
Sydney Local Health District

Meeting One Hundred and Twenty Three of the Board

Date: Monday 20 June 2022
Time: 9.30am - 11.30am
Venue: Auditorium Centre for Education and Workforce Development / Zoom
Chair: The Hon. John Ajaka, Chair

1. Present and apologies

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

Mr John McGee, Member
Dr Alicja Smiech, Chair, Medical Staff Executive Council

In attendance

Dr Andrew Hallahan, Executive Director of Medical Services and Clinical Governance and Risk
Ms Nerida Bransby, Secretariat
Mr James Sheather, GHMP Trainee
Ms Emma Shaw, GHMP Trainee

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 three of the Sydney Local Health District (SLHD) Board.

Presentation: SLHD Falls Strategy 2022 – 2025

Dr Hallahan presented on the SLHD Falls Strategy 2022 – 2025 including:

- Acknowledgment of Country
- Why we formulated a new Falls Prevention Strategy?
- Falls trend over time – Falls by count per month from July 2019 – March 2022.
- Our Falls Prevention Strategy reflects best practice in improvement science.
- Delivering the Strategy – building blocks.
- Focused clinical practice improvement areas are evidence based.
- Key aims.
- Monitor fall trends overtime.
- Roll-out.

Following the presentation the Board discussed:

- Contributing factors - monitored through our Comprehensive Care Program.
- Look at both raw number of falls and rate numbers per separation. Numbers are local and site specific.
- Contributing factors could be cessation of visitors and not having family around the bedside.

The Board congratulated Andrew and the team on this important research designed to further reduce falls and will look forward to seeing further reports about this.

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.

A copy of the register is to be forwarded to the Board Members when updates are received.

4. Confirmation of previous minutes

4.1 Minutes of the previous meeting held 16 May 2022

The Minutes of the meeting held on 16 May 2022 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – May 2022

The Chair declared that the CE Report for May 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 now on the agenda at 12.8. This agenda item can be removed from the action sheet.
- Further meetings have been held concerning the Enforceable Undertakings and have been very positive. The Panel will meet and review next month.
- Cyber security threats is on the Risk Committee and Cyber Security Committee. There is a high increased level of vigilance. This agenda item can be removed from the action sheet.
- The Drug Health Funding referred to in the report is now removed. This agenda item can be removed from the action sheet.
- A report on COVID Roles and Impacts by the Health Equity Research and Development Unit has been provided to the Board for discussion at the Planning afternoon. This agenda item can be removed from the action sheet.
- The Contracts Implementation Steering Committee minutes are now on the agenda at 12.11. This agenda item can be removed from the action sheet.
- A letter has been sent to the Secretary re performance. This agenda item can be removed from the action sheet.

5.2 Risk Statement For Climate Change

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

6. Patient Story

The Chief Executive provided a verbal report on the positive feedback from a patient of RPA Virtual Hospital.

7. Standing Items

7.1 Acronyms List

The Board received and noted this list.

7.2 Financial Classification Codes

The Board received and noted this list.

7.3 Board Calendar 2022

The Board received and noted the Board Calendar for 2022.

8. Chair's Report

The Chair provided a verbal update on discussions with the MoH re Elective Surgery.

9. Chief Executive's report

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

- COVID-19 information updates.
 - Ongoing challenges with COVID – Patients coming in for surgery, asymptomatic and testing positive
 - Continuing presence of COVID and the impact on assumptions/plans for the return to business
 - The SHA is moving to the Atlas Apartments
 - Reduction of Surgery at RPAH
 - The District has an operational role for the cruise ships coming into White Bay.
- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- The District has strong collaborations with Far West Local Health District.
- The District has returned to 100% capacity at Canterbury Hospital and Concord Repatriation General Hospital; however, there are ongoing challenges at Royal Prince Alfred Hospital in relation to elective surgery due to continued COVID-19 activity and bed capacity constraints.
- SLHD will be the pilot site for e-referral for surgery.
- Innovations Week was very successful and included:
 - Opening Cultural Garden at Canterbury Hospital
 - Patient and Family Experience
 - Women's Breakfast
 - Official Opening
 - Research Awards
 - The Pitch

Feedback from the Symposium has been very positive and the District should be congratulated on a very successful week.

- Feedback from the ACHS Survey at Canterbury Hospital has been very positive with good governance and Board connection.
- Sydney Research is progressing well.
- Funding for the new Biomedical Accelerator was announced last Friday. The Chief Executive thanked the Board for their support as it will make a huge difference to patient outcomes, researchers and the people of NSW. The District should be congratulated. on this project.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – April 2022

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

9.1.2 Selected Performance Indicators – April 2021

The Board received, read and noted this report.

Minutes

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 January to March 2022 was not available.

9.1.5 HAC Committee Report

The Board received, read and noted this report, in particular:

- The comments in the report were very helpful.
- The respiratory complications were less favourable than the State across the past year, work is continuing to improve system issues and workforce skills relating to respiratory complications.
- There is a dedicated pharmacist at Concord Hospital with outreach to Canterbury Hospital and at RPA Hospital to focus on medication complications.

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. The Chief Executive advised the Board of the appointment of Mr Jon Gowdy, Executive Director, Capital Infrastructure and Engineering.

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board received, read noted the report for the period January 2022 - March 2022.

(ii) Infection Prevention and Control

The Board received, read and noted this report.

(ii) SLHD Risk Register

The Board received, read and noted this report. There were no new identified risks added to the register.

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 – April 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. Community Health will undergo Accreditation in late July 2022.

(iv) Concord Hospital

The Board received, read and noted the Concord Hospital facility report. Concord Hospital will undergo Accreditation in the first week of July 2022.

(v) Drug Health Services

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

(vi) Mental Health Services

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

(vii) Oral Health Services and Sydney Dental Hospital

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

(viii) Population Health

The Board received, read and noted the report.

(ix) Royal Prince Alfred Hospital

The Board received, read and noted the Royal Prince Alfred Hospital facility report. Interviews for the General Manager position at RPAH have been held and will be announced soon. The Chief Executive thanked Emeritus Professor Michael Hensley for his outstanding effort in Acting General Manager.

(x) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report. The District, with the support of the MoH has placed a submission to the Commonwealth for on-going funding for RPA Virtual.

(xi) SLHD Special Health Accommodation

The Board received, read and noted this report.

(xii) Tresillian

The Board received, read and noted the Tresillian report.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

(xiv) Public Health Unit

The Board received, read and noted this report.

(xv) Health Equity Research and Development Unit (HERDU)

The Board received, read and noted this report.

(xvi) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report.

10. Matters for approval / resolution

Nil to report.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

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

11.2 Education and Research Committee

The Board noted the minutes were not available.

Minutes

11.3 Strategic Communication and Partnerships Committee
(Previous Communications Committee)

The Board received, read and noted the minutes of the meeting 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 25 May 2022.

