

---

## Sydney Local Health District

### Meeting One Hundred and Eleven of the Board

Date: Monday 21 June 2021  
Time: 9.30am -11.30am  
Venue: Via Zoom  
Chair: Ms Victoria Weekes, Acting Chair

---

#### 1. Present and apologies

Ms Victoria Weekes, Acting Chair  
Dr Thomas Karplus, Member  
Ms Ronwyn North, Member  
Ms Frances O'Brien, Member  
Dr Mary Haines, Member  
Ms Kerry-Anne Hartman, Member  
Mr Richard Acheson, Member  
A/Professor Christine Giles, Member  
Professor Paul Torzillo AM, Member (departed 10.00am returned 10.30)  
Mr David McLean, Member  
Dr Teresa Anderson, AM, Chief Executive

#### Apologies

Dr Alicja Smiech, Chair, Medical Staff Executive Council

#### In attendance

Ms Nerida Bransby, Secretariat  
Mr Ross Sinclair, Executive Director of Operations, SLHD  
Mr Theban Amirthalingam, Observer  
Dr Carol Armour AM, Executive Director Woolcock Institute Medical Research (9.30am – 9.55am)

#### 2. Welcome and introductions

The Chair acknowledged the traditional owners of the land and welcomed members and guests to meeting one hundred and eleven 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.

# Minutes

---

## 4. Confirmation of previous minutes

### 4.1 Minutes of the previous meeting held 17 May 2021

The minutes of the Board Meeting held on Monday 17 May 2021 with one minor addition were moved and seconded as a true and accurate record of the meeting.

The Chair will sign the minutes when received by email.

### 4.2 CE Report – May 2021

The Chair declared that the CE Report for May 2021 was ready for publication.

## **Presentations:**

### **Presentation:** Woolcock Institute turns 40

Dr Armour presented on the Woolcock Institute turns 40 including:

- 40 years affiliation with the District and University of Sydney
- 1981 signing the Memorandum of Understanding
- Breakdown of Respiratory and Sleep research
- Woolcock in Vietnam
- Output
- Prevalence of Tuberculosis by year and intervention
- Prevalence of Latent Tuberculosis Infection (LTBI) in children, by intervention status
- Cellular and Molecular Biology Group
- Cellular and Molecular Biology Group - Prof Brian Oliver UTS
- Lung Cancer – Prof Maija Kohonen-Corish, Woolcock and UTS
- Sample Collection from Lung Cancer Patients – SLHD, COBL, St Vincents and St George Hospitals
- Lung cancer microbiome project team
- Respiratory Technology Group
- Respiratory Drug Delivery and Challenges
- Speeding up Translation
- Airway Physiology and Imaging Group
- Primary Care working with GPs and Pharmacists
- Respiratory and Environmental Epidemiology, Prof Brett Toelle, Woolcock and Guy Marks, UNSW
- Respiratory and Environmental Epidemiology Outputs
- Sleep and Chronobiology Research Group
- COVID-19 Research

Following the presentation the Board discussed:

- Long history of working together
- Clinicians and researchers all work well together
- Acknowledge the Woolcock Institute during the COVID response

# Minutes

---

- Impressive arrange of research and results
- Good leadership team
- Challenges include we have first world class researcher however no permanent physical location.

The Chair thanked Dr Armour 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 Risk Management presentation on Hotel Quarantine to the Board is in progress. The volume of people in quarantine is capped at capacity. An opinion piece about Quarantine Hotel was written for the Sydney Morning Herald by Dr Anderson and Dr Gupta.
- The Board discussed and agreed to measure performance against additional periods to remove the Impact of COVID. This is now reflected in the in the CE report. This agenda item can be removed from the action sheet.  
The Board agreed to amend the reporting pack to add a column for 3 years average data pre-COVID to provide a more accurate point of comparison given that the new “Previous Year” data for next reporting period will be an atypical year because of COVID.

## 6. Patient Story

Dr Anderson provided a verbal report on a young patient in the Emergency Department at Concord Hospital. In particular a nurse who remained gentle, considerate and professional while dealing with other patients who were at times rude and aggressive.

## 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 2021

The Board received and noted the Board Calendar for 2021.

## 8. Chair’s Report

### 8.1 Board Performance Evaluation – Draft Actions

The Board discussed and agreed that these actions are all achievable pending the appointment of the new Board Chair.

## 8.2 Board Appointments

There has been no further update on the appointment of the new Board Chair. When the Board Chair is announced the Chair will be involved in selecting the members.

## 8.3 Board Members Orientation

Ms Weekes and Dr Anderson will finalise the orientation program for the incoming Board Members.

## 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.
- Update on the latest COVID cluster including all meetings will be held virtually and the wearing of masks in all hospitals/ facilities.
- Consolidate COVID response staff structure – The Board supported the employment of permanent staff to ensure continuity, staff well-being and ensure no staff member is left disadvantaged.
- Canterbury is trialing a COVID vaccination clinic for inpatients. Once an inpatient is being discharged, they will proceed to the clinic for vaccination prior to leaving. If successful this will be rolled out to all hospitals.
- There are ongoing improvements relating to the HACs.
- Activity is improving – capacity and bed numbers is challenging.
- The budget is being handed down tomorrow.
- The District has set up Surgical Services Taskforce at RPAH, Chaired by the Chief Executive to develop, implement and monitor data related to surgical utilisation, patient flow and performance within JL Theatres and across Surgical Streams. This initiative may roll-out to Concord and Canterbury.
- A meeting was held with the Minister re Canterbury Hospital. \$1M has been received for Canterbury Hospital Stage 0 planning.
- The District caters for the community however, it is to be noted that there is one million people who study, work and socialise in our District

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – April 2021

The Board received, read and noted the SLHD Board Reporting Pack for April 2021.

9.1.2 Selected Performance Indicators – April 2021

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 received, read and noted this report for the period October 2020 to December 2020.

9.1.5 HAC Committee Report

The Board received, read and noted this report in particular the steady month to month improvement.

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 January 2021 – March 2021 including:

- The Committee requested a further breakdown of serious system issues versus common complaints be provided to the Board.
- The absence of an interpreter for a patient will be discussed at the Multi-Cultural Access Committee to improve compliance.

(ii) Comprehensive Care

The Board received, read and noted this report.

(iii) SLHD Risk Register

The Board received, read and noted this report. There were no new risks added to the Register. The District will continue to manage COVID and business as usual. A/Profess Giles will provide information on risks to the Chair and CE out of session.

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

The Board noted this report for the period - 15 March 2021 – 11 June 2021 is due in July 2021.

9.6 Facility Reports – April 2021

(i) Balmain Hospital

The Board received, read and noted the Balmain Hospital facility report.

(ii) Canterbury Hospital

The Board received, read and noted the Canterbury Hospital facility report.

(iii) Community Health

The Board received, read and noted the Community Health Services report.

(iv) Concord Hospital

The Board received, read and noted the Concord Hospital facility report.

(v) Drug Health Services

The Board received, read and noted the Drug Health Services report.

(vi) Mental Health Services

The Board received, read and noted the Mental Health Services report.

(vii) Oral Health Services and Sydney Dental Hospital

The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report.

(viii) Population Health

The Board received, read and noted the report.

(ix) Royal Prince Alfred Hospital

The Board received, read and noted the Royal Prince Alfred Hospital facility report.

# Minutes

---

(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 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.

(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. The Board noted the disruption to the timetable for refurbishment of the lifts at Marrickville due to the Engineering Department's main focus being the COVID response.

## 10. Matters for approval / resolution

### 10.1 MDAAC Committee Appointments

The Committee received, read and noted this correspondence. Following discussions including this membership is governed by the By-Laws and reviewed annually the Board endorsed the recommendations contained in the brief.

