
Sydney Local Health District

Meeting One Hundred and Nineteen of the Board

Date: Monday 21 February 2022
Time: 9.00am - 11.00am
Venue: SLHD Boardroom
Chair: The Hon. John Ajaka, Chair

1. Present and apologies

The Hon, John Ajaka, Chair
Ms Ronwyn North, Member
Dr Mary Haines, Member
Ms Kerry-Anne Hartman, Member
Mr Richard Acheson, Member
Mr John McGee, Member
A/Professor Christine Giles, Member
Dr Paul Hosie, Member
Mr Rob Furolo, Member
Ms LaVerne Belleair, Member
Adj/Professor Karen Crawshaw. Member
Dr John Sammut, Member
Mr Raymond Dib, Member
Dr Teresa Anderson, AM, Chief Executive

Apologies

Nil

In attendance

Dr Alicja Smiech, Chair, Medical Staff Executive Council
Mr Jay Jiang, Chief of Staff, SLHD (9.00am – 10.00am)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

The Chair acknowledged the traditional owners of the land.

The Chair welcomed members and guests to meeting one hundred and nineteen of the Sydney Local Health District (SLHD) Board. All Board members were individually introduced round the table and provided a brief background.

Minutes

3. Declaration / Removal of conflicts of interest

The Chair advised to declare / remove any conflicts of interest at this meeting.

There were no other **new** conflicts of interests to declare or to be added/removed in the Register at this meeting.

The Board requested a copy of the Conflicts of Interest Register be tabled at the next meeting.

4. Confirmation of previous minutes

4.1 Minutes of the previous meeting held 20 December 2021

The minutes of the Board Meeting held on Monday 20 December 2021 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – December 2021

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

Presentation: *SLHD Board Orientation and Budget*

Dr Anderson presented on the SLHD Board Orientation and budget including:

- Acknowledgement of Country
- Session Outline – Overview of SLHD, Governance, Key Themes, Questions
- Overview of who we are
- Our Hospitals
- Key metrics
- A typical day
- Challenges
- Fundamentals
- Cascade approach
- Organisation chart
- 2018-2022 Strategic Planning Framework
- Behavioural insights in SLHD
- Our partnerships
- Principles of partnering with clinicians
- Balancing innovation and sustainability
- Specialty / Clinician driven
- Strategic Priorities
- 2021 – 2022 Budget

The Chair thanked Dr Anderson for the presentation.

Minutes

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action list including:

- A copy of the Risk Management Plan for the Special Health Accommodation is to be provided to the Board.
- The gradual improvements are now included in the HAC reports. This agenda item can be removed from the action sheet.

6. Patient Story

Dr Anderson provided a verbal report on a young patient cared for in the home by our Chronic Care and Rehabilitation Team at Concord Hospital.

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 2022

The Board received and noted the Board Calendar for 2022.

8. Chair's Report

The Chair provided a verbal report including:

Two meetings were held in February with the Secretary and included:

- Getting back to normal business
- Hospital admissions are falling
- ICU numbers are falling
- Importance of getting your booster
- Visiting terminal patients
- Overtime for Nurses

9. Chief Executive's report

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

- COVID-19 information updates. There is a combination of people dying from COVID and dying of other underlying conditions that are COVID positive.
- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- The District has secured a site at Callan Park for the Mental Health step down beds and a new unit at Concord for thirty eight new forensic beds. The Board requested to include the mental health readmission numbers prior to COVID.
- There was no impact on services during the strike by nurses.
- The Infection Control team in the SHA will be relocated to the facilities.
- The District has plans and structures in place and a surgical taskforce at each Hospital. Surgery catch-up is expected to be in December 2022.
- Due to the increase in virtual care and now being two years, the Board requested numbers to be included in this report.
- Redesign and Service Improvements are progressing well.
- HealthPathways are progressing well.
- The period ending 31 December 2021, GF Expenditure was \$56.893M (4.52%) unfavourable to budget. The District has assessed the YTD December 2021 COVID-19 Incremental cost as \$372.669M. The District's unfavourable result for YTD December 2021 was primarily due to COVID-19 Incremental expense of \$55.333M and the delay in budget supplementation for Outsourced Elective Surgery, Clinics and Screening, COVID-19 Wards, Pathology testing, Special Health Accommodation, PPE, Cleaning, Contract Tracing and Vaccination Program associated with the standard Treasury reconciliation process. The District has received the November 2021 COVID-19 Stimulus Budget of \$41.567M in December 2021. Excluding the impact of COVID-19, the District is \$1.56M unfavourable to YTD December 2021 Expense budget.
- A verbal report was provided on succession planning for the duration of the secondment of Mr Sinclair to the MoH.
- Sydney Research is on-going and progressing very well.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – December 2021

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

9.1.2 Selected Performance Indicators – November 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 July to September 2021. The Board requested further information on hospital acquired respiratory complications at Concord Hospital.

9.1.5 HAC Committee Report

The Board received, read and noted this report.

9.2 Project updates

9.2.1 Lifehouse

Nil to report.

9.2.2 Macquarie International Private Hospital

Nil to Report

9.3 Capital Works Report

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

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted this report for the period October – December 2021 is due in March 2022.

(ii) Accreditation Board Briefing

The Board received, read and noted this report, in particular, the positive feedback received following the Balmain Hospital survey.

(ii) SLHD Risk Register

The Board noted this report is due in March 2022.

9.5 Audit and Risk Committee Report (period 18 November 2021 – 17 March 2022)

The Board noted this report for the period 18 November 2021 – 17 March 2022 is due in April 2022.

9.6 Facility Reports – December 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. Service Managers are actively working to develop strategies to reduce and or manage violence, abuse and neglect waitlist numbers given the level of vulnerability and risks clients are presenting with. The Board considered a meeting with the Minister.

(iv) Concord Hospital

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

(v) Drug Health Services

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

(vi) Mental Health Services

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

(vii) Oral Health Services and Sydney Dental Hospital

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

(viii) Population Health

The Board received, read and noted the report.

(ix) Royal Prince Alfred Hospital

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

(x) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report.

(xi) 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.

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 13 December 2021.

11.2 Education and Research Committee

The Board noted the next meeting is to be held on Monday 21 March 2022.

11.3 Communications Committee

The Board noted the meeting to be held on 1 February 2022 was deferred.

11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 24 March 2022.

11.5 Health Care – Clinical Quality Council

The Board noted the next meeting is to be held on 23 February 2022.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 23 February 2022.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 4 March 2022.

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

The Board noted the meeting to be held on 16 December 2021 was cancelled.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 29 March 2022.

11.10 Organ Donation for Transplant – Quarterly Report
(October 2021 – December 2021)

The Board received, read and noted the report for the period October 2021 – December 2021.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting to be held on 21 December 2021 was cancelled.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 10 November 2021.

12.3 Surgical Demand Committee (bi-monthly)

The Board noted the meeting to be held on 15 December 2021 was cancelled.

12.4 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 15 December 2021.

12.5 NSW Health / SLHD Performance Review Meeting

The Board received, read and noted the minutes of the meeting held on 10 December 2021.