11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting 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 meeting held on 1 June 2022 was cancelled.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 26 July 2022.

11.10 Organ Donation for Transplant – Quarterly Report
(April 2022 – June 2022)

The Board noted the report for the period April 2022 – June 2022 is due in August 2022.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 17 May 2022.

12.2 Medical and Dental Appointments Advisory Committee

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

12.3 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 20 April 2022.

12.4 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 18 May 2022.

Minutes

12.5 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held on 24 May 2022. The MoH have advised the Transplant Unit will not be transferred as noted in the minutes.

12.6 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted minutes of the meeting held on 10 May 2022. The Committee discussed the importance of clinician input when purchasing some equipment to ensure it is fit for purpose.

12.7 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 17 May 2022. The Board supported the postponement of the Yaralla Festival until next year due to competing priorities.

12.8 Concord Forensic Mental Health Executive Steering Committee

The Board received, read and the minutes of the meeting held on 20 April 2022.

12.9 RPAH Redevelopment Executive Steering Committee

The Board noted the meeting held on 20 April 2022 was cancelled.

12.10 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 17 May 2022.

12.11 Contracts Implementation Committee

The Board received, read and noted the minutes of the meeting held on 2 May 2022.

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

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

13. Matters for noting

Nil to Report

14. Other Business

14.1 Creating a local Aboriginal Knowledge and Cultural Centre - Post Office Site at Redfern

Community consultation was held 7 March 2022 - 9 May 2022 on the future use of the site. Dr Anderson agreed to write to Council in support of this use of the site.

15. Next Meeting

The next meeting will be held on Monday 18 July 2022 at 9.00am in the SLHD Boardroom.

The meeting closed at 11.30am

The Board / District Executive planning day followed the Board Meeting.


Chair

18.07.22
Date

Board Report

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

COVID-19 UPDATE

SLHD

- Central coordination of COVID-19 activities have continued through the SLHD Emergency Operations Centre (EOC), central coordination of supply and ordering of PPE, and other equipment.
- Special Flying Squad Teams continue to support community testing, Special Health Accommodation and other sites including Residential Aged Care Facilities.
- Mobile Vaccination Clinic continues to provide COVID-19 vaccinations to vulnerable communities.
- 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 maintain ICU capacity at RPA, Concord, CCMH, PMBC and Canterbury Hospitals to manage demand of COVID-19 positive patients.
- Continued to maintain 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 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 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 – (ceased operations end of April 2022)
- Redfern (Koori) Clinic – (ceased operations end of April 2022)
- TCH Vaccination Clinic – (ceased operations end of April 2022)
- 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 Cultural Support Team continues to provide assistance to aboriginal families who have been affected by COVID-19

The Paediatric Vaccination Program for children 5-11 years has continued.

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

The Meriton Suites Zetland lease was extended for a further three months until 1 August 2022. The extension will provide capacity to continue to provide an isolation option for those who need it during the winter period. This will help alleviate the pressure on hospitals by providing a mechanism to control transmission through vulnerable communities such as boarding occupants. The make-good works have been placed on a revised schedule to meet the new lease end date of 1 August 2022. The works are continuing to ensure handover can occur on time.

On 30 April 2022 the Public Health (COVID-19 Air and Maritime Arrivals) Order (No 1) 2022 was updated to no longer require unvaccinated international return travellers to undertake hotel quarantine. This means the SHA now only accommodates community referred patients. In April 2022 there were 245 patient admissions with a shorter length of stay resulting in lower occupancy for the month.

A taskforce comprised of representatives from rpavirtual, the Institute for Academic Surgery and SHA started to develop a potential model of stepdown care for surgical patients from RPA to support early discharge – particularly for regional and rural patients. This model will be located in the Atlas Property close to RPA and will hopefully avoid these patients staying in an acute bed for 2-3 days longer than local patients. These patients often stay longer so that the team is certain they are safe to return home given the greater distance from the hospital.

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 and activity across the District to pre-COVID-19 levels, 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 April 2022.

Board Report

There was an increase in the number of Mental Health Readmissions within 28 days for the month of February 2022 to 14.4% compared to same time last year. YTD February there has been a slight increase in readmissions to 15.8% when compared to 15.7% YTD February 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 4.4% for the month of March 2022 and 4.7% YTD March 2022, which is below the State average of 5.3% for the month and 5.4% YTD March 2022. Unplanned Emergency Representations (same ED within 48 hours) were 4.3% for the month of April 2022 and 4.4% YTD April 2022, which is below the State average of 4.4% for the month, and in line with the state average of 4.4% for YTD April 2022.

The District remains below the target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 0.4 per 10,000 bed days for the month of March 2022. Despite there being 0 Central Line Associated Bloodstream (CLAB) infections reported in March 2022, The District remains vigilant with ongoing education and training in Infection Prevention and Control (IPC) strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continuing.

A previously indicated, 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. This has enabled the District to deploy IPC facilitators to high risk clinical streams across the District. The Infection Prevention Taskforce has been meeting and is working 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 Hospital Acquired Complications (HACs), under performing in relation to Hospital Acquired Renal Failure; and not performing in relation to Fall Related Injuries in Hospital, Hospital Acquired Respiratory Complications, Hospital Acquired Venous Thromboembolism, Hospital Acquired Endocrine Complications and Hospital Acquired Delirium.

The rate of Hospital Acquired Renal Failure was 3.6 per 10,000 episodes, which is above the target of 3.4 for the 12 month rolling period of March 2021 – February 2022. The instances of Hospital Acquired Renal Failure did not change during the period, when compared to the previous 12 month rolling period. The rate of Fall Related Injuries in Hospital was 7.5 per 10,000 episodes, which is above the target of 5.7 for the 12 month rolling period of March 2021 – February 2022. The instances of Fall Related Injuries increased by 6 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Respiratory Complications was 40.2 per 10,000 episodes, which is above the target of 38.7 for the 12 month rolling period of March 2021 – February 2022. The instances of Hospital Acquired Respiratory Complications increased by 83 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Venous Thromboembolism (VTE) was 13.3 per 10,000 episodes, which is above the target of 11.0 for the 12 month rolling period of March 2021– February 2022. The instances of Hospital Acquired Venous Thromboembolism increased by 56 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Endocrine Complications was 41.3 per 10,000 episodes, which is above the target of 29.7 for the 12 month rolling period of March 2021 – February 2022. The instances of Hospital Acquired Endocrine Complications increased by 17 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Delirium was 61.6 per 10,000 episodes, which is above the target of 55.1 for the 12 month rolling period of March 2021 – February 2022. The instances of Hospital Acquired Delirium increased by 85 during the period, when compared to the previous 12 month rolling period.

