
Sydney Local Health District

Meeting One Hundred and Seven of the Board

Date: Monday 15 February 2021
Time: 9.00am
Venue: Centre for Education and Workforce Development / Zoom Meeting
Chair: Ms Victoria Weekes, Acting Chair

1. Present and apologies

Ms Victoria Weekes, Acting Chair
Dr Thomas Karplus, Member
Mr David McLean, Member
A/Professor Christine Giles, Member
Ms Ronwyn North, Member
Ms Frances O'Brien, Member
Ms Kerry-Anne Hartman, Member
Dr Mary Haines, Member
Mr Richard Acheson, Member
Dr Teresa Anderson, AM, Chief Executive

Apologies

Professor Paul Torzillo AM, Member

In attendance

Dr Tim Sinclair, Executive Director of Operations, SLHD
Dr Andrew Hallahan, Executive Director, Medical Services and Clinical Governance and Risk (Departed 9.40am)
Ms Zeinab Gautam, Acting Deputy Manager, Internal Audit (Departed 9.25am)
Dr Alicja Smiech, Chair, Medical Staff Executive Council (Departed 10.55am)
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 seven of the Sydney Local Health District (SLHD) Board.

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 14 December 2020

The minutes of the Board Meeting held on Monday 14 December 2020 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – December 2020

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

Presentations:

1. District Network Returns (DNR) 2019/2020 Findings

Ms Gautam presented on the District Network Returns (DNR) 2019/2020 Findings including:

- What is the DNR?

Focusses on the work involved in generating a quality costing submission to the Ministry which is used to run the services and strategies offered by all NSW Districts and specialty health networks. This ensures a high standard of patient care.

- What is the DNR Audit Program

The DNR Audit Program involves a financial year long preparation of clinical and non-clinical costing data that is linked to patient activity, resulting in a costing data submission to the Ministry in April and November every year. The Ministry will then utilise this data submission for a variety of reasons, one of which is to determine the activity based funding budget for the following year. The importance of the DNR submission is noted in the fact that activity based funding in NSW makes up in excess of 76% of Local Health District funding, which is significant.

- Key Milestones

Looking at the key milestones, the aim to complete the DNR Audit Program by mid to late December every year. The DNR Audit Opinion is typically due at the end of January and the final audit report is due at the end of February every year. The Executive Management and the Performance Unit have provided valuable insights and support throughout the process.

- Previous versus Current Audit Program

DNR Audit Program significantly changed last November and this was greatly influenced by the current pandemic we are facing and how it changed. Previously the focus was on all the input processes that produce accurate costing results. Now we are required to focus on the reasonability of costs across all facilities and whether these

costs reflect local operations. The Ministry advised this new audit approach is the way forward.

The focus this year, Audit opted to take a pragmatic approach during this review that considered the impact of the COVID pandemic on resources and the Ministry agreed with this. There were no concerns raised about our district due to us having an exceptional Costing team.

- Overall Audit Results

Internal Audit were impressed by the level of knowledge retained by the Performance Unit as well as the execution of their processes in delivering a quality DNR submission. They also used their operational knowledge of the District to assess a range of costs. This report notes a number of continuous improvement opportunities that focus on further enhancing the knowledge of the finance staff in the operating environment when reporting costs for the year.

Such an opportunity involves a transfer of knowledge from the Performance Unit to facility Finance staff through existing education and training sessions.

Overall, this is a fantastic result considering this was a brand new program that took a very different approach which audit teams and Performance Units across the state found challenging.

The Chief Executive advised the Board that the Internal Audit are a mature and experience team and the importance of costings during COVID.

The Chair thanked Ms Gautam for the presentation and for attending the meeting.

2. Hospital Acquired Complications (HACs)

Dr Hallahan was introduced to the Board as the Executive Director, Medical Services and Clinical Governance and Risk taking over the role of Ms Sharon Campbell, who now has a position with the Clinical Excellence Commission. The Chief Executive acknowledged the work of Ms Campbell.

Dr Sinclair and Dr Hallahan presented on the HACs including:

- Overview
- Identifying sixteen high priority complications which clinicians, managers and others can work together to address and improve patient care
- Strategies to address HACs in SLHD
- Governance and Structure
- SLHD HACs Committee Structure
- Operational Co-ordinators and Clinical Leads
- Key Initiatives
- Deep Dives
- Action Plans are defined and agreed
- Engaging Coding Teams to work with clinicians
- Culture of reporting near misses and no down grading of near misses

Following the presentation the Board discussed:

- Coders are working alongside Clinicians
- The Clinicians are committed to the approach
- Timeline for performance benchmark
- Good governance structure in place with strong leadership and education

The Chair thanked Dr Hallahan for the presentation and for attending the meeting.

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action list including:

- The Board Self-Assessment is to be placed on the Agenda for the Board Planning Day which has been deferred to March 2021. A copy of the questionnaires is to be provided to the Board.
- A copy of the brief outlining the review into the SLHD COVID pandemic response was received by email. This agenda item can be removed from the action list. A copy of the Risk Management Plan in Quarantine Hotels is to be provided to the Board.
- The monthly budget performance data is now updated to include with and without COVID. This agenda item can be removed from the action list.
- A copy of the submission to the MoH on Future Health Strategies was emailed to the Board on 16 December 2020. This agenda item can be removed from the action list.

5.2 Low birth weight for Aboriginal babies

The Board received, read and noted this report, in particular, there was no concluding statement as this is still a work in progress and should be monitored by the Aboriginal Health Steering Committee. This agenda item can be removed from the action list.

5.3 HAC report – December 2020

The Board received, read and noted this report.

6. Patient Story

This agenda item was deferred to the next meeting.

7. Standing Items

7.1 Acronyms List

The Board received and noted this list.

Minutes

7.2 Financial Classification Codes

The Board received and noted this list.

7.3 Board Calendar 2021

The Board received and noted the Board Calendar for 2021. A copy of the Board Calendar Meetings are to be circulated to the Board.

8. Chair's Report

Ms Weekes provided a verbal report including:

- The appointment process for the new Chair.
- The Board Planning Day has been deferred to March 2021 pending the Board Conference date.
- Committee membership.
- Ms North will now Chair the Finance Risk and Performance Management Committee.
- Associate Professor Christine Giles represented the SLHD Board at the Ministry of Health meeting to review the Local Health District and Speciality Health Network Board Reports. The meeting was well attended by LHDs representatives and endorsed the updated measures and presentation of those measures and outcomes in the Board Reports. The Ministry anticipates that the updated measures will be incorporated in District Board reports in the second quarter of the calendar year, following a final round of consultation with Districts. The Ministry will circulate the updated measures this week for final comment, prior to their adoption in the next quarter.

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 no RCAs overdue for the month of December 2020.
- The information relating to HACs was discussed during the presentation.
- Workforce matters are to be on the agenda for the Planning Day.
- There was a 0.64% increase in ETP in the month of December 2020, to 69.67%, when compared to the same month in the previous year. YTD December there has been a slight increase (0.35%) in ETP to 68.57%. Admitted ETP was slightly below target (50%) for the month at 47.85%, which is a 0.39% increase
- End of March 2021 is the estimated catch-up date for elective surgery.
- The District is assisting Hunter New England District with between 25 to 100 orthopaedic cases.
- Revenue remains a challenge with patient attending private facilities.
- Innovations such as the e-Referral Project is going live in the Andrology Department at Concord Hospital on 24 February 2021.
- The Pitch has been postponed due to the roll-out of vaccinations.