12.6 Organ Donation for Transplantation

The Board noted the next meeting is to be held 22 February 2022.

12.7 Major Procurement, Assets and Imaging Steering Committee

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

12.8 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the meeting was held on 15 February 2022.

12.9 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 15 December 2021.

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

The Board noted the next meeting is to be held on 7 April 2022.

12.11 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 7 December 2021.

13. Matters for noting

13.1 Pelvic Exenteration Annual Report 2020 - 2021

The Committee received, read and noted this report and requested to include international comparisons.

13.2 Board Members Committee Membership

The new committee structure was circulated and discussed. This structure is to be trialed for three months. Any further changes or comments are to be forwarded to Ms Bransby.

14. Other Business

14.1 SLHD COVID Visitors Policy

The Board received, read and noted this information including:

- Safety of staff, patients, visitors and the wider community
- Visitors to the COVID wards requires full PPE
- Review the needs of the patient
- Compassionate needs
- Vaccinations status for visitors
- Conduct risk assessments
- Constant communications to staff re changing restrictions.

15. Next Meeting

The next meeting will be held on Monday 21 March 2022 at 9.00am.

The meeting closed at 11.00am

Chair



Date

20.03.22

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board February 2022

COVID-19 UPDATE end of December 2021

SLHD

- Central coordination of COVID-19 activities has continued through the SLHD Emergency Operations Centre (EOC), central coordination of supply and ordering of PPE, equipment and other issues.
- Special Flying Squad Teams has continued to support community testing, Special Health Accommodation and other sites. The Flying Squad team has played a major role to receiving timely results within Residential Aged Care Facility (RACF) outbreak management during the Christmas and New year period with the decrease in private pathology capacity.
- Special Health Accommodation has continued to provide adjunct accommodation to support the vaccination program.
- Mobile Vaccination Clinics continues to provide access to vulnerable communities to COVID-19 vaccination.
- Quarantine Facility Vaccination Program has continued.
- Daily escalation meeting with the Public Health Unit and Outbreak Management Teams have continued to provide oversight and coordination for Social Housing, RACF & Disability Homes and Commercial Venues.
- Sydney Dental Hospital staff have been deployed to assist with the various COVID-19 operations across the SLHD including the Vaccination Program

SLHD Facilities

During December 2021 COVID presentations and hospitalisation have significantly increased due to the Omicron outbreak. Non urgent elective surgery was ceased again mid-December to enable hospitals to have capacity to manage the Omicron Outbreak.

- Expanded ICU capacity at RPA, Concord and Canterbury Hospitals to meet the surge in demand due to the outbreak.
- Maintained Renal Dialysis surge capacity to match projected need in the event of an outbreak developed.
- Expanded inpatient COVID-19 ward spaces were made available and utilised to manage COVID-19 positive and close contacts at RPA, Concord and when required Canterbury Hospitals.
- Continued Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.
- Expanded facility based COVID-19 Screening Clinics established at RPA, Concord and Canterbury Hospitals and Redfern Health Centre capable of seeing between 1000 people per day.

SLHD Public Health Unit

- 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, particularly RACF, Social Housing, Boarding Houses and Disability Group homes.
- Provided assistance to NSW Health in providing Special Health Accommodation for incoming international passengers under the Public Health Order requiring medical supervision.

Airport Operations

- On the 28 November 21, the COVID-19 Testing team was re-established to support the SESLHD Screening Team at the international airport terminal.
- Vaccination Clinic continued at Sydney International Airport to provide vaccinations to airport workers and the general public
- The District began negotiations to transfer the management of unvaccinated passengers at Sydney International Airport to Quarantine Facilities via a contract with SERCO on behalf of the NSW Treasury.

SLHD Tiger Teams

- 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
- Continued Fit Testing for staff from high risk areas, note this is on top of existing Fit Checking.

SLHD COVID-19 Support Centre

- Continued to operate the SLHD COVID-19 Support Centre to answer enquiries regarding from people seeking assistance with general COVID-19 enquiries, vaccination appointments and Vaccination certificates.
- Relocated the COVID-19 Support Centre from the demountable building behind ICT services to Sydney Olympic Park Vaccination Centre within Pod 4.
- Continued to support to the Quarantine Facility Vaccination Program.

Vaccination

The SLHD managed vaccination centres have administered over 1.5 million vaccine doses since the vaccination program commenced in February 2021.

The District has continued to support the NSW Health Vaccination Program through a range of fixed and mobile vaccination clinics including the following:

Current vaccines available:

- Pfizer available for primary doses for 12 years and older
- Pfizer available for booster doses for 18 years and older
- Astra Zeneca available for primary doses for 18 years and older.
- Astra Zeneca available for select people who have cannot have a mRNA vaccine as a booster.
- Moderna available for primary doses for 12 years and older.
- Planning for the 5-12 year Pfizer Vaccination commenced in December 2021 with the first Vaccinations at Sydney Olympic Park commencing on 10 January 2022.

Current SLHD Vaccination Program sites and capability

- NSW Health Vaccination Centre – (1 Figtree Drive) with an ability to vaccinate 14,500 per day
- RPA Vaccination Clinic – with the ability to vaccinate 4,500 per day
- Sydney Airport Clinic – with the ability to vaccinate 600 per day
- Redfern (Koori) Clinic – with the ability to vaccinate 250 per day
- TCH Vaccination Clinic – with the ability to vaccinate 250 per day
- Planning for the establishment of Croydon, Forest Lodge, Marrickville, Punchbowl and Riverwood paediatric vaccination clinics.
- Mobile Vaccination Clinics established
- Outbreak Management vaccination teams to support and vaccinate people identified by the Outbreak Management Team leads.
- Social House Vaccination teams established to target residents of various social housing areas.

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- Aboriginal Task Force established to provide assistance to aboriginal families who have been affected by COVID-19

Continued management of Flying Squad model to provide COVID-19 vaccinations to RACF, Ports, Disability Homes and other areas, in addition to in-reach to selected speciality clinics at RPA and Concord Hospital.

Special Health Accommodation

- In December 2021, the number of patient referrals and admissions increased, with the total number of patients across the sites increasing from 831 patients in November 2021 to 1085 in December 2021.
- On 28 November 2021, as a result of genomic testing identifying international arrivals infected with the new Omicron COVID-19 variant, the Public Health Order was updated, mandating all arrivals into NSW from a country of concern within 14 days, were required to go to a quarantine facility. The Special Health Accommodation provided accommodation for the domestic and international travelers who were required to quarantine under the Public Health Order.
- With anticipation that patient admissions would increase as a result of the Omicron COVID-19 variant, the SHA Executive worked with SLHD services including ICT and CAPE to set up Meriton Suites Waterloo, previously hibernated, to admit patients should the operational sites reach capacity. As a result of further amendments to the Public Health Order, the Meriton Suites Waterloo site was not required.
- Due to enhanced patient numbers, the lease agreement departure date for Meriton Suites Mascot and Meriton Suites Zetland were extended from 1 January 2022 and 1 March 2022 respectively to 1 February 2022 and 1 May 2022.
- At the SLHD Annual General Meeting 2021, SHA was awarded the Chief Executive Award for Excellence whilst individual staff member received accolades.