The District remains focused on improving its performance in relation to all HACs, with facilities/services providing monthly updates to their HAC Action Plans. The SLHD HAC Steering Committee continues

Board Report

to meet with the District HAC Operational Coordinators and Clinical Leads for each of the HACs supporting facilities and services in the development of strategies to reduce HACs District wide. Deep dives into strategies for specific HACs are provided to the Clinical Quality Council.

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. It is pleasing that in April 2022 despite ongoing furloughed staff that premium staff usage has decreased by 0.27 for Medical staff, decreased by 1.07 for Allied Health staff and decreased by 5.13 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 the activity associated with COVID-19 in our Emergency Departments, COVID-19 wards and Intensive Care Units that is continuing to occur, while recovering Business as usual. 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. Recruitment against winter strategies is progressing.

Activity

Significant pressure has continued to be placed on all hospitals in the District with the continued 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 returned to 100% capacity in relation to elective surgery and outpatient clinics across the District. Progress is being monitored closely however there are significant challenges at most hospitals given the continued COVID-19 demand.

There has been a decrease of 14.64% in the number of separations (12,115) for the month of April 2022 when compared to the same period last year (14,193), which is consistent with last month. YTD April 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 April 2022, the District's occupancy rate decreased by 7.17% to 82.00% when compared to the 89.17% reported in April 2021, which again is consistent with last month.

There were 15,130 attendances to the District's Emergency Departments in April 2022, which is a 2.62% increase from 14,744 in April 2021. YTD April Emergency Department attendances have decreased by 0.46% to 134,282 when compared to the same period last year (134,904). For the month of April 2022, case weighted attendances have decreased by 0.91% 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 4.83% decrease in ETP in the month of April 2022 to 60.51% when compared to the same period last year. This relates to the increase in ED presentations compared to the same time last year. YTD April ETP decreased by 5.32% to 62.72% 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 April at 31.89%, which is a 9.77% decrease on the same period in the previous year.

Board Report

Transfer of Care

The District performed slightly below target (90%) for transfer of care (TOC) in April 2022, with 84.45% of all patients transferred from ambulance to our emergency departments in 30 minutes or less, which is a slight improvement on last month. (81.59%). TOC continues to be impacted by the significant 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. Continued monitoring of this is occurring, with TOC a regular discussion point at the District's daily ETP meeting.

ED Triage

The District achieved triage Categories 1, 4 and 5 targets for the month of April. Triage Category 2 performance is below the target at 87.64% (target 95%). Triage Category 3 performance is below the revised target at 79.87% (target 85%). Triage time has been impacted by the increase in COVID-19 patients and COVID-19 pathway patients as discussed above.

Elective Surgery

The District has returned to 100% capacity at Canterbury Hospital and Concord Repatriation General Hospital; however, there are ongoing challenges at Royal Prince Alfred Hospital in relation to elective surgery due to continued COVID-19 activity and bed capacity constraints. There were 705 less elective surgeries performed in SLHD facilities in April 2022 when compared to the same period in the previous year, representing a decrease of 30.80% (excluding Collaborative Care surgery). In partnership with Collaborative Care arrangements the District is working towards reducing the surgical backlog and increasing capacity to complete deferred cases on the waiting list.

For the month of April 2022, 100% of Category A, 76.90% of Category B, and 83.77% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD April surgical patients not ready for care increased by 14.31% (157) when compared to the same period last year. The reason for this is being investigated.

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

Facility	Actual FYTD Apr 2021/22 (Cases)	Actual FYTD Apr 2020/21 (Cases)
CANT	506	13
CRGH	1251	179
IRO	127	6
RPAH	3316	2280
SLHD Total	5200	2478

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.

Board Report

Emergency Surgery

There were 218 less emergency surgeries performed in the month of April 2022 when compared to the same month last year, representing a 15.83% decrease which is positive. This appears to be due to the increase in elective surgery being performed..

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 11.32% when compared to the same period last year, which is an improvement on last month (21.9%). There has also been an increase in virtual health care provided through the RPA Virtual Hospital.

RPA Virtual (April 2022 YTD)

Since the beginning of the COVID-19 pandemic, virtual care services have been established across NSW Health to continue to provide support for patients and clinicians. Program to include the formal presentation of the respective Aboriginal artworks to each Local Health District.

Far West Local Health District (FWLHD) has strong collaborations with Sydney Local Health District (SLHD). There are well-established quaternary referral networks between the intensive care units between Broken Hill Base Hospital and Royal Prince Alfred Hospital (RPA). Royal Prince Alfred Hospital (RPA) Intensive care unit is the default referral site for Broken Hill Base Hospital if there is no capacity for transfer within Royal Adelaide Hospital. SLHD and FWLHD have collaborated and developed an innovative virtual ICU Model of Care known as vICU. vICU is a technology enabled care model that provides an additional layer of critical care services allowing remote surveillance and continuous monitoring of multiple critically ill patients remotely. The collaboration utilises the clinical expertise within the RPA intensive care unit and the support from rpavirtual to provide additional guidance and support to remote intensive care units to assist in the management of appropriate patients in their rural Health District. This also allows timely transfer of deteriorating patients to a quaternary ICU or expedited discharge with additional support to manage patients within FWLHD. The vICU service was officially launched on 20 April 2022.

Intensive planning work has continued this month on other new virtual models of care including: Emergency Department to Community (case management for those presenting to ED > 10 times in 12 months); Virtual Trauma; Virtual Urgent Care and iCAD.

Clinical Activity	Target	This Month	3 Month Avg	FYTD	Prev YTD
Clinical Care Service Events	4,490	4,319	4,581	36,898	34,396
COVID-19 Service events	-	3,257	6,528	78,962	31,122
SDN Face to Face	-	1,885	1,948	16,529	21,013
SDN Video Consult	-	25	301	356	7
SDN Phone	-	1,040	1,124	8,442	8,617
Virtual Care Centre Phone	-	99	94.67	779	482
Virtual Care Centre Video Consult	-	1,240	1,355	10,574	2,351

Board Report



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 3.61% variance for YTD April, excluding Dental and Sub-Acute and not accounting for the large number of uncoded episodes.

Stream	Target	Actual	Variation	Variation %
Acute*	138,323	117,095	-21,227	-15.35%
ED	20,371	18,588	-1,784	-8.76%
NAP**	38,683	71,227	32,544	84.13%
SNAP^				
MH Admit^	15,937	14,472	-1,465	-9.19%
MH NAP^^	9,096	9,057	-39	-0.43%
Total	222,409	230,440	8,029	3.61%
Dental DWAU	52,193	30,693	-21,500	-41.19%
Dental NWAU#	6,553	3,854	-2,700	-41.19%
Total (NWAU)	228,962	234,293	5,330	2.33%

* 1,266 uncoded episodes

** Inclusive of COVID clinics and the Special Health Accommodation

*** SNAP currently unavailable

^ 142 uncoded

^^ MH NAP is YTD March

NWAU=589/4691*DWAU

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

SLHD REVENUE COMMITTEE

Private Health Insurance Usage

For the month of April 2022 15.73% (1,793 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 441 (19.74%) patients who elected to use their private insurance compared to the same period last year and a decrease of 204 (10.22%) in total separations from previous month. This reflects the impact of COVID and collaborative care arrangements which have increased the proportion of public patients within the public hospitals.

