
Sydney Local Health District

Meeting One Hundred and Twenty of the Board

Date: Monday 21 March 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 PSM, Member
Dr John Sammut, Member
Mr Raymond Dib, Member
Dr Teresa Anderson, AM, Chief Executive

Apologies

Dr Alicja Smiech, Chair, Medical Staff Executive Council

In attendance

Ms Gina Finocchiaro, Executive Director Workforce and Corporate Operations (9.00am - 9.35am)
Mr Jay Jiang, Chief of Staff, SLHD
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 twenty of the Sydney Local Health District (SLHD) Board.

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.

4. Confirmation of previous minutes

4.1 Minutes of the previous meeting held 21 February 2022

The minutes of the Board Meeting held on Monday 21 February 2022 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – February 2022

The Chair declared that the CE Report for February 2022 was ready for publication.

Presentation: People Matter Employee Survey (PMES)

Ms Finocchiaro presented on the results of the People Matter Employee Survey including:

- Acknowledgement of Country
- Our Patients. Our People. Our Culture – Our Patient and Family Centred Care model actively places people at the centre
- People Matter Survey posters
- Workplace Culture and Safety Action Plan
- Response Rate – State-wide comparison
- Response Rate – SLHD
- Engagement Rate - State-wide comparison
- Culture Index - State-wide comparison
- SLHD Highlights
- Headline Results in SLHD
- Scores – Hospitals and Services in the SLHD
- Scores – SLHD Bullying Results
- Witnessed Bullying in the Workplace - State-wide comparison
- Experienced Bullying in the Workplace - State-wide comparison
- Experienced Racism in the Workplace- State-wide comparison
- Always Culturally Safe in the Workplace - State-wide comparison
- Themes from comments in the PMES for the SLHD
- Areas to Celebrate
- Opportunities to Improve
- On the Horizon in Workforce Services

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

The Board received, read and noted the Workplace Culture and Safety Action Plan attached to the presentation.

A short video was played to the Board on the Services provided by the Population Health Team.

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action list including:

- A verbal report, including background information, was provided to the Board on the Risk Management Plan for the Special Health Accommodation. This agenda item can be removed from the action sheet.

5.2 Pelvic Exenteration Numbers

The Board received, read and noted this brief. This agenda item can be removed from the action sheet.

5.3 Conflicts of Interests Registry

The Board received, read and noted this report. Conflicts of interest Register is being updated as new Board Members complete their conflicts declarations. A copy of the Conflict of Interests Register will be provided when updated for the new Board Members.

5.4 RPA Virtual Activity Numbers

The Board received, read and noted this report. The Board requested the actual numbers be included in the Chief Executive's Report.

5.5 Respiratory HACs at Concord

The Board received, read and noted this report. This agenda item can be removed from the action sheet.

5.6 Infection Control Taskforce

The Board received, read and noted this report. This agenda item can be removed from the action sheet.

5.7 SLHD Sexual Assault and Domestic Violence Counselling Services Waiting Lists

The Board received, read and noted this report in particular, the strategies to address the service demand and waitlist reporting. This agenda item can be removed from the action sheet.

Minutes

6. Patient Story

A patient presenting to the Sydney Dental Hospital in pain and with other underlying health factors which could also be impacting the patient's overall health and wellbeing. Multiple general health assessments and full dental care were conducted in tandem. The family of this patient were very grateful.

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 reminded the Board of the State-wide Board Conference to be held next Monday 28 March 2022.

9. Chief Executive's report

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

- COVID-19 information updates.
 - COVID projection is unknown and all plans can be revamped if needed
 - The District is still focused on getting people their third vaccination. To date, there has been no discussion about receiving a fourth vaccination dose.
- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- 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. In January 2022 premium staff usage increased by 1.77 for Medical staff, 1.27 for Nursing staff, as well as 0.46 for Allied Health staff when compared to the same period last year due to the COVID-19 OMICRON outbreak.
- There is a Surgical Taskforce in each facility.
- There is no further update on the revenue target.
- The Pitch is to be held this Friday at 4.00pm. The Board Chair is on the judging panel.
- For the period ended 31 January 2022, GF Expenditure was \$61.802M (4.28%) unfavourable to budget. The District has assessed the YTD January 2022 COVID-19

Incremental cost as \$413.962M. The District's unfavourable result for YTD January 2022 was primarily due to COVID-19 Incremental expense of \$61.075M 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 December 2021 COVID-19 Stimulus Budget of \$35.551M in January 2022. Excluding the impact of COVID-19, the District is \$0.727M unfavourable to YTD January 2022 Expense budget.

- Contingency funds will be used for winter planning.
- The winner of the RPAH redevelopment design competition will be announced soon.
- Canterbury Hospital Stage 0 planning is progressing.
- Sydney Biomedical Accelerator is a state priority.
- Sydney Research is progressing well.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – January 2022

The Board received, read and noted the SLHD Board Reporting Pack for January 2022. The Board requested the Risk Number Nine "Cyber Threats to information Assets" needs to go up. This information will be provided to the Risk Committee.

9.1.2 Selected Performance Indicators – December 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 noted this report for the period October to December 2021 was not available

9.1.5 HAC Committee Report

The Board received, read and noted this report, in particular, the formation of a Governance Committee and the reduction in birth traumas.

9.2 Project updates

9.2.1 Lifehouse

The Board received, read and noted the information in the Chief Executive's Confidential Report.

9.2.2 Macquarie International Private Hospital

The Board received, read and noted the information in the Chief Executive's Confidential 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 October – December 2021.

(ii) Comprehensive Care

The Board received, read and noted this report.

(ii) SLHD Risk Register

The Board received, read and noted this report.