### 10.2 Strategic Asset Management Plan

The Committee received, read and noted this report. Following discussion the Board recommended the inclusion of the following:

- “Bold” Scope of Practice Statement should include a statement regarding the three main categories of patients treated by the district being residents, city workers, students and visitors, and out of area patients of the District's quaternary services.
- Organisation chart is out of date
- Education and Research to be imbedded in facilities
- Drug Health omission
- Highlight local community impacts
- Include specialist services

- Typographical error: - Asset Management Plan The total amount of assets should read \$1.9 billion not \$19 billion and the accompanying table needed to have the correct column heading which should be \$000s not \$ms.

With the above mentioned amendments the Board endorsed the very detailed Asset Management plans for submission to the MoH.

## 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 17 May 2021.

### 11.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 17 May 2021. A/Prof Giles reported she attended the Sydney Health Partners Annual Forum on 8 June 2021 on behalf of the Board. Sydney Health Partners celebrated 5 years of achievements in strengthening the research effort and launched their new Strategic Directions at the recently held Sydney Health Partners Take5 Health Forum. The forum was held with the support of the SLHD. Highlights of the Forum included the well-received address by the Secretary of Health, Elizabeth Koff, who spoke of a strategic reset for the health system, including a strengthened focus on translational research and links between policy, research and practice. The Secretary also called for innovation in evidence generation processes and leveraging networks of global and national experts to catalyse the translation of knowledge into practice. On behalf of SHP Professor Don Nutbeam, CEO, launched four consolidated operational platforms with a focus on research enabling measures, capacity building and achieving impact.

### 11.3 Communications Committee

The Board received, read and noted the minutes of the meeting held on 1 June 2021.

### 11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 24 June 2021.

### 11.5 Health Care – Clinical Quality Council

The Board received, read and noted minutes of the meeting held on 26 May 2021. The Board discussed the high standard, depth, quality and function of this committee.

### 11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 26 May 2021.

### 11.7 Medical Staff Executive Council

The Board received, read and noted the minutes of the meeting held on 4 June 2021.



# Minutes

---

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

The Board noted the minutes of the meeting held on 2 June 2021 were not available.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board received, read and noted minutes of the meeting held on 25 May 2021.

11.10 Organ Donation for Transplant – Quarterly Report  
(April 2021 – June 2021)

The Board noted this report for the period April 2021 – June 2021 is due in August 2021.

## 12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 19 May 2021.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 14 April 2021.

12.3 Surgical Demand Committee (bi-monthly)

The Board noted the meeting was held on 16 June 2021.

12.4 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 21 April 2021.

12.5 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 27 May 2021.

12.6 Organ Donation for Transplantation

The Board noted the minutes of the meeting held on 25 May 2021 were not available.

12.7 Major Procurement, Assets and Imaging Steering Committee

The Board noted the meeting held on 11 May 2021 was cancelled.

12.8 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 20 April 2021.

12.9 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 21 April 2021.

# Minutes

---

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

The Board noted the minutes of the meeting held on 3 June 2021 were not available.

## 12.11 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 28 March 2021.

## 13. Matters for noting

### 13.1 Annual General Meeting

The Board noted the Annual General Meeting is to be held on 4 November 2021

## 14. Other Business

### 14.1 Acting General Managers

Dr Wallace has returned to Concord Hospital from maternity leave. The Acting General Managers, Mr Kiel Harvey, Mr Michael Morris and Mr Greg Nolan all have returned to their previous positions. A letter of appreciation is to be sent to these Acting General Managers.

### 14.2 End of Financial Year Results

The Board commended the District on the end of the financial year results during these challenging times.

### 14.3 Farewell to Board Members

Dr Anderson thanked the Board Chair and Members for their leadership.

Ms Weekes responded:

Farewell and thank you, it has been a pleasure. Meetings have been functional with robust discussions, the clinicians were welcoming and I have never felt less than, thank you for your support.

A/Prof Giles responded:

Members noted the strong leadership demonstrated by Victoria Weeks and her significant contribution in her role as a Board Member, Chair of Board Committees, Deputy Chair and as Interim Chair. In particular, Victoria's generosity in sharing her expertise and time and effort in the initial establishment of the Board was acknowledged, along with her professional, open and inclusive approach to the role of Chair. Her sense of purpose was evident in her commitment to further the District as a leading organisation in research and education. Victoria leaves the Board with the respect and friendship of her colleagues.

# Minutes

Mr David McLean also served the Board with distinction. As Chair of the Communications Committee David made a significant contribution to the Districts approach to communication with its stakeholders including government, health professionals and consumers. David shared his communications expertise with District staff and provided encouragement and support to them in fulfilling their roles. David offered his professionalism and support to his colleagues and shared his insights and expertise with this Board in the best interests of the organisation, contributing to effective decision making. Well regarded by his colleagues, David leaves with the best wishes of the Board.

Professor Paul Torzillo, Dr Tom Karplus and Ms Fran O'Brien brought their professional expertise, dedication to patients and the organisation, as well as their valuable knowledge of the organisation and health services to Board discussions. Their individual and collective contribution assisted the Board in understanding the issues faced by staff and patients and informed clinical decision making. These members also served with integrity on a number of Board committees alongside their professional colleagues. The members leave with the regard of the Board and best wishes in their careers in health.

Ms North echoed these remarks.

Professor Torzillo responded: This is a big loss.

Ms Weekes responded: Thank you everyone, The Hon Ron Phillips was a good role model.

A farewell dinner will be held in the future.

## 15. Next Meeting

The next meeting will be held on Monday 19 July 2021 at 9.00am.

The meeting closed at 11.10am.

  
Chair

23.07.21  
Date

---

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

Mental Health Readmissions within 28 days have decreased for the month of February 2021 to 13.4% in comparison to 14.8% 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 5.0% for the month and 5.2% YTD March, which is slightly below the State rate of 5.7% for the month and 5.7% YTD March. Unplanned Emergency Representations (same ED within 48 hours) were 4.5% for the month and 4.6% YTD April 2021, which is less than the State rate of 4.6% for the month and slightly above the state rate of 4.4% for YTD April 2021.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 1.0 per 10,000 bed days for the month of March 2021, representing a slight increase compared to February 2021 (0.2/10,000 bed days). There was 0 Central Line Associated Bloodstream (CLAB) infections during March 2021. 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 11 of the reported Hospital Acquired Complications (HACs) for the 12 month period March 2020 – February 2021. SLHD continues to have 3 HACs underperforming.

Fall related injuries has a rate of 6.7 per 10,000 episodes, which is slightly above the target of 5.7 for the 12 month rolling period of March 2020 – February 2021 and a slight improvement on last month. Fall related injuries increased 6 instances during this period, when compared to the same period in the previous year, which is again an improvement on the last month's report (14).

Hospital acquired endocrine complications has a rate of 37.9 per 10,000 episodes, with a target of 29.7 for the 12 month rolling period of March 2020 – February 2021, which is consistent with last month's report (39.3). Hospital acquired endocrine complications decrease by 47 instances during this period, when compared to the same period in the previous year.

Hospital acquired birth trauma has a rate of 117.4 per 10,000 episodes, against a target of 98.8 for the 12 month rolling period of March 2020 – February 2021, which is a slight improvement on last month's report (119.7). Hospital acquired birth trauma increased by 1 instance during this period, when compared to the same period in the previous year.

3<sup>rd</sup> and 4<sup>th</sup> degree perineal lacerations has a rate of 349.2 per 10,000 on a target of 384.1 for the 12 month rolling period of March 2020 – February 2021. This is an improvement on the last month's report (364.2). The number of instances of perineal lacerations decreased by 35 during this period, when compared to the same period in the previous year.