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

- RPAH – a decrease of 236 (20.59%) private patients.
- Concord – a decrease of 152 (16.63%) private patients.
- Canterbury Hospital – a decrease of 26 (20.15%) private patients.
- IRO – a decrease from 34 to 13 private patients.
- Balmain Hospital – a decrease of 6 (54.55%) private patients.

Single Room Usage

For the month of April 2022, 9.32% of patients were flagged as infection control across the District.

For the month, 17% of all available single rooms were occupied by private patients and 36% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting for April 2022 was held over to the May 2022 meeting.
- 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 171 registered users and total \$1.94M has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

The Pitch

- The latest round of the Pitch was held on 3 June 2022, as part of the Sydney Innovation and Research Symposium at the Hyatt Regency.
- The event follows a hybrid approach with some face to face attendance but the ability to also connect via live-stream.
- Applications for submissions to the Pitch closed on the 16 May 2022.

CHR

- Centre for Healthcare Redesign (CHR) Graduate Certificate Program 2022.03 (July intake)
 - Applications to the CHR 2022.03 (July intake) closed on the 13 May 2022.
 - SLHD has two successful project application submissions to the CHR Graduate Certificate Program as listed below:
 - *HealthPathways Sydney Periodic Review Redesign*: this project aims to provide a sustainable, efficient pathway reviews management process that maintains the clinical accuracy of HealthPathways Sydney content, thereby assisting in the provision of optimal and timely patient care
 - *Meeting Challenges through Collaboration at Balmain Hospital General Practice Casualty*: This project aims to provide an equitable, responsive, integrated, culturally safe and competent model of care within the Balmain Hospital General Practice Casualty.
- GPCanShare Redesign Project
 - The team is progressing with diagnostics and has managed to secure a patient representative for the upcoming process mapping workshops for CRGH and RPA hospitals. The team also worked on the feedback provided by ACI on their project management plan and has submitted their final report to UTAS for assessment and marking.

Other Projects

- Hands Up Project (RPA Hand Clinic)
 - Solutions Statements are currently being review by the project lead.
 - Implementation of quick wins for the project are being prioritised.
 - The process of reengaging with stakeholders has commenced.

- RPA Virtual Hospital/SDN Demand Management Strategy Redesign
 - The redesign team is providing coaching and project guidance to this redesign project.
 - The project aims to evaluate the effectiveness of the Sydney District Nursing demand management strategies and implement endorsed solutions to address any identified gaps.
 - The project management plan is in the stages of being finalised.
 - The project team are exploring key data and process measures to capture the current situation within the Diagnostic Phase of the project.
- RPAH Transfer of Care Project – ‘Good to Go, Discharge by 10 and 2’
 - The good to go project team met with the RPA medical stakeholders to discuss the solutions that have been developed for implementation. Another meeting is required in order to go through all the solutions and decide which ones will be carried through to implementation phase.
- Diabetes Model of Care Redesign
 - A brief and memo has been drafted for the CE’s approval requiring the GMs to advise on a feasible timeline to progress with the implementation steps (identified in the memo).
 - 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 latest course for 2022 on 30-31 May had reached capacity.
- Due to the high demand, an additional course has been added which is scheduled on 18-19 July 2022.

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, with the Melanoma Institute of Australia
- Andrology
- Wound Care

New content was published relating to the introduction of Safe Script into local Primary care and pharmacies.

COVID-19 Specific Content

Minor changes continue to be made to our suite of COVID-19 specific HealthPathways and resources. New programs of work have commenced to remodel our Post COVID-19 Conditions pathway. The main changes are to reflect the formalisation of services within SLHD for Post COVID-19 Respiratory conditions and the Long COVID-19 Rehabilitation Assessment service due for go live on 20 June 2022. Use of the COVID-19 specific content remains high, particularly the COVID-19 Active Case Management pathway.

Board Report

SLHD e-Referral Project

Service recruitment

The Engage Outpatients pilot at RPAH went live 27 April 2022, which included the introduction of e-Referrals to Fertility, Gynaecology and Maternity. The recent deployment increases SLHD e-Referral availability to 61 Services/ Outpatient Clinics. Work is underway to establish e-Referral processes to Pelvic Mesh and Fetal Medicine at RPAH, and Maternity at Canterbury Hospital.

New e-Referral development work has commenced, including the establishment of a customised e-Referral for Neurosurgery at Concord Hospital. Modifications to e-Referrals to align with requirements from the SLHD PRNIP Compliance Steering Committee, regarding named referrals and Medicare billing, will be prioritised for development.

Service	Deployment	Stage
Engage.Outpatients Program: Fertility, Gynaecology and Maternity – Royal Prince Alfred Hospital	April 2022	Live
Royal Prince Alfred Hospital (5 services)	2022	Design
Virtual Fracture Clinic – rpavirtual	2022	Design
Neurosurgery – Concord Hospital	2022	Design
Hospital in the Home	2022	Design
Endocrinology – Royal Prince Alfred Hospital	2022	Design

Platform development

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

Referrer update:

- 700 referrals received in May 2022
- Total referrals received 4,036
- 85 new referrers have used e-Referral during May 2022, across 34 Practices
- 69% of referrers using HealthLink to refer to SLHD have referred more than once
- A significant increase in use of e-Referrals across all existing services has occurred since the deployment of Fertility, Gynaecology and maternity e-Referral at RPAH

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 30 April 2022 based on the District's budgeted NCoS.

For the period ended 30 April 2022, GF Expenditure was \$6.104M (0.29%) unfavourable to budget. The District has assessed the YTD April 2022 COVID-19 Incremental cost as \$476.030M. The District's unfavourable result for YTD April 2022 was primarily due to COVID-19 Incremental expense of \$4.92M and the delay in budget supplementation for Outsourced Elective Surgery, Clinics and Screening, Pathology testing, Special Health Accommodation, PPE, Cleaning, Contact Tracing and Vaccination Program associated with the standard Treasury reconciliation process.. The District has received the

Board Report

March 2022 COVID-19 Stimulus Budget of \$21.469M in April 2022. Excluding the impact of COVID-19, the District is \$1.173M unfavourable to YTD April 2022 Expense budget.