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 – January 2022

(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. The Board requested a timeframe for the completion of works at the Lakemba Community Health Centre.

(iv) Concord Hospital

The Board received, read and noted the Concord Hospital facility report. The Board noted the opening of the new building has been postponed.

(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 including:

- A copy of the Seclusion rates is to be provided to the Board
- Planning has commenced for Concord to gain 46 Forensic Beds by 2025.
- A presentation on the Enforceable Undertaking is to be provided to the Board.

(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. A letter of congratulations is to be sent from the Board on their recent Accreditation with no recommendations being received.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

(xiv) Public Health Unit

The Board received, read and noted this report. The Board requested actual figures on the Adverse Effects following vaccinations.

(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 14 February 2022.

11.2 Education and Research Committee

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

11.3 Strategic Communication and Partnerships Committee (Previous Communications Committee)

The Board noted the next meeting is to be held on 5 April 2022.

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 received, read and noted the minutes of the meeting held on 23 February 2022. The new Board members who sit on this Committee provided positive feedback with good presentations.

11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 23 February 2022.

11.7 Medical Staff Executive Council

The Board received, read and noted the minutes of the meeting held on 4 March 2022.

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

The Board noted the next meeting is to be held on 6 April 2022.

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 (January 2022 – March 2022)

The Board noted the report for the period January 2022 – March 2022 is due in May 2022.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

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

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 8 December 2021.

12.3 Finance Leaders Forum

The Board noted the meeting held on 19 January 2022 was cancelled.

12.4 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 25 February 2022.

12.5 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held 22 February 2022. Liver transplants have been maintained throughout COVID.

12.6 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted minutes of the meeting held on 8 February 2022.

12.7 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 15 February 2022. The new Board Members were provided with some background about this Estate, its Heritage and what it can and can't be used for.

12.8 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 16 February 2022. Work has commenced on the car park at Concord.

12.9 RPAH Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 16 February 2022.

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 9 February 2022.

13. Matters for noting

13.1 Disability Inclusion Action Plan Annual Report.

The Committee received, read and noted this report. The Board congratulated the District on this plan and enquired whether "Employ My Ability" should be included.

14. Other Business

14.1 Winter Flu Vaccine

The Board will be notified when the vaccine is available.

15. Next Meeting

The next meeting will be held on Tuesday 19 April 2022 at 9.00am.

The meeting closed at 10.50am



Chair

19. 04. 22.
Date

Board Report



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

COVID-19 UPDATE

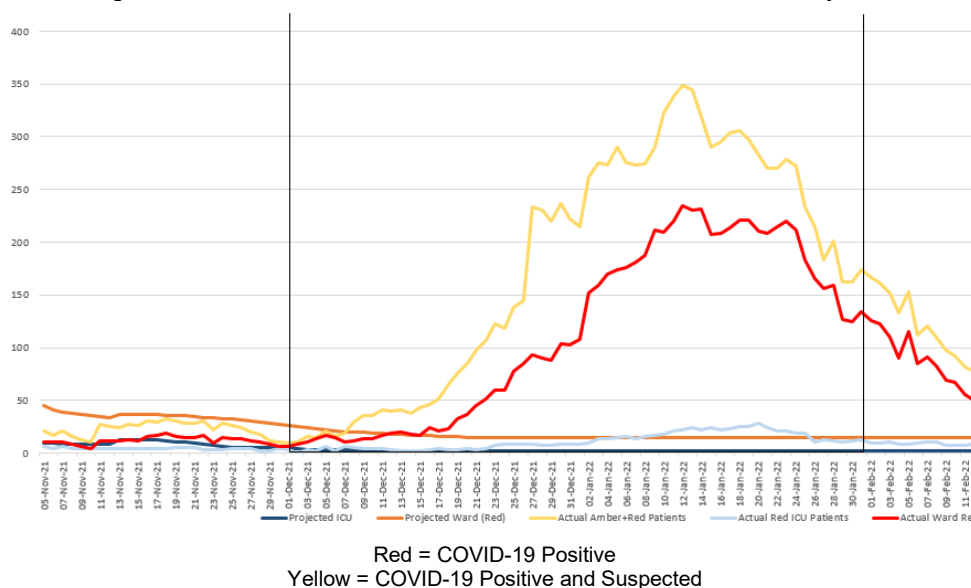
SLHD

- Central coordination of COVID-19 activities have continued through the SLHD Operations Centre, central coordination of supply and ordering of PPE, equipment and other issues.
- Special Flying Squad Teams continue to support community testing, Special Health Accommodation and other sites.
- Special Health Accommodation service has continued to provide adjunct accommodation to support the vaccination program.
- Mobile Vaccination Clinic continues to provide access to vulnerable communities to COVID-19 vaccination.
- Quarantine Facility Vaccination Program has continued.
- Process has been developed to manage and dispense non-PBS COVID-19 anti-virals through the Vaccination Program to patients prescribed these medications by their GPs.
- Transition working groups continue to develop transition plans for Vaccination and Screening Services for operational to a BAU model.

SLHD Facilities

- Continued to expand ICU capacity at RPA, Concord, CCMH, PMBC and Canterbury Hospitals to manage surge in demand of COVID-19 positive patients.
- Continued to expand inpatient COVID-19 wards to manage COVID-19 positive and amber at RPA, Concord and Canterbury Hospitals.
- Maintained service provision despite increase in furloughed staff due to COVID-19.
- Continued Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.

Figure 1 : COVID-19 Red, Amber and ICU Actual numbers in January 2022



SLHD Public Health Unit

- 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 capability through the SLHD Public Health Unit for locally acquired cases.
- Assistance provided to NSW Health in providing Special Health Accommodation for incoming international passengers, local acquired cases under the Public Health Order requiring medical supervision.