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 Serious Adverse Events overdue during the month of December 2021.

There was a decrease in the number of Mental Health Readmissions within 28 days for the month of October 2021 to 15.0% in comparison to 17.2% for the same period last 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, reporting 4.3% for the month of November and 4.7% YTD November, which is below the State average of 5.2% for the month and 5.4% YTD November. Unplanned Emergency Representations (same ED within 48 hours) were 4.4% for the month of December 2021 and 4.2% YTD December 2021, which is in line with the State average of 4.4% for the month, and below the state average of 4.4% for YTD December 2021.

The District is above the target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 1.1 per 10,000 bed days for the month of November 2021. There were 0 Central Line Associated Bloodstream (CLAB) infections reported in November 2021. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue. The District has invested significantly during COVID-19 on additional infection

Board Report

prevention and control measures which have also been supported by the Tiger teams. Further support has been implemented with IPC facilitators deployed to high risk clinical streams for a period of two weeks.

The District is performing in relation to 11 of the 14 HACS, under performing in relation to Fall Related Injuries in Hospital and Hospital Acquired Venous Thromboembolism, and not performing in relation to Hospital Acquired Endocrine Complications. The rate of fall related injuries in hospital was 5.9 per 10,000 episodes which is slightly above the target of 5.7 for the 12 month rolling period of November 2020 – October 2021. The number of falls decrease by 7 during this period when compared to the previous 12 month rolling period. The rate of hospital acquired venous thromboembolism was 11.2 per 10,000 episodes, which is marginally above the target of 11.0 for the 12 month rolling period of November 2020 – October 2021. Hospital acquired venous thromboembolism increased by 32 during the reporting period, when compared to the same period last year. The rate of hospital acquired endocrine complications was 32.1 per 10,000 episodes, which is slightly above the target of 29.7 for the 12 month rolling period of November 2020 – October 2021. Hospital acquired endocrine complications decreased by during the reporting period, when compared to the same period last year.

The District continues to work on improving its 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, including the response to COVID-19. December 2021 premium staff usage decreased by 0.66 for Medical staff, 1.77 for Nursing staff, as well as 0.42 for Allied Health staff when compared to the same period last year.

The District has continued to focus on ensuring its hospitals are appropriately staffed to manage the increasing activity associated with COVID-19 in the Emergency Departments, COVID-19 wards and Intensive care units that was occurring during December 2021. There has been ongoing focus on the workforce challenges in ICU surge activity which has been required to manage the recent COVID-19 outbreaks.

The District has also been continuing to focus on ensuring appropriate 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 7 days per week, the mobile vaccination clinics and the Special Health Accommodation which has had up to 1,200 patients at any one time. New models of workforce have been developed to ensure that nursing and medical staff are released to support the hospitals as hospital admissions have increased.

Activity

Significant pressure has continued to be placed on all hospitals in the District with the increase in the presentation and admission of COVID-19 positive patients and patients on COVID-pathways associated with the recent COVID-19 outbreak. Hospital capacity to deal with the outbreak has been increased through ceasing all non-urgent elective surgery and reducing outpatient clinics across the District.

As a result, there has been a decrease of 11.27% in the number of separations (12,226) for the month of December 2021 when compared to the same period last year (13,779). YTD December separations have decreased by 12.89% when compared to the same period last year. This is consistent with the

decrease in non-urgent elective surgery and reduced inpatient activity associated with the recent outbreak of COVID-19. In December 2021, the District's occupancy rate decreased by 2.16% to 82.33% when compared to the 84.49% for the same period in the previous year.

There were 14,941 attendances to the District's Emergency Departments in December 2021, which is a 1.34% increase from 14,744 in December 2020. YTD December Emergency Department attendances have decreased by 1.77% to 78,185 when compared to the same period last year (79,597). For the month of December, case weighted attendances have decreased by 2.44% when compared to the same period last year. The District is continuing to investigate the impact of COVID-19 on the reduction of Emergency Department presentations in partnership with the George Institute.

Emergency Treatment Performance (ETP)

The District continues to work on its ETP performance. There was a 6.47% decrease in ETP in the month of December 2021 to 63.22% when compared to the same period last year. The decrease in performance is due to the increased demands associated with the increase in COVID-19 cases presenting to, and being admitted to, the District hospitals. YTD December ETP decreased by 5.47% to 63.11% when compared to the same period last year. Admitted ETP was below target (50%) for the month of December at 35.01%, which is a 12.81% decrease on the same period in the previous year.

Transfer of Care

The District performed below target (90%) for transfer of care (TOC) in December 2021, with 82.84% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. This has been due to the significant increase in the number of patient on a COVID-19 pathway presenting to the Emergency Department which has significant increased processing times due to PPE and Infection Prevention and Control measures required.

ED Triage

The District achieved triage Categories 1, 4 and 5 targets for the month of December. Triage Categories 2 and 3 performance was below the revised targets at 84.96% (target 95%) and 77.75% (target 85%) respectively. Triage time has been significantly impacted by the increase in COVID-19 patients and COVID-19 pathway patients as discussed above.

Elective Surgery

As indicated previously in this report, non-urgent elective surgery has been ceased to enable capacity to deal with the current COVID-19 Outbreak. As a result, there were 621 less elective surgeries performed in SLHD facilities in December 2021 when compared to the same period in the previous year, representing a decrease of 33.28% (excluding Collaborative Care surgery).

For the month of December 2021, 100% of Category A, 84.88% of Category B, and 92.03% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD December surgical patients not ready for care decreased by 7.10% (86) when compared to the same period last year.

To supplement operating capacities within Royal Prince Alfred Hospital, Concord Repatriation General Hospital and Canterbury Hospital, collaborative care arrangements are continuing to be utilised with private facilities. Facilities currently engaged in Collaborative Care arrangements include Chris O'Brien Lifehouse, East Sydney Private, Hurstville Private, The Mater Private, North Shore Private, Sydney Day Surgery, Sydney Adventist Hospital, Strathfield Private, Chatswood Private, St George Private, Westmead Private, St Luke's Private, Waratah Private and Macquarie University Hospital.

Board Report



SLHD WEEKLY SURGICAL REPORT									
WEEK ENDING: 12/12/2021									
FACILITY	Month TD			21/22 FYTD			18/19 FYTD BASELINE CASES	FYTD VARIANCE TO BASELINE	FYTD VARIANCE TO BASELINE %
	FACILITY THEATRE CASES	COLLABORATIVE CARE CASES	TOTAL CASES	FACILITY THEATRE CASES	COLLABORATIVE CARE CASES	TOTAL CASES			
RPAH	454	81	535	5530	2149	7679	9082	-1403	-15.45%
IRO	57	0	57	154	94	248	891	-643	-72.17%
CRGH	322	31	353	3138	634	3772	6342	-2570	-40.52%
CANT	221	16	237	2135	185	2320	3274	-954	-29.14%
TOTAL	1054	128	1182	10957	3062	14019	19589	-5570	-28.43%

A Surgical Taskforce has been established at RPA, Concord and Canterbury Hospitals to oversee the surgical recovery program. Membership of the taskforce in each facility includes the District and Facility Executive, Senior medical, nursing and allied health clinicians and clinical directors from surgical departments, operating theatres, anaesthetics, emergency departments, ICU and wards.