YTD April 2022 Expenditure increased significantly (by \$238.326M or 12.96%) compared to YTD April 2021 as surgical activity has increased. 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 \$207.686M YTD April 2022. Increase in FTE numbers and the impact of COVID-19 are continuing to be contributing factors.

GF Revenue (including Quarantine Hotel Passenger Fees and Doubtful Debts) was \$3.738M (2.09%) unfavourable to budget for the month and \$5.667M (0.29%) unfavourable to YTD April 2022 budget. The District continues to see unfavourable results in a number of Own Source Revenue categories including Patient Fees, Facility Fees, Car Parking 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 \$52.664M unfavourable to April 2022 GF Revenue budget primarily due to the impact of COVID-19.

The District recognised Quarantine Hotel Passenger Fees of \$71.347M YTD April 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 April 2022 was \$15.306M favourable to budget. For YTD April 2022, the District's NCoS was \$11.771M unfavourable to budget. Excluding the impact of COVID-19 Incremental Expenditure, Quarantine Hotel Passenger Fees and Doubtful Debts, SLHD is \$58.946M 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 April 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)	2,076,859	2,070,755	-6,104	Unfav	
Pending COVID-19 budget supplementation	476,030	471,110	-4,920	Unfav	MoH provides COVID-19 incremental budget one month in arrears
GF Expense (excl COVID-19 impact)	1,600,829	1,599,645	-1,184	Unfav	
Own Source Revenue	-241,004	-222,286	18,717	Fav	
Quarantine Hotel Passenger Fees	-71,347	0	71,347	Fav	
GF Revenue (excl the impact of Quarantine Hotel Passenger Fees)	-169,657	-222,286	-52,629	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)	24,129	642	-23,487	Unfav	
Loss on Sale of Asset	898	0	-898	Unfav	
Doubtful Debts (Quarantine Hotel Passenger Fees)	19,252	0	-19,252	Unfav	
Doubtful Debts & Loss on Sale of Asset (excl the impact of Quarantine Hotel Passenger Fees)	5,774	642	-5,132	Unfav	
NCoS (excl the impact of Quarantine Hotel Passenger Fees)	1,436,946	1,378,000	-58,946	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 \$27M relating to unfavourable results for: Expense (\$12M) related to the management of the COVID-19 response and Doubtful Debts (\$27M) offset by a favourable result for Own Source Revenue (\$12M) 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 \$60M 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 April 2022 was \$19.044M (9.49%) favourable to budget. The result for the month was primarily attributable to favourable results for Goods and Services Expenses (\$25.777M), VMOs (\$1.601M), RMR (\$0.207M) offset by unfavourable results for Employee Related Expenses (\$8.200M) and Grants (\$0.346M).
- YTD April 2022, GF Total Expenditure was \$6.104M unfavourable to budget, primarily reflecting unfavourable results for Overtime (\$28.761M), Annual Leave Provision (\$21.804M), Superannuation (\$19.773M) and RMR (\$0.471M) offset by favourable results for Salaries & Wages (\$29.133M), Goods & Services (\$30.443M) and VMO Payments (\$6.482M). Excluding the impact of COVID-19, the District is \$1.173M unfavourable to YTD April 2022 expense budget.

Revenue

- GF Total Revenue for the month of April 2022 was \$3.738M (2.09%) unfavourable to budget, reflecting the unfavourable results from Patient Fees (\$2.983M), User charges (\$1.422M), Other Sources of Revenue (\$1.045M), Grants and Contributions (\$1.285M) offset by favourable results in Doubtful Debts (\$2.983M).
- YTD April 2022 GF Revenue was \$5.667M (0.29%) unfavourable to budget. This result reflects favourable variance in Quarantine Hotel Passenger Fees (\$71.347M), Pharmacy Sales (\$0.657M) and High Cost Drugs (\$0.075M) offset by unfavourable variances in Grants and Contributions (\$0.651M), Facility Fees (\$4.734M), Prosthesis Income (\$3.332M), Car Park Fees (\$3.393M), Patient Fees (\$23.764M) and Doubtful Debts \$23.487M. 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 \$52.664M unfavourable to April 2022 GF Revenue budget primarily due to the impact of COVID-19.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$6.831M unfavourable to budget for the period of April 2022. This result reflects favourable budget variance for Expenditure (\$0.204M) and unfavourable for Revenue (\$7.036M).

Board Report

CONSOLIDATED RESULT

For the period ended 30 April 2022, the consolidated YTD NCoS result for the General Fund and SP&T was \$18.603M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$5.900M), Doubtful Debts (\$23.487M), Loss on Sale of Asset (\$0.898M) and favourable variances for Own Source Revenue (\$11.682M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

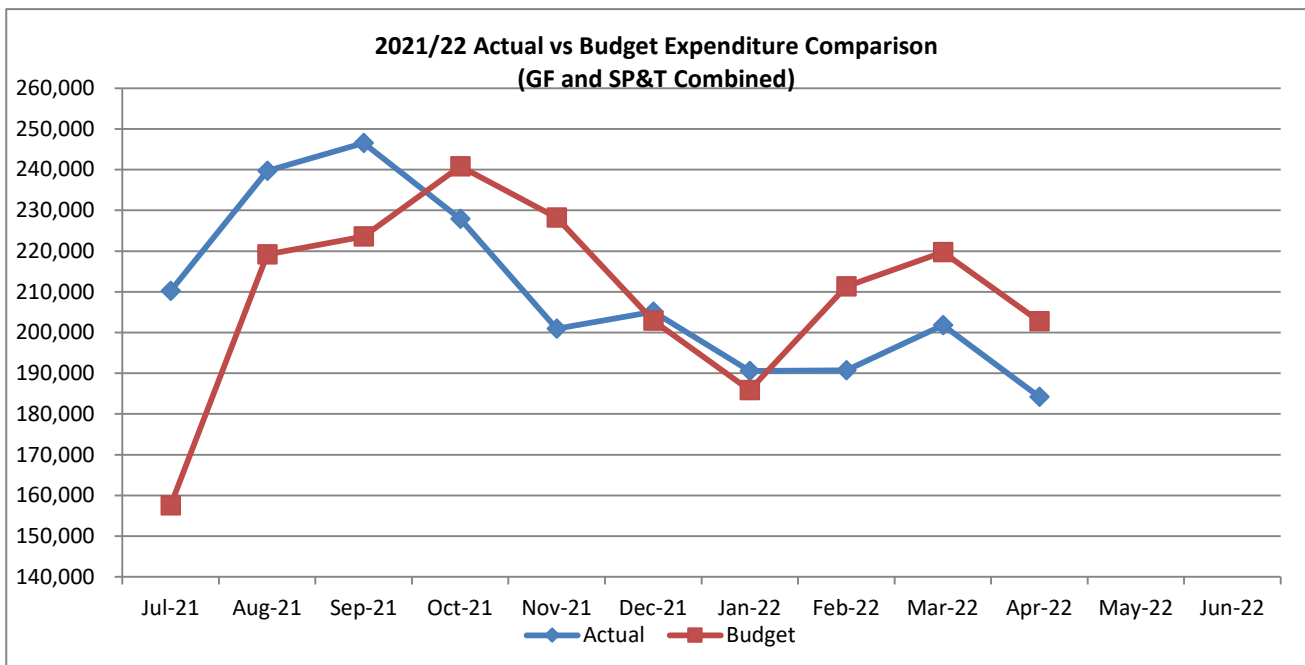
For the period ended 30 April 2022, SLHD recorded a Total Net Result of \$103.047M which was \$18.503M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD April 2022 was \$5.584M favourable to budget, reflecting an unfavourable budget variance for Expenditure (\$6.047M) offset by favourable variance for Revenue (\$11.630M).