- For the period ended 31 December 2020, GF Expenditure was \$45.346M (4.36%) unfavourable to budget after receiving \$129.17M COVID-19 Stimulus Budget. It is to be noted the COVID-19 stimulus budget is always **one month behind**. The unfavourable result is primarily due to unfunded COVID-19 Incremental expense of \$32.871M for Elective Surgery, Clinics and Screening, COVID-19 Wards, Pathology testing, Special Health Accommodation, Cleaning, PPE, Contract Tracing and SHEOC.
- The Information on planning was noted.
- A presentation on the Sydney Biomedical Accelerator will be provided to the Board pending relevant material.
- COVID-19 Update
 - The sharing of best practice procedures and protocols with other agencies
 - Any reluctance from staff concerning the vaccine is low
 - Reference to Communications Committee Minutes
 - Untrue articles in the media are noted and discussed. Walk through processes have been provided to the media.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – December 2020

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

9.1.2 Selected Performance Indicators – December 2020

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

9.1.4 MoH Board Report for the SLHD

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.

Minutes

9.3 Capital Works Report

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

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted this report for the period October 2020 – December 2020 is due in March 2021.

(ii) Policies

The Board received, read and noted this report.

(iii) SLHD Risk Register

The Board noted this report is due March 2021.

9.5 Audit and Risk Committee Report (period 1 December 2020 - 11 March 2021)

The Board noted this report for the period 1 December 2020 – 11 March 2021 is due in April 2021.

9.6 Facility Reports – December 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 including:

- Dr Anderson advised the Board that Dr Wallace has had a baby boy
- Dr Sinclair advised the Board that the District is currently waiting on approval to spend the \$19M capital works contingency funds.
- The Board members were very impressed by the Concord Hospital redevelopment site on their recent visit.

(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. Mental Health Services remains very busy. The District is looking into new pathways, virtual models and trialing a new model in apartments for step down beds.

(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 this very comprehensive report. A copy of the Risk Management Plan for Hotel Quarantine is to be provided to the Board.

(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.

(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.

Minutes

10. Matters for approval / resolution

Nil to report

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received, read and noted the minutes of the meeting held on 14 December 2020.

11.2 Education and Research Committee

The Board noted the next meeting is to be held on 15 March 2021.

11.3 Communications Committee

The Board received, read and noted the minutes of the meeting held on 2 February 2021. Mr McLean, Chair of the Communications Committee commended the work of the Communications Committee at this meeting.

11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting held on 11 December 2020, in particular, the new Risk System Reporting requirements to the MoH will be provided at the next Audit and Risk Committee meeting.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted minutes of the meeting held on 25 November and 16 December 2020.

11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 25 November 2020.

11.7 Medical Staff Executive Council

The Board received, read and noted the minutes of the meeting held on 5 February 2021.

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

The Board noted the next meeting is to be held on 2 March 2021.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 30 March 2021.

11.10 Organ Donation for Transplant – Quarterly Report (October 2020 – December 2020)

The Board received, read and noted this report for the period October 2020 – December 2020.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting was held on 12 February 2021.

12.2 Medical and Dental Appointments Advisory Committee

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

12.3 Surgical Demand Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 16 December 2020.

12.4 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board received, read and noted the minutes of the meeting held on 16 December 2020.

12.5 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 12 November 2020.

12.6 Organ Donation for Transplantation

The Board noted the next meeting is to be held on 23 February 2021.

12.7 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 8 December 2020. The Chief Executive advised the Board that she is a member of the State-wide Procurement Committee.

12.8 Yaralla Estate Community Advisory Committee (bi-monthly)

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

12.9 Concord Hospital Redevelopment Executive Steering Committee

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

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

The Board noted the meeting was held on 4 February 2021.

12.11 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 25 November 2020.

13. Matters for noting

13.1 Brief – Membership of the Medical and Dental Appointments Advisory Committee

The Board endorsed the recommendations contained in the brief concerning the Members of the Medical and Dental Appointments Advisory Committee.

13.2 Brief – Removal of Liquor License

The Board supported the objection to the Notice of Intention to Supply a liquor license.

14. Other Business

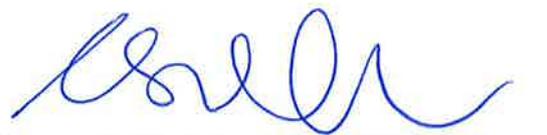
14.1 Green Square

A presentation is to be provided to the Board on Green Square at a future meeting.

15. Next Meeting

The next meeting is to be confirmed for Monday 15 or 22 March 2021 at 9.00am pending the Board Conference.

The meeting closed at 11.15am.



Chair

22-3-2021

Date

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board February 2021

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 no RCAs overdue during the month of December.

Mental Health Readmissions within 28 days have decreased slightly for the month of October 2020 to 16.3%, from a September result of 16.6%. 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 5.00% for the month and 5.2% YTD November, which is slightly below the State rate of 5.6% for the month and YTD November. Unplanned Emergency Representations (same ED within 48 hours) were 4.9% for the month and 4.6% YTD December 2020, which is slightly above the State rate of 4.6% for the month and slightly above the state rate of 4.3% for YTD December 2020.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 1.5 per 10,000 bed days for the month of November 2020. There was 1 Central Line Associated Bloodstream (CLAB) infections during November 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 within benchmark for 9 of the reported Hospital Acquired Complications (HACs) for the 12 month period November 2019 - October 2020. 1 HAC is performing within the acceptable tolerance range and the other 4 HACs are underperforming.

Fall related injuries has a rate of 6.8 per 10,000 episodes, which is slightly above the target of 5.7. For the 12 month rolling period of, November 2019 – October 2020, this represents an increase of 10 falls.

Hospital acquired persistent incontinence has a rate of 6.5 per 10,000 episodes, with a target of 5.8. For the 12 month rolling period of November 2019 – October 2020, this represents an increase of 6 instances of hospital acquired persistent incontinence.

Hospital acquired endocrine complications has a rate of 40.2 per 10,000 episodes, with a target of 29.7. For the 12 month rolling period of November 2019 – October 2020, the number instances of malnutrition increased by 40.

Hospital acquired birth trauma has a rate of 123.2 per 10,000 episodes, against a target of 98.8. For the 12 month rolling period of November 2019 – October 2020, this represents an increase of 26 instances of birth trauma.

3rd and 4th degree perineal lacerations has a rate of 387.9 per 10,000 on a target of 384.1. For the 12 month rolling period of November 2019 – October 2020, the number of instance of perineal lacerations decreased by 36.

Work continues to improve the District's performance in relation to all HACs, with facilities/services providing monthly updates to their HAC Action Plans, which is overseen by the SLHD HAC Steering Committee. District HAC Operational Coordinators and Clinical Leads for each of the HACs have been appointed to further support facilities and services in the development of strategies to reduce HACs District wide.

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 December 2020 when compared to the same period last year by -0.55. Premium staff usage has increased for Nursing and Allied Health for December 2020 compared to the same period last year by 4.04 and 0.64 respectively.

The District is working with the NSW Health Workforce branch to ensure that its workforce surge plans are in place for an escalation in the COVID-19 response. The District has comprehensive plans in place to address the potential workforce challenges in ICU surge activity and has identified key specific workforce trigger points to inform local planning as well as those that may need to inform potential deployment which may be required in the event of a COVID-10 outbreak. The District has ensured that escalation plan is aligned to current and ongoing work within the SHEOC. One of the current focuses is on increasing the deployment of nursing, medical and administration staff to support the COVID-19 Vaccination Program in NSW.