The Acting Executive Director of Operations is leading a body of work to plan for the resumption of resume elective surgery in 2022 and reduce the elective surgery back log. This will include the continuation of Collaborative Care arrangements and additional activity to catch-up.

Emergency Surgery

There were 11 less emergency surgeries performed in the month of December 2021 when compared to the same month last year, representing a 0.88% decrease. This is an overall improvement on last month.

Community Care and Hospital in the Home

The District has continued to manage its activity through the support of Sydney District Nursing, which continues to manage over 1,000 patients per day in the community who would otherwise be seen in Hospital. YTD December 2021 Hospital in the Home overnight separations decreased 25.8% when compared to the same period last year. There has also been an increase in virtual health care provided through the RPA Virtual Hospital.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

NWAU Activity against Target

With the increased impact of COVID-19 as a result of the COVID-19 Omicron variant the District has a reduction of 9.61% in relation to the NWAU activity against target for YTD December, excluding Dental.

Stream	Target	Actual	Variation	Variation %
Acute*	83,933	72,154	- 11,779	-14.03%
ED**	12,148	10,657	- 1,492	-12.28%
NAP***	23,429	50,122	26,693	113.93%
SNAP^				
MH Admit^^	9,128	8,880	- 249	-2.72%
MH NAP^^^	4,735	4,375	- 360	-7.60%
Total	133,373	146,187	12,814	9.61%
Dental DWAU	33,486	17,803	- 15,683	-46.83%
Dental NWAU#	4,204	2,235	-1,969	-46.83%
Total (NWAU)	137,578	148,422	10,845	7.88%

* 400 uncoded episodes

** NWAU20

*** Inclusive of COVID clinics and the Special Health Accommodation

^ Unavailable awaiting MoH upgrade to NWAU21

^^ NWAU20, 1 uncoded episode

^^^ November data

NWAU=589/4691*DWAU

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

SLHD REVENUE COMMITTEE

Private Health Insurance Usage

For the month of December 2021, 16.30% (1,874 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 305 (13.99%) patients who elected to use their private insurance compared to the same period last year and an increase of 6 (0.32%) in total separations from previous month.

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

- RPAH – a decrease of 204 (18.17%) private patients.
- Concord – a decrease of 30 (3.48%) private patients.
- Canterbury Hospital – a decrease of 59 (38.82%) private patients.
- IRO – a decrease from 22 to 15 private patients.
- Balmain Hospital – a decrease of 5 (26.32%) private patients.

Single Room Usage

For the month of December 2021, 8.28% of patients were flagged as infection control across the District. For the month of December 2021, 19% of all available single rooms were occupied by private patients and 38% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in November 2021 where an update was provided in relation to the implementation of Ministry of Health Guideline – Medicare Billing for Privately Referred non-Inpatient Services in NSW Public Hospitals.
- 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 162 registered users and total \$1.56M has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

The Pitch

- Due to the COVID-19 restrictions, the next round of the Pitch has been placed on hold and is due to recommence in early 2022.

CHR

- The two participants of the GPCanShare project have returned from deployment and have commenced working on the initiation phase of the project. The project scope has been reduced due to the departure of the other 2 project team members. In addition, in light of the current COVID-19 circumstances, the ACI has had to further delay recommending the Graduate

Board Report



Certificate (Clinical Redesign) until 22 March 2022 (originally planned to commence in February 2022)

Other Projects

- Diabetes Model of Care Redesign
 - The General Managers have provided feedback on the draft Outpatient Diabetes Model of Care gap analysis. Further information is now sought to support the request for staffing enhancements and its funding implications.
 - The SLHD Outpatient Diabetes in Pregnancy Model of Care is to be tabled and discussed with SLHD executive after the general outpatient Diabetes Model of Care has been implemented and finalised.

Accelerating Implementation Methodology (AIM):

- Dates for 2022 have been finalised as per below and will be conducted in a COVID safe manner:
 - 21-22 February
 - 28-29 March
 - 30-31 May
 - 5-6 September
 - 7-8 November

HealthPathways

Content Development and Maintenance

With further refinement of the NSW Health COVID-19 in the Community Model of Care a number of large-scale changes were made to the COVID-19 HealthPathways suite across December and January to support rpaVirtual capacity and the increasing management of COVID-19 cases by General Practitioners. Our COVID-19 Case Management has now morphed into the COVID-19 Active Case Management HealthPathway which provides GPs with a full support and escalation package for patient care. Also introduced to support GP decision making is a guide to Self-Managed patients which provides the GP with an array of resources to provide self-care patients and carers.

Additional content re-structure is supporting this with indicators for pulse oximetry deployment and ordering for General Practitioners.

The HealthPathways Team have also been integral in the deployment and ongoing support of the two CESPAN funded Clinical Nurse Consultants to the dedicated GP helpline at rpaVirtual across December and January.

COVID-19 Specific Content Usage

	Page views January 1 st -27 th 2022	Page views December 2021	Page views November 2021	Page views October 2021
COVID-19 Vaccination Resources	187	89	46	218
COVID-19 Vaccination Procedure	179	120	100	94
Myocarditis and Pericarditis After mRNA COVID-19 Vaccines	71	66	119	154
COVID-19 Initial Assessment & Management		340	217	269

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COVID-19 Case Management	2,883	4,932	1,371	1,249
COVID-19 Active Case Management	2,690			
Post-COVID-19 Conditions	534	263	243	275
COVID-19 Virtual Care Requests	1,376	1,103	317	
COVID-19 Isolation Support	264	251	111	
COVID-19 Assessment & Management in RACFs	163	136	48	34

Usage of HealthPathways

Usage of COVID-19 content is making up 42% of all content viewed. Non-COVID content usage remains constant for the time of year with the normal Christmas and New Year practice closures.

	*January 1-27, 2022	December 2021	November 2021	October 2021
Users	1,935 ↑ 101.98%	2,020	1,702	1,664
Sessions of use	13,075 ↑ 126.95%	13,134	11,517	10,705
Total Page Views	40,840 ↑ 101.52%	40,872	38,168	36,161

- Comparison data to same period in 2021

SLHD e-Referral Project

Service recruitment

The implementation schedule for 2022 is under development. SLHD form updates will be scheduled once confirmation is received from SLHD Finance regarding named referral requirements.

The Engage.Outpatients pilot go live date is being reviewed due to COVID-19 outbreak and staff availability. Alternate go live dates are to be proposed. Testing activities are underway on the Fertility, Gynaecology and Maternity e-Referrals, to test system functionality between HealthLink e-Referral and the new referral management platform.

Service	Deployment	Stage
Haematology	October 2018	Live
Rheumatology	June 2019	Live
Osteoporosis and Community Paediatrics	September 2019	Live

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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	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
Royal Prince Alfred Hospital Phase 1 (13 services)	October 2021	Live
Engage.Outpatients Program: Fertility, Gynaecology and Maternity – Royal Prince Alfred Hospital	2022	Testing
Royal Prince Alfred Hospital (5 services)	2022	Design

Platform development

Active Directory integration work is on hold, requiring support from SLHD ICT once resources are available.

