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## Sydney Local Health District

### Meeting One Hundred and Twenty Two of the Board

Date: Monday 16 May 2022  
Time: 9.30am - 11.30am  
Venue: SLHD Boardroom / Zoom  
Chair: The Hon. John Ajaka, Chair

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#### 1. Present and apologies

The Hon, John Ajaka, Chair  
A/Professor Christine Giles, Member  
Ms Ronwyn North, Member  
Ms Kerry-Anne Hartman, Member  
Dr Mary Haines, Member  
Mr Richard Acheson, Member  
Mr John McGee, 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

Nil

#### In attendance

Mr Kiel Harvey, Acting Director of Operations (Departed 11.15am)  
Dr Alicja Smiech, Chair, Medical Staff Executive Council (Departed 11.00am)  
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 twenty two of the Sydney Local Health District (SLHD) Board.

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### 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 19 April 2022

The minutes of the Board Meeting held on 19 April 2022 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

#### 4.2 CE Report – April 2022

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

### 5. Matters arising from the previous minutes

#### 5.1 Action sheet

The Board received and discussed the action list including:

- Executive Steering Committee minutes for the Forensic Beds at Concord is to be provided to the Board.
- The Enforceable Undertakings meeting with SafeWork was very complimentary.
- The paperwork for the Deputy Chair position has been submitted. This agenda item can be removed from the action sheet.
- The General Manager will seek opportunities for an award for SLHD COVID-19 response in Culturally and Linguistically Diverse (CALD) Communities. This agenda item can be removed from the action sheet.

#### 5.2 Information on Harm Score

The Board received, read and noted this report for the period 2017 – 2021. This agenda item can be removed from the action sheet.

#### 5.3 Email re Purchase of Fuel

The Board received, read and noted this email from the Director of Internal Audit. This agenda item can be removed from the action sheet.

#### 5.4 Brief - NDIS Impact at Balmain Hospital

The Board received, read and noted this brief. The District is working with the NDIS and will seek a meeting with them. This agenda item can be removed from the action sheet.

## 5.5 Email – Temporary Aboriginal Health Staff

The Board received, read and noted this correspondence. The Board requested this be a requirement for all contracted temporary staff. This agenda item is to remain on the action sheet.

## 5.6 Private Insurance Usage

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

## 6. Patient Story

The Chief Executive provided a verbal report on the health pathway for a patient that donated a kidney. RPAH has been doing kidney transplants for 30 years.

## 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 update including:

- Participating on a panel for the new Deputy Secretary position today.
- Positive media on the official opening of the new Parent and Baby Unit at RPAH, the first of its kind in the state of NSW.
- The Secretary meets with the Board Chairs once per week.

The Board discussed several issues including the current media reporting, as follows:

- The District has been mentioned in the media, on only one occasion. Staff are generally good at escalating issues in line with protocol.
- The need to continue to process patients through the COVID Pathway.
- Challenges re Elective Surgery.
- Access to overseas workers now the borders have opened.
- Focus on performance, models of care and the surgical taskforce.
- Sharing of media stories with other Districts.

- Elective surgery targets will not be shifted.
- Provision of a Liaison Officer in waiting rooms in the Emergency Departments.
- Staff morale is down when under-performing and staff are provided with reassurance.
- Registrations for the Symposium is high and will re-invigorate staff.
- The District have a staff wellbeing/wellness officer.

## 9. Chief Executive's report

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

- COVID-19 information updates.
- There is currently only two patients in ICU with COVID.
- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- HACs remain a major focus for the SLHD.
- There is currently 36 patients in the Special Health Accommodation.
- The District performed below target (90%) for transfer of care (TOC) in March 2022, with 81.59% 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 patients 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.
- There is a Surgical Taskforce in each facility. The District is introducing a new model of collaborative care, for example, a patient with diverticulitis presenting to the Emergency Department will be treated and discharged home with treatment and then return, when ready, for the surgery. This will reduce length of stay.
- The Institute of Academic Surgery is working with Canterbury Hospital on Hernia Management.
- For the period ended 31 March 2022, GF Expenditure was \$25.148M (1.34%) unfavourable to budget. The District has assessed the YTD March 2022 COVID-19 Incremental cost as \$473.738M. The District's unfavourable result for YTD March 2022 was primarily due to COVID-19 Incremental expense of \$24.097M 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 February 2022 COVID-19 Stimulus Budget of \$37.309M in March 2022. Excluding the impact of COVID-19, the District is \$1.051M unfavourable to YTD March 2022 Expense budget. The District will have strategies in place for the use of the contingency funds.
- All planning is progressing well. Stage O planning for Canterbury Hospital is ongoing.
- Sydney Research is progressing well.

### 9.1 Finance and Performance Reports

#### 9.1.1 SLHD Board reporting pack – March 2022

The Board received, read and noted the SLHD Board Reporting Pack for March 2022.

## 9.1.2 Selected Performance Indicators – March 2021

The Board received, read and noted this report.

## 9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

## 9.1.4 MoH Board Report for the SLHD

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

## 9.1.5 HAC Committee Report

The Board received, read and noted this report, in particular, the deterioration in the reports for the period December 2021, January and February 2022 was due to less workforce capacity, the COVID -19 Omicron variant placing pressure on the system and the ceasing of the restrictions in people movement. There was an improvement in March 2022.

## 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 noted this report for the period January 2022 – March 2022 is due in June 2022.

(ii) Quality Account

The Board received, read and noted this report. The Board supported the 2021/2022 quality and Safety priorities list.

(ii) SLHD Risk Register

The Board noted this report is due in June 2022. The SLHD Risk Committee continues to meet monthly.

9.5 Audit and Risk Committee Report (period 14 March 2022 - 16 June 2022)

The Board noted this report for the period 14 March 2022 - 16 June 2022 is due in July 2022.

9.6 Facility Reports – March 2022

(i) Balmain Hospital

The Board received, read and noted the Balmain Hospital facility report in particular the COVID outbreak management taking 15 days to clear from the first infection including the 7 days elapse.

(ii) Canterbury Hospital

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

(iii) Community Health

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

(iv) Concord Hospital

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

(v) Drug Health Services

The Board received, read and noted the Drug Health Services report. Mr Harvey agreed to discuss with Drug Health the funding referred to in the report.

(vi) Mental Health Services

The Board received, read and noted the Mental Health Services report. After receiving the enhancement for mental health, the District is currently re-grading and advertising for positions.

(vii) Oral Health Services and Sydney Dental Hospital

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

(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. Interviews for the General Manager position at RPAH will be held in a couple of weeks.

(x) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report. The District hosted a visit for health officials from Tasmania and Adelaide to look at RPA Virtual and our management of the COVID pandemic.

(xi) SLHD Special Health Accommodation

The Board received, read and noted this report.

(xii) Tresillian

The Board received, read and noted the Tresillian report. Tresillian is included in the partnership for the new Parent and Baby Unit.

(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. The Board requested the data prior to the Planning Day on the experiences of Population Health staff in their COVID-19 roles and on how COVID-19 impacted social determinants of health based on their experiences within their COVID-19 role.

(xvi) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report.

The Board convened a five minute break.

## 10. Matters for approval / resolution

Nil to report.

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## 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 11 April 2022.

### 11.2 Education and Research Committee

The Board noted the next 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 7 June 2022.

### 11.4 Audit and Risk Committee

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

### 11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 27 April 2022.

### 11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 25 May 2022.

### 11.7 Medical Staff Executive Council

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

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

The Board noted the minutes of the meeting held on 6 April 2022. The restructure of the meetings is working very well.