Activity

There was an increase of 0.63% in the number of separations (13,764) for the month of December 2020 when compared to the same period last year as activity starts to normalise with the effective management of the COVID-19 pandemic. YTD December separations have decreased by 7.61% which is a substantial improvement on previous months with a greater return to business as usual. The reduction in separations compared to the previous year is consistent with the decrease in elective surgery and reduced inpatient activity associated with COVID-19. In December 2020, the District's occupancy rate decreased by 3.68%, to 84.15% when compared to the 87.83% in December 2019, this is again an increase on the previous month as activity begins to normalise.

There were 14,755 attendances to the District's Emergency Departments in December 2020, which is a 4.71% decrease from 15,484 when compared to the same month last year. YTD Emergency Department attendances have decreased by 9.93% to 79,629, when compared to the same period in the previous year. YTD December case weighted attendances have decreased by -8.63%, when compared to the previous year. The District is investigating the impacts of COVID-19 on the reduction of Emergency Department presentations in partnership with the George Institute.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance. There was a 0.64% increase in ETP in the month of December 2020, to 69.67%, when compared to the same month in the previous year. YTD December there has been a slight increase (0.35%) in ETP to 68.57%. Admitted ETP was slightly below target (50%) for the month at 47.85%, which is a 0.39% increase on the same period in the previous year.

Transfer of Care

The District is performing slightly below the transfer of care (TOC) target (90%) for December 2020, with 87.06% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. This has been particularly impacted at RPA by the large number of patients coming from the Police Quarantined Hotels who need to be managed in a COVID-19 pathway.

ED Triage

The District is performing well in relation to the triage targets and achieved Triage Categories 1, 4 and 5 for the month of October. Triage Categories 2 and 3 performance continues to exceed the previous targets, however is below the revised targets at 86.9% and 80.9% respectively.

Elective Surgery

There were 45 more elective surgeries performed in December 2020 when compared to the same period in the previous year, representing an increase of 2.47%. This is an excellent result and is reflective of the hard work being undertaken by the team to reinstate elective surgery activity following the peak of COVID-19 response.

For the month of December, 100% of Category A elective surgery patients were admitted within the clinically appropriate timeframe for their surgery, 99.43% of Category B, and 96.30% of Category C. The District is continuing the implementation of its plans to catch up on the backlog of surgery resulting from the cessation of all non-urgent surgery in response to COVID 19. FYTD December there has been an 28.89% (1,996) 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; to supplement capacity, collaborative care arrangements are continuing to work well with Chris O'Brien Lifehouse, The Mater Private, North Shore Private, Sydney Day Surgery, Sydney Adventist Hospital, Strathfield Private, Chatswood Private and Geneva. Since March 2020, the District has completed surgery for over **2,200 public patients** via these collaborative care arrangements.

In addition, the District is continuing an internal strategy to increase additional surgical activity from October 2020 to reduce the elective surgical back log 'Surgical Bubble' at Institute of Rheumatology of Orthopaedics, Canterbury and Concord Hospitals.

Emergency Surgery

There were 21 less emergency surgeries performed in the month of December 2020 when compared to the same month last year, representing a 1.66% decrease. This may reflect the gradual increase in elective surgeries.

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 7.8% decrease in the number of Hospital in the Home overnight separations in December 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 18.59% variance for YTD November, excluding Dental.

Stream	Target	Actual	Variation	Variation %
Acute*	71,438	65,011	- 6,427	-9.00%
ED	9,830	9,133	- 697	-7.09%
NAP	20,910	50,858	29,949	143.23%
SNAP**	6,333	5,826	- 507	-8.00%
MH Admit***	7,408	7,399	- 9	-0.12%
MH NAP	4,750	4,875	125	2.63%
Total	120,669	143,102	22,434	18.59%
Dental DWAU	29,195	31,861	2,666	9.13%
Dental NWAU#	3,666	4,000	335	9.13%
Total (NWAU)	124,334	147,103	22,768	18.31%

* 276 uncoded episodes

** 65 ungrouped episodes

*** 1 uncoded episode

NWAU=589/4691*DWAU

Clinical Costing

The District and Network Return Round 24.3 (July 2019 to March 2020) and Round 24.4 (April to June 2020) and the DNR Audit have been completed and submitted to the Ministry of Health. All audit tests were deemed satisfactory and there were a number of positive findings.

The District Costing Team has commenced preparation work for Costing Round 25, as follows:

- February iFRACS workshop to be conducted with facilities finance and performance managers. Additional education on the allocation of overhead costs will be provided to address the findings of the audit.
- Radiology feeder improvement work utilising Cerner data for a more accurate identification of privately referred non inpatients and better capture of INR.
- Review of bottom up costing for Pelvic Exenteration and Peritonectomy
- Re-alignment of NAP clinic costing groupings with the Tier 2 classification for better benchmarking.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of December 2020, 14.87% (2,179 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 211 (8.83%) patients who elected to use their private insurance compared to the same period last year and an increase of 103 (4.96%) in total separations from previous month. This is predominantly related to the decrease in elective surgery associated with COVID-19.

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

- RPAH – a decrease of 111 (8.96%) private patients.
- Concord – a decrease of 61 (6.60%) private patients.
- Canterbury Hospital – a decrease of 33 (17.84%) private patients.
- IRO – a decrease of 7 (24.14%) private patients.
- Balmain Hospital – an increase of 9 (6.12%) private patients.

Single Room Usage

For the month of December 2020, 8.23% of patients were flagged as infection control across the District.

For the month, 14% of all available single rooms were occupied by private patients and 40% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in November 2020. Each facility presented on the respective quality framework outlining progress on revenue improvement.
- Clinician Billing Portal (CBP) is progressing with RPAH, CRGH and TCH working to identify and sign up staff specialists to bill through the application. There are currently 96 registered users and total \$501K has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

- **The Pitch**
 - Due to the success of the virtual Pitch in September 2020 and great turn out, the 2021 Pitch events will also be held virtually.
 - Three dates have been tentatively locked in for the Pitch 2021 which are listed below, with an initial suggested theme for February – ‘well-being’ – to be confirmed.
 - 19 February
 - 4 June (as part of the Innovation and Research Symposium)
 - 17 September

Projects

- Hands Up Project (RPA Hand Clinic)
 - The Project Management Plan is in the process of being signed by the Executive Sponsor.
 - The project has finalised the diagnostics phase of the project.
 - Project Diagnostic Report completion continues.
 - Some delays encountered due to competing priorities and staff leave, project sponsors and project advisory group have been notified. Project timelines have been amended accordingly.
- RPAH Transfer of Care Project – ‘Good to Go, Discharge by 10 and 2’
 - Allied Health Survey Results collated (x40 participants)
 - Additional data collection tools designed to fill identified gaps – to be distributed for completion before Christmas
 - Drafting of Diagnostic Report continues

- Diabetes Outpatient Model of Care
 - New redesign project kicking off in 2021, with intention of designing a new district wide outpatient diabetes model of care, eliminating considerable variation in current practices
 - Project Plan has been drafted
 - Stakeholder interviews to be scheduled in February after all project team returned from leave

HealthPathways

Content development

Over the holiday period the HealthPathways Sydney team has maintained a steady level of output publishing ten new pathways and a number of updates and periodic full reviews. Across 2020 we completed the following:

- Published 98 new pathways and localisations
- Completed 64 Periodic Full Reviews
- Completed 336 Content updates (includes 189 updates to COVID-19 content)

The first phase of allocating identifiers to previously published sub-pages has meant a small increase in overall completed content numbers. These pages were not identified unique identifiers on first publication due to limitations in previous versions of the operating system. These changes will also allow us to untangle and remove content not required for the Sydney region, such Maori health.