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 April 2021 when compared to the same period last year by -0.07. Premium staff usage has increased for Nursing and Allied Health for April 2021 compared to the same period last year by 6.70 and 0.85 respectively.

The District is continuing to work with the NSW Health Workforce branch to ensure its workforce surge plans are in place for an escalation in the COVID-19 response. There is ongoing focus on specific workforce escalation plans that will ensure alignment to current and ongoing work within the SHEOC. The District is continuing to focus on the deployment of nursing, medical and administration staff to support the COVID-19 Vaccination Program in NSW and in particular the NSW Health Vaccination Centre at Sydney Olympic Park which opened on 10 May 2021.

## **Activity**

There was an increase of 40.93% in the number of separations (14,173) for the month of April 2021 when compared to the same period last year. YTD April separations have decreased by 1.63%. The decrease is as a result of the decrease in elective surgery and reduced inpatient activity associated with COVID-19. The District is seeing an increase in activity as we continue to recover from the impact of COVID-19. In April 2021, the District's occupancy rate increased by 14.57%, to 89.71% when compared to the 75.14% in April 2020 at the height of the COVID-19 outbreak.

There were 14,761 attendances to the District's Emergency Departments in April 2021, which is a 50.53% increase from 9,806 when compared to the same month last year and an increase on last month (14,316). Overall YTD Emergency Department attendances have decreased by 8.82% to 134,930 when compared to the same period in the previous year due to the impact on COVID-19. For the month of April, however, case weighted attendances have increased by 49.43%, when compared to the same period in the previous year. This reflects the increase in acuity of patients presenting which may be due to the impact of the deferral of clinical care during COVID-19.

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

The District continues to work on ETP performance. There was a 14.98% decrease in ETP in the month of April 2021, to 65.55%, when compared to the same month in the previous year which is associated with the increase in ED presentations. YTD April there has been a decrease (2.36%) in ETP to 68.06%. Admitted ETP was below target (50%) for the month at 42.1%, which is a 7.9% decrease on the same period in the previous year. The District has continued to strengthen its demand management focus to address these challenges.

## **Transfer of Care**

The District is performing below the transfer of care (TOC) target (90%) for April 2021, with 83.2% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. Additional escalation protocols and activities have been implemented to address this.

## **ED Triage**

The District continues to perform well in relation to triage Categories 1, 4 and 5 for the month of March. Triage Categories 2 and 3 performance is below the revised targets at 86.92% (target 95%) and 74.21% (target 85%) respectively.

## **Elective Surgery**

There were 1,537 more elective surgeries performed in April 2021 when compared to the same period in the previous year, representing an increase of 204.39%.

For the month of April, 100% of Category A, 100% of Category B, and 100% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. 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. YTD April there has been an 1.98% (234) 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 Genea. Additional agreements have been signed with St Luke's Private and St George Private.

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 382 more emergency surgeries performed in the month of April 2021 when compared to the same month last year, representing a 38.39% increase. It is unclear why there has been an increase. The District is currently investigating this.

## **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 43.4% decrease in the number of Hospital in the Home overnight separations in April 2021 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 18.61% variance for YTD April, excluding Dental and noting the number of uncoded and ungrouped episodes.

Stream	Target	Actual	Variation	Variation %
Acute*	135,805	130,746	- 5,059	-3.73%
ED	20,015	19,140	- 875	-4.37%
NAP**	30,866	78,458	47,592	154.19%
SNAP***	10,485	9,573	- 913	-8.71%
MH Admit^	14,922	14,633	- 288	-1.93%
MH NAP^^	8,015	8,520	505	6.30%
<b>Total</b>	<b>220,108</b>	<b>261,070</b>	<b>40,962</b>	<b>18.61%</b>
Dental DWAU	50,870	52,517	1,647	3.24%
Dental NWAU#	6,387	6,594	207	3.24%
<b>Total (NWAU)</b>	<b>226,495</b>	<b>267,664</b>	<b>41,169</b>	<b>18.18%</b>

\* 691 uncoded episodes

\*\* inclusive of COVID clinics and the Special Health Accommodation

\*\*\* 51 ungrouped episodes

^ 29 uncoded episodes

^^ March data

# NWAU=589/4691\*DWAU

## REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

### Private Health Insurance Usage

For the month of April 2021, 16.57% (2,234 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was an increase of 540 (31.88%) patients who elected to use their private insurance compared to the same period last year and a decrease of 76 (3.3%) in total separations from previous month.

For the month ended April 2021 conversions for facilities as compared to the same period last year were:

- RPAH – an increase of 278 (32.03%) private patients, which is a significant improvement.
- Concord – an increase of 161 (21.38%) private patients, which is a significant improvement..
- Canterbury Hospital – an increase of 63 (95.45%) private patients, which is a significant improvement..
- IRO – an increase from 0 (zero) to 34 private patients, which is a significant improvement..
- Balmain Hospital – an increase of 4 (57.14%) private patients, which is a significant improvement..

### Single Room Usage

For the month of April 2021, 7.79% 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 37% of all private patients were accommodated in single rooms.

## SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in April 2021. The rollout of the new financial class was discussed. CRGH Strategic Revenue Plan was presented outlining the revenue opportunities for patient fees, user charges, prosthesis and other revenue sources.
- 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 120 registered users and total \$806K has been raised through the portal to date.

## REDESIGN AND SERVICE IMPROVEMENT

### Innovations

#### The Pitch

- The next round of the Pitch is being planned for 1 July 2021.
- Finalists and the panel will meet and present from the Kerry Packer Education Centre with the event broadcasted via Zoom.
- The applications that have been chosen to progress to the live round are:
  - ➔ **Bottles away – cup to stay.** This Pitch looks at the development of educational videos and an interactive book to reduce prolonged bottle use by infants after 12 months and the associated impacts (e.g. tooth decay, ear infections, iron deficiency, speech developmental delay, sleep disturbances).
  - ➔ **HeartBeat – be heart smart.** This Pitch is a digital cardiac rehabilitation platform that will prevent further life-threatening cardiac events via data capture including: medication adherence / task completion / blood pressure.
  - ➔ **Establishing an ADHD e-learning module to facilitate shared-care partnerships between primary health practitioners and specialists in NSW.** This Pitch looks at the development of a training and education ADHD e-module to up-skill specialists and primary care practitioners in optimal ADHD management and to facilitate shared care partnerships in our district.
  - ➔ **First contact – eliminating obstacles to Hep C testing through outreach.** This Pitch looks at the provision of on the spot Dried Blood Spot testing at RPAH's automatic needle dispensing machine to determine whether it is an effective outreach strategy leading to uptake of HCV testing for this population
  - ➔ **Virtual newborn family support:** empowering CALD family centred care through multimedia education. This Pitch looks at the development of six culturally responsive videos in five languages as well as videos targeted at Aboriginal and Torres Strait islander families.
  - ➔ **High Fidelity Virtual Trauma Learning.** This Pitch looks at the provision of enhanced trauma learning via virtual means.
  - ➔ **Improving health outcomes via digitally-enabled care in patients with diabetes using insulin therapies.** This Pitch aims to propose a purpose-built mobile application that will assist patients and clinicians to effectively manage at-risk patients on insulin, improve treatment adherence and build stronger therapeutic relationships

#### Other Projects

- Hands Up Project (RPA Hand Clinic)
  - The Project Management Plan is in the process of being signed by the Executive Sponsor.
  - Project Diagnostic Report is being reviewed by GM, RPAH.