Airport Operations

- Screening and testing facilities established to at the international and domestic airports to support the health outcomes associated with the various Public Health Orders has now ceased.
- Managing the transfer of unvaccinated passengers to Quarantine Facilities via a contract with SERCO on behalf of the NSW Treasury commenced on 17 January 2022.

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.

The Aboriginal Cultural Support Team enabled complex cultural care to be provided to COVID-19 positive patients, close contacts and other community members during 2021 and early 2022. The contribution of the team has been widely acknowledged, in particular by the Aboriginal Medical Service Redfern and the City of Sydney Council. The Chief Executive has recently funded this team permanently under RPA Virtual Hospital.

Vaccination

The SLHD managed vaccination centres have administered over 1.6 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.
- Pfizer Paediatric available for 5-11 years for primary doses.
- Novavax available for primary doses for 18 years and older.

-
- 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
 - Redfern (Koori) Clinic – with the ability to vaccinate 250 per day
 - TCH Vaccination Clinic – with the ability to vaccinate 250 per day
 - Croydon, Forest Lodge, Marrickville, Punchbowl and Riverwood paediatric vaccination clinics established.
 - 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.
 - Aboriginal Task Force established to provide assistance to aboriginal families who have been affected by COVID-19

The Paediatric Vaccination Program for children 5-11 years commenced on 10 January 2022. Significant work was undertaken to ensure that we provided a positive environment for children at all of the centres including art work, Certificates and activity bags for the children.

Sydney International Airport Vaccination Clinic formally closed Friday 11th February, 2022.

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 early January 2022, SHA experienced the effects of the peak of the COVID-19 Omicron variant impact on staffing availability. However, admissions were lower than the surge experienced through the Delta variant wave and this meant operations, while tight, were ongoing.
- Patient numbers decreased from 1085 in December 2021 to 556 in January 2022.
- Sadly, a SAC1 incident occurred at the SHA Mascot property in January 2022. The incident is being investigated through a SAER process in conjunction with two other LHD's and the family continues to be supported through this difficult time by Health.
- The Waterloo SHA which was stood up in December in anticipation of large admission numbers from Omicron was re-hibernated and handed back to Meriton during January 2022.
- North Ryde SHA completed make-good works and was handed back to Meriton in January 2022.
- The last patient was discharged from Mascot on 18 January 22 in anticipation of make good works to be undertaken for the property to be handed back to Meriton on 1 March 22.
- Staff transition planning was re-commenced at the end of January 2022 and is ongoing. The clinical support services transition planning is supported by an education program focusing on Customer Service in Healthcare, How Health Works, Applying and Preparing for Interviews, eMR, Health Roster and Privacy and Confidentiality. CEWD have been engaged to support the program. Work continuing with CEWD and SHA education staff for the development and roll out of the transition education program for all nursing staff.
- Some SHA Senior management staff have already transitioned into new roles within the district and a new org chart developed to ensure ongoing governance structure.

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. SLHD is currently returning services across the District to pre-COVID-19 levels and activity, ensuring safety and quality for staff and patients is at the forefront of this transition.

There were no Serious Adverse Events overdue during the month of January 2022.

There was a decrease in the number of Mental Health Readmissions within 28 days for the month of November 2021 to 10.2% in comparison to 10.6% for the same period last year. The District continues to focus on strategies to improve mental health performance. A General Manager, Mental Health has been implemented to support the Mental Health Stream.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation, reporting 5.0% for the month of December and 4.7% YTD December, which is below the State average of 5.6% for the month and 5.4% YTD December. Unplanned Emergency Representations (same ED within 48 hours) were 5.5% for the month and 4.4% YTD January 2022, which is above the State average of 4.8% for the month, and below the state average for YTD January 2022 at 4.5%.

The District is below the target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 0.8 per 10,000 bed days for the month of December 2021. There were 0 Central Line Associated Bloodstream (CLAB) infections reported in December 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 prevention and control measures particularly through the IPC teams in the SHA and the Tiger teams. Further support has been implemented with IPC facilitators deployed to high risk clinical streams across the District. An Infection Prevention Taskforce has been established to leverage off the learnings during COVID. The goal is to have no Hospital Acquired Infections by 2025.

The District is performing well in relation to 10 of the 14 HACS, under performing in relation to Hospital Acquired Renal Failure, and not performing in relation to Fall Related Injuries in Hospital, Hospital Acquired Venous Thromboembolism and Hospital Acquired Endocrine Complications. The rate of Hospital Acquired Renal Failure was 3.5 per 10,000 episodes which is slightly above the target of 3.4 for the 12 month rolling period of December 2020 – November 2021. The instances of Hospital Acquired Renal Failure increased by 2 during the period, when compared to the previous 12 month rolling period. The rate of Fall Related Injuries in Hospital was 6.3 per 10,000 episodes, which is above the target of 5.7 for the 12 month rolling period of December 2020 – November 2021. Falls Related Injuries in Hospital decreased by 6 during the reporting period, when compared to the same period last year. The rate of Hospital Acquired Venous Thromboembolism was 11.8 per 10,000 episodes, which is above the target of 11.0 for the 12 month rolling period of December 2020 – November 2021. Instances of Hospital Acquired Venous Thromboembolism increased by 48 during the reporting period, when compared to the same period last year. The rate of Hospital Acquired Endocrine Complications was 33.6 per 10,000 episodes, which is above the target of 29.7 for the 12 month rolling period of December 2020 – November 2021. Instances of Hospital Acquired Endocrine Complications decreased by 84 during the reporting period, when compared to the same period last year.

Board Report



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. In January 2022 premium staff usage increased by 1.77 for Medical staff, 1.27 for Nursing staff, as well as 0.46 for Allied Health staff when compared to the same period last year due to the COVID-19 OMICRON outbreak.