COVID content

Work towards a State wide COVID-19 vaccination pathway has commenced.

Usage of HealthPathways

Overall usage of pathways remains steady. User rates are stable and in line with recent monthly usage and annual cycles. User engagement data remains steady with minimal drop off for the last quarter of new users acquired at the outbreak of the COVID-19 pandemic. Sydney is one of only a handful of HP programs achieving this engagement out of the 31 Australian HP programs.

	November 1-19, 2020	October 2020	September 2020	November 1-19 2019
Users	1,019	1,113	1,222	875
Sessions of use	6,887	7,645	8,248	4,246
Unique Page Views	16,821	20,077	22,809	11,954
Total Page Views	16,254	28,098	28,602	11,905

Total page views	SE Sydney	Sydney	W Sydney	Illawarra SH	HNE	SW Sydney
October 2020	4,296	28,098	8,897	5,729	45,802	5,547
November 2020	3,353	24,839	8,520	6,243	46,859	4,824
December 2020	2,959	20,850	6,216	5,345	35,943	3,905

SLHD e-Referral Project

Service recruitment

Andrology at Concord Hospital is scheduled to go live with e-Referral on 24 February 2021. Testing and training activities are currently being scheduled with service staff.

The Project Team are working with Royal Prince Alfred Hospital ACBU, to plan the implementation of e-Referral for 14 Outpatient services. The estimated go live date is September 2021, with a number of services expressing interest to utilise e-Referral prior to this date including Orthopaedics and Urology.

Service	Deployment	Stage
Haematology	October 2018	Live
Rheumatology	June 2019	Live
Osteoporosis and Community Paediatrics	September 2019	Live
COVID-19 Monitoring – RPA Virtual	May 2020	Live
Haematology, Osteoporosis (ORP) , Rheumatology (OACCP) – Canterbury Hospital	August 2020	Live
Concord Hospital Phase 1 (22 services)	October 2020	Live
Concord Hospital Phase 2 (6 services)	TBC 2021	Design
Direct Access Colonoscopy and Inflammatory Bowel Disease – Royal Prince Alfred Hospital	November 2020	Live
Podiatry - SLHD	November 2020	Live
High Risk Foot Service and Palliative Care – Concord Hospital	November 2020	Live
Andrology – Concord Hospital	February 2021	Build
Urology – Royal Prince Alfred Hospital	TBC 2021	Design
Pelvic Mesh – Royal Prince Alfred Hospital	TBC 2021	Design
Orthopaedics – Royal Prince Alfred Hospital	TBC 2021	Initiation
Royal Prince Alfred Hospital (12 services)	September 2021	Initiation

Platform development

Active Directory integration work continues with support from SLHD ICT. Currently awaiting integration work to be completed by eHealth NSW.

General Practice:

- 63% of General Practitioners using HealthLink to refer to SLHD have referred more than once.
- The decrease in the re-referral rate can be attributed to an increase in new General Practitioner users in December 2020 and January 2021.
- A total of 504 referrals have been received.
- The Project Team are liaising with the Central and Eastern Sydney PHN to schedule e-Referral CPD events and present as part of the quarterly Digital Health Updates throughout 2021.

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 December 2020 based on the District's budgeted NCoS.

For the period ended 31 December 2020, GF Expenditure was \$45.346M (4.36%) unfavourable to budget after receiving \$129.17M COVID-19 Stimulus Budget. The unfavourable result is primarily due to unfunded COVID-19 Incremental expense of \$32.871M for Elective Surgery, Clinics and Screening, COVID-19 Wards, Pathology testing, Special Health Accommodation, Cleaning, PPE, Contract Tracing and SHEOC.

Excluding the impact of COVID-19, the District is \$12.475M unfavourable to YTD December 2020 Expense budget.

YTD December 2020 Expenditure increased significantly (by \$146.59M or 15.63%) compared to YTD December 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 \$180.720M YTD Dec 2020. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue (including Doubtful Debts) was \$10.973M (5.72%) favourable to budget for the month and \$49.938M (4.8%) favourable to YTD December 2020 budget. This favourability is primarily due to Quarantined Hotel Passenger Fees (\$75.34M). The District has assessed the YTD December 2020 impact of COVID-19 on revenue reduction of \$8.556M for Patient Fees, Facility Fees, Prosthesis income, Pharmacy Sales, Car Parking Fees and Conference & Training Receipts. The reduction in the actual single room bed day rates paid by health funds has resulted in reduction in YTD December 2020 Patient Fees of \$3.493M. Furthermore, the impact of the additional \$12.594M full-year OSR budget allocated by MoH to the District has resulted in a \$6.297M unfavourability to YTD December 2020 OSR budget. Doubtful Debts related to Quarantined Hotel Passenger Fees amounts to \$3.875M YTD December 2020.

Excluding the impact of COVID-19, the District is \$12.971M unfavourable to YTD December 2020 GF Revenue budget.

For the period ended 31 December 2020, the District's GF NCoS was \$4.593M favourable to budget. Excluding the impact of COVID-19, the District's NCoS was \$25.446M unfavourable to budget.

Board Report



The table below shows the summary of the YTD December 2020 Financial Performance – including and excluding the impact of COVID-19:

	YTD Actual	YTD Budget	Variance (Actual vs Budget)	
Expense (incl COVID)	1,084,322	1,038,976	-45,346	unfav
COVID-19 impact: unfunded COVID-19	162,045	129,174	-32,871	unfav
Expense (excl COVID)	922,277	909,802	-12,475	unfav
Own Source Revenue (incl COVID)	-190,249	-132,340	57,909	fav
Doubtful Debts (incl COVID)	8,285	388	-7,897	unfav
Loss on Sale of Asset	74	0	-74	unfav
General Fund Revenue Total	-181,890	-131,952	49,938	fav
COVID-19 impact: Quarantined Hotel Passengers	-75,340	0	75,340	fav
Own Source Revenue Reductions	0	-8,556	-8,556	unfav
Doubtful Debts	3,875	0	-3,875	unfav
COVID-19 impact Total	-71,465	-8,556	62,909	fav
General Fund Revenue (excl COVID)	-110,425	-123,396	-12,971	unfav
NCOS (excl COVID)	811,852	786,406	-25,446	unfav

The District, based on MoH requirement to show full year COVID-19 impact, projects the NCoS to be unfavourable for the 2020/21 financial year by \$109M relating to unfavourable results for: Expense (\$213M) related to the management of the COVID-19 process; Doubtful Debts (\$16M); and, Own Source Revenue (\$30M) due to the impact of COVID-19 and the reduction in actual single room bed rates paid by health funds. This is offset by favourability in revenue for Quarantined Hotel Passengers (\$150M).

Excluding the impact of COVID-19, the District forecasts a break-even position for Expenditure offset by unfavourable positions for Own Source Revenue (\$30M) and Doubtful Debts (\$7.236M).

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, reduction in single room bed rates paid by health funds, and Doubtful Debts) 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

- GF Total Expenditure for the month of December 2020 was \$1.973M (1.09%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Employee Related Expenses (\$4.329M), VMOs (\$0.443M), RMR (\$1.263M), Other Expenses (\$0.294M) and favourable for Goods & Services (\$4.355M). The District received \$24.918M COVID-19 Stimulus Budget for the period of November 2020 in December 2020. Excluding the impact of COVID-19, the District is \$0.543M favourable to the expense budget for the month of December 2020.
- YTD December 2020, GF Total Expenditure was \$45.346M unfavourable to budget, primarily reflecting unfavourable results for Salaries & Wages (\$10.972M), Overtime (\$8.273M), Annual Leave Provision (\$7.897M), Superannuation (\$3.746M), G&S Clinical (\$4.405M), G&S Admin (\$0.994M), VMO Payments (\$3.74M) and RMR (\$5.578M). Excluding the impact of COVID-19, the District is \$12.475M unfavourable to YTD December expense 2020 budget.