- Solution prioritisation currently occurring in collaboration with the working party.
- RPAH Transfer of Care Project – ‘Good to Go, Discharge by 10 and 2’
  - Diagnostic report signed off by EDO
  - Solutions design workshop held 31 March, with 27 attendees across nursing, AH, medical, radiology, emergency departments.
- Diabetes Model of Care Redesign
  - Diagnostic phase complete with qualitative data collected via x24 key stakeholder interviews across the facilities. Quantitative activity data has been analysed off STARS to complement this. Diagnostic summary of findings awaits EDO sign off.
  - Solution design workshop planning

### Accelerating Implementation Methodology (AIM):

- The next 2 day AIM course is scheduled for 19-20 April at the Concord Medical Education Centre.
- Remaining dates for the AIM course in 2021 are:
  - 24-25 May
  - 6-7 September
  - 15-16 November

### HealthPathways

#### Content development

General Practice is able to access current support documents for practices undertaking vaccinations as well as referral and registration points for patients of non-vaccinating practices.

New resources include Current ATAGI recommendations regarding the AstraZeneca vaccine and risk of rare clotting disorders.

Following the presentation of solutions from the RPAH hand Service re-Design work has commenced to develop a number of clinical and referral resource pathways. The development approach has been to partially embed our current non-clinical RMO into the Hand service over a number of clinic sessions. This has enabled a rapid localisation approach to the clinical content as well as ensure agreement with the models of care. We have also commenced the development of two specific e-Referral forms

- Hand Surgery Referrals
- Hand Therapy Referrals

With the aim of go live by October 2021.

#### Usage of HealthPathways

Usage continues to track at a favourable level with steady consistent usage rates.

	*May 1-24 2021	April 2021	March 2021	*May 1-24 2020
Users	1,091 ↑ 3.90%	1,315	1,476	1,050
Sessions of use	6,775 ↑ 14.25%	8,531	10,498	5,930
Total Page Views	22,887 ↑ 9.45%	28,565	35,051	20,911

## **SLHD e-Referral Project**

### **Service recruitment**

In preparation for the Royal Prince Alfred Hospital e-Referral implementation, meetings with each service Head of Department were held. These engagement activities were undertaken in collaboration with the Ambulatory Care Business Unit. 13 services are now anticipated to go-live with e-Referral as part of the September 2021 roll out. Royal Prince Alfred Hospital Services requiring form customisation will go-live with e-Referral in October/November 2021. Service requirements have been collated and submitted to the e-Referral vendor. Form development for Paediatric Medicine and Paediatric Surgery will be prioritised as part of the Royal Prince Alfred Hospital implementation.

e-Referrals are being developed for SLHD Maternity, and Royal Prince Alfred Hospital's Gynaecology service, as part of the Outpatient Referral Management Simplified Outpatients Appointments (ORMSA) Program. It is anticipated that these forms will be endorsed next month.

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	Live
ORMSA Program: Gynaecology – Royal Prince Alfred Hospital Pelvic Mesh – Royal Prince Alfred Hospital Maternity - SLHD	TBC 2021	Design
Paediatric Medicine and Paediatric Surgery – Royal Prince Alfred Hospital	TBC 2021	Design
Royal Prince Alfred Hospital (13 services)	September 2021	Design

### **Platform development**

Active Directory integration work has not yet commenced, and is awaiting eHealth resource allocation.

#### *Referrer update:*

- A total of 921 referrals have been received.
- 67% of referrers using HealthLink to refer to SLHD have referred more than once.

## **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 30 April 2021 based on the District's budgeted NCoS.

For the period ended 30 April 2021, GF Expenditure was \$64.979M (3.66%) unfavourable to budget after receiving \$235.802M COVID-19 Stimulus Budget. The unfavourable result is primarily due to the timing of the COVID-19 expense adjustment due to unfunded COVID-19 Incremental expense of \$66.653M for Vaccination Program, 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 \$1.674M favourable to YTD April 2021 Expense budget, which is a significant improvement on last month.

YTD April 2021 Expenditure increased significantly (by \$275.999M or 17.66%) compared to YTD April 2020, due to the impact of the District's COVID-19 response, in particular the SHA and quarantine activities, COVID clinics and COVID-19 wards. The average monthly expense rate increased from \$145.289M for the period July 2018 to April 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 \$183.85M YTD Apr 2021. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue (including Doubtful Debts) was \$5.837M (3.26%) unfavourable to budget for the month and \$8.275M (0.42%) unfavourable to YTD April 2021 budget. The District has assessed the YTD April 2021 impact of COVID-19 on revenue reduction of \$6.257M for Patient Fees, Facility Fees, Prosthesis income, Pharmacy Sales, Car Parking Fees and Conference & Training Receipts. Revenue has also been significantly impacted by the reduction in elective surgery due to the COVID-19 response. The reduction in the actual single room bed day rates paid by health funds has resulted in reduction in YTD April 2021 Patient Fees of \$5.24M. Furthermore, the impact of the additional \$12.594M full-year OSR budget allocated by MoH to the District has resulted in a \$10.495M unfavourability to YTD April 2021 OSR budget. Doubtful Debts related to Quarantined Hotel Passenger Fees amounts to \$5.54M YTD April 2021.

Excluding the impact of Quarantined Hotel Passenger Fees on Own Source Revenue and Doubtful Debts, the District is \$30.527M unfavourable to YTD April 2021 GF Revenue budget due to the impact of COVID-19.

For the period ended 30 April 2021, the District's GF NCoS was \$73.254M unfavourable to budget. Excluding the impact of Quarantined Hotel Passenger Fees, the District's NCoS was \$28.852M unfavourable to budget due to the impact of COVID-19.

The table below shows the summary of the YTD April 2021 Financial Performance – including and excluding the impact of COVID-19:

# Board Report



	YTD Actual	YTD Budget	Variance (Actual vs Budget)	
Expense (incl COVID)	1,838,534	1,773,555	-64,979	unfav
COVID-19 impact:				
unfunded COVID-19	305,008	238,355	-66,653	unfav
<b>Expense (excl COVID)</b>	<b>1,533,525</b>	<b>1,535,200</b>	<b>1,675</b>	<b>unfav</b>
Own Source Revenue (incl COVID)	-355,626	-351,537	4,089	fav
Doubtful Debts (incl COVID)	12,620	641	-11,979	unfav
Loss on Sale of Asset	386	0	-386	unfav
<b>General Fund Revenue Total</b>	<b>-342,620</b>	<b>-350,895</b>	<b>-8,275</b>	<b>unfav</b>
COVID-19 impact:				
Quarantined Hotel Passengers	-156,694	-124,680	32,014	fav
Own Source Revenue Reductions	6,257	2,035	-4,222	unfav
Doubtful Debts	5,540	0	-5,540	unfav
<b>COVID-19 impact Total</b>	<b>-144,896</b>	<b>-122,645</b>	<b>22,251</b>	<b>fav</b>
<b>General Fund Revenue (excl COVID)</b>	<b>-197,724</b>	<b>-228,250</b>	<b>-30,527</b>	<b>unfav</b>

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 \$91M relating to unfavourable results for: Expense (\$118M) related to the management of the COVID-19 process; Doubtful Debts (\$15M). Offset by favourable result for Own Source Revenue (\$42M) due to the impact of COVID-19 Quarantined Hotel Fees.

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 (\$15M).

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 April 2021 was \$2.019M (1.02%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Goods & Services (\$3.977M), VMOs (\$1.858M), RMR (\$0.828M) and favourable for Employee Related Expenses (\$4.618M) and Other Expenses (\$0.027M). The District received \$27.156M COVID-19 Stimulus

Budget for the period of March 2021 in April 2021. Excluding the impact of COVID-19, the District is \$10.527M favourable to the expense budget for the month of April 2021.

