (2 international, 1 national).</li> <li>- Ms Findlay was also awarded the 2020 Derek Hart Travel and Education Award for Commitment to Sydney Catalyst and Translational Cancer Research.</li> </ul>
<b>Health Informatics Researcher Scholarship 2018 - Ms Racha Dabliz</b>	
<b>Digital Solutions to transitions of care</b> The study has extended from evaluating eMeds	<ul style="list-style-type: none"> <li>- Ms Dabliz has presented to Cerner Regional User Group Conference in Sydney, Health Informatics</li> </ul>

# Board Report



<p>in the ICU to include evaluating the Oncology Haematology Medication Information system at CRGH and RPAH</p>	<p>Society of Australia Young talent seminar, the Medical Informatics Conference, and will be presenting at the virtual Journal of American Informatics Association conference in Nov 2020.</p> <ul style="list-style-type: none"> <li>- Ms Dabliz has submitted 3 articles for publication in <i>Health informatics Journal</i>, <i>International Journal of Medical Informatics</i>, and <i>BMC Medical Informatics and Decision Making</i></li> </ul>
<p><b>Health Informatics Researcher Scholarship 2019 - Ms Julianne Chong</b></p>	
<p><b>VTE stewardship at CRGH</b> The venous thromboembolism stewardship team have implemented an evidence-based packaged intervention using a combination of active alerts (human and electronic) and passive strategies (education). In 2019, Concord Hospital held:</p> <ul style="list-style-type: none"> <li>- 35 x VTE prevention education sessions</li> <li>- 3 x VTE prevention health promotion campaigns</li> <li>- 1 x hospital-wide JMO VTE Risk Assessment competition</li> <li>- 844 x ward pharmacist interventions</li> </ul>	<ul style="list-style-type: none"> <li>- The use of the SLHD mandatory electronic VTE Risk Assessment tool increased from 21% to 87%, VTE Risk Assessment increased from 75% to 96%, and VTE Risk Assessment within 24 hours of admission increased from 59% to 65%.</li> <li>- Ms Chong presented to the Society of Hospital Pharmacists of Australia (SHPA) NSW branch and SLHD Allied Health Research Forum</li> <li>- Ms Chong has participated in the CEC VTE Expert Advisory Group</li> <li>- Ms Chong is leading discussion NSLHD Clinical Governance Unit to introduce the program.</li> </ul>
<p><b>Clinician Researcher Scholarship 2018 - Ms Claire Hutchinson</b></p>	
<p><b>Why do patients represent to the ED?</b> The integrative review (Phase 1) and retrospective audit (Phase 2) components of the project have been completed to understand the incidence and characteristics of patients that return to the Emergency Department across the SLHD. A survey has been developed to understand staff perceptions on Patient remittance (Phase 3) and will be distributed pending ethics approval.</p>	<ul style="list-style-type: none"> <li>- Ms Hutchinson has published two articles and another is under review for the <i>Australasian Emergency Care</i></li> <li>- Ms Hutchinson completed a statistics unit at the University of Sydney and obtained a Distinction grade. She is currently enrolled in a qualitative unit of study at the University of Sydney (Aug-Dec 2020) that will facilitate the development of the protocol for phase 4 of the study.</li> </ul>

## Summary continued - Health Informatics and Clinician Researcher Scholarships

Study	Key achievements
<p><b>Clinician Researcher Scholarship 2019 - Dr Robert Rawson</b></p>	
<p><b>Improving melanoma patient outcomes by enhancing pathological and molecular assessment of primary and metastatic melanoma.</b> The study has identified 80 cases which are difficult borderline cases on histopathological review and have commenced molecular testing of these cases to help identify potential mutations that might correlated with specific histopathological findings. This will improve our ability to accurately classify these very difficult tumours and ensure patients are appropriately treated.</p>	<ul style="list-style-type: none"> <li>- Dr Rawson has published the literature review component of this project in the journal <i>Human Pathology</i>, and is in the process of completing a supplementary manuscript that assesses the histopathological response patterns seen in the surgical excision specimens of patients who have received neoadjuvant immunotherapy for metastatic melanoma and correlating with clinical outcomes.</li> </ul>