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

The Board noted the next meeting is to be held on 31 May 2022.

### 11.10 Organ Donation for Transplant – Quarterly Report (January 2022 – March 2022)

The Board received, read and noted this report for the period January 2022 – March 2022.

## 12. Other Committee reports / minutes

### 12.1 Sustainability Committee (bi-monthly)

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



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## 12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 9 March 2022.

## 12.3 Finance Leaders Forum

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

## 12.4 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 18 May 2022.

## 12.5 Organ Donation for Transplantation

The Board noted the meeting held on 26 April 2022 was cancelled.

## 12.6 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted minutes of the meeting held on 12 April 2022.

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

The Board noted the next meeting is to be held on 17 May 2022.

## 12.8 RPAH Redevelopment Executive Steering Committee

The Board noted the minutes of the meeting held on 20 April 2022 were not available.

## 12.9 Security and Violence Prevention Committee

The Board noted there was no meeting held in April 2022.

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

The Board noted the next meeting is to be held on 2 June 2022.

The Chief Executive advised that copies of the newly formed SLHD Contracts Implementation Steering Committee minutes will be provided to the Board.

## 13. Matters for noting

Nil to Report

## 14. Other Business

### 14.1 Correspondence – Susan Pearce, Secretary, NSW Health - (Refers to report at 9.1.4)

The Board received, read and noted this correspondence. The Board discussed:

- This correspondence has been received by all Board Chairs.
- Performance Management is discussed at each and every Board Meeting.

- The data referred to in these reports is six months old.
- The data discussed and acted upon at our monthly Board meetings is much more recent data.
- Need to consider the constraints we are operating under.
- Consider the impact and on-going challenges of COVID.

The Board agreed to write back to the Secretary noting same.

## 15. Next Meeting

The next meeting will be held on Monday 20 June 2022 at 9.30am at Callan Park.

The meeting closed at 11.30am



Chair

20.06.22  
Date

# Board Report

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

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### **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 including Residential Aged Care Facilities.
- Special Health Accommodation has continued to provide adjunct accommodation to support the vaccination program.
- Mobile Vaccination Clinic continues to provide COVID-19 vaccinations to vulnerable communities.
- Quarantine Facility Vaccination Program has continued.
- A SLHD process has been developed to manage and dispense non-PBS COVID-19 anti-virals through the Vaccination Program to patients who are 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.

#### **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**

- The new Public Health (COVID-19 Air and Maritime) Order was approved on 28 April 2022 to be effective from 12:01am on 30 April 2022. The new PHO included an exemption for travellers entering NSW on or after 6pm on 29 April 2022 to be exempt from Hotel Quarantine. The contract for wayfinding services for unvaccinated passengers to Quarantine Facilities on behalf of NSW Health concluded on the evening of Friday 29 April 2022. The Airport Operations team has collect all equipment from the International Airport.

#### **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.

## 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 an 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 continue at various community locations to provide accessible vaccinations.
- Outbreak Management vaccination teams to support and vaccinate people identified by the Outbreak Management Team leads.
- Social Housing 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, Bravery Certificates and activity bags for the children.

The Sydney Royal Easter Show Campaign to boost paediatric vaccination rates has ceased. A reconciliation is underway to confirm the total number of paediatric vaccinations administered during the Campaign. A total of 2,194 vaccinations occurred for children aged 5 – 11 years old during the promotion campaign. Of this 2,116 tickets were issued, with 1062 tickets redeemed.

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

There was a strong focus to 'make good' the Zetland facility given the expected return deadline of 1 May 2022. However, given the ongoing activity from COVID-19 positive community referrals, approval was granted by the NSW Health to extend the agreement for Zetland until 1 August 2022.

Clinical Support Staff Transition Planning continued with Senior Security Officers undertaking supernumerary shifts to complete VPM training and assimilate to long-term positions within SLHD while

supporting existing vacancies. Accommodation Assistants have been deployed to assist with vacant positions across SLHD and gain experience in relevant positions.

A detailed review of the Atlas SHA highlighted the inability to receive patients requiring mobility support due to infrastructure constraints. Substantial works were required at SHA Atlas Serviced Apartments in preparation for receiving patients.

Changes to the Public Health Order for cruising have occurred. Staff on board cruise ships are required to be vaccinated. Scenario training has been organised with Carnival Cruise Lines and other key stakeholders for the return to service.

## **DISASTER MANAGEMENT REPORT**

- Sydney Local Health District's (SLHD) Disaster Management Unit continues to ensure ongoing preparedness for emergency management responses primarily within its boundaries but also for those events that may require SLHD resources.
- The planning and preparation activities undertaken are to ensure our ability to respond to major incidents form the bulk of the work performed by the SLHD Health Services Functional Area Coordinator (HSFAC) and Disaster Manager.
- With the transition to business as usual the Disaster Management Unit is to working with facilities to prioritise education, training and exercising to ensure a state of readiness.

**Prevention and Preparedness** is a main priority of Disaster Management activities with a strong emphasis on utilising some of the COVID-19 response platforms to reinvigorate and enhance SLHD Disaster Management response capabilities.

Ongoing activities include:

- Education:
  - Current
    - Emergency Code training for departments
    - SLHD staff attended the State facilitated program Hospital Major Incident Medical Management and Support (HMIMMS) during its trial period
  - Scheduled Education
    - SLHD will provide the Course Director for the State facilitated Major Incident Medical Management and Support (MIMMS) Advanced course
    - SLHD will provide the Course Director for the State facilitated Hospital Major Incident Medical Management and Support (HMIMMS)
    - Incident Control Systems (ICS) for hospitals and services
    - 1 day Team member MIMMS
  - Facilities and services are currently finalising the following exercise schedules
    - White level searches
    - Communication exercises
    - Code black exercises
- Review of, and update to, current emergency management planning arrangements across the LHD
- Represent health on discussion exercises conducted by Local Emergency Management Committees (LEMC)
- Providing health input into Emergency Management Committees within SLHD, including the City of Sydney, Canterbury-Bankstown, Sydney Metro, The Bays, Inner West and South West Metro LEMC's. Regional and LEMC meeting frequency remains increased to ensure awareness of the impact of COVID-19 for that respective area. After Action reviews of the COVID-19 response are underway at a Regional and local level.

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- Attendance at MoH State Preparedness and Response Branch (SPRB) facilitated Disaster Manager Planning meetings
- Attendance on recovery webinars facilitated by Red Cross
  - What to expect in the first 6 months of recovery
  - Community-led recovery after disasters
- Emergency Management Committee (EMC) meetings across facilities and services are recommencing with most focusing on identifying education and training needs

In the **Response** phase, SLHD remains involved in all aspects of the COVID-19 response at local and State levels

- SLHD recently deployed staff to support the State response to the flooding in the Lismore area
  - SLHD vaccination team and SLHD Health van – involved in primary health care at evacuation centers in Lismore area
  - Health Liaison Officer to support the regional recovery EOC
- SLHD continues to support Far West Health Service with the deployment of staff coordinated through SLHD Director Nursing and Midwifery
- Incident notifications
  - SLHD receives notification of any potential incidents or events that may impact on SLHD. Notifications are then distributed to all SLHD facilities and actioned accordingly. These notifications provide opportunity to exercise and amend our developed communication pathways. Notifications include extreme weather events, Guest of Government and mass gatherings, including protests and music festivals.