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 is continuing to occur. There has been ongoing focus on the workforce challenges in ICU surge activity which has been required to manage the recent COVID-19 outbreak since June 2021.

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 with the commencement of the Paediatric Vaccination Program on 10 January 2022.

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 since December, associated with the recent COVID-19 OMICRON 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. The District is currently implementing a return of services to manage the demand and impact of COVID-19, as well as the demands of surgery and patient care.

As a result, there has been a decrease of 19.80% in the number of separations (9,894) for the month of January 2022 when compared to the same period last year (12,337). YTD January separations have decreased by 13.70% 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 January 2022, the District's occupancy rate decreased by 3.68% to 82.36% when compared to the 86.04% reported in January 2021.

There were 13,569 attendances to the District's Emergency Departments in January 2022, which is a 1.16% increase from 13,414 in January 2021. YTD January Emergency Department attendances have decreased by 1.36% to 91,742 when compared to the same period last year (93,011). For the month of January, case weighted attendances have decreased by 4.06% 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) (formerly NEAT)

Despite the impact of COVID-19 the District continues to work on its ETP performance. There was a 9.18% decrease in ETP in the month of January 2022 to 62.70% 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 January ETP decreased by 6.00% to 63.05% when compared to the same period last year. Admitted ETP was below

Board Report



target (50%) for the month of January at 30.21%, which is a 22.60% decrease on the same period in the previous year.

Transfer of Care

The District performed below target (90%) for transfer of care (TOC) in January 2022, with 78.40% 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 January. Triage Categories 2 and 3 performance is below the revised targets at 80.24% (target 95%) and 75.18% (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 1,031 less elective surgeries performed in SLHD facilities in January 2022 when compared to the same period in the previous year, representing a decrease of 70.28% (excluding Collaborative Care surgery).

For the month of January, 100% of Category A, 90.21% of Category B, and 98.48% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD January surgical patients not ready for care increased by 3.87% (342) 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, Sydney South West Private and Macquarie University Hospital.

SLHD WEEKLY SURGICAL REPORT									
WEEK ENDING: 20/02/2022									
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	745	295	1040	7623	2856	10479	12229	-1750	-14.31%
IRO	0	4	4	231	110	341	1112	-771	-69.33%
CRGH	264	140	404	4024	970	4994	8252	-3258	-39.48%
CANT	194	53	247	2815	379	3194	4367	-1173	-26.86%
TOTAL	1203	492	1695	14693	4315	19008	25960	-6952	-26.78%

Surgical Taskforces at RPA, Concord and Canterbury Hospitals continue 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.

Emergency Surgery

There were 137 less emergency surgeries performed in the month of January 2022 when compared to the same month last year, representing a 11.29% decrease.

Board Report



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 January 2022 Hospital in the Home overnight separations decreased by 27.2% 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

Despite the impact of COVID-19, the District continues to perform well in relation to the NWAU activity against target, with a 9.06% variance for YTD January, excluding Dental and Sub-Acute.

Stream	Target	Actual	Variation	Variation %
Acute*	95,658	83,233	- 12,425	-12.99%
ED**	14,218	12,491	- 1,727	-12.15%
NAP***	26,760	55,636	28,876	107.91%
SNAP^				
MH Admit	11,118	10,582	- 536	-4.82%
MH NAP^^	5,428	5,110	- 318	-5.86%
Total	153,181	167,052	13,871	9.06%
Dental DWAU	36,739	18,853	- 17,886	-48.68%
Dental NWAU#	4,613	2,367	-2,246	-48.68%
Total (NWAU)	157,794	169,419	11,625	7.37%

** 188 uncoded Acute episodes

* Emergency Department is in NWAU20

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

^ SNAP currently unavailable

^^ MH NAP is YTD December

NWAU=589/4691*DWAU

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

SLHD REVENUE COMMITTEE

Private Health Insurance Usage

For the month of January 2022 14.95% (1,405 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 596 (29.79%) patients who elected to use their private insurance compared to the same period last year and a decrease of 469 (25.03%) in total separations from previous month.

For the month ended January 2022 conversions for facilities as compared to the same period last year were:

- RPAH – a decrease of 325 (30.60%) private patients.
- Concord – a decrease of 209 (25.68%) private patients.
- Canterbury Hospital – a decrease of 51 (48.57%) private patients.

- IRO – a decrease from 13 to 0 private patients.
- Balmain Hospital – an increase of two (28.57%) private patients.

Single Room Usage

For the month of January 2022, 9.71% of patients were flagged as infection control across the District. For the month, 13% of all available single rooms were occupied by private patients and 34% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was not held in December 2021.
- 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 167 registered users and total \$1.60M has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

The Pitch

- The Pitch is due to recommence on 25 March 2022.
- Applications are open but in the interim, those that have progress in previously cancelled rounds that were unable to present will be included in this round. They include:
 - ➔ **Bottles away – cup to stay.** This Pitch looks at the development of educational videos and an interactive book to reduce prolonged bottle use after 12 months & 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.
 - ➔ **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

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

Board Report



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):

- The February AIM course was cancelled due to current District restrictions on face to face course delivery.
- The next scheduled course for 2022 is on 28-29 March.

HealthPathways

Content Development and Maintenance

New COVID-19 content variants added include the clinical assessment and criteria for monoclonal antibody and oral antiviral therapies for treating COVID-19.

This has been supported with the additional of new prescribing and requesting information for General Practitioners via SLHD services.

New HealthPathway development activity is underway to complete pathway sets for Hand Surgery, Wound Care and Andrology. We are waiting for further engagement with the Melanoma Institute of Australia to collaborate on specific content pieces.