## Sydney Health Partners (SHP)

Prof Don Nutbeam has been appointed as the new Executive Director of Sydney Health Partners, succeeding Prof Garry Jennings AO. Prof Nutbeam is currently a Professor of Public Health at the University of Sydney and Principal Senior Advisor to the Sax Institute. In 2016 and 2017, prior to the appointment of Prof Jennings, Prof Nutbeam served as Sydney Health Partners' interim Executive Director, taking the Partnership through its "start-up" phase. He has been Senior Advisor to the Partnership in the years since.

Prof Nutbeam will officially commence his new role on 5 October 2020, while Prof Jennings will remain with Sydney Health Partners until the end of October. Sydney Research will continue to work closely with Sydney Health Partners and ensure Prof Nutbeam receives the full support of SLHD and is welcomed as a representative on Sydney Research Council

Sydney Research continues to support key SHP initiatives:

### 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*" and continue to participate across all five (5) of the Platforms.
- Platform 2 are co-ordinating a consumer reference group, co-led by Adj Assoc Prof Greg Fairbrother and Dr Karena Conroy, to further support the cellulitis project. An initial meeting of three Consumer Coordinators nominated by SLHD, NSLHD and WSLHD was held 18 August 2020 to assist in establishing the priorities, practicalities and recruitment for the group.

### Encouraging More Clinical Trials in Australia

- The newly appointed Clinical Trials Project Manager, Dr Joan Torony, commenced with SHP on 10 August 2020. Dr Torony brings significant experience to this role having working in clinical trials for over 17 years in various roles, including as a Clinical Research Operations Manager and Chief Executive Officer of the Trans-Tasman Radiation Oncology Group.
- In order to progress with this project, an Advisory Committee will be established with representatives from across the SHP collaboration, the NHMRC Clinical Trials Centre and OHMR. The Committee will review and establish the priorities and milestones for the project, which may have changed in light of the COVID-19 pandemic.

### Sydney Research Council

The Sydney Research Council met virtually on 28 July 2020. A/Prof Georgina Clarke, Group Leader of Dendritic Cell Research Group at the ANZAC Research Institute, presented on the recent commercialisation success of her group. Dr Duncan Macinnis also presented on the latest initiatives of MTPConnect, including the Medical Research Future Fund's Biomedical Translation Bridge Program, BioMedTech Horizons and the newly announced Researcher Exchange and Development within Industry (REDI) program.

### Sydney Biomedical Accelerator

Sydney Research continues to lead 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 campuses. The detailed business case is in its final stages of development, with the Executive Oversight Committee to meet on 20 August 2020 to provide final endorsement for submission. The final business case will be submitted by SLHD to the NSW Minister of Health and Medical Research and Secretary, NSW Health. The Memorandum of Understanding regarding the merger to form the Australian Institute for Future Health (AIFH) has been endorsed by the Board Chairs of the Centenary, Heart Research and Woolcock Institutes. This endorsed MOU will supplement the final business case which will be co-signed by SLHD and the University of Sydney. The Research Strategy Overview and Commercial Principles have also been agreed for inclusion in the final business case.



Since February 2020, Adj. Assoc. Prof Vicki Taylor, Executive Director, Sydney Research and Mr John O'Connor, A/Director, Strategic Projects have provided direction to Ernst & Young and Jacobs Architecture to form the final business case, as well as represent SLHD in Executive discussions with SBA partners the University of Sydney and AIFH. Following submission of the final business case in August 2020, structures to progress governance and detailed integration activities of the SBA Program Office will be defined and progressed.