## **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 reports overdue during the month of March 2022.

There was an increase in the number of Mental Health Readmissions within 28 days for the month of January 2022 to 20.2%. YTD January there has been a slight increase in readmissions to 16.0% when compared to 15.9 YTD January 2021. The District continues to focus on strategies to improve mental health performance. The General Manager and Clinical Director of Mental Health continue to engage with stakeholders to improve performance.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation, reporting 5.0% for the month of February 2022 and 4.8% YTD February 2022, which is below the State average of 5.3% for the month and 5.4% YTD February 2022. Unplanned Emergency Representations (same ED within 48 hours) were 4.2% for the month of March 2022 and 4.4% YTD March 2022, which is below the State average of 4.4% for the month, and below the state average of 4.5% for YTD March 2022.

The District is below the target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 0.2 per 10,000 bed days for the month of February 2022. There were 0 Central Line Associated Bloodstream (CLAB) infections reported in January 2022. 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 learning during COVID-19. The goal is to have no Hospital Acquired Infection by 2025.

The District is performing well in relation to 8 of the 14 HACS, under performing in relation to Hospital Acquired Renal Failure and 3<sup>rd</sup> or 4<sup>th</sup> Degree Perineal Lacerations; and not performing in relation to Fall Related Injuries in Hospital, Hospital Acquired Venous Thromboembolism, Hospital Acquired Endocrine Complications and Hospital Acquired Delirium.

The rate of Fall Related Injuries in Hospital was 6.7 per 10,000 episodes, which is above the target of 5.7 for the 12 month rolling period of February 2021 – January 2022. The instances of Fall Related Injuries decreased by 4 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Venous Thromboembolism was 12.7 per 10,000 episodes, which is above the target of 11.0 for the 12 month rolling period of February 2021– January 2022. The instances of Hospital Acquired Venous Thromboembolism increased by 50 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Endocrine Complications was 38.2 per 10,000 episodes, which is above the target of 29.7 for the 12 month rolling period of February 2021 – January 2022. The instances of Hospital Acquired Endocrine Complications decreased by 28 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Delirium was 59.2 per 10,000 episodes, which is above the target of 55.1 for the 12 month rolling period of February 2021 – January 2022. The instances of Hospital Acquired Delirium increased by 64 during the period, when compared to the previous 12 month rolling period.

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 March 2022, premium staff usage has increased by 1.97 for Medical staff, decreased by 0.70 for Allied Health staff and decreased by 4.37 for Nursing 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 is continuing to occur. There has been ongoing focus on the workforce challenges in all facilities activity which has been required to manage the recent COVID-19 outbreak since January 2022. This is particularly important as the District moves towards the winter demand. Staff within the SLHD Vaccination program have been actively deployed within facilities to assist with the COVID-19 and winter demand.

## **Activity**

Significant pressure has continued to be placed on all hospitals in the District with the increase in the presentations, the volume of COVID-19 positive patients (including COVID-19 precautionary patients) and the requirement to increase activity by returning to pre-COVID levels. Hospitals have progressively

planned to return to 100% capacity in relation to elective surgery and outpatient clinics across the District.

As a result, there has been a decrease of 14.29% in the number of separations (12,880) for the month of March 2022 when compared to the same period last year (15,028). YTD March separations have decreased by 13.97% when compared to the same period last year. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with the recent outbreak of COVID-19. In March 2022, the District's occupancy rate decreased by 5.77% to 82.52% when compared to the 88.29% reported in March 2021.

There were 15,556 attendances to the District's Emergency Departments in March 2022, which is an 8.75% increase from 14,304 in March 2021. YTD March Emergency Department attendances have decreased by 0.84% to 119,152 when compared to the same period last year (120,160). For the month of March 2022, case weighted attendances have increased by 3.62% 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 7.93% decrease in ETP in the month of March 2022 to 59.24% when compared to the same period last year. This relates to the increase in ED presentations compared to the same time last year. YTD March ETP decreased by 5.37% to 63.00% 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. Admitted ETP was below target (50%) for the month of March at 30.79%, which is a 14.99% decrease on the same period in the previous year.

### **Transfer of Care**

The District performed below target (90%) for transfer of care (TOC) in March 2022, with 81.59% 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 March. Triage Category 2 performance is below the revised target at 83.28% (target 95%). Triage Category 3 performance is below the revised target at 78.13% (target 85%). 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 1,022 less elective surgeries performed in SLHD facilities in March 2022 when compared to the same period in the previous year, representing a decrease of 37.66% (excluding Collaborative Care surgery).

For the month of March 2022, 100% of Category A, 74.43% of Category B, and 87.45% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD March surgical patients not ready for care increased by 8.01% (84) 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



# Board Report

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.

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 210 less emergency surgeries performed in the month of March 2022 when compared to the same month last year, representing a 15.23% decrease.

## 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 March 2022 Hospital in the Home overnight separations decreased by 21.9% when compared to the same period last year. There has also been an increase in virtual health care provided through the RPA Virtual Hospital.

## RPA Virtual

Clinical Activity	Target	This Month	3 Month Avg	FYTD	Prev YTD
Clinical Care Service Events	4,571	4,629	4,704.33	32,579	29,906
COVID-19 Service events	-	7,576	6,958.33	75,705	28,332
SDN Face to Face	-	1,918	2,020.00	14,644	18,599
SDN Video Consult	-	36	38.67	331	7
SDN Phone	-	1,142	1,120.67	7,402	7,675
Virtual Care Centre Phone	-	85	98.33	680	407
Virtual Care Centre Video Consult	-	1,418	1,395.67	9,334	1,494

## 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 2.76% variance for YTD February, excluding Dental and Sub-Acute and not accounting for the large number of uncoded episodes.

Stream	Target	Actual	Variation	Variation %
Acute*	124,154	106,099	- 18,056	-14.54%
ED	24,294	18,169	- 6,125	-25.21%
NAP**	26,760	55,636	28,876	107.91%
SNAP^				
MH Admit^	14,340	11,333	- 3,007	-20.97%
MH NAP^^	7,068	6,470	- 598	-8.46%
Total	190,803	196,073	5,270	2.76%

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Dental DWAU	47,466	28,855	- 18,611	-39.21%
Dental NWAU#	5,960	3,623	-2,337	-39.21%
Total (NWAU)	196,763	199,696	2,934	1.49%

\* 627 uncoded episodes

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

\*\*\* SNAP currently unavailable

^ 386 uncoded

^^ MH NAP is YTD February

# NWAU=589/4691\*DWAU

## REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

### SLHD REVENUE COMMITTEE

#### Private Health Insurance Usage

For the month of March 2022 16.76% (1,997 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 313 (13.55%) patients who elected to use their private insurance compared to the same period last year and an increase of 379 (23.42%) in total separations from previous month.

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

- RPAH – a decrease of 164 (14.14%) private patients.
- Concord – a decrease of 107 (11.05%) private patients.
- Canterbury Hospital – a decrease of 29 (20.86%) private patients.
- IRO – a decrease from 24 to 22 private patients.
- Balmain Hospital – a decrease of 11 (57.89%) private patients.

#### Single Room Usage

For the month of March 2022, 9.17% of patients were flagged as infection control across the District.

For the month, 18% of all available single rooms were occupied by private patients and 37% of all private patients were accommodated in single rooms.

#### SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in March 2022. An update on the progress of implementing the PRNIP framework was provided. Facilities provided an update on respective revenue performance and opportunities.
- 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 168 registered users and total \$1.84M has been raised through the portal to date.