COVID-19 Specific Content Usage

	Page views February 2022	Page views January 2022	Page views December 2021	Page views November 2021	Page views October 2021
COVID-19 Vaccination Resources	218	194	89	46	218
COVID-19 Vaccination Procedure	59	188	120	100	94
Myocarditis and Pericarditis After mRNA COVID-19 Vaccines	57	76	66	119	154
COVID-19 Initial Assessment & Management			340	217	269
COVID-19 Case Management		2,883	4,932	1,371	1,249
COVID-19 Active Case Management	1,474	2,945			

Board Report



Post-COVID-19 Conditions	305	589	263	243	275
COVID-19 Virtual Care Requests	243	1,456	1,103	317	
COVID-19 Isolation Support	41	277	251	111	
COVID-19 Assessment & Management in RACFs	42	172	136	48	34

Usage of HealthPathways

Across February, we saw a gradual reduction in the use of the key COVID-19 pathways as the impact of the Omicron wave somewhat softened. Site usage reverting to the levels seen last October and November. Usage of COVID-19 specific content making up 11% of all content viewed.

	February 2022	January 2022	December 2021	November 2021
Users	1,712 ↑ 24.59%	2,042	2,020	1,702
Sessions of use	10,637 ↑ 16.20%	14,320	13,134	11,517
Total Page Views	36,626 ↑ 14.40%	44,929	40,872	38,168

- Comparison data to same period in 2021

SLHD e-Referral Project

Service recruitment

SLHD form updates will be scheduled once confirmation is received from SLHD Finance regarding named referral requirements. Confirmation is expected in late February 2022 with updates to be prioritised.

The Engage.Outpatients pilot go live date is now 27 April 2022. Testing activities are underway on the Fertility, Gynaecology and Maternity e-Referrals. Due to technical issues identified during testing, sign off of form functionality and integration to the referral management system is expected early March 2022.

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

Board Report



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	April 2022	Testing
Royal Prince Alfred Hospital (5 services)	2022	Design
Virtual Fracture Clinic – rpavirtual	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 2624 referrals have been received
- 65% of referrers using HealthLink to refer to SLHD have referred more than once
- Presentation provided to local General Practitioners in February 2022, promoting existing forms and demonstrating the new forms for Maternity, Gynaecology and Fertility.
- Increased communicational material to be distributed to General Practice with support from CESP HN, in the lead up to the Engage.Outpatients go live date

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 January 2022 based on the District's budgeted NCoS.

For the period ended 31 January 2022, GF Expenditure was \$61.802M (4.28%) unfavourable to budget. The District has assessed the YTD January 2022 COVID-19 Incremental cost as \$413.962M. The District's unfavourable result for YTD January 2022 was primarily due to COVID-19 Incremental expense of \$61.075M 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 December 2021 COVID-19 Stimulus Budget of \$35.551M in January 2022. Excluding the impact of COVID-19, the District is \$0.727M unfavourable to YTD January 2022 Expense budget.

YTD January 2022 Expenditure increased significantly (by \$243.632M or 19.31%) compared to YTD January 2021. 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 \$215.016M YTD January 2022. 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 \$6.769M (3.72%) unfavourable to budget for the month and \$28.354M (2.12%) favourable to YTD January 2022 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 \$35.957M unfavourable to January 2022 GF Revenue budget primarily due to the impact of COVID-19.

The District recognised Quarantine Hotel Passenger Fees of \$70.333M YTD January 2022. 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 January 2022 was \$11.678M unfavourable to budget. For YTD January 2022, the District's NCoS was \$33.448M unfavourable to budget. Excluding the impact of COVID-19 (Expenditure, Quarantine Hotel Passenger Fees and Doubtful Debts) SLHD is \$40.483M 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 January 2022 Financial Performance – including and excluding the impact of COVID-19:

	YTD Actual \$000	YTD Budget \$000	Variance (Actual vs Budget) \$000		
Expense (incl COVID)	1,505,109	1,443,308	-61,802	Unfav	
Pending COVID-19 budget supplementation	413,962	352,887	-61,075	Unfav	MoH provides COVID-19 incremental budget one month in arrears
GF Expense (excl COVID-19 impact)	1,091,148	1,090,421	-727	Unfav	
Own Source Revenue	-187,014	-152,628	34,386	Fav	
Quarantine Hotel Passenger Fees	-70,333	0	70,333	Fav	
GF Revenue (excl the impact of Quarantine Hotel Passenger Fees)	-116,681	-152,628	-35,947	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)	5,662	449	-5,213	Unfav	
Loss on Sale of Asset	820	0	-820	Unfav	
Doubtful Debts (Quarantine Hotel Passenger Fees)	2,224	0	-2,224	Unfav	
Doubtful Debts & Loss on Sale of Asset (excl the impact of Quarantine Hotel Passenger Fees)	4,258	449	-3,809	Unfav	
NCoS (excl the impact of Quarantine Hotel Passenger Fees)	978,725	938,242	-40,483	Unfav	Unfavourable to budget primarily due to the impact of COVID-19

Board Report



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 \$217M relating to unfavourable results for: Expense (\$224M) related to the management of the COVID-19 response and Doubtful Debts (\$20M) offset by a favourable result for Own Source Revenue (\$27M) 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 \$5M 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 January 2022 was \$4.908M (2.67%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Goods and Services Expenses (\$9.179M) and Grants (\$0.06M) offset by favourable results for Employee Related Expenses (\$1.062M), VMOs (\$2.77M) and RMR (\$0.511M).
- YTD January 2022, GF Total Expenditure was \$61.802M unfavourable to budget, primarily reflecting unfavourable results for Overtime (\$22.879M), Annual Leave Provision (\$13.159M), Superannuation (\$15.153M) and Goods & Services (\$28.081M) offset by favourable results for Salaries & Wages (\$14.666M), RMR (\$0.167M) and VMO Payments (\$3.005M). Excluding the impact of COVID-19, the District is \$0.727M unfavourable to YTD January 2022 expense budget.