Referrer update:

- A total of 2237 referrals have been received
- 68% of referrers using HealthLink to refer to SLHD have referred more than once
- An increase in new referrers has been observed over the December 2021/January 2022 period
 - o Most new referrers have utilised the COVID-19 monitoring form for rpavirtual, to escalate care of high risk patients to the service.

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2021/22 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 2021 based on the District's budgeted NCoS.

For the period ended 31 December 2021, GF Expenditure was \$56.893M (4.52%) unfavourable to budget. The District has assessed the YTD December 2021 COVID-19 Incremental cost as \$372.669M. The District's unfavourable result for YTD December 2021 was primarily due to COVID-19 Incremental expense of \$55.333M and the delay in budget supplementation for Outsourced Elective Surgery, Clinics and Screening, COVID-19 Wards, Pathology testing, Special Health Accommodation, PPE, Cleaning, Contract Tracing and Vaccination Program associated with the standard Treasury reconciliation process.. The District has received the November 2021 COVID-19 Stimulus Budget of \$41.567M in December 2021. Excluding the impact of COVID-19, the District is \$1.56M unfavourable to YTD December 2021 Expense budget.

YTD December 2021 Expenditure increased significantly (by \$232.151M or 21.41%) compared to YTD December 2020. The average monthly expense rate increased from \$160.292M (excluding LSL adjustment in June 2020) for the 2019-20 Financial Year to \$188.249M (excluding LSL adjustment in

Board Report

June 2021) for the 2020-21 Financial Year and to \$219.412M YTD December 2021. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue (including Quarantine Hotel Passenger Fees and Doubtful Debts) was \$6.565M (4.22%) unfavourable to budget for the month and \$35.123M (3.04%) favourable to YTD December 2021 budget. The District continues to see unfavourable results in a number of Own Source Revenue categories including Patient Fees, High Cost Drugs, Facility Fees and Prosthesis income as a result of the impact of COVID-19. Excluding the impact of Quarantine Hotel Passenger Fees on Own Source Revenue and Doubtful Debts, the District is \$27.605M unfavourable to December 2021 GF Revenue budget primarily due to the impact of COVID-19.

The District recognised Quarantine Hotel Passenger Fees of \$67.052M YTD December 2021. MoH is yet to provide a Revenue budget for this, thereby resulting in a favourability. This revenue is separate to the District's Own Source Revenue target.

The NCoS for December 2021 was \$8.181M unfavourable to budget. For YTD December 2021, the District's NCoS was \$21.770M unfavourable to budget. Excluding the impact of COVID-19 (Expenditure, Quarantine Hotel Passenger Fees and Doubtful Debts) SLHD is \$32.342M unfavourable to NCoS budget. This unfavourability in NCoS is primarily due to the impact of COVID-19 on Own Source Revenue as mentioned above.

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

	YTD Actual \$000	YTD Budget \$000	Variance (Actual vs Budget) \$000		
Expense (incl COVID)	1,316,473	1,259,579	-56,893	Unfav	
Pending COVID-19 budget supplementation	372,669	317,336	-55,333	Unfav	MoH provides COVID-19 incremental budget one month in arrears
GF Expense (excl COVID-19 impact)	943,804	942,243	-1,560	Unfav	
Own Source Revenue	-168,784	-129,333	39,451	Fav	
Quarantine Hotel Passenger Fees	-67,052	0	67,052	Fav	
GF Revenue (excl the impact of Quarantine Hotel Passenger Fees)	-101,731	-129,333	-27,601	Unfav	Unfavourable to budget due to the impact of COVID-19 on OSR including Patient Fees, Facility Fees and Prosthesis incomes
Doubtful Debts (incl Quarantine Hotel Passenger Fees)	3,989	385	-3,604	Unfav	
Loss on Sale of Asset	724	0	-724	Unfav	
Doubtful Debts (Quarantine Hotel Passenger Fees)	1,148	0	-1,148	Unfav	
Doubtful Debts & Loss on Sale of Asset (excl the impact of Quarantine Hotel Passenger Fees)	3,565	385	-3,180	Unfav	
NCoS (excl the impact of Quarantine Hotel Passenger Fees)	845,638	813,296	-32,342	Unfav	Unfavourable to budget primarily due to the impact of COVID-19

The District, based on MoH requirement to show full year COVID-19 impact, projects the NCoS to be unfavourable for the 2021/22 financial year by \$274M relating to unfavourable results for: Expense

Board Report

(\$279M) related to the management of the COVID-19 response and Doubtful Debts (\$20M) offset by a favourable result for Own Source Revenue (\$25M) due to the impact of COVID-19 Quarantine Hotel Passenger Fees.

Excluding the impact of COVID-19, the District forecasts a break-even position for Expense and unfavourability of \$7.9M in Doubtful Debts. Excluding Quarantine Hotel Passenger Fees, the District forecasts unfavourability of \$50M in Own Source Revenue due to the impact of COVID-19.

The Chief Executive and the A/Executive Director of Finance are confident that the District would have an on budget NCoS result (excluding the impact of COVID-19 and Doubtful Debt) for the 2021/22 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 2021 was \$1.616M (0.81%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Employee Related Expenses (\$11.818M) offset by favourable results for Goods and Services Expenses (\$7.066M), VMOs (\$0.188M) and RMR (\$2.262M) and Grants (\$0.772M).
- YTD December 2021, GF Total Expenditure was \$56.893M unfavourable to budget, primarily reflecting unfavourable results for Overtime (\$19.672M), Annual Leave Provision (\$10.254M), Superannuation (\$12.663M), RMR (\$0.343M) and Goods & Services (\$18.902M) offset by favourable results for Salaries & Wages (\$4.956M) and VMO Payments (\$0.235M). Excluding the impact of COVID-19, the District is \$1.56M unfavourable to YTD December expense 2021 budget.

Revenue

- GF Total Revenue for the month of December 2021 was \$6.565M (4.22%) unfavourable to budget, reflecting the unfavourable results from Patient Fees (\$2.384M), Other Sources of Revenue (\$1.367M), User charges (\$1.569M) and Doubtful Debts (\$1.815M) offset by favourable results in Grants and Contributions (\$0.581M).
- YTD December 2021 GF Revenue was \$35.123M (3.04%) favourable to budget. This result reflects favourable variance in Quarantine Hotel Passenger Fees (\$67.052M), High Cost Drugs (\$1.418M), Pharmacy Sales (\$0.382M) and Grants and Contributions (\$0.465M) offset by unfavourable variances in Facility Fees (\$2.409M), Prosthesis Income (\$2.156M), Car Park Fees (\$0.997M), Patient Fees (\$13.049M) and Doubtful Debts \$3.604M. The unfavourability in Patient Fees, Facility Fees, Prosthesis Income and Pharmacy Sales is predominantly due to the impact of COVID-19. Excluding the impact of Quarantine Hotel Passenger Fees on Own Source Revenue and Doubtful Debts, the District is \$27.605M unfavourable to December 2021 GF Revenue budget primarily due to the impact of COVID-19.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$5.744M unfavourable to budget for the period of December 2021. This result reflects unfavourable budget variance for Expenditure (\$1.323M) and Revenue (\$4.42M).