Revenue

- GF Total Revenue for the month of December 2020 was \$10.973M (5.72%) favourable to budget, reflecting favourable results for User Charges (\$16.575M) including Quarantined Hotel Fees (\$17.144M), and Grants & Contributions (\$0.102M) offset by unfavourable results for Patient Fees (\$1.286M), Other Sources of Revenue (\$3.292M) and Doubtful Debts (\$1.091M). Excluding the impact of COVID-19, the District is \$5.028M unfavourable to revenue budget for the month of December 2020.
- YTD December 2020 GF Revenue was \$49.938M (4.8%) favourable to budget. This result reflects favourable variance in Quarantined Hotel Fees (\$75.34M), Grants and Contributions (\$2.166M), High Cost Drugs (\$1.731M) offset by unfavourable variances in Facility Fees (\$2.336M), Prosthesis Income (\$0.696M), Pharmacy Sales (\$0.744M), Car Park Fees (\$1.597M), Patient Fees (\$6.609M) and Doubtful Debts \$7.897M. The unfavourability in Facility Fees, Prosthesis Income, Pharmacy Sales and Car Park Fees is predominantly due to the impact of COVID-19. Excluding the impact of COVID-19, the District is \$12.971M unfavourable to YTD December 2020 revenue budget.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$4.365M unfavourable to budget for the period of December 2020. This result reflects favourable budget variance for Expenditure (\$1.074M) and unfavourable budget variance for Revenue (\$5.439M).

CONSOLIDATED RESULT

For the period ended 31 December 2020, the consolidated YTD NCoS result for the General Fund and SP&T was \$0.228M favourable to budget. The result comprises unfavourable variances for Expenditure (\$44.271M), Doubtful Debts (\$7.897M) and Loss on Sale of Asset (\$0.07M) offset by favourable variance for Own Source Revenue (\$52.471M).

Board Report

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

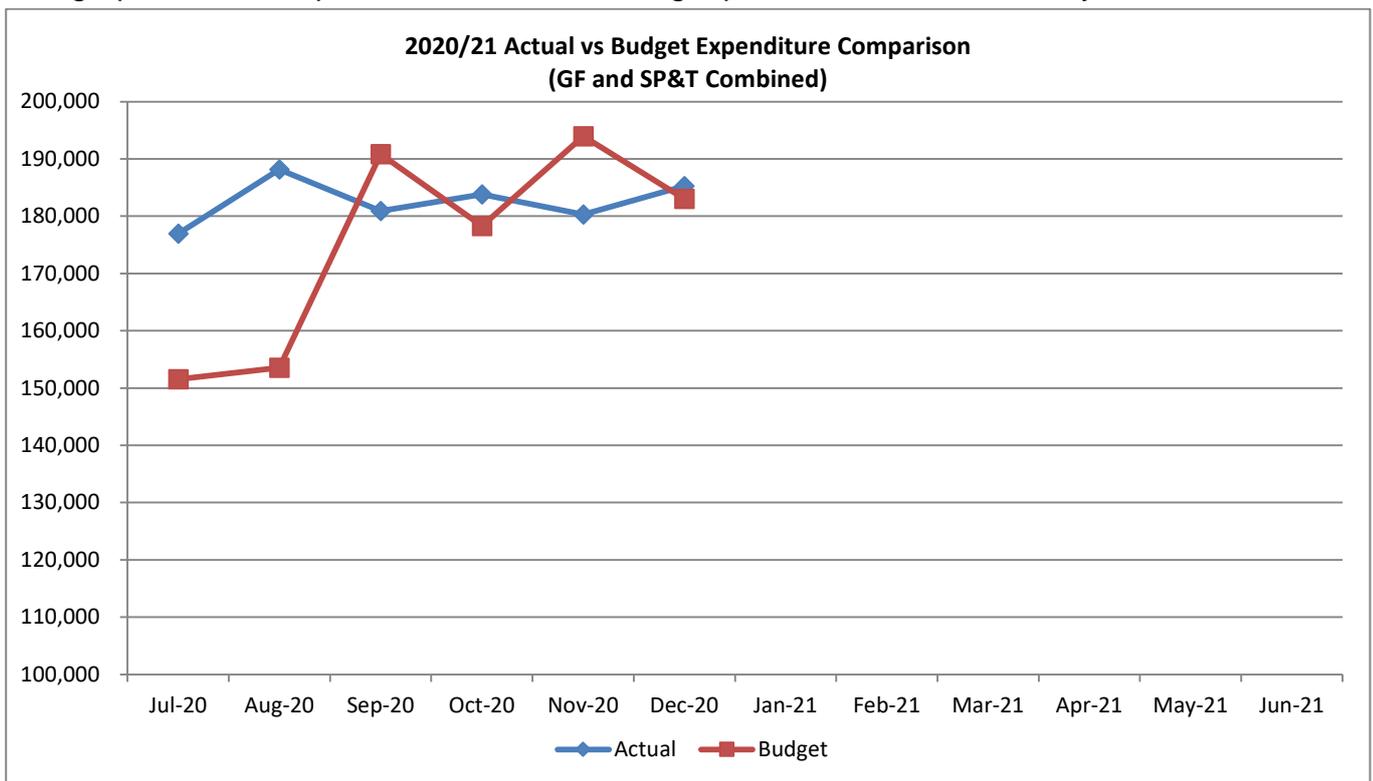
For the period ended 31 December 2020, SLHD recorded a Total Net Result of -\$23.168M which was \$0.185M (0.8%) favourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD December 2020 was \$12.915M favourable to budget, reflecting an unfavourable budget variance for Expenditure (\$39.513M) offset by a favourable budget variance for Revenue (\$52.427M).

For the YTD December 2020, Total Direct Revenue was \$52.427M favourable to budget, comprising a favourable variance for the General Fund (\$57.910M) offset by an unfavourable variance for SP&T Fund (\$5.482M). This result for the GF reflects unfavourable variances in Patient Fees and Other Income offset by favourable variances in User Charges and Grant Income.

YTD December 2020 Total Direct Expenditure was \$39.513M unfavourable to budget, comprising an unfavourable variance for General Fund (\$39.462M) and SP&T Fund (\$0.050M). The result for the General Fund reflects unfavourable variances in Salaries & Wages (\$10.972M), Overtime (\$8.273M), On-costs (\$10.700M), VMOs (\$3.740M), Direct Clinical Operating (\$4.405M), G&S Corporate (\$0.994M), and Grants (\$0.595M) offset by favourable variances in G&S Supporting Services & Utilities (\$0.160M)

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 31 December 2020 for the SLHD Operating bank account was \$32.021M and the Operating Cash book balance was \$31.465M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 December 2020 the District's Full Year Capital works budget relating to SMRS Projects is \$26.219M comprising \$7.076M of MoH funded and \$19.143M of locally funded projects.

Actual expenditure as at the end of December 20 was \$5.783M which is marginally on budget.

Additionally in the current pandemic circumstances, the actual and committed expenditure for MoH funded Minor works & Equipment for COVID-19 was \$4.8M at the end of December 2020.