- YTD April 2021, GF Total Expenditure was \$64.979M unfavourable to budget, primarily reflecting unfavourable results for Salaries & Wages (\$11.081M), Overtime (\$14.595M), Annual Leave Provision (\$16.046M), Superannuation (\$10.523M), VMO Payments (\$6.701M), RMR (\$6.968M) and Goods & Services (\$0.058M). Excluding the impact of COVID-19, the District is \$1.674M favourable to YTD April expense 2021 budget.

## Revenue

- GF Total Revenue for the month of April 2021 was \$5.837M (3.26%) unfavourable to budget, reflecting unfavourable results for Patient Fees (\$2.554M), Grants & Contributions (\$0.114M), Other Sources of Revenue (\$1.404M) and Doubtful Debts (\$2.363M) offset by favourable results for User Charges (\$0.624M). Excluding the impact of COVID-19 on Own Source Revenue and Doubtful Debts, the District is \$5.382M unfavourable to revenue budget for the month of April 2021.
- YTD April 2021 GF Revenue was \$8.275M (0.42%) unfavourable to budget. This result reflects favourable variance in Quarantined Hotel Fees (\$32.014M), Grants and Contributions (\$2.351M) and High Cost Drugs (\$2.713M) offset by unfavourable variances in Facility Fees (\$4.533M), Prosthesis Income (\$1.896M), Pharmacy Sales (\$1.561M), Car Park Fees (\$0.296M), Patient Fees (\$13.557M) and Doubtful Debts \$11.979M. 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 on Own Source Revenue and Doubtful Debts, the District is \$30.527M unfavourable to YTD April 2021 revenue budget.

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$1.906M unfavourable to budget for the period of April 2021. This result reflects favourable budget variance for Expenditure (\$0.751M) and unfavourable budget variance for Revenue (\$2.647M).

## CONSOLIDATED RESULT

For the period ended 30 April 2021, the consolidated YTD NCoS result for the General Fund and SP&T was \$75.16M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$64.228M), Doubtful Debts (\$11.979M) and Loss on Sale of Asset (\$0.395M) offset by favourable variance for Own Source Revenue (\$1.442M).

## FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

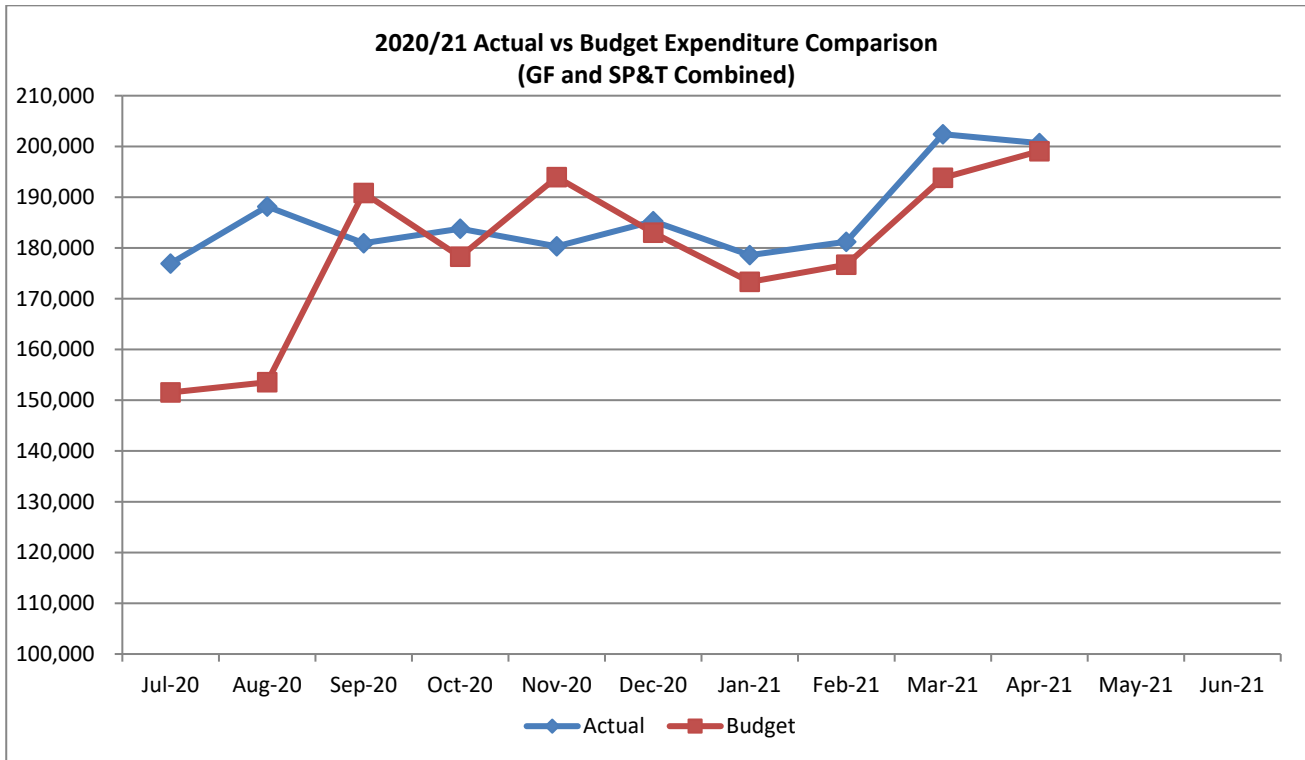
For the period ended 30 April 2021, SLHD recorded a Total Net Result of -\$155.077M which was \$75.284M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD April 2021 was \$56.225M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$57.543M) offset by a favourable budget variance for Revenue (\$1.318M).

For the YTD April 2021, Total Direct Revenue was \$1.318M favourable to budget, comprising a favourable variance for the General Fund (\$4.089M) offset by an unfavourable variance for SP&T Fund (\$2.771M). 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 April 2021 Total Direct Expenditure was \$57.543M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$57.654M) offset by a favourable budget variance for SP&T Fund (\$0.111M). The result for the General Fund reflects unfavourable variances in Salaries & Wages (\$11.081M), Overtime (\$14.595M), On-costs (\$24.746M), VMOs (\$6.701M), Grants (\$0.547M) and Direct Clinical Operating (\$5.978M) offset by favourable variances in G&S Corporate (\$4.807M) and G&S Supporting Services & Utilities (\$1.113M).

## MONTHLY BUDGET PERFORMANCE

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



## LIQUIDITY

The cash balance at 30 April 2021 for the SLHD Operating bank account was \$30.028M and the Operating Cash book balance was \$29.749M.

## CAPITAL WORKS – SMRS PROJECTS

As at 30 April 2021 the District's Full Year Capital works budget relating to SMRS Projects is \$25.090M comprising \$5.549M of MoH funded and \$19.541M of locally funded projects.

Actual expenditure as at the end of April 21 was \$8.318M 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 \$5.775M at the end of April 2021. MoH funded budget of \$5.235 was provided in March 2021.

## OTHER CAPITAL PROJECTS

As at the end of April 2021, the District has expended an amount of \$2.329M relating mainly to Croydon Health Centre Intellectual Disability Unit, RPA Transit Lounge, RPA Paediatrics, RPAH Virtual Hospital Stage 3, RPA Staff & Visitor Car Park and Wallacia New Cage. The total expenditure of \$2.329M was sourced from the General Fund.

## **CAPITAL WORKS**

### **RPA**

#### **RPA Redevelopment**

Key milestones achieved for the RPA Redevelopment in March 2021 are as follows:

- Site due diligence assessment and scoping of services infrastructure relocations and upgrades undertaken
- Strategic planning sessions with Capital Consultants to review priorities, risks and program.
- Completion of Project Plan and commencement of fitout in Professor Marie Bashir Centre for the Renal Satellite relocation from building 12.
- Identification of East and West Campus master planning options further analysed

#### **Paediatric Ward Stage 3**

The capital works program for the Paediatrics Ward was successfully completed in April. The area has been handed over to the facility and is now being occupied.