Revenue

- GF Total Revenue for the month of January 2022 was \$6.769M (3.72%) unfavourable to budget, reflecting the unfavourable results from Patient Fees (\$2.692M), Other Sources of Revenue (\$1.249M), Grants and Contributions (\$1.159M) and Doubtful Debts (\$1.61M) offset by favourable results in User charges (\$0.036M).
- YTD January 2022 GF Revenue was \$28.354M (2.12%) favourable to budget. This result reflects favourable variance in Quarantine Hotel Passenger Fees (\$70.333M), High Cost Drugs (\$0.617M) and Pharmacy Sales (\$0.488M) offset by unfavourable variances in Facility Fees (\$3.336M), Prosthesis Income (\$2.691M), Car Park Fees (\$1.615M), Patient Fees (\$15.741M), Grants and Contributions (\$0.694M) and Doubtful Debts \$5.213M. 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 \$35.957M unfavourable to January 2022 GF Revenue budget primarily due to the impact of COVID-19.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$6.734M unfavourable to budget for the period of January 2022. This result reflects unfavourable budget variance for Expenditure (\$1.174M) and Revenue (\$5.56M).

CONSOLIDATED RESULT

For the period ended 31 January 2022, the consolidated YTD NCoS result for the General Fund and SP&T was \$40.182M unfavourable to budget. The result comprises unfavourable variances for

Board Report



Expenditure (\$62.976M), Doubtful Debts (\$5.213M), Loss on Sale of Asset (\$0.82M) and favourable variances for Own Source Revenue (\$28.827M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

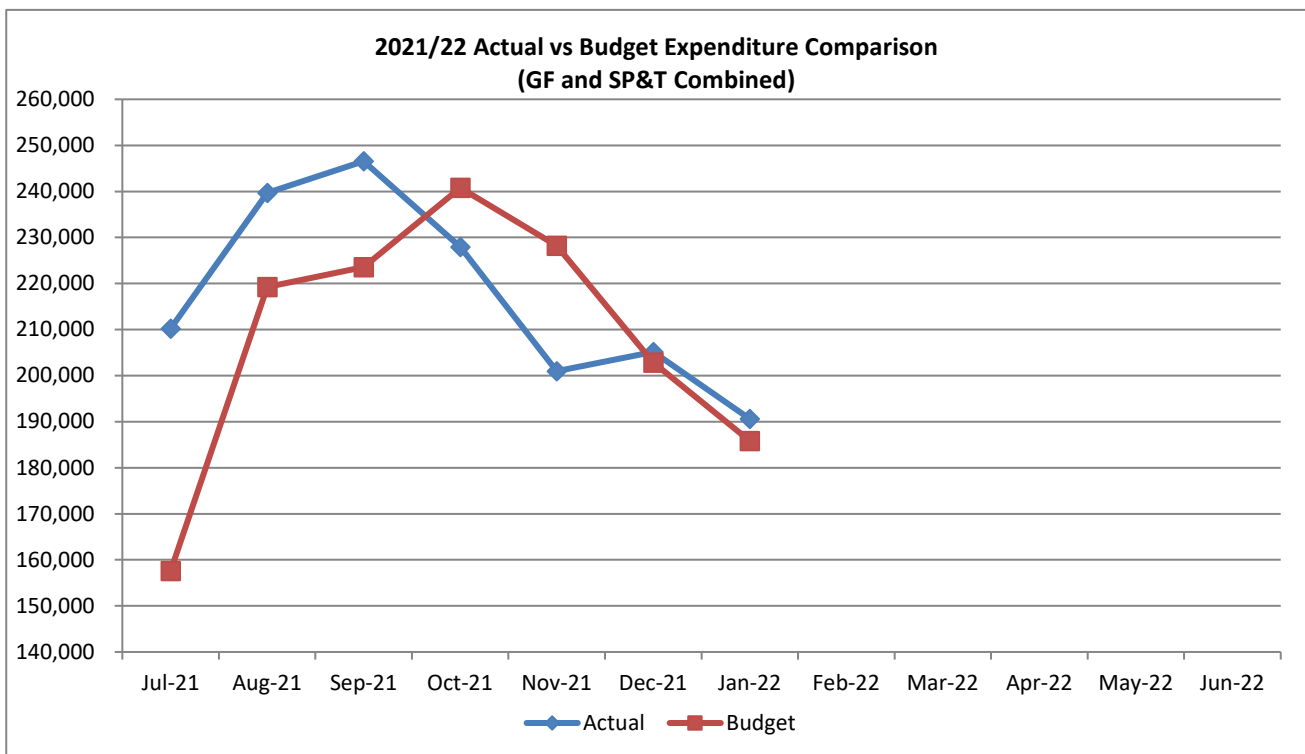
For the period ended 31 January 2022, SLHD recorded a Total Net Result of \$115.501M which was \$40.112M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD January 2022 was \$34.443M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$63.34M) offset by favourable variance for Revenue (\$28.897M).

For the YTD January 2022, Total Direct Revenue was \$28.897M favourable to budget, comprising a favourable variance for the General Fund (\$34.386M) and unfavourable variance for SP&T Fund (\$5.489M). This result for the GF reflects favourable variances in User Charges offset by unfavourable variances in Patient Fees, Grant Income and Other Income.