OTHER CAPITAL PROJECTS

As at the end of December 2020, the District has expended an amount of \$1.181M relating to Croydon Health Centre Intellectual Disability Unit, RPA Transit Lounge, RPA Paediatrics, RPA Staff & Visitor Car Park and Wallacia New Cage. The total expenditure of \$1.181M was sourced from the General Fund.

CAPITAL WORKS

RPA

Royal Prince Alfred Redevelopment Stage 1

Sixteen Project User Groups (PUGs) have been identified at this stage with the first of three workshop rounds commenced in January 2021:

1. Emergency Department
2. Critical Care Services
3. Operating Theatres & Peri-Operative service
4. Women's Health
5. Inpatient Unit (Medical & Surgical)
6. Pharmacy
7. Pathology
8. Medical Imaging
9. Cardiovascular
10. Corporate Services
11. Neonates
12. Paediatrics
13. Retail/ Public Space/ Staff amenities
14. Ambulatory Care
15. ICT
16. Medical Records

Parent and Baby Unit

Excavation works to the Parent and Baby Unit site continued throughout December 2020. Screw pier set out was completed and preliminary works including stormwater and boundary traps works also commenced.

Building 63 RPU Hot Cells

The hot cells were delivered in December 2020 and the installation team that are based in Italy arrived and commenced their works post the 14 day quarantine. COVID-19 has continued to impact the delivery of this project due to the clean room panels being manufactured in France. The installation of the hot cells was completed by the end of the month.

Pharmacy Manufacturing Bld 11 Level 2

Construction works to the Pharmaceutical Manufacturing labs continued throughout December 2020. Electrical and hydraulic service rough-ins were completed and mechanical service rough-ins were underway.

Metabolic Unit Building 75 Level 6

Preliminary works including demolition, ply-nogging and wall sheeting were completed. Electrical, hydraulic and mechanical service rough-ins were nearing completion and the fire sprinkler system rough in was underway.

rpaVirtual Stage 3

Stage 3 works to the rpaVirtual project commenced in December 2020. Wall preparation including setting and sanding were completed and service rough-ins were underway.

Concord

Concord Stage 1 Redevelopment

The project remains on program. The handover and go live dates have been refined through the operational and building commissioning with the current completion date of end August 2021.

Key Project Milestones:

- Glass curtain wall between new and existing buildings has commenced.
- Completion of the Concourse lift shaft glazing
- Continuation of internal fit out works:
 - Tower A – Initial defect inspections have commenced with the Architect and Roberts Pizzarotti on Level 1. Internal works including painting, wall protection install and tiling are all progressing well.
 - Tower B – Services Rough in, Partitions, painting and wet area tiling have progressed up to level 4. Internal glazing has commenced up to Level 2.
 - Tower C – Services Rough in up to Level 2. Partitions install has progressed along with first coat of paint

Concord Radiation Oncology Tender

The Concord Radiation Oncology Tender process has been finalised. The governance process for the establishment of the service has been finalised and is in the process of being established.

Helipad Remediation Works

Capital works including landing pad form and steel were completed during December 2020. The concrete landing pad was successfully poured and electrical fit off for the main helicopter landing site commenced.

Palliative Care Undercroft Storage

Excavation works, blockwork, wall partitioning as well as electrical service rough-ins were completed in December. Painting and new flooring works commenced and preparation for the new joinery were underway.

Canterbury Hospital Tresillian Redesign

During December the redesign of multiple areas within Tresillian was undertaken. This included the refurbishment of the dining and children's play area as well as the clinical write up room. All works including new flooring, paint and joinery were completed and handed over to the facility for occupation.

PLANNING

Camperdown Industry Colocation Think Tank'

The Planning Unit, together with Sydney Research and the Ministry of Health organised a major Camperdown Industry Colocation Think Tank, held on 15 December, 2020. The purpose of the Think Tank was to obtain input from the clinicians and researchers of RPA and Sydney Research about the industries or industry types that might be advantageous to be located in the Camperdown area to support healthcare delivery, research development and stimulate economic growth. Clinician-researchers were invited to present "blue sky" ideas, showcase relevant research programs and outline the potential contribution that industry partnerships could provide to health and economic development.

Seventeen clinician-researchers presented at the Think Tank, supported by short addresses by the Chief Executive, executive personnel from the Greater Sydney Commission, the Office of Health and Medical Research, NSW Treasury and the University of Sydney.

The Planning Unit has drafted the report of the Think Tank, the outcomes of which will help set the foundations for future industry attraction and colocation in Camperdown.

Tech Central District (Camperdown-Ultimo Collaboration Area)

- The Planning Unit has coordinated the provision of District comments on the draft Camperdown-Ultimo Transport Strategy. Transport for NSW has indicated that the draft strategy would be revised based on the comments.
- The Planning Unit attends the intergovernmental subcommittee (One-Gov) that is overseeing the Tech central development. This committee essentially acts to share information on the key Tech Central developments across government.

SLHD Surgical Services Plan

The Planning Unit, together with the District Director of Surgery has drafted a core strategy for 2021/22 for operational consideration. The draft plan includes the following strategies:

1. Trauma, Aged Care Rehabilitation
2. Development of a District-wide Urology High Volume Short Stay Service at Canterbury Hospital
3. Diversion of selected complex Urology from RPA to Concord
4. Diversion of selected complex Gynaecology from RPA to Concord
5. Realignment of Rehabilitation boundaries for complex surgery
6. Investigation of the opportunity to establish a District hernia Centre at Canterbury
7. Potential diversion of selected surgical operating lists from RPA to Concord, once theatre capacity opportunities are confirmed
8. Implementation of a strong Virtual Care Strategy across the District Surgical Services program

These strategies will form the first year of the five-year District Surgical Services Strategy.

Concord Hospital Stage 2 Clinical Services Plan

The Planning Unit has completed the draft of the Stage 2 Concord Hospital Clinical Services Plan, incorporating key stakeholder comments. This revised plan will be considered by the Executive Steering Committee (February).

Cancer Stream Planning

The Planning Unit facilitated a day long strategic planning day with the Cancer Stream Executive (18th January). An operational plan will be developed based on this day.

Renal Plan

A draft Renal Dialysis Plan has been developed based on the renal planning service guideline. The next step in the planning process is the consultation and discussion with key stakeholders and managers.

Green Square HealthOne- RPA HealthOne, Green Square

Integrated Care, Planning and Health Infrastructure has facilitated and organised a series of workshops and a discussion to prioritise services, models of care and spaces for the HealthOne.

This has included:

- Functional Brief Workshop
- Risk Workshop
- Activity forecasts and projections
- Workforce Plan with a view to facilitating the Financial Impact Statement
- Academic Primary Care Users Group to support the models of care.
- Financial Impact

The Planning role in the Green Square development has essentially now been completed, with the exception of further work on the Academic Primary care service.

Workforce and Education Strategic Plans

The Planning unit continues to work with the District Workforce Unit and the CEWD to scope their processes to inform their forthcoming Strategic Plans including the on-line consultation process, to commence in early February.

Planning is also working with Internal Audit and the Carers service in the development of their respective strategic plans.

SYDNEY RESEARCH

Sydney Research Team

Ms Rina Ward commenced on Monday 7 December 2020 as the acting Deputy Director, Sydney Research. Ms Ward will be replacing Ms Imogen Baker, who has been acting as the Operations Director for the Special Health Accommodation Unit and commenced maternity leave in December 2020. Congratulations Rina!