#### **Parent and Baby Unit**

Over the course of this reporting period the southern retaining wall has been waterproofed, drainage installed and the area backfilled. The retaining wall footpath has also been poured. Other works completed include:

- Water meters installed
- Generator slab poured with electrical reticulation connected to building slab
- Level 1 slab bond deck installed and reinforcement steel placed and formwork complete. Stair penetration for the level 1 slab has set out and stair formwork underway
- Structural steel installation has commenced

#### **Building 63 RPU Hot Cells**

Mechanical service works continued throughout April 2021 and the tendering process for air monitoring controls was underway. The clean rooms are scheduled to arrive on site in early May and installation will commence.

#### **Pharmacy Manufacturing Bld 11 Level 2**

The capital works program for Pharmacy Manufacturing was successfully completed in April 2021 and has been handed over to the facility.

#### **Green ICU**

The capital works program for ICU Green was successfully completed in April 2021 and is now being occupied.

### **Concord**

#### **Concord Redevelopment**

Key milestones achieved for the Concord Hospital redevelopment during April included:

- Go live of the LHD engineering ICT network within communications rooms
- Atrium roofing installation underway
- Energisation of major services plant
- Continuation of internal fitout
- Façade installation including glazing, Kingspan and terracotta underway.

#### **Emergency Department Resuscitation Bays**

The capital works program for the ED Resuscitation Bays at Concord Hospital was successfully completed in April. The area has been handed over to the facility and is ready for occupation.

## **Building 20 – Research**

During April capital works the concrete pour for the bathroom was completed and partitioning commenced. The wall sheeting and setting to the office area commenced and service rough-ins were undertaken.

## **Zetland**

### **Child and Family Health Service (Tote Building)**

The capital works program for the Child and Family Health Service at Zetland was successfully completed in April. A commissioning handover document has been prepared and issued for Chief Executive approval.

## **PLANNING**

### **Asset Management Planning**

The Planning Unit is working in collaboration with Capital Assets, Property and Engineering and ICT to draft the Strategic Asset Management plan, the Asset Management Plans and the Capital Investment Strategies. This is a significant task. The Chief Executive priorities for major capital works projects include:

- Sydney Biomedical Accelerator
- Canterbury Hospital Redevelopment
- Concord Hospital Stage 2
- RPA Hospital Stage 2
- A range of HealthOnes across the district (as per Strategic Plan)
- Mental Health Community Beds

### **Minor Amendments to RPA Clinical Services Plan**

The MoH has commented on 3 aspects of the CSP which has required justifications to be developed and some minor amendments.

- Theatres- agreement reached that the current number is justified
- Ambulatory Care- additional planning processes are in train. A minor change is being developed for the CSP
- ED- the number of Resuscitation bays – agreement has now been reached on this matter.
- Radiology- number of MRIs.

### **RPA Redevelopment – Ambulatory Care Planning**

The Planning Unit continues developing the in-depth plan and forecast for RPA Ambulatory Care, taking into account the impacts of COVID, virtual care and changing models of care. Projections will span 2026 and 2031 and be developed individually for each clinical area, based on MoH forecasting tools.

### **Tech Central District (Camperdown-Ultimo Collaboration Area)**

- Planning is underway in collaboration with the Greater Sydney Commission for a Tech Central website, narrative, a set of case studies and branding.
- Meetings have been held with the City of Sydney and Transport for NSW to examine the Idea of “calming and greening” Missenden Road.
- The District is currently undertaking a review of the Economic Strategy for Tech central.

### **Concord Hospital Stage 2 Clinical Services Plan**

The final Plan will be sent to the Concord Medical Staff Council, Whole of Staff (with the CE) and with Clinical Directors, Manager and District Executive.



## **Green Square HealthOne- RPA HealthOne, Green Square**

The Planning Unit is working with Clinical Services Integration on the Academic Primary care Unit for the HealthOne.

## **Other Plans**

The development of the following plans is being supported in some way by the Planning Unit.

- SLHD Mental Health Strategic Plan
- SLHD Workforce Strategic Plan
- SLHD Digital Health Strategy
- SLHD Education Strategic Plan
- SLHD Internal Audit Strategic Plan
- SLHD Carers Plan
- SLHD Rehabilitation Plan

## **SYDNEY RESEARCH**

### **Sydney Research Staffing Changes**

We are delighted to announce that Ms Penny Vogelzang commenced as Acting Deputy Director, Sydney Research effective from Monday 24 May 2021. Penny is a highly valued and regarded colleague, who has a deep passion and enthusiasm for continuing to strengthen our Research and Innovation capabilities, opportunities and partnerships across and within Sydney Local Health District and Sydney Research. Penny has provided and will continue to provide excellent support to our Research, Clinician, Executive, Industry and Partner communities. Ms Rina Ward will be commencing maternity leave on 7 June 2021. We thank Rina for her contribution to Sydney Research and wish her well for her future endeavours. Recruitment is now underway for an Executive Officer, Sydney Research.

### **COVID-19 Operational Support**

Sydney Research continues to support Sydney Local Health District (SLHD) in its response to COVID-19 and in the implementation of the COVID-19 Vaccination Program. The team participates in the regular COVID-19 Steering Committee meetings and communicates the latest information to SLHD and Sydney Research stakeholders. The team has also recently coordinated the registration of 24 staff members from the Anzac, Heart Research, and Woolcock Research Institutes, as well as the Institute for Musculoskeletal Health, who are assisting the pharmacists working within the NSW Health Mass Vaccination Centre at Homebush. The Sydney Research team has also been actively encouraging and supporting our partners, their families, friends and loved ones to take up the very important offer to register for vaccination.

### **Sydney Biomedical Accelerator**

Sydney Research continues to lead the planning for the Sydney Biomedical Accelerator (SBA) Complex, a new world-class biomedical innovation precinct to be located within the RPA and University of Sydney campuses.

Dr Anderson AM and Adj A/Prof Vicki Taylor, Executive Director, Sydney Research are the SLHD Executive Leads on this project. To facilitate and continue the planning process, SLHD and the Sydney Research team have been working closely and collaboratively with representatives from the University of Sydney and the three medical research institutes – Centenary, Heart Research and Woolcock Institutes – via the regular SBA Program Office meetings.

Dr Anderson AM and Adj A/Prof Taylor together with Prof Ward AM and Prof Duncan Ivison, Deputy Vice Chancellor (Research), University of Sydney have formally engaged and sought the support of high profile individuals involved with or have interest in accelerating health research and development in NSW and Australia. Key stakeholder briefings have been held with Mr Geoff Roberts, Chief

Commissioner, Greater Sydney Commission, and Mr David Thodey, Chair, Tech Central Advisory Group, Ms Amy Brown, Chief Executive, Investment NSW, the Hon. Gabrielle Upton MP, Parliamentary Secretary to the NSW Premier and the Hon Geoff Lee, Minister for Skills and Tertiary Education.

Sydney Research continues to collaborate closely with the Greater Sydney Commission and Tech Central team, with Mr Chris Bennetts PSM, Executive Director, Precincts (Tech Central), to be located indefinitely at the RPA campus for one day per week, commencing 2 June 2021. The team will develop a program of work and prioritise engagement with partners within and across SLHD.

## **Office for Health and Medical Research – Translational Research Grants Scheme**

The Sydney Research team continue to support the successful projects in Rounds 1-5 of the Translational Research Grant Scheme (TRGS).