For the YTD April 2022, Total Direct Revenue was \$11.630M favourable to budget, comprising a favourable variance for the General Fund (\$18.565M) and unfavourable variance for SP&T Fund (\$6.935M). This result for the GF reflects favourable variances in User Charges offset by unfavourable variances in Patient Fees, Grant Income and Other Income.

YTD April 2022 Total Direct Expenditure was \$6.047M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$5.434M) and SP&T Fund (\$0.613M). The result for the General Fund reflects unfavourable variances in Overtime (\$28.761M), On-costs (\$41.609M), Grants (\$1.122M) and G&S Supporting Services & Utilities (\$3.721M) offset by favourable variances in G&S Corporate (\$14.007M), Salaries & Wages (\$29.133M), Direct Clinical Operating (\$20.157M) and VMOs (\$6.482M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 30 April 2022 for the SLHD Operating bank account was \$13.47M and the Operating Cash book balance was \$12.973M.

CAPITAL WORKS – SMRS PROJECTS

As at 30 April 2022 the District's Full Year Capital works budget relating to SMRS Projects is \$12.816M comprising \$8.258M of MoH funded and \$4.558M of locally funded projects. In April 2022, four locally funded projects (RPAH Environment Monitoring System - \$0.320M), CRGH Central Sterilising & Supply Dept - \$0.950M, RPAH Steam Steriliser Replacement - \$1.505M and RPAH ICT Replacement - \$1.600M) were approved by MoH

Actual expenditure as at the end of April 22 was \$5.711M which is on budget.

The actual expenditure for MoH funded Minor works & Equipment for COVID-19 was \$1.505M at the end of April 2022. The total approved funding was \$1.590M.

OTHER CAPITAL PROJECTS

As at the end of April 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:

- Weekly design coordination and workshop sessions, architectural studies, engineering reviews, departmental test fits
- Ongoing reviews with cost manager to develop a baseline option
- Progressing departmental planning for Emergency Department and Medical Imaging
- Relocation of Anatomical pathology to Building 12 is underway. Demolition works are ongoing, with the design development progressing well
- A design update presentation was provided to the May PCG.

Parent and Baby Unit

The capital works program for the Parent and Baby Unit was completed in May. The facility was officially opened during the month by NSW Premier Dominic Perrottet and Minister for Mental Health Bronnie Taylor joined NSW Health Secretary Susan Pearce, Sydney Local Health District's Board Chair John Ajaka, A/Chief Executive Ivanka Komusanac and A/ Clinical Director for Mental Health Services Dr Andrew McDonald.

Building 12 Demolition Works

The demolition works for Building 12 were successfully completed in May 2022 to enable relocation of anatomical pathology as indicated above.

Innovation Hub – Gloucester House Level 7

The scaffolding and hoist were installed in preparation for the building works to continue throughout the month. Building works for this period include relocation of hot water services and waterproofing.

Strategic Relations and Communications Building 28 Level 4

During the course of this reporting period, floor resurfacing throughout the area was completed and wall framing is well underway.

Mortuary Access – Shell Space and Lift

Bulk excavation of the new mortuary access occurred throughout the month of May 2022.

RPU Hot Cells Building 63

During May 2022, building works to the Radiopharmaceutical Production Unit (RPU) hot cells included the installation of pass throughs and electrical service rough-ins for the clean rooms. The mechanical and sprinkler works for the clean room also continued throughout the month.

Concord

CSSD Sterilising

Over the course of this reporting period, fire rated ceiling installation and setting was completed. Painting to the new area commenced and the laying of new floor vinyl was underway.

Palliative Care Redesign

Demolition works to the palliative care redesign project continued throughout May 2022.

Sydney Dental Hospital

Ground Floor Reception

The capital works program for the new reception on the ground floor of Sydney Dental Hospital was completed in May. The area is now being utilised by the facility.

Lab Renovation and Specialist Offices Redesign

Over the course of this reporting period, hydraulic and electrical rough-in as well as rendering to the dental hospital lab and specialist offices was completed. Wall framing and setting was underway and painting had commenced.

PLANNING

Canterbury – Stage 0 Planning

The Canterbury Clinical Services Statement (CSS) has been finalised for formal submission to the Ministry of Health. The CSS includes the redevelopment of acute hospital inpatient services, a larger emergency department, expanded Medical Imaging and diagnostic services, new operating theatres, dedicated aged care and rehabilitation services, a larger Paediatric service, satellite dialysis service, new education/research facilities, a significant ambulatory service and community based HealthOnes at Canterbury and Riverwood. Virtual care provision will be embedded across the service.

The Planning Unit, with the Mental Health service is continuing to plan and investigate options for inpatient Mental Health services 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. A visit to the new 30 bed Blacktown Unit was helpful in building understanding of models of care. Most inpatient mental health units are located in level 5/6 hospitals rather than in major metropolitan (level 4) hospitals such as Canterbury.

It has been agreed that a prioritisation process for the development of Canterbury services needs to occur in respect of what may be in Stage One and in future stages.

Collaborative work has occurred with consultants to translate the CSS into a capital investment proposal for submission mid-year through forecasting activity and translating the forecasted activity into capital and recurrent costs.

Capital Investment Priorities, Asset Management Planning

Work has commenced in collaboration with the Capital Investment and Engineering service to update the Asset Strategic Planning documents - AMPS and SAMPS. Meetings have been held with CIE and with the ICT department to develop these documents.