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 meetings, reviews COVID-19 related correspondence, manages meeting attendance records for the District, and communicates the latest information to SLHD and Sydney Research stakeholders.

The outcomes of the NSW Health COVID-19 Research Grant Program were announced on 20 January 2021. Unfortunately, Prof Elizabeth Denney-Wilson's project 'Protecting our frontline workers:

Outcomes, attitudes and recommendations from a successful large-scale P2/N95 respirator fit-testing program in Sydney Local Health District' and Prof Martin Ng's project 'Bioengineering Next Generation Personal Protective Masks' were both unsuccessful in this round. We will continue to work with the CE and our Researchers to source support and funding for COVID-19 Research and clinical Trials.

National Clinical Trials Governance Framework

The remote accreditation Pilot assessment of the National Clinical Trials Governance Framework at Royal Prince Alfred Hospital will be held on 3 to 4 March 2021.

Sydney Research continues to attend both the NCTGF Implementation Committee chaired by the SLHD Chief Executive, and the RPA Hospital Facility Working Party chaired by the SLHD Research Director. The Committee met on 18 December 2020 to discuss the scope, necessary expertise and resourcing required to undertake the pilot. Sydney Research has also been nominated to participate in the RPA Hospital Facility Working Party, which convened on 21 January 2021 that will review, coordinate and implement the requirements of the NCTGF as part of the pilot. In preparation for accreditation, the Sydney Research team has also contributed to the gathering of evidence and completion of requirements associated with both Standard 1 and Standard 2 of the Framework

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

The NSW Office of Health and Medical Research (OHMR) notified all Translational Research Grant Scheme (TRGS) coordinators in December 2020 that the review of Round 5 applications had been delayed and the outcomes would be announced in early February 2021.

The NSW OHMR in collaboration with The Centre for Epidemiology and Evidence (CEE) and Hunter Medical Research Institute (HMRI) will be hosting a webinar on 8 February 2021 to provide an overview of the research impact assessment underway for TRGS. Ms Rina Ward, SLHD TRGS Coordinator and A/Deputy Director, Sydney Research will be representing the District at this session.

OHMR – Embedding Quality Research

The Embedding Quality Research (EQR) Steering Committee convened on 20 November 2020. Dr Antonio Penna provided an update on the evaluation of the COVID-19 Research Grant Scheme with the Framework to Assess the Impact from Translational health research (FAIT). The findings of the evaluation will support project planning to consider research impact at the outset, with all OHMR grant schemes to be reviewed to support NSW Treasury requirements for continued investment. Ms Anita van der Meer shared the recent success of the OHMR in the MRFF Rural Regional and Remote Clinical Trial Enabling Infrastructure Grant. The \$30.6 million received will support whole of health system initiatives to increase clinical trial activity and participation in rural, regional and remote NSW.

The Embedding Quality Research (EQR) Working Group met on 7 October 2020 with Dr Angela Todd and Ms Sharon Lee providing an update on existing research governance and consumer involvement initiatives led by Sydney Health Partners. Engagement and linkage with active initiatives will support priority setting for the EQR Working Group and minimise duplication, to ensure the EQR initiative is best placed to provide value to its stakeholders at the local and state level. Nominations have been provided to OHMR to establish the EQR Research Governance sub-group, with a local lead to be announced by the end of 2020.

Digital Health Cooperative Research Centre (DHCRC)

The Sydney Research team and Mitchell Burger, Director, Strategy, Architecture, Innovation and Research, SLHD ICT Services, have developed a consolidated proposal of DHCRC projects planned for SLHD. On 15 December 2020, the Chief Executive, Executive Director of Sydney Research, and

SLHD ICT Services reviewed the organisational priorities for digital health research and appropriate allocation of resources, with further consultation planned to progress the agreed projects.

Patient Family Centred Care (PFCC) Research Working Group

The PFCC Research Working Group continues to progress its initiatives to improve consumer and community involvement in research conducted across and within SLHD. With oversight from the Executive Director of Sydney Research and the Sydney Research team, Dr Karena Conroy and Adj A/Prof Greg Fairbrother are coordinating the following three (3) active initiatives:

Measurement tools

A sub-group comprising of consumer representatives and members from the SLHD Research and Sydney Research teams, have developed key parameters for the state-wide Research Ethics Governance Information System (REGIS) to effectively measure consumer involvement in the design and conduct of research. The drafted parameters and a mock report identifying key reporting outcomes for clinical research centres were submitted to the NSW OHMR on 16 December 2020. A state-wide REGIS User Group will be reviewing both documents as part of their REGIS review project initiating in January 2021.

Case Examples

The PFCC Research Working Group agreed that demonstrating best practice would be valuable for both researchers and consumers interested in being involved in research. A sub-group involving SLHD Researchers and consumer representatives have been developing a proposal with potential research questions and methodologies to assist case development. An option currently being canvassed is an ethnographic study focused on 'How does a successful consumer-researcher engagement process work, in real time?' that could be investigated with the Sydney Health Partners collaborative cellulitis project and consumer reference group led by SLHD. A meeting will be scheduled for early February 2021 to finalise the approach for this study.

Organisational Support

A/Prof Fairbrother and Dr Conroy in collaboration with the Consumer and Community Participation team have developed a presentation to explain the PFCC Research Working Group initiatives and intentions of a reference group. This presentation will be scheduled as part of the Consumer Network meetings within each facility, with dates to be confirmed soon.

The PFCC Research working group is also supporting the pilot of the National Clinical Trials Governance Framework at SLHD, with input provided on the involvement of consumers in the design and development of clinical trials. Prof Warwick Britton, Director, SLHD Research presented to the working group on 18 November 2020, with the group identifying Standard 2 action items 2.8 and 2.14 as most relevant for consumers, referring to consumer involvement in development of communication and organisational design, including training of the workforce. The Framework aims to embed Standards 1 and 2 in clinical trial conduct, with sites to demonstrate their compliance through meeting the action and evidence requirements.

Sydney Health Partners (SHP)

Sydney Local Health District is supporting Sydney Health Partners in applications for the third round of the MRFF Rapid Applied Research Translation (RART) Initiative, which will offer a total of \$55 million for projects conducted over five years. Applications for these grants will open in March 2021 with the Commonwealth. Unlike previous RART grant rounds, eligible institutions may only submit one application. Although unable to directly apply for the initiative, Sydney Local Health District will participate in the Expressions of Interest process and apply as a partner organisation where applicable, to support applications with the greatest potential for success.

The Sydney Research team continues to work closely with the Sydney Health Partners (SHP) team to support the following key 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.
- Adj A/Prof Fairbrother and Dr Conroy have been coordinating the Cellulitis Consumer Reference group. The reference group, consisting of patients and carers with experience of lower limb cellulitis, will assist in the evaluation of the new allied-health led model of care for cellulitis and in developing educational materials to support its implementation.
- Consumer Participation Coordinators from SLHD, NSLHD and WSLHD met on 12 October 2020 to provide an update on recruitment for the reference group. An expression of interest had been circulated among existing consumer networks across each District. Eight (8) consumers have indicated their interest in being involved in the group – five (5) consumers from SLHD, one (1) consumer each from NSLHD and WSLHD. It was agreed that an additional two (2) consumers are required from NSLHD and WSLHD. Once these have been confirmed, Lara Leibbrandt, RPA Consumer Participation Coordinator, will provide the appropriate induction training for all consumers and an initial meeting will be scheduled for early 2021.