## REDESIGN AND SERVICE IMPROVEMENT

### Innovations

#### The Pitch

- SLHD opened its virtual doors to the 22<sup>nd</sup> iteration of Pitch on 25 March 2022 which was live streamed to over 100 staff.

- The event welcomed five presentations which awed the Pitch panel, resulting in \$90,000 in prize money awarded to 3 pitches:
  - The **'HeartBeat – be heart smart'** presented by Sonia Sawant (Basic Physician Trainee, RPAH) was awarded \$30,000 to implement a digital cardiac rehabilitation platform that will prevent further life-threatening cardiac events via data capture including: medication adherence / task completion / blood pressure.
  - The **'Virtual newborn family support'** idea presented by Bonnie Fonti (CNS, Newborn Family Support Team) won \$30,000 to develop six culturally responsive videos in five languages as well as videos targeted at Aboriginal and Torres Strait islander families to empower CALD family centred care through multimedia education.
  - The **'Improving health outcomes via digitally-enabled care in patients with diabetes using insulin therapies'** pitch won \$30,000 and was presented by Dr Veronica Wong (Staff Specialist, Endocrinology) to develop 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

- GPCanShare Redesign Project
  - The CE-approved project management plan (Initiation phase) has been submitted to ACI for feedback prior to its submission to UTAS. The team has embarked on diagnostics and is planning process mapping workshops for CRGH and RPA hospitals as well as collection of baseline data for the project objectives.
- Diabetes Model of Care Redesign
  - An implementation plan for this project has been developed.
  - 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.

## Accelerating Implementation Methodology (AIM):

- The next scheduled course for 2022 is on 30-31 May and has reached capacity.

## HealthPathways

### Content Development and Maintenance

Development and consultation continue for the localisation and Periodic Reviews to the following pathway sets:

- Hand Therapy and Surgery
- Chronic Pain
- Melanoma and other skin cancers
- Andrology

In addition to this we have completed significant content updates to the service information pages for antenatal, fertility and gynaecology to support the new referral processes being introduced as part of the Engage Outpatients pilot at RPAH Women's and Babies on the 27<sup>th</sup> April.

### COVID-19 Specific Content

Minor changes continue to be made to our suite of COVID-19 specific HealthPathways and resources, mainly in the area of GP access to antibody and oral antiviral therapies. There has also been some minor deletions of content due to minimal use and the incorporation of COVID-19 content into other established content. We are establishing a small internal working party to incorporate COVID-19 indicators and risks into other condition types as COVID-19 moves to an ever-present condition in the community.

# Board Report

## Re-Design of Our Current Periodic Review Process

With support of the SLHD Clinical Re-design Team we are currently completing an application to undertake a re-design of our Periodic Pathway review process. Current levels of content needing review grows annually as they undergo two to three year review cycles. We are seeking to identify new prioritisation models for content review as well as implement a more sustainable content governance process.

## COVID-19 Specific Content Usage

	Page views April 1 – 26 2022	Page views March 2022	Page views February 2022	Page views January 2022	Page views December 2021	Page views November 2021
<b>COVID-19 Vaccination Resources</b>	113	13	218	194	89	46
<b>COVID-19 Vaccination Procedure</b>	68	89	59	188	120	100
<b>Myocarditis and Pericarditis After mRNA COVID-19 Vaccines</b>	18	39	57	76	66	119
<b>COVID-19 Initial Assessment &amp; Management</b>					340	217
<b>COVID-19 Case Management</b>				2,883	4,932	1,371
<b>COVID-19 Active Case Management</b>	2,203	2,766	1,474	2,945		
<b>Post-COVID-19 Conditions</b>	195	243	305	589	263	243
<b>COVID-19 Virtual Care Requests</b>	274	302	243	1,456	1,103	317
<b>COVID-19 Isolation Support</b>	27	67	41	277	251	111
<b>COVID-19 Assessment &amp; Management in RACFs</b>	28	55	42	172	136	48

## Usage of HealthPathways

April usage remains high, on the back of the ongoing use of COVID-19 content.

	April 1-26 2022	March 2022	February 2022	January 2022
<b>Users</b>	1,503	1,986	1,712	2,042

# Board Report



<b>Sessions of use</b>	9,508	13,520	10,637	14,320
<b>Total Page Views</b>	30,546	44,427	36,626	44,929

## SLHD e-Referral Project

### Service recruitment

The Engage Outpatients pilot go live is scheduled for 27 April 2022. General Practice communications have released to inform local providers of new referral processes to RPAH Fertility, Gynaecology and Maternity using HealthLink SmartForm's. The e-Referral Project Team will assist with hyper care to the SLHD pilot services and in collaboration with the Central and Eastern Sydney PHN, provide ongoing support to General Practice.

Service	Deployment	Stage
Haematology	October 2018	Live
Rheumatology	June 2019	Live
Osteoporosis and Community Paediatrics	September 2019	Live
COVID-19 Monitoring – RPA Virtual	May 2020	Live
Haematology, Osteoporosis (ORP) , Rheumatology (OACCP) – Canterbury Hospital	August 2020	Live
Concord Hospital Phase 1 (22 services)	October 2020	Live
Concord Hospital Phase 2 (6 services)	TBC	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	Training
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 3233 referrals have been received
- 69% of referrers using HealthLink to refer to SLHD have referred more than once

## **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 March 2022 based on the District's budgeted NCoS.

For the period ended 31 March 2022, GF Expenditure was \$25.148M (1.34%) unfavourable to budget. The District has assessed the YTD March 2022 COVID-19 Incremental cost as \$473.738M. The District's unfavourable result for YTD March 2022 was primarily due to COVID-19 Incremental expense of \$24.097M 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 February 2022 COVID-19 Stimulus Budget of \$37.309M in March 2022. Excluding the impact of COVID-19, the District is \$1.051M unfavourable to YTD March 2022 Expense budget.

YTD March 2022 Expenditure increased significantly (by \$255.725M or 15.6%) compared to YTD March 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 June 2021) for the 2020-21 Financial Year and to \$210.584M YTD March 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 \$2.491M (1.06%) unfavourable to budget for the month and \$1.929M (0.11%) favourable to YTD March 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 \$48.559M unfavourable to March 2022 GF Revenue budget primarily due to the impact of COVID-19.

The District recognised Quarantine Hotel Passenger Fees of \$71.178M YTD March 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 March 2022 was \$13.262M favourable to budget. For YTD March 2022, the District's NCoS was \$27.077M unfavourable to budget. Excluding the impact of COVID-19 (Expenditure, Quarantine Hotel Passenger Fees and Doubtful Debts) SLHD is \$49.611M 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 March 2022 Financial Performance – including and excluding the impact of COVID-19:

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	YTD Actual \$000	YTD Budget \$000	Variance (Actual vs Budget) \$000		
Expense (incl COVID)	1,895,258	1,870,110	-25,148	Unfav	
Pending COVID-19 budget supplementation	473,738	449,641	-24,097	Unfav	MoH provides COVID-19 incremental budget one month in arrears
<b>GF Expense (excl COVID-19 impact)</b>	<b>1,421,520</b>	<b>1,420,469</b>	<b>-1,051</b>	<b>Unfav</b>	
Own Source Revenue	-224,106	-196,838	27,269	Fav	
Quarantine Hotel Passenger Fees	-71,178	0	71,178	Fav	
<b>GF Revenue (excl the impact of Quarantine Hotel Passenger Fees)</b>	<b>-152,928</b>	<b>-196,838</b>	<b>-43,910</b>	<b>Unfav</b>	Unfavourable to budget due to the impact of COVID-19 on OSR including Patient Fees, Facility Fees and Prothesis incomes
Doubtful Debts (incl Quarantine Hotel Passenger Fees)	27,047	577	-26,470	Unfav	
Loss on Sale of Asset	912	0	-912	Unfav	
Doubtful Debts (Quarantine Hotel Passenger Fees)	22,732	0	-22,732	Unfav	
<b>Doubtful Debts &amp; Loss on Sale of Asset (excl the impact of Quarantine Hotel Passenger Fees)</b>	<b>5,227</b>	<b>577</b>	<b>-4,650</b>	<b>Unfav</b>	
<b>NCoS (excl the impact of Quarantine Hotel Passenger Fees)</b>	<b>1,273,819</b>	<b>1,224,208</b>	<b>-49,611</b>	<b>Unfav</b>	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 \$82M relating to unfavourable results for: Expense (\$70M) related to the management of the COVID-19 response and Doubtful Debts (\$30M) offset by a favourable result for Own Source Revenue (\$18M) 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 \$7M in Doubtful Debts. Excluding Quarantine Hotel Passenger Fees, the District forecasts unfavourability of \$54M 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 March 2022 was \$15.753M (7.24%) favourable to budget. The result for the month was primarily attributable to favourable results for Goods and Services Expenses (\$24.028M), VMOs (\$0.069M) offset by unfavourable results for Employee Related Expenses (\$6.344M), RMR (\$1.548M) and Grants (\$0.441M).
- YTD March 2022, GF Total Expenditure was \$25.148M unfavourable to budget, primarily reflecting unfavourable results for Overtime (\$26.741M), Annual Leave Provision (\$17.816M),

# Board Report

Superannuation (\$18.513M) and RMR (\$0.678M) offset by favourable results for Salaries & Wages (\$30.035M), Goods & Services (\$4.666M) and VMO Payments (\$4.881M). Excluding the impact of COVID-19, the District is \$1.051M unfavourable to YTD March 2022 expense budget.

## Revenue

- GF Total Revenue for the month of March 2022 was \$2.491M (1.06%) unfavourable to budget, reflecting the unfavourable results from Patient Fees (\$2.966M), User charges (\$1.56M), Other Sources of Revenue (\$1.032M), Grants and Contributions (\$0.99M) offset by favourable results in Doubtful Debts (\$3.17M).
- YTD March 2022 GF Revenue was \$1.929M (0.11%) unfavourable to budget. This result reflects favourable variance in Quarantine Hotel Passenger Fees (\$71.178M), Pharmacy Sales (\$0.583M) and Grants and Contributions (\$0.634M) offset by unfavourable variances in High Cost Drugs (\$0.226M), Facility Fees (\$4.298M), Prosthesis Income (\$3.124M), Car Park Fees (\$2.796M), Patient Fees (\$20.78M) and Doubtful Debts \$26.47M. The unfavourability in Patient Fees, Facility Fees, Prosthesis Income and Car Park Fees 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 \$48.559M unfavourable to March 2022 GF Revenue budget primarily due to the impact of COVID-19.

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$5.044M unfavourable to budget for the period of March 2022. This result reflects favourable budget variance for Expenditure (\$0.68M) and Revenue (\$5.724M).

## CONSOLIDATED RESULT

For the period ended 31 March 2022, the consolidated YTD NCoS result for the General Fund and SP&T was \$32.120M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$24.468M), Doubtful Debts (\$26.47M), Loss on Sale of Asset (\$0.912M) and favourable variances for Own Source Revenue (\$19.729M).

## FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 31 March 2022, SLHD recorded a Total Net Result of \$98.232M which was \$32.016M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD March 2022 was \$4.513M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$24.237M) offset by favourable variance for Revenue (\$19.724M).

For the YTD March 2022, Total Direct Revenue was \$19.724M favourable to budget, comprising a favourable variance for the General Fund (\$25.342M) and unfavourable variance for SP&T Fund (\$5.619M). This result for the GF reflects favourable variances in User Charges and Grant Income offset by unfavourable variances in Patient Fees and Other Income.

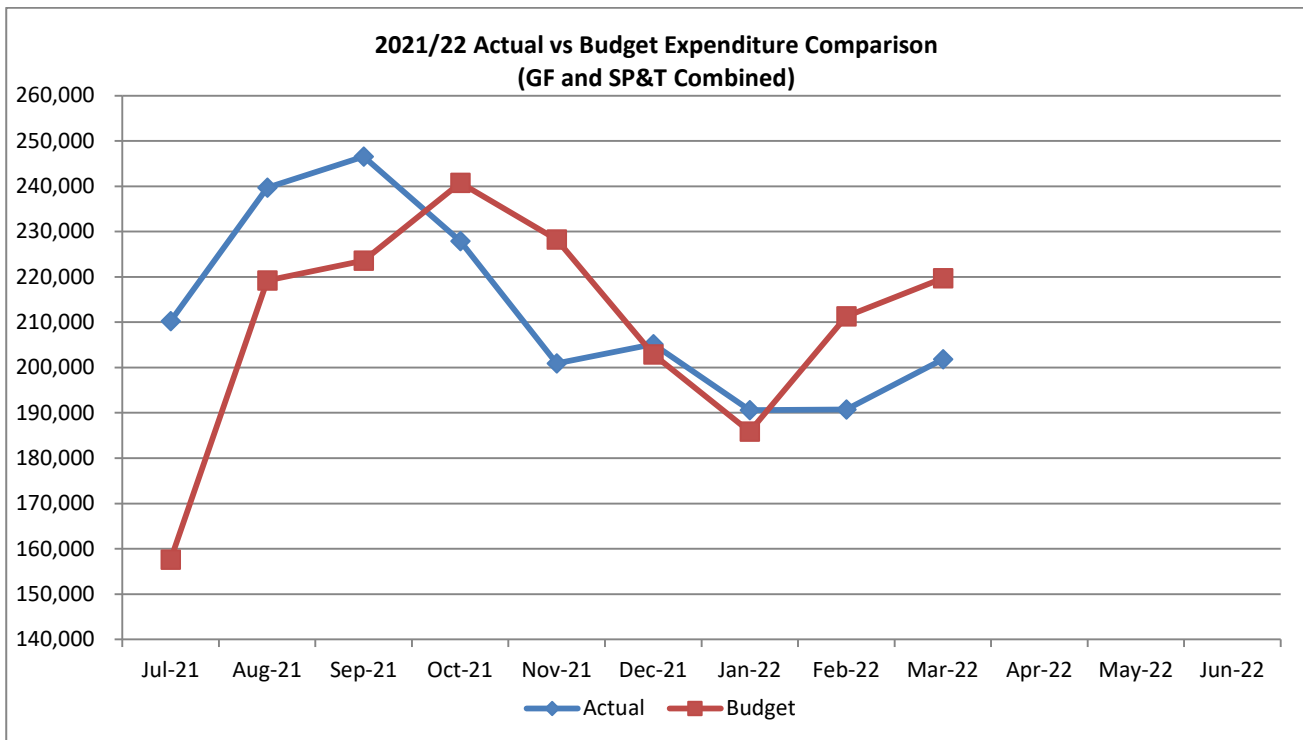
YTD March 2022 Total Direct Expenditure was \$24.237M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$24.266M) and favourable variance for SP&T Fund (\$0.029M). The result for the General Fund reflects unfavourable variances in Overtime (\$26.741M), On-costs (\$36.33M), Grants (\$0.776M), G&S Corporate (\$7.262M) and G&S Supporting Services & Utilities (\$4.164M) offset by favourable variances in Salaries & Wages (\$30.035M), Direct Clinical Operating (\$16.092M) and VMOs (\$4.811M).