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

Priorities include:

- Sydney Biomedical Accelerator (SBA)
 - Being updated by Sydney Research, through reference to the Business Case and Investment Decision Document.
 - Status: Supported for the NSW Health 10-year Capital Investment Strategic Plan.
- Canterbury Redevelopment Stage 1
 - \$700M capital (see above) being developed in collaboration with consultant.
 - Status: Supported for the NSW Health 10-year Capital Investment Strategic Plan.
- Concord Stage 2
 - \$700M capital will address projected acute service demand to 2031 in the Concord catchment. This will include acute medical/surgical beds, a larger ED, additional operating theatres, upgraded diagnostic services, upgraded drug health and new maternity and paediatric services. Virtual care provision will be embedded across the service.
 - Status: revision of the previous submission underway.
- RPA Stage 2
 - \$650M capital will provide for the full redevelopment of the RPA Hospital to 2031. The Stage One redevelopment will address demand to 2026. Stage 2 will include additional medical/surgical and intensive care beds, new operating theatres and new endoscopy, services, the core Pathology laboratory, a specialist Ambulatory Care precinct, additional medical imaging and molecular imaging, palliative care, older persons assessment and Management Unit, education, and research facilities. Virtual care provision will be embedded across the service.
 - Status: Supported for the NSW Health 10-year Capital Investment Strategic Plan.
- HealthOne's across the District
 - Locations include Canterbury, Waterloo, Riverwood, and Concord/Homebush providing localized health facilities to shift care into the community, collaborate with primary care and focus on prevention, early intervention, and the alleviation of pressure on hospital services. Virtual care provision will be embedded across the service.
 - Status: Supported for the NSW Health 10-year Capital Investment Strategic Plan.
- Community Residential Mental Health
 - 50 beds across the District, localized as 30 beds in Canterbury, 10 beds in Rozelle, and 10 beds close to Redfern. These proposed localized services will create a longer-term rehabilitation pathway for patients acutely admitted in SLHD. The focus will be on people who have recurring mental health admission.
 - Status: revision of the previous submission underway.

SLHD Submission on the Bays West Master Plan

The Planning Unit has led the development of a District submission on the Bays West Master Plan. The proposal will deliver over 250 dwellings.

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 not adequate.

Tech Central (Camperdown-Ultimo Collaboration Area)

- The Planning Unit has developed and co-ordinated District and Health Infrastructure comments on sustainability and vision and principles documents developed for the Camperdown Structure Plan.

- An additional briefing on the Sydney Biomedical Accelerator was held to better understand the relationship with the proposed Biotechnology Hub at the Camperdown Westconnex Dive Site.
- Planning Unit attended and actively participated in Tech Central workshops on:
 - Sustainability and Caring for Country
 - Tech Central Briefing
- Planning Director attended the Mayor, Vice-Chancellors and Chief Executive Tour of Tech Central to UTS, University of Sydney, CICADA Innovations and RPA.
- Briefing provided to the Chief Executive on future Governance options for Tech Central.
- The Tech Central Scale-Up hub is due to open mid-year (June-July).

Ambulatory Care Planning

- The current and projected future activity (2031 and 2036) and location of Ambulatory Care services at RPA has been identified to inform RPA Stage 1 and 2 service developments.
- Significant work has been undertaken to identify the current and future activity (2031 and 2036) and location of Ambulatory Care services at Concord to inform Stage 3 service developments.

SLHD Long COVID Model of Care

The Planning Unit continues to work 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.

Other Plans

The Planning Unit has been involved in reviewing several other plans across the District, including the Digital Health Strategy.

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 peak committees and working groups with representation from the anchor institutions in CHERP and their partners. The Chief Executive, SLHD has approved the establishment of a Program Manager, CHERP that will support key initiatives under CHERP and report to Adj A/Prof Vicki Taylor, Executive Director, CHERP and Sydney Research.

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. Our team has also continued to coordinate and communicate a number of funding and educational opportunities that support clinicians, researchers and academics, and the conduct of studies that have significantly delayed as a result of COVID-19, including the Sydney Cancer Institute Seed Grant scheme, Sydney Research Awards and Scholarships program, Marlow Hampshire Leadership program and the Franklin Women Mentoring Program.

Patient and Family Centred Care (PFCC) Committees

PFCC Our People Leadership Group

Adj A/Prof Vicki Taylor, Executive Director, CHERP and Sydney Research continues to Chair the PFCC Our People Leadership Group with Ms Gina Finocchiaro, Director, Workforce and Corporate

Operations. The Leadership Group met on 11 May 2022 to discuss the progress of key initiatives across staff wellbeing, MDOK program, education and sustainability.

PFCC Our Patients Working Group

Ms Penny Vogelzang, Deputy Director, Sydney Research continues to represent Sydney Research on the PFCC Our Patients Working Group, which met on 18 May 2022. During this meeting, a presentation was provided by Fiona Haigh on the initiatives and focus of the Health Equity Research Development Unit. A follow-up meeting will be scheduled with Ms Haigh regarding opportunities for collaboration with Sydney Research/CCI Coordinators in supporting the involvement of consumers and community members in research.

Consumer and Community Involvement in Research (CCI) Initiatives

The Sydney Research team, Adj A/Prof Greg Fairbrother and Dr Karena Conroy continue to progress the following six (6) initiatives seeking to support and strengthen the involvement of consumer and community members in research activities. We would like to acknowledge and thank Dr Karena Conroy for her support in driving the PFCC agenda and these initiatives. Dr Conroy will be leaving the District on 31 May 2022 to pursue expanded opportunities at the George Institute.

Initiative 1- Measuring Involvement

As of March 2022, the new parameters developed by Sydney Research and the CCI sub-group have been introduced into the state-wide Research Ethics Information and Governance System (REGIS), which will form part of the mandatory ethics submission process for all researchers across NSW. A meeting will be scheduled with the REGIS team at the NSW Office for Health and Medical Research to discuss the reporting outcomes from these parameters.

Initiative 2 – Attributes of a Consumer-Researcher Partnership

The proposal for a new study to examine the consumer-researcher relationship and attributes for meaningful collaboration has been approved by the Royal Prince Alfred Hospital Human Research and Ethics Committee. The proposal had been developed by Sydney Research, A/Prof Fairbrother, Laila Hallam (Consumer Representative) and the CCI sub-group, and is awaiting on final governance approval before initiation

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. 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 initiative 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 Office for Health and Medical Research have finalised the arrangements for engaging an expert consultant to produce a state-wide Research Governance Framework (the Framework) in consultation with all relevant stakeholders.

The resulting Framework will be piloted at two NSW Public Health Organisations prior to a state-wide implementation to ensure its feasibility and appropriateness. The pilot sites will be Nepean Blue Mountains Local Health District (NBMLHD) and the Sydney Children's Hospitals Network (SCHN). The consultant will deliver a detailed project plan including a communication plan within the next few weeks. Design and implementation of the Framework will include ongoing consultation with the EQR Steering Committee and the EQR Expert Working Group.

Ms Asra Gholami, Project Manager (Embedding Quality Research), Sydney Research presented a summary of the project progress to the Research Governance Office (RGO) staff at the OHMR Research Ethics and Governance Roundtable on 29th of April 2022. The presentation was well-received and the RGO staff voiced their support for the recommended solutions and the pilot test of the Framework.