Encouraging More Clinical Trials in Australia

- An Advisory Panel has been established to progress this Sydney Health Partners initiative, in collaboration with the NHMRC Clinical Trials Centre and OHMR. The Panel met on 23 November 2020 to review the report on the current management of clinical trials by Sydney Health Partners member health services and partner MRIs. It was agreed there was a need to improve clinical trial support structures and resources to encourage more clinical trials in NSW. The Clinical Trials Gap Analysis Review also found recruitment issues and the lack of a dedicated study coordinator role as two key barriers to clinical trial activity in NSW.
- SLHD is the funding administrator for the initiative, with Sydney Research and SLHD Research represented on the Advisory Panel. The next meeting is planned for February 2021, with the Panel to determine short and long term aims for the project.

Sydney Biomedical Accelerator

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

Adj A/Prof Vicki Taylor is leading the SBA Program Office to complete the Investment Decision Template/ Document and detailed concept design. In addition to regular weekly meetings of the SBA Program Office, a workshop was held on 22 January 2021 to align priorities and establish governance, including the Executive Steering Committee and Executive User Groups, in line with the Health Infrastructure NSW Facility Planning Process. Feedback provided by Health Infrastructure NSW will further strengthen the case for investment and prepare for project registration by NSW Health with the Infrastructure NSW Investor Assurance Framework and Gateway Review Process.

Other Activities

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

- The Australian Clinical Trials Alliance (ACTA) 2020 Summit held between 30 November to 4 December 2020
- International Day of Disability celebrations held on 3 December 2020
- IDE Building Better Futures for Health Challenge held on 10 December 2020

- University of Sydney Faculty of Medicine and Health Research Centres Review and application for the Institute for Musculoskeletal Health.
- Representing SLHD in planning for key precinct developments, including the Camperdown-Ultimo Collaboration Area, Camperdown Health Education and Research Precinct, RPA Redevelopment, Tech Central and Central Railway developments, Eveleigh and Pyrmont.
- The Royal Prince Alfred Immune Effector Cell Quality Service Steering Committee.
- The establishment of the Ab Initio Pharma manufacturing facility to be located within the NSW
- Participation in Health Consumers NSW/SHP stakeholder workshop on involving consumers in health research and the development of training opportunities.
- Industry and partnership opportunities with Cicada Innovations, MTPConnect and IDE Group
- Progressing the evaluation of the inaugural Biodesign Sydney program and planning for 2021
- Representation at the ACTA AGM and DHCRC AGM both held on 26 November 2020.
- Commencement of permanent recruitment of the Executive Officer, Sydney Research position, which provide stability, skill and knowledge retention, workforce capacity building, as well as leave cover to ensure business continuity to support Sydney Research strategic priorities.

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 815 subscribers
- @SydneyResearch currently has 1,061 followers on Twitter

COVID-19 UPDATE

SLHD has undertaken the following activities in December / January 2020:

Facilities

- Maintained Contact Tracing capability through the SLHD Public Health Unit for locally acquired cases. Expanded ICU capacity at RPA, Concord and Canterbury Hospitals in the event of surge in demand due to an outbreak.
- Maintained Renal Dialysis surge capacity to match projected need in the event of an outbreak developed.
- Continued Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.
- Continued the roll out of the staff and visitor screening app to allow registration of all people entering our facilities in accordance with the current COVID-19 MoH guidelines.
- Continued to ensure COVID-19 Clinic surge capacity

COVID-19 Vaccination Hub and Vaccination Clinic

- Sydney LHD has been tasked to plan, create and establish a COVID-19 Vaccination Hub and a COVID-19 Vaccination Clinic capable of seeing up to 1000 people per day. Work is in progress to operationalise this by mid February, 2021. The District is working closely with SHEOC, eHealth and the other LHDs in preparation for the program including the development of IT solutions to facilitate workflows and data capture.

Special Health Accommodation

- Continued to provide Special Health Accommodation for incoming international passengers under the Public Health Orders who are symptomatic on arrival or become symptomatic during quarantine in a NSW Police managed hotel.

- Continued to provide accommodation for community transmission cases who are unable to safely self-isolate in the home environment.
- Continued to provide accommodation for passengers requiring quarantine in accordance Public Health Orders requiring additional care that is not available within the NSW Police managed quarantine hotels provided whilst order in force.

Airport

- Continued the SLHD COVID-19 Testing team to support the SESLHD Screening Team at the international airport terminal.
- Continued the COVID-19 Screening, Testing team and Health Border Control team at the Domestic Airport (T2 & T3) to screen and validate permits for all passengers alighting from flights originating from other states in response to outbreaks.

COVID-19 Drive Through and Walk-in Clinics

- Continued community based COVID-19 Screening Clinics established at Rozelle, Redfern, Summer Hill, Olympic Park, Eddy Avenue, Roselands, in addition to pop up clinics for outbreak surveillance (e.g. Marriott Hotel) currently seeing between 1,000 - 3,000 people per day.
- Continued facility based COVID-19 Screening Clinics established at RPA, Concord and Canterbury Hospitals capable of seeing between 300-1200 people per day.
- Continued COVID-19 Screening Clinic processes and testing of these in areas of special need such as social housing areas like Waterloo, Riverland etc.

Tiger Team and Flying Squad

- Continued the use of the Special Flying Squad Teams to support community testing, Special Health Accommodation and other sites and support to facilities and services in COVID-19 operations.
- Continued the use of the special purpose vehicle to run mobile COVID-19 Testing Clinics.

SLHD Public Health Unit

- Continued the COVID-19 Hotline to provide results to people following COVID-19 swabbing.
- Continued the expansion of Environmental Health Officer inspections of food outlets and commercial businesses with SLHD to ensure they have and comply with appropriate COVID-19 Safety Plans.
- Continued inspections by Environmental Health Officer inspections of commercial businesses within the quarantine hotels to ensure they have and comply with appropriate COVID-19 Safety Plans.

Strategic Communications and Relations

- Extensive work with our Diversity Hub to increase knowledge and testing for COVID-19 within the various diverse communities within SLHD.

Quarantine Facility Surveillance Testing Project

- SLHD ICT and Operations working in conjunction with HCA are managing the roll out of the Quarantine Facility Surveillance Testing Project which requires workers in quarantine facilities to participant in daily saliva swabbing for COVID-19.
- Expansion of this program to include the Special Health Accommodation staff has commenced.
- Planning to roll out the program to the Sydney International Airport is progressing.

LHD and MoH initiatives and support

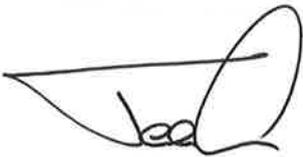
- Support to the MOH with staff to work in the State Health Emergency Operations Centre (SHEOC).

- 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.
- Extensive planning, preparedness and response work undertaken with RACFs within SLHD to prepare these facilities in the event of a COVID-19 outbreak.
- Extensive planning, preparedness and response work undertaken with disability group homes within SLHD to prepare these group homes in the event of a COVID-19 case being detected within or near these group homes.
- Commencement of a research study to compare the viability of different types of samples as a testing medium/collection modes to test for COVID-19 (Saliva, Sub-lingual, Throat and Nose).

Interagency

- Regular meetings with Emergency Management representatives from LGAs (City of Sydney, Inner West, Burwood, Strathfield, Canada Bay and Canterbury Bankstown Councils).
- Work with the PHEOC/PHRB in developing a framework to deal with an outbreak within a social housing complex.
- Work with the PHEOC in developing forward planning for marine vessel arrivals (White Bay Cruise Terminal).
- Continued charing of the Interagency Governance Committee to support the quarantine program

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



Dr Teresa Anderson AM
Chief Executive
Date: 20-9-21