## MONTHLY BUDGET PERFORMANCE

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



# Board Report



## LIQUIDITY

The cash balance at 31 March 2022 for the SLHD Operating bank account was \$13.44M and the Operating Cash book balance was \$13.32M.

## CAPITAL WORKS – SMRS PROJECTS

As at 31 March 2022 the District's Full Year Capital works budget relating to SMRS Projects is \$10.961M comprising \$8.523M of MoH funded and \$2.438M of locally funded projects.

Actual expenditure as at the end of March 22 was \$4.460M which is marginally on budget.

The actual expenditure for MoH funded Minor works & Equipment for COVID-19 was \$1.371M at the end of March 2022. The total approved funding was \$1.590M.

## OTHER CAPITAL PROJECTS

As at the end of March 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 INFRASTRUCTURE & ENGINEERING SERVICES

### 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 operational during redevelopment
- Design competition period, including two interactive sessions, with the last session held on 18 March 2022
- Relocation of Anatomical pathology to Building 12 is underway. Demolition works are ongoing, with the design development progressing well
- Molecular Imaging design and development is underway

## **Parent and Baby Unit**

Over the course of this reporting period, civil and landscaping works are underway. Commissioning is 85% complete. The final finishes are at 90% complete. Furniture, Fixtures and Equipment installation is 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. Both of these are nearing completion. Mechanical and sprinkler works for the clean room have commenced, as well as the pass-through installation being completed. 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 occupying their new spaces.
- The project team are continuing to monitor progress on defects and post occupancy management issues

## **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**

The Canterbury Clinical Services Statement has been finalised for submission to the Executive Steering Committee. The revised plan focuses strongly on no-asset and community options as is required by the MoH.

The Planning Unit has coordinated and received comments from the Staff, Clinical Directors and Managers and Senior Executive. The plan has been received very favourably by these stakeholders. The Planning Unit, with the Mental Health service is investigating options for inpatient beds in Canterbury and across the District. This has included undertaking forecasting, scenario modelling and visiting and assessing the approach of similar units in the metro area.

## **Capital Investment Priorities, Asset Management Planning**

Work has commenced in collaboration with the Capital Investment and Engineering to update the Asset strategic planning documents - AMPS and SAMPS.

In addition, the Planning Unit has worked with the CE to identify priorities for the capital investment and to update, refine and revise our Capital Investments Proposals for submission mid-year to the Ministry of Health.

Priorities include:

- Sydney Biomedical Accelerator
- Canterbury Redevelopment
- Concord Stage 2
- RPA Stage 2
- HealthOne's across the District
- Community Residential Mental Health

Primarily the Ministry has requested each of these priorities to include additional options for addressing identified demand/need. A number of the priorities have already been supported for the NSW Health 10-year Capital Investment Strategic Plan.

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

- The Planning Unit has developed and co-ordinated comments on the initial draft documents developed for the Camperdown Structure Plan, including a document on Biotechnology.
- A briefing on the Sydney Biomedical Accelerator was held for the consultants undertaking the Camperdown Structure plan.
- The planning Unit attended a workshop to outline the status of the Structure Plan.

## **SLHD Submission on the Waterloo South Redevelopment Proposal**

The Planning Unit has led the development of a District submission on the Waterloo South (Social Housing Estate) redevelopment proposal. The proposal will deliver approximately 3,012 dwellings, including 847 social housing (28.2% of total dwellings), 227 affordable housing dwellings and 1,938 private dwellings on the site which currently accommodates only social housing.

The District submission suggests 50% of the dwellings should be social or affordable housing and that a proportional increase in Aboriginal housing be supported in recognition of the centrality of housing to wellbeing, and in order to retain the strong cultural and social links on the estate.

The submission indicates that there are concerns about the proposed density and height of the redevelopment and that the space allocated for community infrastructure, including health infrastructure is inadequate.

## **SLHD Long COVID Model of Care**

The Planning Unit has worked with the SLHD Long COVID Steering Committee, chaired by Professor Warwick Britton, to finalise the SLHD Long COVID Model of Care for presentation to the Chief Executive, Clinical Council and Board.

## **RPA Redevelopment and Pathology**

The Planning Unit has worked with NSW Health Pathology to revise and update forecasts for Pathology, both in respect of RPA Stage 1 and RPA Stage 2- particularly focused on the Core Laboratory.

## **Other Plans**

The Planning Unit has been involved in reviewing several other plans across the District.

## **SYDNEY RESEARCH**

### **Camperdown Health Education Research Precinct (CHERP)**

In collaboration with the University of Sydney and Health Infrastructure NSW, Sydney Research have developed a brief for the Chief Executive, Sydney Local Health District, and Executive Dean and Pro Vice-Chancellor (Medicine and Health), University of Sydney that outlines a proposed new governance model for the Camperdown Health Education Research Precinct (CHERP). The proposed model will provide collaborative strategic and operational overview of the Precinct through the establishment of three peak committees and seven working groups with representation from the anchor institutions in CHERP and their partners.

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

The Sydney Research team continues to support Sydney Local Health District (SLHD) in its response to the COVID-19 pandemic 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.

### **Sydney Research Grant Opportunities**

The outcomes of the Sydney Cancer Institute Seed Grant were announced in April 2022. This scheme was established in collaboration between SLHD, the University of Sydney and Chris O'Brien Lifehouse, and seeks to support research in the areas of cancer diagnosis, prevention, treatment or care.

# Board Report

The following twelve (12) projects were successfully awarded funding under this Scheme following endorsement from Dr Teresa Anderson AM, Chief Executive, Sydney Local Health District, Prof Robyn Ward AM, Executive Dean and Pro Vice-Chancellor (Medicine and Health), University of Sydney, Prof Michael Boyer, Chief Medical Officer, Chris O'Brien Lifehouse, and Adj A/Prof Vicki Taylor, Executive Director, Camperdown Health, Education and Research Precinct (CHERP) and Sydney Research, Sydney Local Health District.

<b>Applicant Name</b>	<b>Current Position</b>	<b>Amount Funded</b>	<b>Project Title</b>
Alison PEARCE	Senior Lecturer, Health Economics, USYD	\$16,980	Artificial intelligence (AI) to enhance breast cancer screening: Women's preferences and uptake
Ann KWAN	Senior Research Fellow, USYD	\$25,000	An engineered protein coating for improved bone implants
Yu Heng LAU	Senior Lecturer and Research Fellow, USYD	\$25,000	Nanoparticle-based delivery of potent cyclic peptides for the treatment of adolescent osteosarcoma
Dannel YEO	Postdoctoral Fellow, USYD	\$25,000	Improving Small Cell Lung Cancer Patient Management using Circulating Tumour Cells
Emma CHARTERS	Senior Speech Pathologist	\$25,000	MDPS: A Novel Process for Transferring Medical Device Manufacturing Technology Across the Health Industry
Kimberley ALEXANDER	Head, Brain Cancer Research	\$25,000	A 'liquid gold biopsy' for brain cancer?
Marion DIMIGEN	Lead Research Staff Specialist, Radiology, RPA	\$24,820	ENHANCE: Enhanced diagnostic efficacy in breast radiology via artificial intelligence education
Phuong D (Yun) TRIEU	Research Fellow (BREAST), USYD		
Laura CASTASELLI	Research Scientist, Cell and Molecular Therapies, SLHD	\$25,000	Preclinical trial in pigs testing the feasibility and safety of CAR T cell delivery directly into the pancreas and liver
Robin HILL	Head of Research and Education, Radiation Oncology, COBL	\$25,000	Point-of-care development of personalised 3D printed boli for radiotherapy patients
Susannah HALLAL	Postdoctoral Researcher, COBL Honorary Research Officer, RPA Neuropathology	\$25,000	Characterising the extracellular vesicle 'surfaceome' for the development of glioblastoma blood tests
Tracy KING	Clinical Nurse Consultant, Multiple Myeloma, RPA	\$24,812	Personalised Care for older People with Multiple Myeloma