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 closed to individuals affiliated with a NSW Public Health Organisation on Friday 6 May 2022. There have been a total of 25 applicants with varying multidisciplinary backgrounds from across nine (9) Local Health Districts. The program will run over four days including 20 June, 21 June, 25 July and 26 July 2022.

Participant Name	Local Health District
Nicole Flannery, Nurse Practitioner Wound Management	Central Coast Local Health District
Rachel Sheather-Reid, Translational Research Manager	Central Coast Local Health District
Emma Austin, Research Officer	Hunter New England Local Health District
Melissa Jackson, Clinical Research Coordinator/PhD Candidate	Hunter New England Local Health District
Nicole Raschke, Research Operations Manager	Mid North Coast Local Health District
Caroline Holtby, Program Director, Murrumbidgee Collaborative Commissioning	Murrumbidgee Local Health District
Rebecca Quiring, Clinical Midwifery Educator	Murrumbidgee Local Health District
Jeni Stevens, Clinical Midwifery Consultant Infant Feeding	Nepean Blue Mountains Local Health District

Board Report

Kathryn Williams, Head of Department, Endocrinology	Nepean Blue Mountains Local Health District
Jane Fleming, Clinical Research Manager	Northern Sydney Local Health District
Queenie Leung, Research Clinical Nurse Consultant	Northern Sydney Local Health District
Loretta Musgrave, Lecturer in Midwifery	University of Technology, Sydney
Alicia Montgomery, Staff Specialist, Community Paediatrician, PhD Candidate	Sydney Local Health District
Andrew Affleck, Senior Hospital Scientist and Brain Bank Manager	Sydney Local Health District
Aviv Pudipeddi, Staff Specialist and VMO	Sydney Local Health District
Danielle Muscat, Research Fellow	Sydney Local Health District
Debra Hutch, Nurse Educator	Sydney Local Health District
Jessica Appleton, Research Manager	Sydney Local Health District
Jessica Lee, Staff Specialist	Sydney Local Health District
Kate Anderson, Senior Peer Support Worker	Sydney Local Health District
Neeraja Sanmuanathan, Senior Sexual Assault Counsellor	Sydney Local Health District
Olivia Evangelisti, Registered Nurse	Sydney Local Health District
Harsha Ananthram, Staff Specialist Obstetrics & Gynaecology	Illawarra Shoalhaven Local Health District
Bradley Christian, Director of Research	Western NSW Local Health District

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.

Strategic Business Case Update

Following the submission of the Strategic Business Case seeking \$125 million investment from the NSW Government for SBA Building B, the Project Team are awaiting the outcome of the 2022 NSW Budget that will be handed down on 21 June 2022 and will determine the next steps in progressing the planning and development of the SBA. In the meantime, the University Senate has confirmed a \$185 million funding commitment to establish SBA Building C, and an internal business case has been submitted seeking funding for SBA Building D (an expansion opportunity on the western end of the complex). SLHD has committed \$25 million for early and enabling works, as well as \$3m for the refurbishment of SBA Building A (the existing Gloucester House) and creation of an Innovation Hub. These early and enabling works on the RPA campus are already underway, with an expected completion in early 2023.

Design Competition Process

The design competition process for the SBA was launched on 1 April 2022, where three architectural firms (BVN Architecture, Denton Corker Marshall, and Hassell) have been invited to deliver a concept design for SBA Buildings B, C and D. These architectural firms submitted their proposed designs on 20 May 2022, which are currently under review by technical advisory experts across SLHD, University of Sydney, Health Infrastructure NSW and Ethos Urban. These advisors will develop a report outlining design suitability and eligibility, which will be presented to the Competition Jury consisting of the SLHD Chief Executive, Divisional Manager of Design, Engineering, Planning and Sustainability at the University of Sydney, and a senior representative from Health Infrastructure NSW (to be determined). Each architectural firm will be presenting their designs to the Competition Jury across 8-9 June 2022.

Sydney Health Partners

The Sydney Research team continues to work closely with the Sydney Health Partners (SHP) team to support the following key initiatives. Dr Anderson AM and Adj A/Prof Taylor continue to participate as members of the SHP Board, A/Prof Taylor also represents the District in the SHP Research Development Board Sub-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. The Mentoring Program was launched on 26 May 2022 at the Kerry Packer Education Centre on the Royal Prince Alfred Hospital campus.

CTMS Working Group

The SLHD Clinical Trials Management System (CTMS) Working Group held its most recent meeting on 17 May 2022. An update was provided on CTMS with a request for information on the organisation structure, site user list and nomination of superusers, and chagemaster files for the clinical trial units in SLHD. Professor David Cook, SLHD Clinical Trials Development, Support and Governance Lead also provided an update on the GCP inspections of clinical trial investigator sites which are planned to commence in the second half of 2022. Each audit will look at compliance with GCP by an individual trial at a single site. Prof Cook encouraged all units to review the guidelines to prepare for these inspections.

Innovation Week

The 2022 SLHD Innovation Week will be held between 30 May and 3 June 2022. Sydney Research have been working closely with the SLHD Research and Strategic Relations and Communications teams in the planning and coordination of key events across Day 1 and Day 2 of the Sydney Research and Innovation Symposium, including the Clinical Trials Showcase, Sydney Research Awards and Scholarships, the Big Idea, and the Snapshot Presentations.

Sydney Research received over 50 applications for the Big Idea and Sydney Research Awards and Scholarships program. The team coordinated an extensive review process for these applications with the support of an Expert Review Panel and endorsement of the Chief Executive, SLHD. Five (5) finalists have been identified for the Big Idea, who have been invited to provide an in-person pitch of their idea during the event on Thursday 2 June 2022. In preparation for the event, Sydney Research have coordinated a series of pitch preparation sessions led by Cicada Innovations and Davies Collison Cave between 23-25 May 2022 on 'Structuring a Compelling Pitch', 'Protection of IP – What Not to Pitch', and 'Refining Your Pitch'. The recipients of the following seven (7) Sydney Research Award and

Scholarships have also been determined and will be announced by Adj A/Prof Vicki Taylor as part of the Big Idea event.

- Cardiovascular Postgraduate Scholarship
- Annual Health Research Infrastructure Award
- Clinician Research Scholarship
- Research Excellence Award for Best Publication
- Health Informatics Researcher Scholarship
- Research Supervisor Award
- Young Researcher Award

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
- 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. Sydney Research will commence reporting of their social media efforts to the SLHD Social Media Steering Committee in June 2022.

- The Sydney Research weekly electronic newsletter, e-Update, has an audience of 1,148 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 140 subscribers.
- @SydneyResearch currently has 1,288 followers on Twitter
- Sydney Research LinkedIn was established one month ago and has accrued 349 followers to date.



Dr Teresa Anderson AM

Chief Executive

Date: 20.6.22