## Other Activities

In addition to the above, Sydney Research continues to support key activities in SLHD and with interagency partners:

- Digital Health CRC project concept proposals, with three being developed concurrently with SLHD ICT
- SLHD support for MRCF investment to commercialise the Metaoptima Dermengine technology platform, currently in use at Sydney Melanoma Diagnostic Centre at RPA
- Submission of applications to the HCF Foundation Health Services Research and ACI Research Grants Schemes
- SLHD representation for the development of a national data asset (HeSANDA) with the Australian Research Data Commons (ARDC)
- Camperdown-Ultimo Alliance
- CHERP Precinct Committee
- CHERP Planning and Development Committee
- The Royal Prince Alfred Immune Effector Cell Quality Service Steering Committee
- The establishment of the Pharmaceutical Manufacturing Lab to be located within the NSW Statewide Biobank.
- Through the Sydney Research Council, communications and social media, Sydney Research is promoting internal and partner educational and research activities.
- The Sydney Research weekly electronic newsletter, e-Update, has an audience of 785 subscribers, which has increased by 7 subscribers since July.
- @SydneyResearch currently has 1,008 followers on Twitter, which has increased by 12 followers since July.

## COVID-19 UPDATE

SLHD has undertaken the following activities in August 2020:

- Enhanced and expanded Contact Tracing through the SLHD Public Health Unit for locally acquired cases. Support to NSW Health and the State of Victoria in providing contact tracing to assist their outbreak management team.
- Expanded ICU capacity at RPA, Concord and Canterbury Hospitals in the event of surge in demand due to an outbreak.
- Expanded Renal Dialysis surge capacity to match projected need in the event of an outbreak developed.
- Assistance provided to NSW Health in providing Special Health Accommodation for incoming international passengers under the Public Health Order requiring medical supervision.
- Provision of accommodation for community transmission cases who are unable to safely self-isolate in the home environment.
- Expanded community based COVID-19 Screening Clinics established at Rozelle, Redfern, Summer Hill, Homebush, Eddy Avenue, Roselands, in addition to pop up clinics for outbreak surveillance (e.g. Marriott Hotel) currently seeing between seeing **over 3,000 people on busy days**.

- Expanded facility based COVID-19 Screening Clinics established at RPA, Concord and Canterbury Hospitals currently seeing between 400-1000 people per day.
- Establishment of COVID-19 Screening Clinics in areas of special need such as social housing areas like Waterloo, Riverwood etc.
- Creation of Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.
- Special Flying Squad Teams established to support community testing, Special Health Accommodation and other sites.
- COVID-19 Testing team established to support the SESLHD Screening Team at the international airport terminal.
- COVID-19 Screening, Testing team and Health Border Control team established at the Domestic Terminal to screen and validate permits for all passengers and crew alighting from flights originating from Victoria.
- COVID-19 Screening, Testing team and Health Border Control team established at the Central Train Station to screen and validate permits for all passengers alighting from trains originating from Victoria.
- Development of COVID-19 Hotline to provide results to people following COVID-19 swabbing.
- Enhanced Environmental Health Officer inspections of food outlets with SLHD to ensure they have and comply with appropriate COVID-19 Safety Plans.
- Establishment of Tiger Teams to provide support to facilities and services in COVID-19 operations.
- Support to the MOH with staff to work in the State Health Emergency Operations Centre (SHEOC).
- Regular meetings with Emergency Management representatives from LGAs (City of Sydney, Inner West, Burwood, Strathfield, Canada Bay and Canterbury Bankstown Councils).
- Development, fit out and use of special purpose vehicle to run mobile COVID-19 Testing Clinics.
- Central coordination of COVID-19 activities through the SLHD Operations Centre, central coordination of supply and ordering of PPE, equipment and other issues.
- Continuation of Fit Testing for staff from high risk areas, note this is on top of existing Fit Checking that currently occurs.

The Board is referred to the weekly Situation Reports for additional details on activities during the month.



Dr Teresa Anderson AM  
**Chief Executive**  
Date: 21.9.20