The team have established a Steering Committee to support the successful TRGS Round 5 project, *Efficacy and Value In Expedited out of hospital arrest care aNd ECMO CPR (ECPR) – EVIDENCE study* led by Dr Mark Dennis and A/Prof Brian Burns. The Steering Committee met on Friday 21 May 2021 and was chaired by Prof Paul Torzillo, Clinical Director, Critical Care. The Committee consists of the Chief Executives from each LHD involved in the trials (Illawarra Shoalhaven LHD, Northern Sydney LHD, Nepean Blue Mountains LHD, South Eastern Sydney LHD, South Western Sydney LHD, St Vincent's Hospital Network, and Western Sydney LHD), as well as representatives from the NSW Health Ambulance, NSW Agency for Clinical Innovation, NHMRC Clinical Trials Centre, the NSW Ministry of Health Centre for Epidemiology and Evidence and a local consumer representative.

This second meeting of the Steering Committee confirmed all partners were on track for study commencement on 1 July 2021. Support was also reaffirmed from research and implementation partners the Agency for Clinical Innovation and NSW Ministry of Health.

## **Office of Health and Medical Research – Embedding Quality Research**

The Embedding Quality Research (EQR) Steering Committee convened on 15 April 2021. The NSW Office for Health and Medical Research (OHMR) provided an update on the Clinical Trials Management System (CTMS), which will aim to improve the quality improvement strategies of clinical trial delivery through a consistent approach to trial management. OHMR have secured NSW Health authorization to procure a CTMS solution, and have released a request for proposal (RFP) by potential vendors. An update was also provided on the Rural Regional and Remote Clinical Trial Enabling Infrastructure program (RRCTEI), where OHMR's priorities are to establish a dedicated team and Clinical Trial Support Units, develop implementation architecture and finalise a governance plan for the program.

As part of the implementation of the state-wide CTMS by NSW Health, Adj A/Prof Taylor will be representing SLHD on the CTMS Project Steering Committee to be chaired by Dr Antonio Penna, Executive Director, NSW OHMR. The Steering Committee will provide advice and guidance to the project sponsor and will assist in monitoring strategic direction, and will be invited to join the evaluation panel for the CTMS vendor selection. The initial meeting of the CTMS Steering Committee was held on Wednesday 19 May 2021, which provided an introductory overview of the CTMS project and procurement process. The Steering Committee was also informed that an Expression of Interest will soon be circulated to the Local Health Districts seeking their interest in participating in the initial trials of the CTMS.

The pilot of the Sydney Research Health & Biomedical Research Leader Development Program, a pilot of the Embedding Quality Research state-wide initiative, commenced on 10 May 2021, with 27 participants from SLHD, HNELHD, SESLHD, WSLHD, the NHMRC Clinical Trials Centre and Institute for Musculoskeletal Health. Due to COVID-19 restrictions in the Greater Sydney region during May 2021, the first module of the program will be delivered virtually, with two sessions completed on 10 and

11 May 2021, and two further sessions to be delivered 7 and 8 June 2021. The second module of the program is scheduled to be held in person at SLHD in Camperdown on 21 and 22 June 2021 (COVID-19 permitting), otherwise will again be held virtually.

As a priority, OHMR are also focusing on investigating potential solutions to streamline research governance processes and avoid unnecessary delays due to administrative authorisation. With the support and input of Dr Teresa Anderson AM and the Sydney Research team, OHMR have developed a scoping paper that will be reviewed by an Expert Working Group and the EQR Steering Committee prior to seeking endorsement from the Secretary, NSW Health. To support the project's progression, Sydney Research and OHMR have also developed a position description for Project Manager (Embedding Quality Research) that was submitted to the Grading Committee for consideration.

### **Patient Family Centred Care Research Working Group**

The Patient and Family Centred Care (PFCC) Research Working Group continues to progress its initiatives to strengthen consumer and community involvement in research conducted across and within SLHD.

With oversight from Adj A/Prof Vicki Taylor 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 have been developed by the sub-group and are currently under review by a state-wide REGIS User Group as part of the REGIS review project led by OHMR. Ms Kylie Becker, REGIS Subject Matter Expert, had informed Sydney Research that the parameters developed by the PFCC Research Working Group have been accepted with no further changes and will be implemented in REGIS in June 2021.

#### *Case Examples*

The purpose of this initiative is to provide case examples of best practice that 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 outlining the key research questions and methodologies to examine an effective consumer-researcher relationship in the design, conduct and implementation of research. An option currently being canvassed is an ethnographic study focused on 'How does a successful consumer-researcher engagement process work, in real time?'. The sub-group met on Friday 23 April 2021 to further refine their approach and finalise the research proposal.

#### *Organisational Support*

A/Prof Fairbrother and Dr Conroy in collaboration with the Consumer and Community Participation team met with the RPA Consumer Network on 3 May 2021 to present on the initiatives of the PFCC Research Working Group and its intentions to establish a District Research Consumer Reference Group. Following the meeting, an expression of interest and draft Terms of Reference for the group has been circulated to the RPA Consumer Network. An additional presentation to the CRGH Consumer Network will be held in early June 2021.

#### *Online Resources*

The Sydney Research team have developed a monthly newsletter titled 'Consumers in Research', which will provide SLHD clinical departments and research teams with information on the latest

initiatives, tool and events on consumer and community involvement in clinical trials and research. The first edition of the newsletter was circulated on Monday 1 March 2021 and has resulted in an increase of 92 new subscribers. A/Prof Fairbrother is developing an ethics application to undertake a series of interviews with consumers and researchers, which will form a regular component to the newsletter and provide a personal insight into the ways that consumers can be involved as partners in research and the benefits of their involvement.

Dr Conroy and Sydney Research are in the process of developing a webpage for the Sydney Research website, which will centralise the tools and resources available and raise awareness of existing initiatives on consumer involvement in research for use by researchers across and within SLHD.

### **SLHD Digital Health Strategy**

Sydney Research are supporting SLHD ICT Services in the development of the SLHD Digital Health Strategy 2021-24. A virtual workshop will be held in early June 2021 with key research partners to provide input to enable and strengthen research capability, innovation, translation and commercialisation with SLHD. Interactive collaboration platforms will be accessible to enable contribution, with a survey also sent to ensure partner input is incorporated into the Digital Health Strategy.

### **Sydney Health Partners (SHP)**

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 continues to participate across all five (5) of the Platforms.
- Adj A/Prof Fairbrother has been leading the coordination of a Consumer Advisory group to support the collaborative cellulitis project. 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. The Advisory Group will involve eight (8) consumers across SLHD, NSLHD and WSLHD, and will aim to build knowledge of the patient experience and need in relation to cellulitis prevention service delivery. *Encouraging More Clinical Trials in Australia*

#### *Encouraging More Clinical Trials in Australia*

- The SHP Clinical Trials Advisory Panel (CTAP) has been established to progress this Sydney Health Partners initiative, in collaboration with the NHMRC Clinical Trials Centre and the NSW OHMR.
- SLHD is the funding administrator for the initiative, with Sydney Research and SLHD Research represented on the Advisory Panel.
- The Panel met on 23 February 2021 to review the report providing a summary of the current management of clinical trials and barriers to the conduct of clinical trials across Sydney Health Partners member health services and partner MRIs. Recruitment and the lack of a dedicated study coordinator role was identified as a central issue for the conduct of clinical trials across some of the partner organisations. SHP have proposed the ‘SHP Clinical Trials Pilot – Centralised Recruitment Project (CTP-CRP)’ to address these issues by establishing and evaluating the implementation of a Centralised Recruitment Service pilot at Royal North Shore Hospital. The next meeting will be held on 5 July 2021.