CONSOLIDATED RESULT

For the period ended 31 December 2021, the consolidated YTD NCoS result for the General Fund and SP&T was \$27.514M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$58.216M), Doubtful Debts (\$3.604M), Loss on Sale of Asset (\$0.724M) and favourable variances for Own Source Revenue (\$35.03M).

Board Report

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

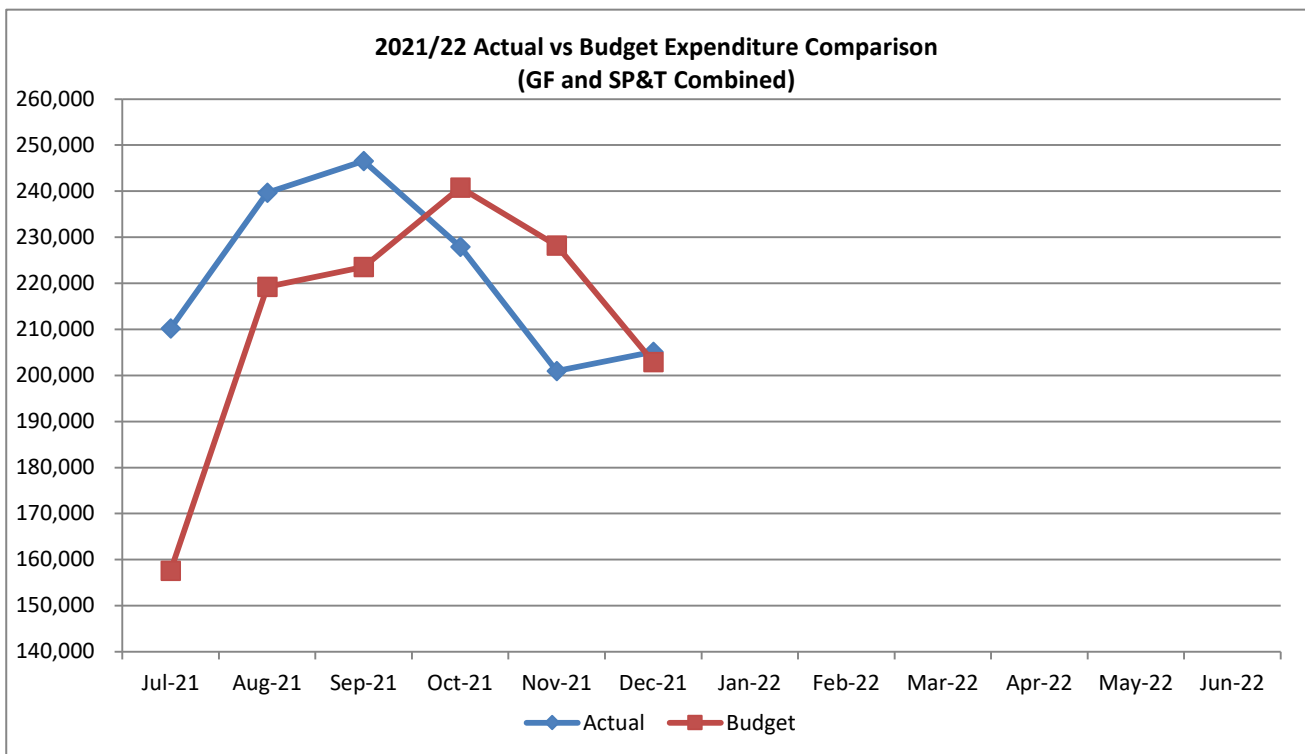
For the period ended 31 December 2021, SLHD recorded a Total Net Result of \$104.927M which was \$27.438M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD December 2021 was \$22.901M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$58.007M) offset by favourable variance for Revenue (\$35.106M).

For the YTD December 2021, Total Direct Revenue was \$35.106M favourable to budget, comprising a favourable variance for the General Fund (\$39.451M) and unfavourable variance for SP&T Fund (\$4.344M). This result for the GF reflects favourable variances in User Charges and Grant Income offset by unfavourable variances in Patient Fees and Other Income.

YTD December 2021 Total Direct Expenditure was \$58.007M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$56.381M) and SP&T Fund (\$1.626M). The result for the General Fund reflects unfavourable variances in Overtime (\$19.673M), On-costs (\$22.825M), Grants (\$0.172M), G&S Corporate (\$16.812M) and G&S Supporting Services & Utilities (\$2.599M) offset by favourable variances in Salaries & Wages (\$4.956M), Direct Clinical Operating (\$0.509M) and VMOs (\$0.235M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 31 December 2021 for the SLHD Operating bank account was \$24.906M and the Operating Cash book balance was \$24.322M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 December 2021 the District's Full Year Capital works budget relating to SMRS Projects is \$15.161M comprising \$8.523M of MoH funded and \$6.638M of locally funded projects.

Actual expenditure as at the end of December 21 was \$1.068M which is marginally on budget.

Additionally, in the current pandemic circumstances, the actual expenditure for MoH funded Minor works & Equipment for COVID-19 was \$1.156M at the end of December 2021. The total approved funding was \$1.423M.

OTHER CAPITAL PROJECTS

As at the end of December 2021, the District has expended an amount of \$0.320M relating mainly to RPAH Paediatrics Stage 3, RPAH Microsurgery Lab Redesign and CRGH Research Centre. The total expenditure of \$0.320M was sourced from the General Fund.

CAPITAL WORKS

RPA

Redevelopment

Key activities undertaken for the RPA Redevelopment in December 2021 are as follows:

- The Project team have been working through the development of the design for the Early and Enabling works program including Anatomical Pathology and Lambie Dew Drive services relocations.
- Design competition period has included 2 interactive sessions to date.
- Paediatric Services and Molecular Imagine options are being developed.
- The community engagement collateral to support the Communications and Stakeholder engagement plan is being finalised.

Parent and Baby Unit

Over the course of this reporting period, the internal courtyard decking has been installed and main power to the building was connected.

External cladding and mechanical service rough-in works were nearing completion and tiling to the bathrooms and ensuites was well underway. Framing of the ceiling continued throughout the month and installation of the synthetic grass and rubber wet pour for the courtyard commenced.

RPU Hot Cells Building 63

Capital works activities that occurred during this month included ongoing mechanical service works and cladding for the external exhaust pipes. Installation of new panels for the clean room is also underway.

Concord

One additional Concord Cardiac Catheterisation Laboratory was commissioned in December 2022.

Concord Redevelopment

Key milestones achieved for the Concord Hospital redevelopment during this reporting period included:

- User Orientation and Training sessions for Aged Health and Cancer
- 12,223 defects have been logged since the beginning of the project with 11,123 now closed out. The majority of remaining defects are minor architectural defects.
- The project team are monitoring progress on a daily basis and note that at this stage there are no outstanding items that would impact the currently scheduled move dates

CSSD Sterilising

Over the course of this reporting period, Stage 2 wall framing and hydraulic services rough-in were completed. Installation of the fire rated wall sheeting was ongoing and setting is underway.