YTD January 2022 Total Direct Expenditure was \$63.34M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$61.788M) and SP&T Fund (\$1.552M). The result for the General Fund reflects unfavourable variances in Overtime (\$22.879M), On-costs (\$28.267M), Grants (\$0.232M), G&S Corporate (\$25.638M) and G&S Supporting Services & Utilities (\$3.349M) offset by favourable variances in Salaries & Wages (\$14.666M), Direct Clinical Operating (\$0.906M) and VMOs (\$3.005M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 31 January 2022 for the SLHD Operating bank account was \$15.392M and the Operating Cash book balance was \$14.999M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 January 2022 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 January 22 was \$2.271M which is marginally on budget.

Additionally, in the current pandemic circumstances, the actual expenditure for MoH funded Minor works & Equipment for COVID-19 was \$1.241M at the end of January 2022. The total approved funding was \$1.423M.

OTHER CAPITAL PROJECTS

As at the end of January 2021, the District has expended an amount of \$0.321M relating mainly to RPAH Paediatrics Stage 3, RPAH Microsurgery Lab Redesign and CRGH Research Centre. The total expenditure of \$0.321M was sourced from the General Fund.

CAPITAL WORKS

RPA

Redevelopment

Key activities undertaken for the RPA Redevelopment are as follows:

- Enabling works program working on traffic flow and logistical issues to ensure loading dock remains operations during redevelopment
- Design competition period including 2 interactive sessions with the next session to be held on the 18th of March 2022.
- Relocation of anatomical pathology to building 12 underway. Demolition works underway. Design development progressing well.
- Molecular Imagine design and development underway.

Parent and Baby Unit

Cladding and mechanical services rough-in has been completed. Over the course of this reporting period, the internal courtyard decking has been installed and main power to the building was connected. Glazing works now well underway. Civil and landscaping works are underway.

RPU Hot Cells Building 63

The February capital works progress for this project include continuation of the cladding for external exhaust pipes and the clean room panel installation is nearing completion. Pass-through has been installed. The mechanical and sprinkler works for the clean room have commenced. The rough-ins for electrical services and medical gas will commence shortly.

Concord

Redevelopment

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

- Departments are now moving into their new facilities.
- The project team are continuing to monitoring progress on a weekly basis.

CSSD Sterilising

Over the course of this reporting period the installation of the fire rated wall sheeting was completed as well as wall settings, painting and the wall protection. The joinery is currently being programmed.

PLANNING

Canterbury – Stage 0 Planning

- An executive workshop was held in early February to bring together the elements of planning- the CSS, the information from state-wide entities, information on the current state of the Canterbury assets (as per the AMPS and SAMPs).
- This workshop identified a series of issues to follow up including the Canterbury role in mental health, the future ICU model of care and opportunities for repurposing the Canterbury facility.
- Ongoing work is being undertaken to finalise the draft Clinical Services Statement. This includes
 - Finalising the Non-Admitted Patients data and Community Health data and forecasting in collaboration with the service providers
 - Refining the non-asset solutions to forecasted demand
 - Responding to comments from stakeholders
 - Refining the document.
- A Value Management Study is planned for early March to assess the options for addressing the forecasted demand in Canterbury. Options have been developed through expanding the options developed by the Planning Unit and then prioritising those options to a shorter list for qualitative analysis and cost benefit analysis.

Capital Investment Priorities

Meetings are being held with the MoH to provide feedback on their receipt of SLHD Capital Investment Priorities include:

- Sydney Biomedical Accelerator
- Canterbury Hospital redevelopment
- Concord Stage 2 redevelopment
- RPA Stage 2 redevelopment
- HealthOnes across the District – Waterloo, Canterbury, Riverwood, Concord/Homebush
- Mental Health Community Residential Rehabilitation Beds across the District

SLHD Long COVID Model of Care

The Planning Unit has worked with the Long COVID Steering Committee to draft the SLHD Long Covid Model of Care.

Tech Central (Camperdown-Ultimo Collaboration Area)

- The Planning Unit is providing ongoing SLHD input into the Camperdown Structure Plan to ensure that the planning parameters for Camperdown reflect the health and education precinct requirements. A briefing on the Sydney Biomedical Accelerator has been scheduled.
- The Camperdown-Ultimo Alliance has contributed funds to develop the Industry Prospectus for Tech Central. The Alliance is currently organising workshops for industry currently located within Tech Central to develop key messaging.
- A tour is being organised for the Mayors and Vice Chancellors of Tech Central core facilities to ensure their understanding of the precinct.

SYDNEY RESEARCH

CHERP Executive Director

In a joint announcement by Dr Teresa Anderson AM, Chief Executive, Sydney Local Health District (SLHD) and Prof Robyn Ward AM, Executive Dean and Pro Vice-Chancellor, Medicine and Health, University of Sydney, Adj A/Prof Vicki Taylor has been appointed to the newly established position of Executive Director, Camperdown Health Education and Research Precinct (CHERP). In addition to her role as Executive Director, Sydney Research, Adj A/Prof Taylor will bring together representatives of the founding partners of CHERP (including SLHD and the University of Sydney) and its external research, education and industry collaborators to explore and support a range of strategic and collaborative initiatives for the betterment of research and education capabilities in Camperdown. Dr

Board Report

Anderson AM, Prof Ward AM, and Adj A/Prof Taylor will be establishing an appropriate governance model for CHERP and a team to support this initiative.

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. We have continued to participate in the SLHD COVID-19 Steering Committee and ensure that our research, clinical, academic and industry partners are informed of the latest guidance, restrictions and data. Ms Mariam Damen, A/Executive Officer, Sydney Research had also been redeployed to support the RPA Executive team with managing staffing shortages.

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).

In February 2022, OHMR informed Sydney Research that three (3) SLHD applications out of the five (5) submitted in the initial Expression of Interest round have been invited to submit a full application for TRGS Round 6. Sydney Research will be working with the Chief Investigators in developing their full application, we will also be working with the unsuccessful investigators to strengthening their approach for future TRGS rounds or other grant opportunities.