# Board Report



Yao WANG	Postdoctoral Fellow, USYD	\$25,000	Novel synergistic mechanomedicine combining cytoskeletal inhibition and 3D organoid approach to treat ovarian cancer
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Sydney Research are currently working with Prof Michael Buckland and Ms Paula Triggs in reassessing the guidelines for the Tim Trigg Scholarship for Glioblastoma Research Scholarship. Although the opportunity was advertised in February 2022, unfortunately an eligible recipient was not been identified. As opposed to a postgraduate scholarship situated at Brainstorm in RPA, we are considering broadening the opportunity to support any initiatives seeking to investigate the condition of Glioblastoma.

## **PFCC Our Patients Working Group – Consumer and Community Engagement Initiatives**

Adj A/Prof Vicki Taylor continues to jointly lead the PFCC Our People Working Group with Gina Finocchiaro, Director, Workforce and Corporate Operations. Ms Penny Vogelzang continues to participate on the PFCC Our Patients Working Group. A well-received presentation was provided at the most recent PFCC Our Patients Working Group meeting that gave an overview and update on the six initiatives developed by the prior PFCC Research Working Group. With oversight from Adj A/Prof Vicki Taylor and the Sydney Research team, Dr Karena Conroy and Adj A/Prof Greg Fairbrother are coordinating the following six (6) active initiatives:

### *Initiative 1- Measuring Involvement*

A sub-group comprising of consumer representatives and members from the SLHD Research and Sydney Research teams developed key parameters for the state-wide Research Ethics Governance Information System (REGIS) to effectively measure consumer involvement in the design and conduct of research. The drafted parameters and a mock report identifying key reporting outcomes for clinical research centres have been developed by the sub-group and are currently under review by a state-wide REGIS User Group as part of the REGIS review project led by OHMR. As of March 2022, the SLHD lead new parameters were featured in the mandatory ethics submission process (REGIS) for all researchers state-wide.

### *Initiative 2 – Attributes of a Consumer-Researcher Partnership*

The purpose of this initiative is to provide case examples of best practice that would be valuable for both researchers and consumers interested in being involved in research. A sub-group involving SLHD Researchers and consumer representatives have been developed a research proposal outlining the key research questions and methodologies to examine an effective consumer-researcher relationship in the design, conduct and implementation of research. The SLHD study investigating consumers as partners in research received ethics approval on 13 April 2022, and is on track to receiving Governance approval in the coming weeks.

### *Initiative 3 – Organisational Support Structures*

Sydney Research, A/Prof Fairbrother and Dr Conroy in collaboration with the Consumer and Community Participation team have established a District Research Consumer Reference Group. SLHD Research Consumer Reference Group re-convened this year on Monday 11 April 2022 and will be held bi-monthly to support consumer involvement in research within the district. With the support of the SLHD Research Consumer Reference Group, a new policy for consumer involvement is being developed.

### *Initiative 4 – Establish Training Opportunities*

Sydney Research and Dr Conroy have identified and reviewed existing training opportunities to determine the best training resources and identify the gaps with the final purpose of providing confidence-building and supportive training, which will ensure consumers can provide input into research and the involvement of community members.

## *Initiative 5 - Information Source*

The Sydney Research team have developed a quarterly newsletter titled 'Consumers in Research', which will provide SLHD clinical departments and research teams with information on the latest initiatives, tool and events on consumer and community involvement in clinical trials and research. The next edition of the Consumers in Research Newsletter will be published on 2 May 2022. Dr Conroy and Sydney Research are in the process of developing a webpage for the Sydney Research website, which will centralise the tools and resources available and raise awareness of existing initiatives on consumer involvement in research for use by researchers across and within SLHD.

## *Initiative 6 – Awareness Campaign*

Sydney Research and the SLHD Research Consumer Reference Group intend to share the outcomes of the initiatives and invite more community members to join. The outcomes of the initiatives will highlight the value of community involvement in research.

## **NSW OHMR – Embedding Quality Research Steering Committee**

### *Research Governance*

The EQR Research Governance Project is progressing well and within the agreed timelines. NSW OHMR is in the process of finalising the arrangements for engaging an expert consultant to produce a state-wide Research Governance Framework (the Framework) in consultation with all relevant stakeholders. It is anticipated that the resulting Research Governance Framework will be piloted at two NSW Public Health Organisations prior to a state-wide implementation to ensure its feasibility and appropriateness. Ms Asra Gholami, Project Manager (Embedding Quality Research), Sydney Research continues to manage this initiative. Ms Gholami will return to the Sydney Children's Hospitals Network from 2<sup>nd</sup> of May 2022 on a part-time basis at 0.6 FTE and remain in the 'Project Manager (Embedding Quality Research)' position at 0.2 FTE supporting the Research Governance Project.

Ms Gholami is representing NSW Health at the national Site-Specific Assessment (SSA) Expert Reference Group coordinated by the Australian Commission on Safety and Quality in Health Care (the Commission) to define minimum SSA requirements and workflows for a single national SSA that will be incorporated within the National One Stop Shop. Additionally, Ms Gholami will present an update on the EQR Research Governance Project to the NSW Research Governance workforce at the next biannual Research Ethics and Governance Roundtable organised by NSW OHMR on Friday, 29th of April 2022.

### *Marlow Hampshire Health and Biomedical Research Leader Development Program*

Following the successful pilot in 2020, Sydney Local Health District will be hosting another round of the Marlow Hampshire Health and Biomedical Research Leadership Development program in 2022. The program had been an initiative of the EQR Steering Committee to provide targeted support for early to mid-career researchers and is designed to provide participants with the knowledge and skills required to become productive and effective leaders and members of research teams.

Applications are open to individuals affiliated with a NSW Public Health Organisation and will close on Friday 6 May 2022. The program will run over four days including 20 June, 21 June, 25 July and 26 July 2022.

## **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 Prof Meg Jardine, Director, NHMRC Clinical Trials Centre 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.

Prof Jardine presented a project proposal in late March 2022 to the Alliance Think Tank, which outlined the project phases, intentions and funding commitments required from NSW Health, SLHD, NSLHD and the University of Sydney. The Think Tank 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 Wilcox, 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 the University of Sydney and Health Infrastructure NSW, Sydney Research continues to lead the planning for the Sydney Biomedical Accelerator complex (SBA), a new world-class biomedical innovation precinct spanning across four physically connected but distinct buildings on the SLHD and the University campuses.

In March 2022, a Strategic Business Case for the SBA had been submitted to the NSW Health Secretary and NSW Minister for Health. The purpose of this Business Case was to explain the SBA opportunity, articulate its benefits for the state, Australia and beyond, and seek a \$125 million co-investment from the NSW Government for establishing SBA Building B on the RPA Campus. SLHD have committed to \$25 million investment and the refurbishment of SBA Building A (Gloucester House). The University Senate have also committed \$200 million for the creation of SBA Building C, and are currently exploring future expansion opportunities on the west campus (SBA Building D). The outcome of this Business Case is expected in June as part of the 2022 NSW Budget announcement.