PLANNING

Canterbury – Stage 0 Planning

- The initial draft of the revised Canterbury Clinical Services Plan (CSP) has been issued to a range of stakeholders for comment.
- Comments have been logged and commented revisions made.
- Consultations with state-wide entities, as required for Stage 0 of the planning process, have been completed. Consultations were held with NSW Ministry of Health (Strategic Reform and Planning Branch), NSW health Pathology, the Agency for Clinical Innovation, e-Health, NSW HealthShare, HETI and NSW Health-Mental Health Branch. This process tests the alignment of Canterbury planning with the plans, policies and directions of state-wide entities to ensure that any differences are clearly identified at the earliest stage of planning. The Planning Unit developed a proforma for this purpose.
- A workshop has been planned for early February to bring together the elements of planning- the CSP, the information from state-wide entities, information on the current state of the Canterbury assets (as per the AMPS and SAMPs).
- A Value Management Study is planned for later in February/March to assess the options for addressing the forecasted demand in Canterbury.
- A paper is being prepared by the SLHD planning Unit to assess the agreed options against facility planning prioritisation principles.

Tech Central (Camperdown-Ultimo Collaboration Area)

- SLHD is providing input into the Camperdown Structure Plan, with Camperdown as a biotechnology precinct, including agreeing a vision for the built form and land use; developing principles for urban design and planning controls; integrating public domain (including transport and land use) and sustainability; and developing the implementation plan for the biotechnology and knowledge-based precinct. The plan specifically aims to provide a pathway to establish the Sydney Biotechnology Hub, Camperdown. This planning process has been conjointly funded by key government stakeholders including the Greater Sydney Commission, Inner West Council, City of Sydney Council, Health Infrastructure and Department of Planning.
- The Camperdown-Ultimo Alliance has contributed funds to develop the Industry Prospectus for Tech Central. The consultants that developed the website and narrative for Tech Central will be re-engaged to work with industry groups and stakeholders to develop the prospectus, which will be used to attract synergistic industry to Tech Central. Workshops are being planned for early in the year.
- Consultants have been appointed to develop the Sustainability Strategy for Tech Central, which will build from the individual sustainability plans of key stakeholders. This plan will include the major tech companies, government agencies, universities etc. Again, workshops will be held to develop this strategy.

SYDNEY RESEARCH

COVID-19 Operational Support

The Sydney Research team continues to support Sydney Local Health District (SLHD) in its response to COVID-19 and with the vaccination program. Over the December/January break with the COVID-19 Omicron variant outbreak, our team has worked closely District's research partners and coordinated with providing coverage during the staffing shortage over the break. The Sydney Research team are also members of the SLHD COVID-19 Steering Committee and have continued to ensure that our research, clinical, academic and industry partners are informed of the latest guidance, restrictions and data.

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

Sydney Research continues to support the active successful projects from Rounds 3-5 of the Translational Research Grant Scheme. Progress reports and financial acquittals from all rounds have been endorsed by the Chief Executive, SLHD and submitted to the NSW Office for Health and Medical Research (OHMR).

With Ross Sinclair's secondment to the NSW Ministry of Health, Dr Teresa Anderson AM has assumed the Chair position for the state-wide Steering Committee providing oversight over the TRGS Round 5 project – the EVIDENCE study led by Dr Mark Dennis and Prof Brian Burns. The study is the largest of its kind in Australia, involving 13 hospital sites and over 700 paramedics across NSW. In December 2021, the NSW Minister for Health and Medical Research described the study's purpose and promising outcomes on national 9 News.

NSW OHMR – Embedding Quality Research

Research Governance

NSW OHMR and Sydney Research are leading a project investigating potential solutions towards a more effective and efficient research governance model. Ms Asra Gholami, Project Manager (Embedding Quality Research), Sydney Research has developed a draft work plan covering the three phases of the project (Understanding the Problem, Formulating Potential Solutions, and Reforming the Process), undertaken an literature review and presented initial findings to the NSW Health Secretary and the statewide Embedding Quality Research Steering Committee.

An anonymous survey was developed by Ms Gholami and the Expert Working Group, which was circulated to researchers and Research Governance Offices (RGO) across NSW Local Health Services and Specialty Health Networks. This survey will be crucial as part of the first phase of the project in understanding the critical issues and barriers that currently exist with research governance. Ms Gholami received responses from 384 researchers and 55 RGO staff, which will be analysed by Ms Gholami and the Expert Working Group and outcomes identified in an accompanying report. Once finalised and endorsed by the NSW Health Secretary, the outcomes will be presented to the NSW Health Senior Executive Forum in March 2022.

LHD Business Development Plan Initiative

In November 2021, the Sydney Research team were involved in initial discussions with the Anne O'Neill, Director of Enterprise and International Partnerships and the OHMR team on a new initiative to provide structured business development support within NSW Public Health Organisations (PHO) to researchers with projects of commercial potential. Given the potential commercial exploitation of research and associated intellectual property matters, it has become evident that LHDs need increased support for innovation and commercialisation beyond what is currently provided both locally and through OHMR.

OHMR have suggested a 12-month program to engage a service provider who will be embedded within the PHO to work with research projects to develop business plans. The pilot program will seek to target high-quality research projects that are directly relevant to clinical, health service and population health practice in NSW. The program will be at no cost to the PHO and will be sourced from the OHMR Commercialisation budget. If the pilot program is successful, OHMR will seek to implement the Program on a rolling basis.

The initiative was presented and endorsed by the Embedding Quality Research Steering Committee in November 2021. Following this endorsement, OHMR released a tender for an experienced service provider who will be embedded into the PHO research team for a short period of time, provide an assessment of the project's current state and assist the team with developing a roadmap of recommendations for commercialisation. The tender closed on Tuesday 23 November 2021. Adj A/Prof Vicki Taylor is the nominated representative from SLHD that will be participating on the Tender Evaluation Committee.

Clinical Trials Alliance

Sydney Research has been involved in discussions to establish a collaboration between SLHD, NSW OHMR, the University of Sydney and Sydney Health Partners to strengthen the capacity, efficiency and

impact of clinical trials in NSW. The initiative is being led by Meg Jardine, Director, NHMRC CTC and its primary objective is to establish new processes and infrastructure that will be universally accessible across these organisations and secure NSW as a global destination for clinical trials.

Sydney Research have been supporting Meg Jardine with the development of a project proposal outlining the project phases, intentions and funding commitments required from NSW Health and the University of Sydney. The proposal will be presented to the recently established Alliance Think Tank in February, which includes Dr Anderson AM, Adj A/Prof Taylor, Dr Tony Penna, Prof Don Nutbeam, Deborah Wilcox and Prof Robyn Ward AM.

As the first initiative of the Alliance, a new Clinical Research Health Engineers Working Group has been established focusing on identifying barriers and solutions to a better integration of the delivery of health care services and clinical research with a central focus on the innovative use of digital technologies. The Working Group consists of clinicians, academics, ICT, bioinformatics and digital health professionals.