Chief Investigator	Project Title	Funding Requested	Outcome
Prof Paul HABER	Preventing advanced liver disease: a randomised controlled trial using a personalised approach	\$500,000.00	INVITED TO FULL APPLICATION
Dr Michelle BARAKAT- JOHNSON Prof Fiona COYER	Improving patient outcomes and reducing the hidden burden of chronic wounds: a digitally enabled Wound Model of Care (VIRTUE study)	\$499,593.00	INVITED TO FULL APPLICATION
Prof John CULLEN Prof Vasi NAGANATHAN	The effectiveness, cost-effectiveness and implementation of a new Emergency Hospital in the Home model of care in reducing hospital admission rates of community living frail older people	\$499,183.31	INVITED TO FULL APPLICATION
Dr Kate MCBRIDE	A pragmatic controlled trial of a 'mental health screening and care planning program' for patients undergoing routine surgery	\$462,243.00	UNSUCCESSFUL
Rheannwynn SNEESBY	Enhancing the identification and response to vulnerable children in the Emergency Department using a new framework of eHealth targeted, multidisciplinary team approach: The Safer Kids Project	\$481,983.13	UNSUCCESSFUL

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 is managing this project. Phase One of the project (defining the problem) has been completed and findings were presented to the EQR Steering Committee at their meeting on 24 February 2022. A detailed written report summarising the findings from Phase One of the project has also been produced. It is currently anticipated that the report and a summary of the findings will be presented to the NSW Health Senior Executive Forum in March 2022.

Phase Two of the project will involve developing strategic solutions to the issues identified in Phase One in consultation with all the relevant stakeholders. This phase of the project is scheduled for completion by the end of April 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. Adj A/Prof Vicki Taylor participated on the Tender Evaluation Committee in late February 2022, which did identify a promising organisation to lead this new initiative.

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 March 2022, which includes Dr Anderson AM, Adj A/Prof Taylor, Prof Ward AM, Dr Tony Penna, Executive Director, OHMR, Prof Don Nutbeam, Executive Director, Sydney Health Partners, and Deborah Willcox, Chief Executive, Northern Sydney Local Health District.

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, with Mr Richard Taggart, Chief Information Officer, Dr Angus Ritchie, Chief Medical Information Officer, Dr Owen Hutchings, Clinical Director of rpavirtual, and Prof Warwick Britton, Director of Research representing SLHD on the Committee.

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.

Representatives from NSW Treasury and the Chief Financial Officer, NSW Health visited the RPA campus on 16 February 2022 to discuss the SBA opportunity and heard presentations by Perx Health, Five Faces, and Prof Martin Ng/Prof Steve Wise demonstrating the significance of multidisciplinary, inter-agency collaboration between SLHD, the University of Sydney and industry partners in accelerating idea generation, innovation and commercialisation. As part of the visit, we also provided a tour of rpavirtual and the prototype Deluxe Medical Chair developed by Prof Steve Chadban.

An Industry Engagement Event for the SBA was held on 24 February 2022, which had over 180 attendees virtually and consisted of key note presentations by Ms Elizabeth Koff, former NSW Health Secretary and Ms Belinda Hutchinson AC, Chancellor, University of Sydney. Dr Teresa Anderson AM, Prof Robyn Ward AM and Joseph Carrozzi were all involved in the event as part of the panel, providing an overview of the SBA opportunity and its significance to each of the participating organisations. Following the event, a dedicated website for SBA was made live and can be accessed via sydneybiomedicalaccelerator.org. It was also announced at the event that there will be an Expression of Interest process seeking industry collaborators for the SBA, which forms part of the market sounding approach that will support SBA Business Case and future design of the Complex.

The SBA Project Team are progressing the development of a Strategic Business Case seeking an investment of \$125 million from the NSW Government, which will support the construction of Building B— a new research facility on the RPA campus for laboratory research, associated scientific support services and shared research facilities. SLHD has committed to the refurbishment and creation of an Innovation Hub in Building A (Gloucester House) and will be contributing \$25 million to support early and enabling works for Building B. If successful, NSW Health/ SLHD investment will total \$150 million. The University have committed \$185 million for the construction of a new research facility on the University campus (Building C). 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. The Business Case will be submitted to the NSW Health Secretary and NSW Minister for Health and Medical Research on 18 March 2022 ahead of the 2022 NSW Budget announcement.

To support the development of a functional brief for Building B, the SBA Project team arranged for two consultation workshops with leading clinicians, researchers and academics affiliated with SLHD. We received great feedback from these workshops, which will assist to inform the design and function of Building B and all participants expressed their excitement about the future potential of this facility.

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 representing SLHD in the newly established SHP Research Development Committee. Sydney Research has also recently supported SHP in the development of their application to be re-accredited by the National Health and Medical Research Council (NHMRC) as an Advanced Health Research Translation Centre (AHRTC).

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.

- A meeting between Sydney Research and the Chair of CTAP, Prof John Simes, has been arranged for late March 2022 to ensure alignment with the initiatives of the Embedding Quality Research Steering Committee, Clinical Trial Management System and Clinical Trial Alliance – ahead of the next meeting of CTAP.

New Grant Opportunities

The Sydney Research team introduced 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. Applications for the grant closed on Monday 28 February 2022 with 38 applicants who applied for this grant.

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
- WCX Dive Site Inter-agency Working Group
- PFCC Our Patients Leadership Group
- Tech Central Neighbourhood Champions

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 830 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 140 subscribers.
- @SydneyResearch currently has 1,233 followers on Twitter



Dr Teresa Anderson AM

Chief Executive

Date: 21.3.22