The design competition process for the SBA was launched on 1 April 2022, where three architectural firms have been asked to deliver a concept design for SBA Buildings B, C and D. These competitors were provided a tour of the proposed site, RPA Hospital and the Susan Wakil Health Building on 7 April 2022. There will also be a series of interactive workshops held over late April and early May to answer any queries of the competitors, with the proposed designs to be submitted to Health Infrastructure on 20 May 2022. These designs will be presented to the Competition Jury on 14 June 2022, which consists of the Chief Executive, SLHD, Chief Executive, Health Infrastructure, and a senior representative from the University of Sydney (to be determined).

The SBA Communications and Engagement Working Group has been established to assist with coordinating a collaborative strategic communications approach for the SBA initiative between representatives from SLHD, the University and Health Infrastructure NSW. The recent meeting was held on 14 April 2022 with Ms Prue Tarmizi, Communication and Engagement Manager, RPA Redevelopment, Health Infrastructure NSW providing a presentation on the NSW Gateway Review process and the consultation and communications requirements as part of this process. There was discussion on coordinating key announcements relating to the SBA, including the design competition, committed funding and the University of Sydney's donor announcement. The University of Sydney and Sydney Research are also in the process of jointly developing a social media and content strategy for the SBA, which includes the establishment of social media platforms for the project.

### **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

# Board Report

members of the SHP Board, A/Prof Taylor also represents SLHD in the newly established SHP Research Development Committee.

## *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.
- A meeting between Sydney Research and the Chair of CTAP, Prof John Simes was held in late March 2022 to ensure alignment with the initiatives of the Embedding Quality Research Steering Committee, Clinical Trial Management System and Clinical Trial Alliance
- Ms Asra Gholami, Program Manager for the EQR Research Governance initiative has been invited to join the CTAP. CTAP aim to support growth of clinical trials within SHP, including streamlined research ethics and governance processes with the most recent projects finalised (creation of resources for researchers conducting clinical trials). The panel will spend the next few meetings focusing on new directions and initiatives.

## **Franklin Women Mentoring Program**

The Franklin Women Mentoring Program is a cross-organisational and structured 6-month program, which aims to support high-potential women in health and medical research careers progress into leadership positions. The Chief Executive has approved the District's continued participation in the program with the nomination of five (5) mentor-mentee pairs as detailed below.

A prior mentee nominated by SLHD, Dr Sarah Aitken, has become the Chair of a newly established Clinical Academic Group (CAG) under Sydney Health Partners (SHP) focussing on perioperative care. Following her involvement, Dr Aitken has nominated a mentor-mentee pair from the CAG to participate in the 2022 Franklin Women Mentoring Program under SLHD, which will further contribute to building capacity and capability in perioperative and surgical research within the District and across the SHP partnership.

1. Dr Nicole Phillips, Director, Medical Services, CRGH (Sydney Health Partners Perioperative CAG)	1. Dr Amy Lawrence, Anaesthetist, CRGH (Sydney Health Partners Perioperative CAG)
2. Prof Belinda Kiely, Medical Oncologist and Clinical Research Fellow, SLHD	2. Elizabeth Newman, Nurse Practitioner, Bone Marrow, Transplant and Apheresis, CRGH
3. Prof Matthew Rickard, A/Prof of Colorectal Surgery, SLHD and USYD	3. Jane Turner, Senior Exercise Physiologist, CRGH
4. A/Prof Michelle Barakat-Johnson, Skin Integrity Lead, SLHD	4. Dr Jennifer Barraclough, Interventional Cardiology Fellow, RPA
5. Dr Kate McBride, Director, RPA Institute of Academic Surgery	5. Jessica Appleton, Research Manager, Tresilian

Dr Teresa Anderson AM has been invited to participate as a panel member for a Franklin Women event focussed on commercialisation in health and the importance of engaging women in the journey. Dr Anderson AM will share why she is setting a culture of innovation within the SLHD, investing in the skill development of their staff but also building infrastructure to support the translation of bold ideas into improvements in healthcare and ultimately health outcomes. The event will be held in person at Fishburners on 11 May 2022

## **CTMS Working Group**

The SLHD Clinical Trials Management System (CTMS) Working Group held its first meeting on 12 April 2022 chaired by Professor David Cook, SLHD Clinical Trials Development, Support and Governance Lead. The purpose of this meeting is to support the upcoming implementation of the CTMS at SLHD in Q3 2022.



During this initial meeting, Ms Shelley Burnett, Principal Project Officer for the NSW Health Statewide CTMS Project, provided an overview of the CTMS which maintains and manages planning, performing and reporting functions, along with participant contact information, and tracks deadlines and milestones relating to clinical trial operations. The CTMS aims to replace electronic and hard copy user-related documents for clinical trial management and will not replace electronic case report forms, databases or sponsor portals.

## **Innovation Week**

After two years deferment and in celebration of its 10<sup>th</sup> year, the SLHD Innovation Week will be back and bigger than ever between 30 May and 2 June 2022. Sydney Research have been working closely with the SLHD Research and Strategic Relations and Communications teams in planning the award events on Thursday 2 June 2022 – including the Clinical Trials Showcase, Sydney Research Awards and Scholarships, and the Big Idea.

We are excited to share that Ms Bernie Hobbs has been confirmed as the Master of Ceremonies for these events. Ms Hobbs has a strong background as a researcher, in advocating for medical research and innovation, and experience in hosting high-profile events such as the 2019 Medical Device Future Fund, the Prime Minister's Prizes for Science, and the Australian Society of Medical Research.

Applications are now open for the nine (9) awards and scholarships on offer across these three events, which includes:

- The Big Idea Award
- The Big Idea – People's Choice Award
- Excellence in Clinical Trial Support Award
- Clinical Trial of the Year Award
- Annual Health Research Infrastructure Award
- Clinician Researcher Scholarship
- Health Informatics Researcher Scholarship
- Research Supervisor Award
- Young Research Awards.

Applications can be completed virtually via the Sydney Research website (or SLHD Research Intranet for the Clinical Trials awards) with a deadline of Friday 6 May 2022. All partnering organisations of Sydney Research are eligible to apply for the Sydney Research Awards and Scholarships, and the Big Idea.

## **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:

- Sydney Health Partners Board
- Meeting with Stryker and the University of Technology Sydney to discuss future collaboration opportunities in surgical training.
- Social Media Steering Committee
- WCX Dive Site Market Sounding Exercise
- ANZAC Research Institute Transition Working Group
- RPA Redevelopment Research Working Group
- SLHD Clinical Trials Steering Committee
- SLHD Innovation Week – Sponsorship Meetings
- RPA Western Campus Master Plan Discussions
- Meeting with Annie Parker regarding Tech Central Precinct Planning
- Internal Precincts Coordination Group
- Meetings with Industry Partners as part of the SBA Market Sounding
- Cicada Innovations Camperdown Program Discussions

# Board Report



- Spark Festival Event at the Centenary Institute 'Here's what I've been up to?'
- Presentation to a Korean Delegation visiting Camperdown
- NSW Health Innovation Prospectus Discussion

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 1,147 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 140 subscribers.
- @SydneyResearch currently has 1,265 followers on Twitter
- Sydney Research LinkedIn was established one month ago and has accrued 297 followers to date.

A handwritten signature in black ink, appearing to read 'Teresa Anderson'.

Dr Teresa Anderson AM

**Chief Executive**

Date: 16.8.22 .