## **Sydney Research Council**

The Sydney Research Council met virtually on 25 May 2021 and welcomed new members Prof Georgina Long AO and Prof Richard Scolyer, Co-Directors of the Melanoma Institute Australia, Mr Chris Bennetts PSM, Executive Director, Precincts (Tech Central), Greater Sydney Commission, Dr Daniel Steffens, Director, Surgical Outcomes Research Centre (SOuRCe) and Dr Antonio Penna, Executive Director, OHMR.

Prof Paul Young, Chief Executive Officer, Ab Initio Pharma introduced its Pharmaceutical Manufacturing and Research and Development (R&D) Services at RPA. Ab Initio Pharma was established as a spin-off from the University of Sydney in partnership with Sydney Local Health District and peak industry body ARCS. The company provides innovators across Australia and globally with a flexible platform to rapidly translate bench-top discoveries to clinical trial products and fully-fledged commercial pharmaceuticals. The facility is purpose built and equipped with state-of-the-art technologies for GMP manufacturing, R&D as well as in vitro testing of formulation, device and packaging.

Prof Warwick Britton also reported on SLHD's participation in the National Clinical Trials Accreditation Framework Pilot. Planning for assessment commenced in September 2020, with the virtual assessment completed on 3 and 4 March 2021. SLHD received the highest rating of Established systems (Category 3) across both the Clinical Trial Governance and Partnering with Consumers Standards, being only one of four pilot sites to achieve an Established rating overall.

Assessors commended the strong engagement and support for research and clinical from all levels of the District, including the SLHD Board, CE, General Managers, Clinical Directors, Heads of Department, Managers, Frontline and Support staff. It was also recognised that involvement of clinical trial investigators in the process, the investment in a dedicated Quality Manager to assist with gathering evidence, the ongoing monitoring of actions, initiatives, policy updates by Research Office were also critical to success.

## **Other Activities**

In addition to the above, Sydney Research have participated or continue to support the following key activities in SLHD and with interagency partners:

- Australian Clinical Trials Alliance (ACTA) National Tribute and Awards Ceremony
- Ab Initio Pharma Tour
- Camperdown Ultimo Alliance meeting series
- University of Sydney Faculty of Medicine and Health Research Centres Review and application for the Institute for Musculoskeletal Health.
- SLHD Communications Board Sub-committee
- 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.

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 852 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 162 subscribers.
- @SydneyResearch currently has 1,093 followers on Twitter

## **COVID-19 UPDATE**

The District continues to perform well in relation to our staff vaccination program, with 93% of Phase1a staff and 76% of the District's total staff having received their first COVID vaccination. A small number of staff have declined to be vaccinated, due to reasons such as pregnancy or attempting to become pregnant. All staff that have decline to receive the vaccination have been moved to low risk areas.

SLHD has undertaken the following activities to April/May 2021:

### **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 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.
- Continued to ensure COVID-19 Clinic surge capacity

### **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.
- Established NSW Health Testing Program for Airport Workers at Sydney International Airport (Saliva Testing) and Daily testing commenced on 3 March 2021.

## **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.
- Tiger teams remain available to support staff if required
- Continuation of Fit Testing for staff
- Commencement of Fit Testing for staff from high risk areas, note this is on top of existing Fit Checking that currently occurs.

## **SLHD Public Health Unit**

- 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.
- Enhanced Environmental Health Officer inspections of food outlets with SLHD to ensure they have and comply with appropriate COVID-19 Safety Plans.
- 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.
- Assistance provided to NSW Health in providing Special Health Accommodation for incoming international passengers under the Public Health Order requiring medical supervision.

## **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.

## **SLHD COVID-19 Support Centre**

- Establishment of the SLHD COVID-19 Support Centre to answer enquiries regarding from people seeking assistance with general COVID-19 enquiries.
- Enhancement of the SLHD COVID-19 Support Centre to assist with enquiries regarding NSW Health Testing Program (Saliva Testing).
- Enhancement of the SLHD COVID-19 Support Centre to provide assistance to GPs with results from patients undertaking COVID-19 testing.
- Provision of assistance with members of the general public who have difficulty booking into either the NSW Health Vaccination Centre or the RPA Vaccination Centre or require to change their appointment date due to illness, self-isolation or other factors.

## **Quarantine Facility Surveillance Testing Program**

- Coordination of and support for the NSW Health Testing Program (Saliva Testing) for Quarantine Facilities (NSW Police managed quarantine hotels).
- Continued management of the SLHD COVID-19 Support Centre to provide phone support to people required to undertake saliva testing as part of the NSW Health Testing Program.
- Continued management of NSW Health Testing Program for quarantine and border workers at Sydney Airport.
- Continued to work with HCA to manage NSW Health (Saliva) Testing Program at Quarantine Facilities. This requires workers in quarantine facilities to participate in daily saliva swabbing for COVID-19.

- Established the Surveillance Testing Program at Sydney International Airport for all border workers.

## **COVID-19 Vaccination Hub and Vaccination Clinic**

- Sydney LHD was 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. The District worked 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.
- Commenced operation of the SLHD Vaccination Hub and RPA Vaccination Clinic at Mallett Street on 22 Feb 2021.
- Commenced operation of the vaccination clinic at Sydney Airport on Tuesday 9 March 2020.
- Continued management of major Vaccination Clinic supported by RPA Hospital in the University of Sydney Mallett Street Building delivering up to 10,000 Pfizer vaccinations per week to Phase 1a and Phase 1b workers and General Population aged 40-49yrs.
- Continued management of Vaccination Clinic at Sydney Airport delivering up to 350 Pfizer vaccinations per day to Phase 1a and Phase 1B Border Workers.
- Continued management of the NSW Health Mass Vaccination Centre at 1 Figtree Drive originally enabled to administer 30,000 Pfizer vaccinations per week, soon moving to the ability to provide 36,000 Pfizer and 5,000 Astra Zeneca per week.
- Continued management of Flying Squad model to provide COVID-19 vaccinations to Residential Aged Care Facilities (RACF), Seaports, Disability Group Homes and other areas, in addition to in-reach to selected speciality clinics at RPA and Concord Hospital.
- Continued management of Vaccination related Health Information issues including error reports, data integrity checks, reviewing automatic extracts Medicare Australia via the Australian Immunisation Register (AIR).
- Continued management and monitoring of Policed Managed Quarantine Hotels, Airport and Special Health Accommodation vaccination compliance.

## **LHD and MoH initiatives and support**

- Continuing to provide support to the MOH by seconding 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.
- Continued planning, preparedness and response work with RACFs within SLHD to prepare these facilities in the event of a COVID-19 outbreak.
- Continued planning, preparedness and response work 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.
- Continuing 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). SLHD oversees the saliva testing program of all quarantine and border workers in partnership with the SHEOC.
- Expanded the SLHD EOC to cover Vaccination Roll out.
- Establishment of major Vaccination Clinic supported by RPA Hospital in the University of Sydney Mallett Street Building delivering vaccination to Phase 1a and Phase 1b workers.
- Established Vaccination Clinic at Sydney Airport delivering vaccination to Phase 1a and Phase 1B Border Workers.

## **Interagency**

- Continued regular meetings with Emergency Management representatives from LGAs (City of Sydney, Inner West, Burwood, Strathfield, Canada Bay and Canterbury Bankstown Councils).



# Board Report



- Continued working with the PHEOC/PHRB on the framework to deal with an outbreak within a social housing complex.
- Continued to work with the PHEOC in developing forward planning for marine vessel arrivals (White Bay Cruise Terminal).
- Continued chairing of the Interagency Governance Committee to support the quarantine program
- Continued regular meetings with the SHEOC on Airport and Quarantine Program

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

A handwritten signature in black ink, appearing to read "Teresa Anderson", written over a white background.

Dr Teresa Anderson AM

**Chief Executive**

Date: 29.8.21