Sydney Biomedical Accelerator Complex

Together with Health Infrastructure NSW and the University of Sydney, Sydney Research continues to lead the planning for the Sydney Biomedical Accelerator (SBA) Complex, a new world-class biomedical innovation precinct spanning across three physically connected but distinct buildings on the SLHD and the University campuses. The value proposition for the SBA is unique in NSW - it fuses clinical excellence, creative problem-solving and strong research in the SLHD with world-class multidisciplinary research at the University, all under a shared research mission.

Dr Teresa Anderson AM and Adj A/Prof Vicki Taylor remain the SLHD Executive Leads on this project, and are members of the SBA Executive Steering Committee providing oversight for the progression of planning decisions related to the precinct. The Steering Committee also has senior executive representation from NSW Health and the University of Sydney.

The SBA Project Team are progressing the development of a Strategic Business Case seeking an investment of \$150 million for the refurbishment of SBA Building A (Gloucester House) and the construction of Building B – a new facility on the RPA campus for laboratory research, associated scientific support services and shared research facilities. The Business Case will comply with the requirements set for a Gate 1 Assurance Review reinforcing that the SBA is aligned with local service needs, system-wide objectives and Government policy using a collaborative approach. Ahead of Budget Submissions, the Business Case will be submitted to the NSW Health Secretary and NSW Minister for Health and Medical Research on 18 March 2022.

Sydney Health Partners

The Sydney Research team continues to work closely with the Sydney Health Partners (SHP) team to support the following key initiatives. Dr Anderson AM and Adj A/Prof Taylor continue to participate as members of the SHP Board, as well as the newly established SHP Research Development Committee. The Sydney Research team also supported SHP in the development of their submission to become re-accrediting.

Encouraging More Clinical Trials in Australia

- The SHP Clinical Trials Advisory Panel (CTAP) has been established to progress this SHP initiative, in collaboration with the NHMRC Clinical Trials Centre and the NSW OHMR. SLHD is a key contributor to this initiative with both Sydney Research and SLHD Research represented on the Advisory Panel, which will next meet in February 2022 to discuss the progression of the centralised recruitment service that was implemented at the Institute of Bone and Joint Research, Royal North Shore Hospital to support and reduce the administrative burden associated with participant recruitment for clinical trials.

- SHP have also partnered with the University of Sydney to develop Electronic Trial Management Folders and associated Guidelines, which will be made publicly available on the SHP website later this year.

SHP Research Translation Fellowship Program

- Using the remaining allocated funds from the MRFF Rapid Accelerated Research Translation scheme and with the support of the SHP Board involving Dr Teresa Anderson AM and Adj A/Prof Vicki Taylor, SHP have developed the Research Translation Fellowship program to provide protected time for clinicians, health professionals and researchers to upskill in research translation methods and implement health care projects.
- The fellowships were awarded through a highly competitive process which saw SHP receive 41 applications from across its member organisations, including 10 applications from SLHD researchers.
- Sydney Health Partners has awarded five Research Translation Fellowships as part of its strategy to build research translation capacity and capability in the health workforce. Three of the five successful applicants are SLHD employees:
 - Dr Jillian Eyles - Research Fellow, Institute of Bone and Joint Research, Kolling Institute, University of Sydney
 - Dr Merran Findlay - Executive Research Lead in Cancer Nutrition, Sydney Local Health District
 - Dr Robyn Sierla - Lymphoedema Therapist, Sydney Local Health District

SHP Research Development Committee

- Adj A/Prof Vicki Taylor and Prof Warwick Britton have been invited to become members of the SHP Research Development Committee
- The Committee is chaired by Dr Carol Armour, and is a sub-committee of the SHP Board, established to provide support and advice to SHP with a focus on the priorities of the Innovation and Research Enabling priorities. It will also consider the health and research priorities of SHP's partner organisations.
- The first meeting was held on 24 November 2021 to discuss the Terms of Reference, Clinical Academic Group recommendations, and Implementation Science Grant recommendations.

Sydney Research Council

We are pleased to have extended an invitation to Ms Lucy Clynes, General Manager, Research Australia has been extended to join the monthly Sydney Research Council (SRC). This week, the final SRC for the year was convened, with presentations from Prof Michael Fulham, Clinical Director, Medical Imaging, Sydney Local Health District and Mr Matt Proft, Director Tech Central, Greater Sydney Commission. Dr Teresa Anderson thanked all council members for an incredible year full of collaboration and collective contribution to the research sector. The SRC will re-convene in February 2022.

New Opportunities

The Sydney Research team will be introducing two new grant opportunities in early February 2022 – the Sydney Catalyst Seed Grant, and the Tim Trigg Scholarship for Glioblastoma Research.

In a joint initiative between Sydney Local Health District, Chris O'Brien Lifehouse, and University of Sydney, the Sydney Cancer Institute Seed Grant Scheme seeks to support research in the areas of cancer diagnosis, prevention, treatment or care. In 2022, there will be twelve (12) x \$25,000 Seed Grants available, to support projects investigating any aspect of cancer and its various sub-types. These grants aim to expand existing cancer research capacity and collaboration across disciplines to improve care, outcomes, and quality of life for patients with cancer. Grants will preference early and mid-career researchers whose careers have been disproportionately impacted by the COVID-19 pandemic. In

addition to the application, applicants to this scheme must provide a one-page statement to explain how their career has been impacted by COVID-19 and how the grant would help them regain momentum.

The Tim Trigg Scholarship for Glioblastoma Research 2022 encourages and support researchers seeking to pursue research and find innovative solutions in glioblastoma multiforme (GBM), an aggressive type of brain cancer that is difficult to treat, with fewer than 5 per cent of patients surviving beyond two years. The Scholarship will provide up to \$35,000 per annum for up to three consecutive years from 2022 onwards to a full-time University of Sydney postgraduate student to fund their living expenses while undertaking laboratory research within the Royal Prince Alfred Hospital Neuropathology department. The recipient of the Scholarship will perform research and support the Brainstorm collaboration between Sydney Local Health District and University of Sydney.

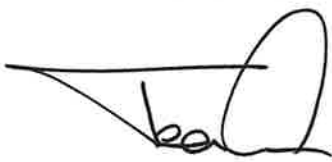
Other Activities

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

- ANZAC Research Institute Transition Working Group
- Committee of Sydney Briefing and launch of Tech Central and the Quantum Terminal with Minister Stuart Ayres, David Thodey, Amy Glancey (CoS, Atlassian), Annie Parker (Director, Tech Central), and Prof Glenn Wightwick.
- Sydney Local Health District Annual General Meeting
- Tech Central Neighbourhood Champions
- SLHD Quarterly Performance Review
- RPA Virtual Research and Evaluation Forum
- Business Sydney CBD Reference Group
- WCX Dive Site Inter-agency Working Group

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 820 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 140 subscribers.
- @SydneyResearch currently has 1,207 followers on Twitter



Dr Teresa Anderson AM

Chief Executive

Date: 21.2.22